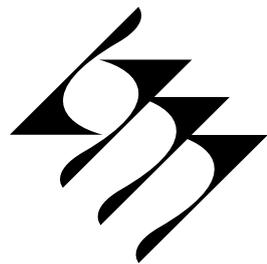


REFORMING CHILD PROTECTION IN QUEENSLAND

A review of the implementation of recommendations
contained in the CMC's *Protecting children* report

JUNE 2007

CRIME AND
MISCONDUCT
COMMISSION



QUEENSLAND

CMC vision:

To be a powerful agent for protecting Queenslanders from major crime and promoting a trustworthy public sector.

CMC mission:

To combat crime and improve public sector integrity.

Acknowledgments

During this review the CMC greatly benefited from the cooperation of a number of people from the Department of Child Safety and other government departments, and from non-government organisations; their contribution was essential to the completion of the report. We especially acknowledge the contribution of Dr Nancy Spencer, Director, Office of the Director-General, Department of Child Safety, who responded to numerous requests for information with patience and diligence. We also thank Gwenn Murray, who was engaged to assist with the review and conducted extensive consultations on behalf of the CMC.

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ABBREVIATIONS

AICCA	Aboriginal and Islander Child Care Agency
CCYPCG	Commission for Children and Young People and Child Guardian
CDCRC	Child Death Case Review Committee
CMC	Crime and Misconduct Commission
CSD	Child Safety Director
CSO	Child Safety Officer (known as a Family Services Officer in the former Department of Families)
CSSC	Child Safety Service Centres
DCS	Department of Child Safety
IA	Investigation and Assessment
ICMS	Integrated Client Management System
LAQ	Legal Aid Queensland
PACT	Protect All Children Today
QCOSS	Queensland Council of Social Service
QPS	Queensland Police Service
QPSU	Queensland Public Sector Union
RAI	Referral for Active Intervention
RE	Indigenous Recognised Entity (formerly known as Aboriginal and Islander Child Care Agencies)
SCAN teams	Suspected Child Abuse and Neglect teams
SDM	Structured Decision-Making (tools)

SUMMARY

Background

This review fulfils an intention expressed in our report of the Inquiry into Abuse of Children in Foster Care, conducted by the CMC during the second half of 2003:

... the Commission intends to review the implementation of the report's recommendations in two years' time. Accordingly, it is recommended that the government reviews and reports to the CMC on the implementation of this report's recommendations within two years ... (CMC 2004, p. 251)

The Department of Child Safety (DCS) duly prepared a report, *Two year report into the progress in reforming the Queensland child protection system*, which we received in January 2006.

The review

We invited comment from 108 different entities with an interest in child protection, and received a total of 30 submissions in response. We also consulted various reports and papers on the child protection system that have been issued in the last three years, we conducted our own research, and we requested specific information from the DCS.

Findings

Many of the CMC's recommendations have been implemented through policies instituted by the DCS or by amendments to the *Child Protection Act 1999*.

Expenditure on protecting children from harm and providing adoption services has increased steadily, from \$296 million in 2004–05 to approximately \$500 million in 2006–07; and there has been additional expenditure on child protection through other departments such as the Department of Communities, the Department of Education and the Arts, and Queensland Health.

However, full implementation of the recommendations will take time, and there are some obstacles still to be overcome. For example, there are not yet sufficient community-based Indigenous organisations that can provide effective services to children at risk or to foster carers. The DCS is working hard to rectify this situation, but results cannot be achieved quickly. The DCS also has problems in recruiting and retaining staff, particularly in remote areas, and this compounds the difficulty of ensuring that their workforce is well trained, committed and experienced.

The Child Guardian now has responsibility for overseeing the provision of services to children under the jurisdiction of the DCS, and has reported encouraging observations. In a survey of children in out-of-home care, carried out in early 2006, the Child Guardian found that 98 per cent of those who responded felt safe in their placements; and in less than 1 per cent of visits by Community Visitors were there any serious concerns about the safety of the children.

We have continued to receive a few complaints about failures by the DCS to respond to children in need of protection, and we have seen evidence to support some of these allegations. However, these appear to be isolated instances, and we have no reason to believe that they indicate any ongoing systemic problems.

Conclusion

In conclusion, we can report that progress in implementing the CMC's recommendations has been commendable, although there is more work still to be done to keep pace with community expectations about how Queensland's child protection system should operate.

INTRODUCTION

BACKGROUND TO THIS REVIEW

In July 2003 the Queensland Premier, the Honourable Peter Beattie, referred some specific complaints of abuse of children in foster care to the Crime and Misconduct Commission (CMC) for investigation. The CMC approached these matters through two simultaneous processes — misconduct investigations and a public inquiry — conducted during the second half of 2003.

These processes resulted in the release of a report in January 2004, *Protecting children: an inquiry into abuse of children in foster care*. Its finding was that the Department of Families was in a state of crisis and incapable of responding adequately to child protection issues. It made 110 recommendations for the immediate and far-reaching reform of the child protection system in Queensland, including the creation of a new Department of Child Safety. The report concluded:

It is the Commission's expectation that the adoption of the recommendations contained herein will be of clear and lasting benefit to, most importantly, the children of Queensland, particularly those in foster care, and also to all people and organisations associated with the provision of child protection services.

To assess this, the Commission intends to review the implementation of the report's recommendations in two years' time. Accordingly, it is recommended that the government reviews and reports to the CMC on the implementation of this report's recommendations within two years from the delivery of the report. (p. 251)

On receiving the CMC's *Protecting children* report, the Queensland Government accepted the recommendations and engaged a consultant to advise on how best to implement them. This consultant set out a plan of action in a document with the title *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'* (Queensland Government 2004).

The plan of action included implementing the recommendations in stages, because it would be necessary to achieve certain reforms before proceeding with further changes.

THE CMC REVIEW PROCESS

We have now conducted a review in accordance with the intention expressed in the *Protecting children* report. The review has focused solely on whether action had been taken to implement the recommendations made in the report — this was not a new inquiry into the child protection system in Queensland. We did not hold public hearings or use any of our investigative powers, and it was never intended that we would include further recommendations for change.

In January 2006 we received the *Two year report into the progress in reforming the Queensland child protection system*, prepared by the Department of Child Safety (DCS). The report documented the Queensland Government's progress in

implementing the CMC's recommendations, and noted that most, but not all, of the recommendations had been implemented.

We then invited comment from 108 different entities involved in delivering services to children who fall within the DCS's jurisdiction, asking each of these entities to make a submission on how the implementation of the *Protecting children* recommendations had progressed. Where necessary, we conducted face-to-face consultations with stakeholders. For example, CMC officers visited some Indigenous organisations that provide child protection services. We received a total of 30 submissions, both from government departments and from non-government organisations.

Various reports and papers have been issued in the last three years by government and non-government agencies on various aspects of the child protection system; we consulted these, as well as conducting our own research into the operations of the child protection system. We requested specific information from the DCS, and attended various presentations organised by the DCS on its implementation of certain recommendations.

This report endeavours to reflect the views of the different organisations working in child protection. We are unable to establish unequivocally that all the comments reported are true and accurate; nevertheless, we feel that it is appropriate to show the diverse opinions that exist on some child protection issues.

Our cut-off point for reporting purposes was the end of 2006; this report therefore describes the implementation status of the CMC's recommendations as at December 2006.

FINDINGS OF THE REVIEW

Substantial progress has been made in implementing the recommendations made in the CMC's 2004 report.

In 2006–07 the Queensland Government allocated approximately \$500 million to protecting children from harm and providing adoption services through DCS. Expenditure has increased steadily, from \$407 million in 2005–06 and \$296 million in 2004–05 — and these sums do not include money spent on child protection in other departments such as the Department of Communities, the Department of Education and the Arts, and Queensland Health.

This is a remarkable commitment to improving child protection in Queensland. However, the job is not finished.

In the *Protecting children* report we were critical of the then Director-General of the Department of Families, Mr Frank Peach, for his comment that reform of the child protection system would take another 5–7 years to achieve fully. Mr Peach, while acknowledging that there were immediate changes that could and should be made, told the CMC inquiry that substantial reform needed to be undertaken with a 'pace of change that our staff are able to accommodate and which allows us to take our non-government organisation partners on this journey with us' (Transcript 740). From the information collected during this review, it appears that Mr Peach's views were realistic. Major organisational change such as this, requiring the transformation of an organisation, requires a systematic approach — which takes a considerable time. Taking short cuts only creates the *illusion* of speedy progress.

There are some parts of the child protection system that are not yet operating as they should. In some cases this is not because of a lack of policy intent or financial commitment from the government, but because there are obstacles that are difficult

to overcome. Removing the obstacles requires innovative solutions; it also requires time to engage people and structures to make the reforms work. Furthermore, the successful implementation of some recommendations is often interlinked, so difficulty in implementing one recommendation may hinder the implementation of several others.

For example, some of the recommendations depended on the existence of independent community-based Indigenous organisations operating around the state. Although the DCS has money to fund the operation of more community-based Indigenous organisations, it has become apparent that Indigenous communities in some parts of Queensland do not yet have the capacity to operate an organisation capable of providing effective services to children at risk, or to foster carers. The DCS is working to establish more viable community-based Indigenous organisations, but progress is slow. This means that the implementation of other recommendations relating to Indigenous children coming into the child protection system is also slow.

Another obstacle, and the most obvious one, is the difficulty the DCS is having in recruiting and retaining staff, particularly in remote areas. Many of the CMC's recommendations involved legislative amendment, the development of new policies, and staff training. Ensuring that staff are well trained and comply with legislation and policy becomes very hard when there is a high staff turnover and difficulties in filling vacancies. Well-trained and committed staff are the key to securing enduring change, and efforts in this area must continue.

Despite these obstacles, the new DCS is exhibiting a resilience that was lacking in the old Department of Families. The DCS seems to have a greater capacity to identify failings in its operations and come up with remedies to fix these problems. For example, the DCS developed an excellent induction training package but found that some staff outside Brisbane had difficulty in attending the training. Accordingly, the DCS developed a new, more accessible training package for staff in regional Queensland. Another example is the discovery, through the DCS's own monitoring and evaluation processes, that there were some delays in convening family meetings as part of the case planning process for children in need of care. In response to this problem, the DCS has now appointed staff with the specific job of organising family meetings and recording what plans are developed at those meetings.

The Child Guardian carried out a survey of children in care in early 2006. Of those who responded, 98 per cent indicated that they felt safe in out-of-home care. The Child Guardian also reported that in only 0.74 per cent of visits by Community Visitors in 2006 were there any serious concerns about the safety of the children being visited. These are encouraging findings.

CONTINUING COMPLAINTS TO THE CMC

Since embarking on this review, we have seen evidence to support allegations that the DCS has at times failed some children in need of protection. For example, there have been cases where frontline child protection staff have failed to respond adequately to child protection notifications, causing a child to suffer unnecessarily. We are not in a position to report publicly on these cases.

We acknowledge that there will be instances where our favourable reporting of the DCS's attempts to implement the recommendations can be challenged. There have been a few complaints suggesting that the provision of child protection services, in some areas at least, has not improved or may have even got worse. In our view,

these isolated cases reflect operational failures at certain locations and at certain times, rather than failures in a sizeable minority of child safety service centres.

CONCLUSION

Overall, progress in implementing the CMC's recommendations has been commendable. Nevertheless, it appears that there is more work still to be done to keep pace with community expectations of how Queensland's child protection system should operate.

THE DEPARTMENT OF CHILD SAFETY

Chapter 4 of the CMC's *Protecting children* report proposed that a new Department of Child Safety should be created and that its core functions should relate solely to child protection. Chapter 5 of the report made specific recommendations about the staffing, structure and functions of the DCS. These two chapters also supported the government's emphasis on preventing child abuse, and affirmed the need for a more coordinated approach to child protection policy and service development by state government agencies.

A NEW DEPARTMENT

Recommendation 4.1: That a new Department of Child Safety be created to focus exclusively upon core child protection functions and to be the lead agency in a whole-of-government response to child protection matters.

Status: Implemented

The Department of Child Safety (DCS) was created in February 2004,¹ although the new department did not become fully functional until December of that year. The Department of Families ceased to exist, and its staff and functions were taken up by either the DCS or the Department of Communities.

The new department's primary focus on child protection matters is demonstrated by the legislative responsibilities of its minister and the structure of the new department.

DIRECTORS-GENERAL COORDINATING COMMITTEE AND CHILD SAFETY DIRECTORS

Recommendation 4.2: That a Directors-General Coordinating Committee, chaired by the Director-General of the Department of the Premier and Cabinet, be established to coordinate the delivery of multi-agency child protection services.

Recommendation 4.3: That a position of Child Safety Director (CSD) be established within each department identified as having a role in the promotion of child protection.

Status: Implemented

The Directors-General Coordinating Committee, representing 12 agencies, was formed in mid-2004 (DCS 2006a, p. 73). The committee meets every two to three months on average.

A position of Child Safety Director has been established within each department that has a role in the promotion of child protection.

¹ Public Service Departmental Arrangements Notice (No.1) 2004, *Queensland Government Gazette*, No. 27, 12 February 2004, p. 469.

There have been some valuable cross-government initiatives to support children in care. For example, the DCS and the Department of Education and the Arts have signed a memorandum of understanding for an Education Support Funding Program.² This gives educational support in both state and non-state schools across Queensland to children and young people in care. In 2005–06, a total of \$7 098 900 was available to implement this program.

PREVENTION SERVICES

Recommendation 4.4: That the government maintain its commitment to developing primary and secondary child abuse prevention services.

Status: Implemented

The Department of Communities now has responsibility for prevention and early intervention, and its corporate publications report that it provides some child abuse prevention services.

A process called Referral for Active Intervention (RAI) has been established. This allows the DCS, when necessary, to refer children and families to a service that can assess their needs, undertake case management and coordination, and provide some direct assistance such as counselling and development of parenting skills. These services are also intended to dovetail with other local services to address the needs of families, organise referral pathways and provide access to other specialist services (DCS 2006a, p. 52).

The Department of Communities has reported to the CMC that the government has allocated \$8.5 million to the development and implementation of the RAI program.

The government also funds a number of other programs that are directed, at least in part, towards preventing child abuse. Examples include the Community Child Health Service provided by Queensland Health, and alcohol management plans in Aboriginal communities.

WORKFORCE NUMBERS

Recommendation 5.1: That there be a baseline increase of approximately 160 family services officers and team leaders to deal with intake, assessment and casework requirements.

Recommendation 5.2: That this increase be made progressively over the next two financial years and be in addition to other specific recommendations made in this report for the creation of specialist positions.

Status: Implemented

There was an increase of more than 160 frontline Child Safety Officer (CSO, formerly called Family Services Officer, or FSO) and team leader positions, happening progressively over two years as prescribed by Recommendation 5.2.

The situation in March 2003 was that intake, assessment and casework tasks were being dealt with by 455 staff, consisting of 71 team leaders and 384 FSOs. The increase in funded staffing positions over the succeeding two financial years has exceeded the recommended increases (see Table 2.1). This is still the case even

² Department of Education and the Arts submission to the CMC, September 2006.

when one takes into consideration Recommendation 5.16 (that ‘... 40 specialist FSO positions be created to work exclusively with parents whose children have already been the subject of a low-level notification and continue to reside at home ...’). The 160 extra CSOs and team leaders have been appointed in addition to the 40 extra specialist positions.

Table 2.1: Frontline positions from March 2003 to June 2006

	March 2003 ^a	March 2004 ^b	June 2005 ^c	June 2006 ^d
Team leader	71	89	138	169
FSO/CSO	384	518	736	753
Total	455	607	874	922
Increase on 2003	–	152 (33%)	419 (92%)	467 (103%)

a *Protecting children* report — ‘head count’ as opposed to ‘full-time equivalent’ figures.

b Queensland Government 2004, p. 258.

c As reported in DCS 2006a, p. 95.

d As advised by the DCS.

Despite the increases, due attention must be given to the number of staff actually working, rather than the number of positions funded. On this important point, the DCS has advised that in June 2006 about 135 funded frontline positions still remained vacant, with the most significant staffing problems occurring in the remote regions, such as Cooktown. The number of staff actually working — the real or ‘head-count’ figure — is about 725, or 84 per cent of the total number of funded positions. Taking away the 40 specialist staff as recommended by the CMC, the figure for real staff increases is about 230 (about 50%) since 2003.

There is also a relatively high proportion of temporary staff. Overall, about 29 per cent of total staff are temporary,³ compared with the public sector average of about 14 per cent.

According to information provided by the DCS, managers and/or team leaders are employing CSOs on a temporary basis for a number of reasons:

- » Managers and team leaders are not well informed about the recruitment process, so there is a belief that it would take too long to employ a permanent officer.
- » Managers are not using the probationary period of up to 12 months to trial employees and then terminate those who are unsuitable.
- » There is a practice of trying out staff on a temporary basis by hiring through employment agencies rather than immediately advertising permanent vacancies.
- » The workforce is predominantly female, with significant numbers away on maternity leave (available for up to two years), or returning to work part-time; so temporary staff are being hired to backfill positions.
- » In rural and remote areas it is difficult to attract and retain staff, so a lot of temporary staff from south-east Queensland are brought in to fill positions.⁴

3 About 9% of staff are filling permanent vacancies, and 20% are on temporary projects, relieving, or backfilling positions.

4 In February 2006 the Rural and Remote Workforce Attraction and Retention Strategy was approved in principle, and this may help alleviate the retention problem. Currently, employees recruited to remote and rural regions are entitled to extra leave, cash bonuses, accommodation assistance, allowance for dependants and relevant return airfares. The new policy rolls these (except accommodation) up into a \$10000 gross annual payment to all staff, with accommodation assistance (for 3 years) in addition.

The DCS informs us that it has difficulties retaining staff, with a turnover rate of approximately 22 per cent per year for CSOs. This makes it hard to build an experienced workforce.

Also important when considering staffing numbers is the role of Senior Practitioner. Under Recommendation 5.19 it was proposed that Senior Practitioners would offer advice to CSOs in complex cases and routinely review clinical decisions. An increase in frontline staffing should therefore be complemented by an equivalent increase in the number of Senior Practitioners.

In March 2004 there were 27 Senior Practitioners working in child safety service centres (Queensland Government 2004, p. 258). The DCS informs us that by June 2006 this number had increased to 46, with nearly all positions being filled. This is an increase of about 70 per cent over the two years and compares well with the 50 per cent increase in (budgeted) frontline staff over the same period.

Workloads and staffing requirements

Recommendation 5.3: That the DCS adopt an empirically rigorous means of calculating workloads and projecting future staffing numbers.

Status: Implemented

The DCS has adopted a process for calculating workloads and projecting future staffing numbers. However, because the workload calculations are based on budgeted rather than filled positions, and there are positions that remain unfilled, it tends to understate the true caseloads being carried by CSOs.

The DCS calculates workloads in each service centre. The calculations incorporate:

- » number of children aged 0–17 years in each service centre population
- » number of budgeted ‘front-end’ staff (CSOs doing intake, investigation and assessment, and intervention with parental agreement) and ‘back-end’ staff (CSOs doing work with children under orders and in alternative care)
- » number of notifications
- » investigations and assessments not yet allocated, under assessment, awaiting to be written up, and awaiting approval
- » ranking of each service centre by notifications per 1000 children
- » ranking of each service centre on number of notifications per front-end staff
- » number of children on orders
- » ranking of each service centre by children on orders per number of front-end staff
- » ranking of each service centre on number of staff by population of children.

The DCS calculated that, at 30 June 2006, the average caseload for relevant frontline staff was 17.3 (see Table 2.2).

Table 2.2: Average caseload, 30 June 2006

No. of ‘intervention with parental agreement’ cases	1629
No. of children subject to protective orders (interim and finalised)	6410
Total requiring case plans	8039
Relevant frontline staff^a	466
Average caseload	17.3

a Funded positions: CSOs working in ‘intervention with parental agreement’ and ‘children under orders’ teams.

As a financial tool these calculations provide sufficient indication of where budgeted positions need to be increased or decreased in number. However, in those areas where positions remain vacant, the calculations do not reflect true workloads.

Recalculating these figures according to the overall proportion of filled to funded positions (84%) gives a caseload average of about 21 across the state.

Future requirements for staffing have not yet been calculated. However, the DCS advises that, once new information systems have been implemented, it will conduct trend analyses to project requirements 6–12 months in advance.

Increase in frontline staff numbers

Recommendation 5.4: That frontline child-protection service staff numbers be increased annually in line with workload increases.

Status: Implemented

The number of funded team leader and CSO positions in the DCS has more than doubled in the last three years. There have also been increases in the number of support staff, with the aim of lessening the administrative burden on frontline staff.

Budget

It will be up to future governments to decide whether the DCS will be given additional funds to deal with workload increases or whether it will have to manage within its existing budget.

MANAGEMENT STRUCTURE

Recommendation 5.5: That the current regional structure used by the Department of Families be critically reviewed, with a view to improving the ratio of direct service delivery staff to management and administration staff.

Status: Implemented

There is now an entirely new department, and the management structure has been critically reviewed and revamped. This has resulted in a more favourable ratio of service delivery staff to management and administrative staff in the DCS's Child Safety Services division than existed in the Department of Families in 2003.

TRAINING AND PROFESSIONAL DEVELOPMENT OF STAFF

Recommendation 5.6: That the DCS establish enhanced training and professional development processes for field staff as a matter of high priority.

Recommendation 5.7: That successful completion of induction training before assuming casework responsibilities be mandatory for DCS caseworkers.

Status: Partially implemented

Enhanced training and professional development processes for field staff have been established. However, not all staff are attending the training as intended.

The DCS has developed an impressive induction training program for CSOs. There is a nine-week induction training course, which includes placement with a foster care family, work in a child safety service centre, and placement in a non-government organisation. After the induction training, CSOs are intended to undergo five months of workplace training with a focus on the following six mandatory activities:

- » risk activities
- » case planning
- » working as a member of a team
- » managing their own performance
- » safe work practices
- » working with Aboriginal and Torres Strait Islander families.

It is also intended that CSOs undertake training in two additional activities relating to their specific work role. They are then to be tested by trained team leaders, using direct observation, work samples, third-party observation or questioning against a Verification of Competency.

CSOs with more than six months' and less than four years' employment are also intended to undergo a normal Verification of Competency. A team leader is responsible for assessing the competence of CSOs not only on the six mandatory activities but also on additional activities relating to their particular stream of work. Those with more than four years' experience undertake an accelerated Verification of Competency. In this case the team leader gathers evidence of the professional practice, knowledge and skills of the CSO in order to make the assessment.

The DCS informs us that there have been problems in putting these principles into practice, for the following reasons:

- » Management are tending to employ temporary staff (which gives them the option of releasing employees who prove unsuitable), and most contracts are short-term; the cost of sending these staff to the induction training program is therefore judged by management to outweigh the likely benefits.
- » Induction training programs are run in Brisbane over a period of nine weeks, making it difficult for some CSOs who live in regional areas to attend them.

By April 2006, no CSOs employed for more than six months had undergone Verification of Competency assessments.

A modified training program, which has already been trialled in Central Queensland and is to be conducted in North Queensland, Far North Queensland and South-East Queensland, may circumvent these problems. Under this program CSOs undergo an initial three-week training block, followed by a five-month workplace learning phase, and then another week of off-site training. Because the program offers improved accessibility and a decrease in off-line time, it should mitigate both the costs of training temporary workers and the inconveniences experienced by regional workers.

The DCS informs us that about 475 CSOs, of whom about 105 were new staff, have been trained since the introduction of the induction training model in February 2004. CSO turnover is approximately 22 per cent per year; so, at current staffing levels, there would be about 200 new recruits each year (if all funded frontline staffing positions were filled). Clearly, supply of training cannot meet demand.

The new program has the capacity for 160 places over a six-month period, so it should satisfy future demands for induction training. Nonetheless, given the high

turnover of staff and the fact that management are somewhat reluctant to release staff for training, there remains the possibility that staff will assume casework responsibilities without having completed induction training.

Training partnerships

Recommendation 5.8: That the DCS critically examine the possibility of forming partnerships with external agencies such as universities in developing and implementing an enhanced training and professional development program.

Status: Implemented

The DCS has followed this recommendation and formed partnerships with universities and other educational institutions to develop and implement training programs.

The DCS has so far provided \$350 000 to six universities for the development of specialist child protection courses (e.g. graduate certificates). A further \$100 000 has been provided to the University of the Sunshine Coast and Southern Queensland University for development of child protection majors in their relevant undergraduate degrees.

The DCS also contributes by providing work placements for undergraduate students from The University of Queensland, Central Queensland University and Griffith University.

Countering the benefits derived from these partnerships, however, is the fact that CSO work is not seen by graduates as a particularly attractive career option. Compared with other jobs in social work, it is demanding and offers few additional rewards; this limits the size of the recruitment pool. The DCS informs us that it has to source graduates from a wide range of disciplines, including the behavioural sciences and nursing, in which there is not a child safety focus.

A program in partnership with The University of Queensland goes some way towards addressing the critical shortage of staff in remote regions. This is the 'CSO Graduate Bridging Scholarship' program, whereby the DCS offers scholarships to the value of \$9000 at The University of Queensland. These will enable graduates with relevant degrees (e.g. teaching, nursing and social science) to meet the mandatory qualification requirements for the role of CSO, by completing the Graduate Certificate in Human Services (Child Protection Practice). Priority for the scholarships is given to applicants already living and working in rural and remote regions, or those who are willing to relocate to these areas.

Child Safety Support Officers are also being provided training under a partnership between the DCS and TAFE Queensland — the Certificate IV Community Services (Protective Care). The program's first intake was in 2006, and 200 places were available, of which 50 were reserved for Indigenous Recognised Entities (formerly known as Aboriginal and Islander Child Care Agencies).

Cross-cultural training

Recommendation 5.9: That DCS training incorporate appropriate and ongoing Indigenous cross-cultural training for all staff.

Status: Partially implemented

The Department of Families, and then the DCS, already had an Indigenous cultural awareness training program. However, the DCS reports that it has developed a new curriculum for cultural awareness training. It was reported in the DCS's 2005–06 annual report that 209 staff out of a total of approximately 2050 had received cultural awareness training in 2005–06 (DCS 2006b, p. 40).

INTAKE, ASSESSMENT AND INVESTIGATION PROCESSES

Intake and assessment

Recommendation 5.10: That the DCS evaluate organisational models, including the use of dedicated officers, with a view to determining the most effective and efficient way of processing intake and assessment matters.

Status: Implemented

(Note: The implementation status of Recommendation 5.11 is discussed on pages 15–16.)

Investigations

Recommendation 5.12: That the casework and investigative functions of the DCS be vested, as far as is possible, in different staff members.

Recommendation 5.13: That the DCS employ staff with specialist investigative skills and an understanding of child neglect and abuse issues to investigate complex notifications about abuse of children in care.

Status: Implemented

The DCS has evaluated organisational models to deal with the significant increase in reports of suspected child abuse and neglect, and it has introduced structured decision-making tools for intake and assessment (see below).

Agencies such as Legal Aid Queensland and the Queensland Council of Social Service acknowledged in their submissions to the CMC that there has been an increase in the number of notifications and of substantiated notifications, making it difficult for the DCS to begin assessments promptly.

Where a Child Safety Service Centre has enough CSOs to allow it, one group of CSOs handles intake, investigation and assessment, and intervention with parental agreement, while another group works with children under orders and in alternative care.

The DCS reports that it has established specialised investigation and assessment (IA) teams in 12 locations across Queensland (DCS 2006b, p. 48). These teams are managed and coordinated centrally and provide their services in each of the DCS's seven zones.

Concerns about receipt and assessment of child abuse notifications by the DCS

Under the *Child Protection Act 1999*, if the DCS becomes aware of alleged harm or alleged risk of harm to a child, and reasonably suspects the child is in need of protection, it must immediately have an authorised officer investigate the allegation and assess the child's need for protection or take other appropriate action. This

obligation on the department that administers the Child Protection Act has not changed since the Act's inception.

The Act includes the following definitions:

- » **Harm to a child** — any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. This includes harm caused by physical, psychological or emotional abuse or neglect or sexual abuse or exploitation, and it is immaterial how the harm is caused.
- » **A child in need of protection** — a child who has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm, and does not have a parent able and willing to protect the child from the harm.

The DCS *Child safety practice manual*, which is used by frontline staff to guide decision-making, gives instructions on how to use screening criteria to determine whether allegations received by the DCS that a child is in need of protection are recorded as a child concern report (see below) or a notification. The manual incorporates structured decision-making (SDM) tools, which are described in the manual as:

... an assessment and decision making model to assist the CSO and team leader in making critical decisions about the safety of children. (DCS 2005b, p. 8)

The objectives of SDM are set out in the manual as being:

- » to identify and structure critical decision points
- » to increase consistency in decision-making
- » to increase accuracy of decision-making
- » to target resources to families most at risk and
- » to use case data to inform agency decisions. (DCS 2005b, p. 8)

The DCS's 2005–06 annual report commented on the SDM and reported that:

The implementation of Structured Decision Making (SDM) is anticipated to moderate growth in the number of notifications, through enhancing the objectivity of assessment criteria, and placing a greater emphasis on targeting those children most at risk. (p. 64)

The *Child safety practice manual* instructs staff that:

... a child concern report is recorded when child protection information is received and it does not meet the threshold for a notification. A CSO may respond to a child concern report by:

- providing information and advice to the notifier;
- making a referral to another agency; or
- providing information to the police or another state authority.

and

... a notification is recorded when the child protection information received meets the screening criteria threshold and it is suspected that a child is in need of protection (*Child Protection Act 1999*, section 14). (DCS 2005b, p. 2)

The screening criteria in the manual seem reasonable and appear to reflect the intent of the Child Protection Act.

Between 1 July 2005 and 30 June 2006 the DCS recorded 33 612 child protection notifications. Of these, 9376 came from the Queensland Police Service (QPS).

In its submission to the CMC, the QPS stated:

An area of concern that is regularly expressed by CPIU [Child Protection Investigation Unit] managers and Police SCAN [Suspected Child Abuse and Neglect] Team representatives is the perceived threshold for intervention by the DChS [DCS]. Police report that they are regularly involved in investigations where they have formed the opinion that a child is at significant risk of harm. However, when the same information is assessed by the DChS the matter is not considered to reach the threshold for departmental intervention. This raises a concern that the DChS policies, workload management issues, decision making processes, assessment tools, or experience of its staff may individually or collectively be resulting in inconsistent assessments of the departmental child protection response required or expected by other agencies.

And further:

The phased implementation of the DChS Structured Decision Making (SDM) model which has occurred across the State is resulting in a significant number of notifications being screened out by the Department without being referred to SCAN teams. While the stated intention of the SDM model is to focus the resources of the DChS on the most significant child safety matters, it has been reported by police SCAN representatives that even cases involving suspected significant harm or risk of harm to a child are failing to meet the threshold for a notification and are subsequently not being referred to SCAN teams. It is the view of the QPS that this has been occurring even when the mandatory referral criteria, as defined in the inter-agency SCAN Policy and Procedure Manual, were satisfied.

This would appear to illustrate a fundamental conflict between the SDM and SCAN team models, to the extent that SDM appears to be suppressing the referral of cases to SCAN teams by the DChS and thus eliminating the benefits associated with inter-agency case management of many children suspected of being at significant risk of harm.

This observation is supported by the decrease in SCAN referrals as reported by SCAN representatives across the state, to the extent that previously high caseloads have been reduced and referrals from the QPS involving significant alleged harm to children are not being presented at SCAN teams by the DChS.

Similarly, the SDM screening criteria are reported to be excluding the majority of cases related to children involved in domestic violence referred to the DChS by the QPS as a result of the Service's policy on children involved in domestic violence incidents. The emphasis of the SDM screening criteria of the harm to the child, rather than the severity of the incident itself, even in those DV-related cases which present significant safety concerns for the children are failing to meet the threshold for a notification, resulting in no opportunity for consideration by the relevant SCAN team.

It is the view of the QPS that appropriate cases are not being referred to SCAN teams due to the implementation of SDM and that the effectiveness of the SCAN team model may be compromised as a result of its implementation.

In a similar vein, the Department of Education and the Arts submission reported:

A challenge for DEA [Department of Education and the Arts] is the implementation by DChS [DCS] of the structured decision making assessment tool using a new intervention threshold to screen child concern reports. Reports that do not meet the new intervention threshold impact upon schools due to the fact that children assessed as low risk or subject to neglect are not actioned by the DChS.

In the absence of funded community organisations to provide support services, schools are continuing to provide additional support such as breakfast clubs, school lunches and showers, to address health and well-being issues. The referral by DChS to funded community organisations and the introduction of the Referral for Active Intervention (RAI) services will eventually support some of these 'low risk' students, but only in areas

where RAI services are established. Schools will still be expected to support those children and young people who do not get referred to community organisations or who cannot access their services.

It should be borne in mind, when reading the preceding extracts from the QPS submission, that recording a child protection notification and referring a case to a SCAN team are entirely different processes. Not every case where the DCS decides that a child is in need of protection is referred to a SCAN team. The departments that are permanent members of SCAN teams (i.e. the DCS, the QPS, Queensland Health and the Department of Education and the Arts) have agreed on criteria that each agency will use to decide which cases will be referred to a SCAN team. These criteria are flexible enough to allow any of the agencies represented on SCAN teams to bring a case to the attention of a SCAN team if the agency thinks it is appropriate. So, for example, if the QPS were to be aware of a case that it believed the DCS should have brought to a SCAN team but had not, there is no apparent impediment to the QPS itself bringing that case to a SCAN team meeting.

It is also worth reiterating that one of the tests applied when the DCS is deciding whether a child is in need of protection is whether the child has a parent able and willing to protect the child from harm. So, for example, it is possible that a domestic violence situation might lead police to bring a child to the DCS's attention, but the DCS might find that the child had a parent able and willing to protect the child from harm; the case might then be judged to not warrant further intervention by the DCS. The family might instead be referred to a prevention and early intervention service, such as the Referral for Active Intervention service provided by the Department of Communities.

In its submission, the Department of the Premier and Cabinet acknowledged that there are differing views among members of the Child Safety Directors Network on the appropriate threshold for intervention in the lives of children. The department submitted that an evaluation of the SDM tools would assess the efficacy of the threshold for intervention set by the DCS.

Clearly, there are differences of opinion among some government agencies about the way in which the DCS deals with some allegations of harm to children. Importantly, there are now the formal structures within which these differences of opinion can be aired — the Directors-General Coordinating Committee and the Child Safety Directors Network.

The CMC endorses the view expressed by the Department of the Premier and Cabinet, that the SDM tools should be evaluated, and that the evaluation should examine whether the threshold for intervention in the lives of children set by the DCS is appropriate.

COURT MATTERS

Recommendation 5.11: That the DCS consider whether there may be advantages in having all court preparation work undertaken by specialist staff.

Status: Implemented

This recommendation was based on the CMC finding that court preparation work was of a highly important and specialised nature, and that departmental officers required assistance in preparing material to support applications for protective orders (CMC 2004).

In response to this recommendation, the DCS created the position of Court Coordinator. By July 2006 there were 42 funded Court Coordinator positions. Of these, 36 had been filled and 6 were vacant (DCS 2006c, p. 2).

Among other duties, Court Coordinators:

- » help staff to prepare court material, witness evidence and reviews in the Children Services Tribunal
- » train staff on court and tribunal matters
- » liaise with legal representatives and the courts.

The DCS completed an evaluation of its court services in July 2006. The evaluation noted considerable improvement in the performance of the court services and several areas for improvement.

On the positive side, Court Coordinators were providing quality assurance of a substantial proportion of court materials prepared by service centre staff. In addition, a very high proportion of the child protection applications sought by the DCS were successful.

The main area for improvement was attendance of Court Coordinators at court appearances. The target was for all appearances to be attended, but the Court Coordinators were found to be attending only three-quarters of all court appearances (DCS 2006c, p. 9).⁵

In a submission, the Queensland Public Sector Union (QPSU) judged the creation of the Court Coordinator role to be beneficial, but reported that Court Coordinators were often part-time, thus still leaving many inexperienced CSOs to prepare material without assistance.

Legal Aid Queensland (LAQ) submitted that, despite the introduction of the position of Court Coordinator, DCS officers still did not understand what evidence was required by the Children's Court and the Children Services Tribunal, or how to present evidence. LAQ commented it had found affidavit material to be of poor quality, with some departmental officers experiencing difficulties in organising their evidence and witnesses.

PREVENTION AND EARLY INTERVENTION

Recommendation 5.14: That the Department of Families (or some other agency separate from the DCS) retain responsibility for delivering prevention and early intervention services, including services for all children, and for programs targeting communities or families identified as vulnerable.

Status: Implemented

Progress has been made by the Department of Communities in taking separate responsibility for prevention and early intervention. For example, the department:

- » funds agencies to provide support to families referred by the DCS
- » funds the development of Early Years Service Centres (the function of which is to integrate child care and family support with early years education and health services) in areas of need
- » provides short-term accommodation and support for children escaping the effects of domestic and family violence in Indigenous communities.

⁵ Note: Data were from the September quarter of 2005.

ASSISTING BIOLOGICAL PARENTS

Recommendation 5.15: That child-centred casework and the provision of parental support be vested, as far as is possible, in different staff members.

Recommendation 5.16: That, as a preventive response, 40 specialist FSO positions be created to work exclusively with parents whose children have already been the subject of a low-level notification and continue to reside at home. These positions should be filled progressively over the next two financial years.

Status: Implemented

These recommendations arose from the CMC findings that:

- » working with parents to prevent low-level notifications from escalating into higher-priority cases is in the interests of the children and is cost-effective
- » over time, this approach has the potential to reduce the number of notifications of abuse
- » dedicated staff unburdened by other casework responsibilities need to be allocated to this work
- » there is a potential conflict between a function that involves decision-making in the best interests of the child and the provision of support to vulnerable parents (CMC 2004, pp. 154–5).

The DCS funds CSO positions in Child Safety Service Centres on the basis that different CSOs perform separate child protection functions. For example, a centre may be funded to employ one CSO to do intake work, four to undertake investigation and assessment work, two to work on cases where there is intervention with the consent of the parents, six to work with children under orders, and one to work in alternative care support.

It has already been mentioned that the DCS is having difficulty in filling all the funded positions at the centres. We can say that the DCS has implemented Recommendation 5.15 in terms of funding positions and changing documented work practices, but we did not attend Child Safety Service Centres to confirm that this separation of roles is occurring in practice.

The DCS has reported that it has created the 40 positions referred to in Recommendation 5.16, and there is evidence that enough funded CSO positions have been created to allow more intensive support to be provided to vulnerable parents — if the positions are filled.

INFORMATION SYSTEMS AND RECORD-KEEPING

Recommendation 5.17: That the DCS continue and complete the upgrade of information systems begun by the Department of Families, as a matter of the highest priority.

Status: Partially implemented

The CMC Inquiry into Abuse of Children in Foster Care found that the Department of Families' information technology systems were inadequate.

In October 2003 the Queensland Government reported to the CMC that:

... as part of the Future Directions commitment, \$12 million was allocated to the development of a new Integrated Client Management System (ICMS)

to respond to the inadequacies of the existing system in terms of recording and accessing relevant data to support decision making. (Queensland Government submission to the CMC Inquiry into Abuse of Children in Foster Care)

The development of this system has been progressing and is now in use at CSSCs.

Some submissions to our review were critical of the DCS's record-keeping. The CREATE Foundation, for example, stated that the DCS regularly provides it with incorrect details on children it is attempting to contact. CREATE occasionally does mailouts to children in care, using contact details obtained from the DCS. The submission reported that, after every mailout, CREATE receives complaints from carers indicating that the child no longer lives with them and they have informed the DCS of this change.

LAQ, too, stated that DCS staff were often unaware of what was on the casework files in relation to a child or family, and this was reflected in poorly prepared family group meetings and case plans, and poorly prepared affidavit material in support of applications for child protection orders.

The QPS submitted that police working with DCS officers, and those conducting investigations on behalf of the coroner in relation to child deaths, continue to report deficiencies in record-keeping practices by DCS officers. Of particular concern to the QPS was that file and case notes were completed well after the event, and there were delays or failure in entering information into the DCS's information systems.

The January 2006 progress report from DCS stated that the ICMS implementation would be completed by December 2006, but this predicted date was later revised. Although some parts of the ICMS were expected to come into use in March 2007, it will not be fully functional until 2008.

RESPONDING TO MINISTERIAL CORRESPONDENCE

Recommendation 5.18: That the DCS prepare and promulgate a specific policy outlining the requirements for producing and approving ministerial correspondence and briefing material.

Status: Not implemented

This recommendation came about because the CMC's investigations in 2003 revealed serious adverse consequences from an inadequate briefing document prepared by departmental staff for a minister. The document, prepared in 1999, related to an allegation that children placed with a particular foster family were being mistreated and sexually abused, but it did not provide sufficient information to prompt an adequate response from the minister.

Our investigations found that there was no record kept of who had prepared the brief to the minister; despite rigorous inquiries, we were unable to determine the author.

In 2003 there was no comprehensive written manual or policy specifying the information that should be included in ministerial correspondence and briefing documents — hence Recommendation 5.18. We recommended that the DCS establish a policy specifically outlining the requirements for preparing and handling such material. Briefing notes were to be retained in electronic form, as well as signed and dated hard copies. Officers who

needed to contribute to the creation or approval of such briefing notes and draft ministerial responses should be identified by position in the policy, so that clear lines of accountability were known.

The January 2006 progress report from DCS reported that this recommendation had been implemented.

We asked the DCS to send us the policy that it reported had been drafted to address Recommendation 5.18. In response, we received an extract from a document entitled *The right way to write*, which, according to the DCS, sets out the policy and procedures for handling ministerial and executive correspondence. We find, however, that it does not establish clear lines of accountability for the preparation of ministerial correspondence as we recommended.

INTERNAL ACCOUNTABILITY

Recommendation 5.19: That, in addition to direct service delivery by frontline workers, the expertise of senior practitioners be drawn upon for providing specialist advice in complex cases and for routine reviewing of the clinical decisions made by frontline workers. Senior practitioners should embrace line management responsibility for these decisions.

Status: Implemented

The number of senior practitioners employed by the DCS has increased by approximately 70 per cent in the last two years.

LAQ submitted that some DCS officers handling complex cases are still not receiving the level of supervision they need. The submission described instances of inexperienced DCS officers being left to deal with complex case matters — such as parents with mental illness, parents and children with physical and intellectual disabilities, complex family structures, and domestic violence — and sometimes with team leaders who had limited professional experience themselves. This last sentiment was echoed by the Australian Association of Social Workers, which submitted that many team leaders had been employed for less than two years.

The high staff turnover in the DCS is discussed elsewhere in this report.

The DCS reports that the role of Senior Practitioner has been established and operates within each Child Safety Service Centre, with an allocation of 48 positions as at 12 November 2006. Of the 48 funded full-time equivalent positions, 41.2 were filled permanently, and the remaining positions are filled temporarily while senior practitioners are acting in higher positions. There are now also 149 funded team leader positions compared with 77 in 2003.

Another initiative to provide frontline staff with specialist advice is the establishment of a unit in its central office that provides on-call advice to CSOs on complex case matters, such as how to deal with parents with drug dependence or children with a disability.

The role of Senior Practitioner in providing supervision and guidance to CSOs is reflected in the *Child safety practice manual*.

COMPLAINTS HANDLING

Recommendation 5.20: That the DCS establish a unit and clear procedures for receiving, assessing and responding to complaints.

Status: Implemented

The DCS does have a clear policy and process for dealing with complaints. Information on how to make a complaint and how the complaint will be dealt with is easily accessible on the DCS's website, as well in a brochure and fact sheet.

EXTERNAL ACCOUNTABILITY

Chapter 5 of the *Protecting children* report also made recommendations to increase the level of external scrutiny given to decisions made by the DCS. The chapter recommended the establishment of the position of Child Guardian, a broadened jurisdiction for the Children Services Tribunal, and more thorough reviewing of the cases of children known to the DCS who have died.

MECHANISMS FOR EXTERNAL ACCOUNTABILITY

Recommendation 5.21: That a position of Child Guardian, to be situated within the Commission for Children and Young People, be established, whose sole responsibility would be to oversee the provision of services provided to, and decisions made in respect of, children within the jurisdiction of the DCS.

Recommendation 5.22: That the powers granted to the Child Guardian be clearly set out in the legislation, and include the powers necessary to investigate complaints and enable proactive monitoring and auditing of the DCS.

Recommendation 5.23: That the Community Visitor Program of the Commission for Children and Young People be extended to cover all children in the alternative care system, including those in foster care. This program should be administered by the Child Guardian.

Recommendation 5.24: That the jurisdiction of the Children Services Tribunal be expanded to allow the Child Guardian to refer decisions of the DCS or non-government organisations to the Children Services Tribunal for merit review, where the Child Guardian thinks it is warranted.

Status: Implemented

Child Guardian

The *Protecting children* report set out the rationale for appointing a Child Guardian, to be responsible for overseeing the provision of services to children in care (Recommendation 5.21). The role of the Child Guardian would be to monitor and investigate complaints against the DCS or other service providers, conduct proactive audits, monitor and review the operation of the agencies, and coordinate an extended Community Visitor Program.

We considered that the Child Guardian should be responsible for safeguarding the interests of children. The person appointed would need the skills to interpret legislation, exercise coercive powers, conduct investigations and determine which matters should be sent to the Children Services Tribunal for adjudication. Although the Child Guardian would not necessarily need to be a lawyer, they must have a demonstrated interest in promoting or safeguarding the interests of children.

The *Child Safety Legislation Amendment Act 2004* extended the statutory office of the Commissioner for Children and Young People to become the office of the Commissioner for Children and Young People and Child Guardian (CCYPCG). The *Commission for Children and Young People Act 2000* is now the *Commission for Children and Young People and Child Guardian Act 2000*.

The Commissioner has jurisdiction to monitor and investigate the actions of the DCS with respect to children in its jurisdiction. The CCYPCG may also monitor and investigate the actions of other government and non-government service providers. A new statutory office of Assistant Commissioner was created, to be responsible to the Commissioner for the proper performance of the Child Guardian functions.⁶

Community Visitor Program

The Community Visitor Program used to extend only to children in residential facilities (both government and non-government funded), juvenile detention centres and mental health services.

The program now also covers:

- » children in the custody or guardianship of the DCS under the Child Protection Act who have been placed in the care of an approved carer or someone else who is not a parent of the child
- » a child who, under a care agreement under the Child Protection Act, has been placed in the care of someone other than a parent of the child (Commission for Children and Young People and Child Guardian Act, s. 64).

It is clear that the rapid expansion of the Community Visitor Program to include carers' homes presented challenges. The Community Visitor Program increased in size approximately seven-fold, so the necessary information systems had to be developed and an additional 150 Community Visitors recruited. In its submission to the CMC, the CCYPCG reported that there were aspects of the Community Visitor Program that would continue to be improved over time.

It was reported in the government's progress report that the Community Visitors provide a report to the Child Guardian on their visits to children. The standard of care to children is reported on and service delivery classified on a scale of one to four. These reports are entered in the CCYPCG's Community Visitor Information System database (DCS 2006a, p. 113).

The Child Guardian considered that the success of Recommendation 5.23 in improving outcomes for individual children depended on the capability of Community Visitors to determine and report on children's needs, and the subsequent response of the DCS to these needs (CCYPCG 2006a, p. 29).

The CCYPCG reported that 110 section 20 notices (i.e. notices issued to the QPS, DCS or CMC where information indicates that a child may be in need of protection or may be the victim of a criminal offence) were generated between 1 November 2004 and 31 October 2005 through information received by Community Visitors (CCYPCG 2006a, p. 30).

6 Child Safety Legislation Amendment Bill 2004, explanatory notes, p. 2.

Liaison between the CCYPCG and the DCS

In an effort to improve the effectiveness of the relationship between the DCS and the CCYPCG, an agreement between the agencies has been drafted outlining their respective roles and responsibilities and some basic principles and protocols for working together (DCS 2006a, p. 81). This agreement was due to be finalised by the end of 2006.

Legal Aid Queensland

LAQ expressed concern about children's access to the CCYPCG's complaints function and their ability to participate in decisions made about their lives. LAQ stated in its submission to the CMC that it was communicating with the Child Guardian about this matter, and would continue to do so. It referred to the CCYPCG's survey of children in care, commenting that it was encouraging to read about some good outcomes for children; however, it also noted that there were some children who had not achieved a stable placement (CCYPCG 2006b).

It was suggested that the Community Visitor could play a role in improving children's access to independent legal advice by referring them to LAQ.

The Children Services Tribunal

The *Protecting children* report expressed the view that the Children Services Tribunal should retain its present jurisdiction, with one exception. It recommended that the tribunal be given jurisdiction to review any decision made by the DCS or by a non-government organisation if the Child Guardian considers it is warranted (Recommendation 5.24). This would allow a broader range of matters to be subject to review by an external body, with the Child Guardian acting as a filter to help ensure that the tribunal was not unnecessarily burdened with extra cases. This avenue for bringing matters before the tribunal would be additional to the existing right of applicants to make an application directly to it.

The Children Services Tribunal reported in its submission to the CMC that, although an amendment was made to the *Commission for Children and Young People and Child Guardian Act 2000* (s. 140B) in line with the CMC's Recommendation 5.24, the Child Guardian had not yet exercised this discretion.

CHILD-DEATH REVIEWS

***Recommendation 5.25:* That the new Department of Child Safety continue the practice of undertaking a review of all deaths of children in care, or who have been known to the department within the last three years. Steps should be taken to ensure that an appropriate degree of independence exists in the review process, and external consultants, experts and Indigenous advisers should be engaged in relevant matters.**

***Recommendation 5.26:* That, following the establishment of the Department of Child Safety, discussions be held between the State Coroner and the relevant investigative agencies, with a view to developing protocols and other working arrangements directed to determining who is to be the lead investigative agency in different cases and how information can be appropriately exchanged between agencies.**

***Recommendation 5.27:* That a new review body — called the Child Death Review Committee (CDRC) — undertake the detailed reviews of the DCS's internal and external case reviews.**

Recommendation 5.28: That the jurisdiction of the Commission for Children and Young People be expanded to include the following roles:

- to maintain a register of deaths of all children in Queensland
- to review the causes and patterns of death of children as advised by investigative agencies
- through a Child Death Review Committee, to review in detail all DCS case reviews, whether conducted internally or externally, regarding the deaths of children in care and those who had been notified to DCS, within three years of their deaths
- to conduct broader research focusing on strategies to reduce or remove risk factors associated with child deaths that were preventable
- to prepare an annual report to the parliament and the public regarding child deaths.

Status: Implemented

Amendments to the *Child Protection Act 1999* and the *Commission for Children and Young People and Child Guardian Act 2000* have given legislative effect to these recommendations.

In response to Recommendation 5.25, Chapter 7A was inserted in the Child Protection Act. Among other provisions, the new chapter specifies that, if in the three years before a child died the DCS became aware of alleged harm or alleged risk of harm to the child, or took action under the Child Protection Act in relation to the child, the DCS must carry out a review of its involvement with the child.

DCS reviews are in turn reviewed by the Child Death Case Review Committee (CDCRC). The CDCRC was established under the Commission for Children and Young People and Child Guardian Act (Part 4A), in response to the CMC's Recommendations 5.27 and 5.28.⁷ The CDCRC may make and monitor recommendations to the DCS about improving the way it delivers services to children and families, and about any disciplinary action that should be taken against officers or employees of the DCS. The CDCRC must report annually to the minister (in this case the Premier) on the performance of its functions.

Under the new provisions of the Commission for Children and Young People and Child Guardian Act, the CDCRC must act independently, and is not under the control or direction of any other entity in relation to the way it performs its functions.

In further response to Recommendation 5.28, another amendment was made to the Commission for Children and Young People and Child Guardian Act (ss. 89ZD–89ZF). The CCYPCG must now:

- » keep a register of child deaths in Queensland
- » classify the deaths according to cause of death, demographic information and other relevant factors
- » analyse the information to identify patterns or trends
- » conduct research in child deaths, alone or in cooperation with other entities, and identify areas for further research
- » make recommendations, arising from keeping the register and conducting research, about laws, policies and practices
- » annually prepare and give a report to the minister about its activities in relation to the above.

⁷ Note the minor difference in terminology: whereas the CMC recommended establishment of a Child Death Review Committee, the DCS set up a Child Death Case Review Committee.

The DCS has reported, in relation to Recommendation 5.26, that it has come to an agreement with the CCYPCG, the State Coroner and the QPS about sharing information on a child's death.

The CDCRC's review of the reviews

As mentioned above, the CDCRC must report annually to the minister on the performance of its functions.

The CDCRC's 2004–05 annual report found that the DCS had submitted case reviews of varying quality (CDCRC 2005). Some reports were of a high standard, and pinpointed scope for significant improvements in child protection practice, whereas other reviews were of a lower standard. The CDCRC also reported that the DCS had been challenged in meeting the statutory timeframe for reporting, with only 50 per cent of the case reviews submitted to the CDCRC within the six months required under section 246D(2) of the Child Protection Act.

In its submission to the CMC, the CCYPCG told us that there had been an improvement in this review rate during 2005–06. Over the year as a whole, the DCS had submitted 67 per cent of the reviews within six months, and from January to June 2006 the improvement was even greater, with the DCS submitting 85 per cent of the reviews within the required timeframe. There had also been a noticeable improvement in the quality of the DCS's reviews. The terms of reference in the majority of them were case-specific, the reviews were conducted in compliance with DCS requirements, and all information in every review was obtained lawfully, ethically and in a culturally sensitive manner.

The CDCRC is required to monitor the implementation of its recommendations, and processes have been established for the exchange of information about implementation between the CCYPCG and the DCS.

The CCYPCG believes that the reporting of child-death review processes in the CDCRC's annual reports has led to the improved quality of the DCS's reviews; further, that the CCYPCG's collaborative approach with the DCS's Case Review Unit has assisted in the improvements.

Independence in the review process

Recommendation 5.25 included the following:

... Steps should be taken to ensure that an appropriate degree of independence exists in the review process, and external consultants, experts and Indigenous advisers should be engaged in relevant matters.

To this end, the DCS engages external consultants to work on any child-death reviews that it has to conduct under the Child Protection Act. An external consultant would normally work with a member of the DCS's Complaints, Case Review and Investigations Branch, and the DCS remains the final arbiter on the information that is given to the CDCRC.

MULTI-AGENCY RELATIONSHIPS AND MANDATORY REPORTING

Chapter 6 of the *Protecting children* report described how the DCS would operate with other agencies, including non-government agencies, that are involved in the provision of child protection services. The chapter also made recommendations about the operation of the existing Suspected Child Abuse and Neglect teams (SCAN) teams, and about mandatory reporting of suspected child abuse and neglect.

WHOLE-OF-GOVERNMENT APPROACH

Recommendation 6.1: That each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services.

Status: Implemented

The *Child Protection Act 1999* was amended in 2004 by the insertion of section 248, which requires departments with certain responsibilities to give the chief executive of the DCS an annual report about the department's operations in relation to child protection. The chief executive of the DCS must then prepare a consolidated report and give it to the Minister for Child Safety who must table the report in the Legislative Assembly. This amendment satisfies Recommendation 6.1.

Interaction with other levels of government

Recommendation 6.2: That the Directors-General Coordinating Committee consider appropriate ways for the DCS and state government departments to interact with federal and local governments and relevant community groups.

Status: Implemented

We have reviewed agendas and minutes from the meetings of the Directors-General Coordinating Committee, which show that the committee has given some consideration to these matters.

SCAN TEAMS

Recommendation 6.3: That the existence of the SCAN teams be enshrined in statute to reflect their important contribution to the child protection system.

Recommendation 6.4: That the operation of SCAN teams be based upon agreement to a standard set of interdepartmental policies and procedures.

Status: Implemented

Recommendation 6.5: That SCAN teams receive appropriate levels of funding to discharge their responsibilities effectively, including appropriate funds for proper record-keeping systems and SCAN team training.

Status: Implemented

The *Child Safety Legislation Amendment Act (No. 2) 2004 No. 36* inserted requirements for the operation of a SCAN system in the *Child Protection Act 1999*.

SCAN Interagency Policies and Procedures were agreed on 29 July 2005 (DCS 2006a, p. 79). There is further comment on SCAN procedures in Chapter 2 of this review, under Recommendations 5.10, 5.12 and 5.13.

The SCAN system consists of 20 regionally based Assessment and Management Teams, with locally based Community Implementation Teams that help implement their recommendations for action (DCS 2006a, p. 59). As at July 2006, DCS were employing 24 SCAN coordinators and 19 SCAN administrators. DCS reported that all 20 SCAN Assessment and Management Teams undertook training in the interagency policy and procedures during September and October 2005 (DCS 2006a, p. 60).

Other agencies directly contribute to funding the operation of SCAN teams. For example, the Department of Education and the Arts pays for the employment of Senior Guidance Officers who represent the department on each of the 20 SCAN Assessment and Management Teams. The QPS has investigators from Child Protection Investigation Units on the SCAN teams and these investigators are supported by other investigators and administrative staff in the units.

Departures from recommendations of SCAN teams

Recommendation 6.6: That SCAN team recommendations are accepted by the DCS, except in instances where the DCS believes the recommendations are contrary to the best interests of the child, and that any departure from a SCAN team recommendation is reported to the Director-General of the DCS and made the subject of detailed 'exception' reporting.

Status: Implemented

This recommendation has been reflected in the policies and procedures governing SCAN teams' operations. DCS has reported that in 2005 there were five exception reports, involving 22 children (DCS 2006d, p. 26).

Monitoring of SCAN teams

Recommendation 6.7: That SCAN be a standing agenda item on the Directors-General Coordinating Committee.

Status: Implemented

Recommendation 6.8: That full reviews of the functioning of SCAN teams occur regularly, and that audits be conducted to measure compliance with policies and procedures, including official record-keeping systems.

Status: Partially implemented

We have reviewed agendas and minutes from the meetings of the Directors-General Coordinating Committee, and found SCAN to be a standing agenda item.

DCS has reviewed the initial establishment activities undertaken to implement the CMC's recommendations for the SCAN system (DCS 2006d), but no audits have been conducted to measure compliance with policies and procedures.

NON-GOVERNMENT SERVICE DELIVERY

***Recommendation 6.9:* That a strategic framework for child protection be developed, articulating the range, mix and full cost of services required to respond effectively to clients' needs, particularly complex needs; and that the implementation of this framework be adequately resourced.**

***Status:* Partially implemented**

Resourcing

***Recommendation 6.10:* That alternative funding models that would more adequately meet the true needs of children, families and carers be investigated.**

***Status:* Partially implemented**

Role of the DCS and the non-government agencies

***Recommendation 6.11:* That a more progressive and contemporary integrated service delivery model, which creates a partnership between government and non-government organisations to deliver better services for clients of the child protection system, be developed.**

***Status:* Partially implemented**

Although the DCS's own evaluation found that some child safety reforms are yet to be fully realised with regard to the establishment of a coordinated child protection service delivery model, the government has made encouraging progress in implementing the recommendations (DCS 2006e).

The DCS has developed a draft Queensland Child Protection Strategy 2007–10 to give a broad direction in child protection for government and non-government agencies over the next three years, although this had not been finalised by December 2006.

A Child Protection Statewide Partnership Taskforce has been established. According to its charter, its purpose is to:

- » identify strengths, gaps and weaknesses that require a whole of system approach and strategies to address these, in order to build a viable, sustainable, seamless, integrated service system that effectively responds to the needs of children, young people and their families, through the Planning and Partnerships Initiative
- » lead the facilitation of partnerships by modelling, identifying and creating opportunities, and supporting and resourcing the ongoing development and operation of partnership arrangements across the continuum at individual, community and statewide levels. (See <www.childsafety.qld.gov.au/partners/taskforce>.)

The taskforce consists of representatives from government and non-government organisations.

The Planning and Partnerships Initiative mentioned above is a program intended to establish:

... local networks comprising staff from the department, non-government services including Indigenous specific services, other government agencies and community groups [that] would work collaboratively to agree and document partnership protocols, identify community needs and strengths through shared analysis of data and other evidence, and discuss emerging policy issues. The Local Planning and Partnerships Networks arrangements would also encourage and develop collaborative service provider responses to tender processes. (DCS 2006e, p. 1)

The DCS has appointed nine staff to support these networks (DCS 2006e, p. 2). In 2005 the DCS conducted focus groups with people who participated in these Planning and Partnership networks to determine what improvements were needed in the coordination of services. Impediments that came to light in this evaluation included the DCS's problems in recruiting, retaining and training CSOs. There were also difficulties over funding provided to non-government organisations, in relation both to the amount allocated and to the period for which the DCS made a commitment to fund any particular organisation (DCS 2006e, pp. 14–15).

Service delivery

Recommendation 6.12: That a quality assurance strategy be developed and implemented for all services (government and non-government) and a minimum standard be set for the licensing of non-government services.

Status: Implemented

The DCS has developed a quality assurance framework in response to this recommendation. It has also implemented a licensing framework that includes 11 minimum service standards that out-of-home services must meet to obtain and maintain an operating licence.

MANDATORY REPORTING

Recommendation 6.13: That mandatory reporting of child abuse be extended to registered Queensland nurses by legislating under the Health Act.

Status: Implemented

Recommendation 6.14: That registered nurses receive appropriate training in their new responsibility.

Status: Partially implemented

Recommendation 6.15: That section 76K of the Health Act be amended to make it mandatory for doctors and nurses to notify the DCS about their suspicion of child abuse.

Status: Implemented

The *Public Health Act 2005* (s. 191) now obliges both doctors and registered nurses in Queensland to notify the DCS of any harm or potential harm, actual or suspected, to a child. Queensland Health has developed a standard form for health professionals to use to report suspicions of child abuse directly to the DCS.

Queensland Health reported to the CMC that it has sent information on the new reporting responsibilities to approximately 18 000 registered nurses, or 90 per cent of those employed by Queensland Health and by private hospitals and other government agencies. Queensland Health also reported that it intends to ensure that all the health professionals in its employ who are likely to engage with children in the normal course of their duties receive training in their reporting obligations.

THE FOSTER CARE SYSTEM

Chapter 7 of the *Protecting children* report set out the framework for a new foster care system, administered by the DCS. It detailed the responses for children who are removed from their homes and placed in care, discussed foster care protocols (such as the recruitment and approval of carers), and recommended how the DCS should interact with non-government agencies that provide care. The chapter also made recommendations about the involvement of all relevant parties in casework (including children, foster carers and biological parents), and long-term planning and placement options for children in out-of-home care.

CORE FUNCTIONS OF THE DCS

Recommendation 7.1: That the Department of Child Safety be responsible for receiving and investigating notifications of child abuse and neglect, and take over responsibility for the final assessment and certification of all carers, and for assessing the appropriateness of carers' reapprovals.

Status: Implemented

The responsibility for receiving and investigating notifications of child abuse and neglect has carried over from the former Department of Families to the DCS. The second part of this recommendation, about the assessment and certification of carers, was aimed at stopping an undesirable practice that occurred in some areas. A non-government agency would recommend the approval of a carer to the department and the relevant departmental officer would rubber-stamp the approval merely on the basis of the agency's recommendation. The CMC believed that the DCS should independently assess the suitability of carers before approving them to care for children.

Screening and assessment of carers can still be undertaken on behalf of the DCS by non-government agencies or independent contractors. However, some requirements, such as conducting and interpreting personal history checks and granting final approval, rest solely with the department (DCS 2006a, p. 33). The DCS now has a Central Screening Unit to manage the screening of all foster carers, kinship carers, their adult household members, and people associated with licensed care services.

The ambit of the Child Protection Act has been broadened so that foster carers, kinship (relative) carers and provisionally approved carers all fall within its regulatory framework.

PLACEMENT OPTIONS

Recommendation 7.2: That the placement needs of children and adolescents in care be identified and a broad range of options — including foster care, residential services, family-group homes, therapeutic foster care, intensive support, and supported independent living — be provided to best meet the needs of individual children.

Status: Implemented

The DCS reported that it proposes to increase current levels of placement capacity beyond 'standard' foster care needs, and provide a continuum of family-based and out-of-home intervention and placement options. The department will fund non-government agencies to provide counselling and other support services to children who have experienced sexual abuse (and their families), with the aim of minimising the adverse effects of the abuse.

The DCS is currently working with non-government service providers to increase the range and mix of placement options available to children in need of care. To this end, the department has appointed Placement Coordinators in each zone and established a Placements Coordination Unit in its central office. The DCS currently provides over \$67 million to non-government organisations for placement services to children in need of care.

LAQ stated in its submission to the CMC that it remained concerned about the lack of appropriate placement options for children in care. LAQ acknowledged the excellent care that many foster carers provide to children in need of out-of-home placements, but considered that a shortage of placements for sibling groups and overcrowding in some placements are problems that have not yet been solved.

The opinion expressed by the Queensland Council of Social Service (QCOSS) was that placement options should take more account of the needs of culturally and linguistically diverse communities, as well as Aboriginal and Torres Strait Islander communities.

LAQ submitted that it has found a fundamental lack of residential care placements that are creative and responsive to the needs of children in care, particularly teenage children with challenging behaviours. It has also found younger children inappropriately placed in residential care. For instance, LAQ cited the case of a five-year-old child with challenging behaviours who had been placed in residential care with teenagers, because a family foster care placement broke down due to a lack of respite support for the carer. Some months later, the child was returned to the original placement.

The QPSU stated, in its submission to the CMC, that its members continue to report that the lack of residential care placements is critical and this adds to their case loads. This was confirmed by PACT (Protect All Children Now) volunteers, who expressed concern over the shortage of suitable placement options for children and adolescents with demanding and difficult behaviours. An example given by PACT was of a 13-year-old girl who was recently placed in motel-style accommodation.

A submission from PeakCare Qld Inc. stated that there remains a need for a wider range of out-of-home care options to meet children's needs. PeakCare's research indicated that heavy reliance on foster care and limited residential care means that children often do not have access to accommodation that adequately meets their needs.

The Department of Communities submitted that there was a significant shortfall in the range of accommodation options to suit the needs of young people subject to DCS intervention, particularly Indigenous young people and young people with high needs. For example, the Department of Communities felt that there was a lack of safe, culturally acceptable options for young people leaving detention on bail.

Evaluation of placement options

Recommendation 7.3: That the effectiveness of these placement options in meeting the needs of different groups of children and young people be evaluated.

Status: Implemented

The government's progress report sets out the evaluation framework and a timetable for reporting in three phases. The aspects to be evaluated include alternative care services, planning and partnerships, peer support, practice reform, therapeutic services and foster care (DCS 2006a). The DCS completed its evaluation of the effectiveness of the placement options in November 2006.

Residential care

Recommendation 7.4: That the Department of Child Safety:

- identify the extent of the need for residential care services
- identify the type of children who would most benefit from these services
- develop service models that meet children's needs in this area
- identify the skills and training required by staff
- monitor and evaluate residential care services.

Status: Implemented

DCS data (see Appendix 3) show that, as at 1 November 2006, there were 223 funded residential placements for children in Queensland. This is a 300 per cent increase from 2003 figures.

In 2005–06 the DCS provided nearly \$20 million to place children in residential care services (including supported independent living), and in 2006–07 this sum will increase to more than \$30 million. There are funded residential care places for children in each of the DCS's seven zones across the state.

Even before the CMC inquiry in 2003, the Department of Families had been looking at developing different types of residential care services in conjunction with non-government agencies. Some services had already been trialled. So, in a sense, the analysis of residential care services suggested in Recommendation 7.4 had already begun. Since then, non-government agencies have received more funding to provide a variety of residential care services to children. These services were evaluated by the DCS in 2006 and an internal report produced.

The DCS evaluation established a profile of children in residential placements. It attempted to measure the children's satisfaction with their placements and the level of support they were receiving, described the range of residential care service models that had been implemented by funded agencies, and identified the challenges in establishing new residential services. This meets the requirements of Recommendation 7.4.

The DCS will conduct a further evaluation of residential care services in 2007.

Therapeutic care

Recommendation 7.5: That more therapeutic treatment programs be made available for children with severe psychological and behavioural problems. Successful programs should be identified, implemented and evaluated.

Status: Implemented

The government has reported on programs it is running through the Department of Child Safety, Queensland Health and Disability Services Queensland to provide therapeutic treatment programs to children with psychological and behavioural problems. In essence, the DCS pays Queensland Health and Disability Services Queensland to provide or commission these services.

For example, the Interagency Therapeutic and Behaviour Support service is a collaborative project funded by the DCS under an agreement between the DCS, Queensland Health, the Department of Education and the Arts, and Disability Services Queensland. Teams of professionals in Queensland Health and Disability Services Queensland provide support services to children with extreme and complex needs who are in the care of the DCS. The teams work closely with the Department of Education and the Arts, the DCS and other human services professionals who can help children with disabilities within the target group.

Most submissions we received acknowledged that there had been an increase in funding for therapeutic programs. There was, however, some criticism of how long it was taking for therapeutic programs to become available in some areas of the state.

Foster care

Recommendation 7.6: That a central registry be set up containing details of all carers, children currently in their care, and their availability for further placements. The registry should flag when carers are due for reapproval, whether they have been denied their initial approval or reapproval, and whether they have been, or applied to be, a carer in another state. Also, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.

Recommendation 7.7: That an audit of all current carers be conducted to obtain up-to-date data and determine their availability for placements.

Status: Implemented

A directory of carers has been compiled and launched as part of the ICMS; it was released in November 2005. An audit of current carers with details of availability and placement types has been part of this process. The directory contains information on the location of carers, their current approval status, their specific preferences and experience, and their ability to take on new placements.

Respite care

Recommendation 7.8: That the DCS identify and implement new methods of recruiting respite carers.

Recommendation 7.9: That additional efforts be made to identify alternative respite options for children that could improve children's wellbeing, for example regular camps and school holiday programs.

Recommendation 7.10: That, to prevent carer burnout and limit placement breakdown, planned respite for carers be ‘routine’ and not have to be requested by carers. Plans for respite could be included in the child’s case plan.

Status: Implemented

The DCS has implemented Recommendation 7.8 by developing various methods for the recruitment of respite carers. In response to Recommendation 7.9, the DCS has provided Child Safety Service Centres with a budget to purchase fee-for-service basic alternative respite programs such as school holiday camps and youth group outings for children in care. In addition, the increase in carer payments (see Recommendation 7.32) is intended to allow carers the discretion to purchase more child care, vacation care and recreational camps for children in their care. In response to Recommendation 7.10, the DCS’s *Child safety practice manual* now specifies that a case plan for a child placed in out-of-home care must determine and provide respite options that are likely to improve the quality of life of children in care and their carers (DCS 2005b, Chapter 7, p. 23).

Voluntary care

Recommendation 7.11: That the *Child Protection Act 1999* be amended to regulate voluntary placements.

Status: Implemented

At the time of the CMC inquiry, voluntary care agreements (i.e. agreements that were used when there were concerns about the abuse or neglect of a child, and the child’s parent consented to have the child placed in care) were not regulated by the Child Protection Act. Voluntary placements were found to be problematic because the suitability of the carer was assessed only if the carer was applying for payment — which was often not the case. There were also some other safeguards that did not apply to these unpaid voluntary carers. For example, there was no requirement for a six-monthly review of the placement, as there was when children were placed with regulated carers. In addition, the Children Services Tribunal and the Commission for Children and Young People had no jurisdiction over voluntary placements.

The Child Protection Act has been amended so that, if there is a voluntary agreement between a child’s parents and the DCS to place the child temporarily in the care of someone else, custody of the child automatically passes to the DCS while the agreement is in force. One of the practical effects of this amendment is that other parts of the Child Protection Act then require the carer with whom the child is placed to have undergone some suitability assessment.

FOSTER CARE PROTOCOLS

Recruitment

Recommendation 7.12: That initial screening mechanisms be more efficient and rely on identifying the characteristics that are associated with continuing in foster care and providing good outcomes for children.

Status: Implemented

Recommendation 7.13: That efforts be made to recruit a more diverse group of carers, rather than continuing to concentrate recruitment efforts in lower socioeconomic areas.

Recommendation 7.14: That the DCS identify areas of high, unmet need and initiate recruitment drives to obtain more carers for specific types of children. Recruitment drives can be directed to areas of high need and focus on recruiting carers who can meet the needs of specific groups of children (e.g. teenagers, or children with special needs or challenging behaviours).

Status: Implemented

The thrust of Recommendation 7.12 was that, while screening and assessment procedures for carers should be thorough enough to weed out unsuitable carers, they should not be so cumbersome and time-consuming as to deter good candidates. Recommendations 7.13 and 7.14 were aimed at recruiting more carers, particularly those who might be able to house children who are difficult to place.

The DCS has established a Central Screening Unit to manage the screening of all foster carers, kinship carers, their adult household members, and people associated with licensed care services. Although we have no data to confirm this, our impression is that the screening process has greatly improved.

The DCS has also run a foster carer recruitment campaign. As at 30 June 2006 there were 125 more approved foster carers listed than at 30 June 2004.

Decisions about approval

Recommendation 7.15: That the DCS be responsible for the final approval of foster carers. Special attention should be focused on processes that give carers specific approval for numbers and types of children.

Status: Implemented

The assessment of carers can now be undertaken by non-government agencies and independent contractors. However, the DCS retains responsibility for conducting personal history checks and granting approvals.

The DCS *Child safety practice manual* specifies that, when a foster carer is approved, an agreement must be signed with the carer. The agreement must document the types of care that the carer may provide and the characteristics of the placements (e.g. sex, age range) so that, as far as possible, placement can be matched with the specific type of care that the foster carer has expressed willingness to offer (DCS 2005b, Chapter 8, p. 31).

Retention of carers

Recommendation 7.16: That regard be had to relevant research findings in order to identify the factors that are most likely to result in successful placements, and to use this knowledge to develop practical processes for the recruitment of suitable carers.

Status: Partially implemented

Recommendation 7.17: That structured exit interviews with carers be conducted. This information should be used along with regular surveys of carer attitudes, satisfaction and concerns, and other appropriate research initiatives to identify problems and devise systemic solutions.

Status: Implemented

The DCS has developed a strategy to strengthen the links between research, policy and practice. The department has also signalled an intention to conduct some research into what determines successful placements, although no such research appears to have yet begun.

The DCS *Child safety practice manual* states that when carers cease to be approved they will be given the opportunity to share their experiences, which will be recorded and used to help shape policy, procedures and legislative reform.

To this end, carers who do not continue to seek approval are sent a letter inviting them to have a face-to-face exit interview with the CSSC manager, team leader, CSO or staff of the foster and kinship care service, as applicable. The DCS also conducts annual surveys of carers to seek their views on child safety services. The results of these surveys are published on the DCS website.

Kinship carers

Recommendation 7.18: That a framework be developed for supporting relative care that includes enhanced screening and monitoring of carers and the provision of training opportunities and other support for carers. There should be an extensive consultation process, especially with Indigenous communities, in the development of the framework.

Status: Implemented

The purpose of this recommendation was to ensure that children under child protection orders who are cared for by relatives have the benefit of the same safeguards as those for other children in care.

The DCS procedure for prospective relative carers (now called kinship carers) is that they must provide proof of identity, and they and other adults living in the household have to undergo suitability checks. The Child Protection Regulation 2000 [s. 9(3)] defines a person suitable to be a kinship carer as one who:

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

The training available to foster carers is also available to relative carers.

The DCS reported in its 2004–05 annual report that it had consulted with a variety of groups, including the Aboriginal and Torres Strait Islander Child Protection Partnership, in developing the new screening procedures for relative carers (DCS 2005a, p. 43).

Training for foster carers

Recommendation 7.19: That all prospective foster carers undergo compulsory training in parenting. All training programs should be evidence-based and undergo ongoing evaluations of their effectiveness.

Recommendation 7.20: That foster carers be required to undergo ongoing training, identified and organised during yearly reviews of the foster carer by their agency support worker. Carers' reapproval should be contingent on the successful completion of this training.

Recommendation 7.21: That there be a tiered, multi-level approach to training and support of foster parents. The level of need of the foster carer and the children in their care should be assessed and the most appropriate level of training and support required should be provided. In this way, carers who deal with more difficult children, or those with special needs, would receive additional, more specialised training.

Status: Implemented

A foster care training package, Quality Care: Foster Care Training, was launched in March 2005, and completion of the training is a prerequisite for approval as a carer. Reapproval requires the completion of further training.

Advanced foster care training is also available. This is administered locally by DCS staff and non-government foster and kinship care services.

Foster care training now has a tiered approach, which recognises the need for specialised skills in caring for children with complex support needs. For example, there are special modules on topics such as caring for children who have experienced sexual abuse, and on helping children deal with grief and loss.

Training for caseworkers

Recommendation 7.22: That caseworkers be well trained and supervised in evidence-based parenting practices so they can support foster parents with appropriate parenting advice. This training should occur within their pre-service university-based courses and through in-service training.

Status: Implemented

Training in evidence-based parenting practices for caseworkers is included in the DCS's in-service training materials, and is being incorporated into various university courses.

Support

Recommendation 7.23: That conditions and support for departmental carers be enhanced to ensure that they are not disadvantaged in comparison with agency carers.

Status: Partially implemented

Recommendation 7.23 was founded on the premise that carers who were recruited through non-government agencies received more support from those agencies than carers directly recruited by the Department of Families received from that

department. The government reports it has implemented this recommendation by giving more money to foster carers (DCS 2006a). However, this does not directly address the thrust of the recommendation. The CMC inquiry heard in 2003 that non-government agency carers were more likely than government ones to be listened to, kept informed and involved in the child's case; their calls and claims were more likely to receive prompt attention, problems were more likely to be handled sensitively and professionally, and decisions were more likely to be made in the best interests of the child (CMC 2004, p. 207). It was this type of support that needed to be enhanced for carers recruited by the DCS.

Placement meetings and handover of information

Recommendation 7.24: That tools and resources be developed by the DCS to ensure that placement meetings are initiated by departmental staff and completed in a timely manner, preferably before a child is placed with a carer. Carers should be consulted and agreements negotiated by the carers and the DCS, rather than dictated by the department.

Recommendation 7.25: That, during placement meetings, foster carers be provided with all relevant information about the child. When foster carers accept a child for placement they should be given copies of the child's medical and dental records and the child's Medicare details.

Recommendation 7.26: That the *Child Protection Act 1999* be amended to incorporate specific obligations on the part of the DCS to disclose relevant information to carers.

Status: Implemented

The Child Protection Act has always required that if a carer agreed to care for a child, the department and the carer must enter into a written agreement for the child's care. Similarly, the Child Protection Regulation 2000 has always required that these agreements include, among other things:

- » information from any case plan prepared by the department for the child, about matters involving or affecting the carer
- » the responsibilities of the DCS and of the carer in the provision of medical, therapeutic, schooling and other services to the child
- » information about any special needs of the child, including special health and/or behavioural management needs, and information about the resources required to meet those needs.

These legislative requirements were reflected in departmental policy. However, the CMC Inquiry found that in some cases placement meetings were not held and carers were not given all the information they needed to allow them to fulfil their responsibilities properly.

It continues to be DCS policy for placement agreements to be struck between the DCS and a carer, and for the DCS to provide any information relating to the child that the carer reasonably needs to provide care for the child. The requirement to provide prospective carers with information about a child was boosted by an amendment to the Child Protection Act (s. 83A). It is DCS policy for carers to be provided with a copy of the child's birth certificate and other relevant records such as Medicare card or card number.

Disclosure of confidential information

Recommendation 7.27: That the *Child Protection Act 1999* incorporate a general disclosure obligation on the DCS to inform other departments, government agencies and non-government agencies (including AICCAAs) of all information reasonably necessary to ensure their cooperation, assistance and participation within the child protection system. The Act should provide examples of what sort of information will be provided. The person to whom the disclosure is made (the 'receiver') will be bound by the confidentiality provision contained in section 188.

Recommendation 7.28: That the department ensure that it has clear policies and procedures on disclosure of information and that it incorporate them in the training provided to departmental and agency staff.

Status: Implemented

The Child Protection Act has been amended to remove any legal or legislative barriers that prevent service providers sharing information relevant to the protection and care of children.

The DCS *Child safety practice manual* sets out procedures for information sharing among government departments and non-government services in accordance with the Child Protection Act. The DCS's improved information management systems should also make it easier to share accurate information with other agencies.

The submission to the CMC from the Department of Education and the Arts stated that it aimed to have an Education Support Plan for every student in care within one month of the student going into care, or within one month of the school principal's being notified that the student was in the care of the state. However, schools were not being notified by DCS officers when children were placed in care, and this was making it difficult for school principals to act promptly and appropriately.

The *Child safety practice manual* (practice guideline 7.16) clearly instructs CSOs to communicate with the Department of Education and the Arts and the child's school principal concerning the educational needs of a child in the care of the state.

Case planning and review

Recommendation 7.29: That tools and resources be developed by the DCS to ensure that foster carers are included in children's case planning.

Status: Implemented

The Child Protection Act requires that 'other persons with whom the child has a significant relationship' be included in case planning. If proper consultation takes place between the DCS and the carer when the placement agreement is established, this should ensure that the carer is able to contribute to the child's case plan.

Additional support mechanisms for foster carers and foster children

Recommendation 7.30: That consideration be given to the DCS implementing mentoring programs for foster carers and children in foster care.

Status: Implemented

Recommendation 7.31: That the DCS ensure that an appropriate procedural framework is established for responding to allegations made against foster carers.

Status: Implemented

Some work has been done to develop mentoring programs for children in foster care. For example, in 2005–06 the DCS provided funding to the Brisbane-based Western Districts Child Protection Service to run a Volunteer Support (Mentoring) Program.

The DCS's 2005–06 annual report states that the DCS intends to develop 'a resource to support carer mentoring' this financial year (DCS 2006b).

The DCS has a specific process for dealing with allegations that a child placed in out-of-home care is not receiving the quality of care they should be or that the child has been harmed or is at risk of harm. The process is set out in Chapter 9 of the *Child safety practice manual*. Importantly, the manual sets out procedures for investigating allegations, and requires carers to be advised of any avenues through which they can appeal a decision made by the DCS.

Remuneration

Recommendation 7.32: That foster carers receive appropriate remuneration to cover the actual costs of caring for a child, as well as receiving additional payments to attend training as required and pay the associated costs of child care and transport for such training.

Recommendation 7.33: That the DCS investigate introducing a tiered system for payments to foster carers that recognises the skills necessary to care for children with more complex needs.

Recommendation 7.34: That the allocation of any additional payments (e.g. child-related expenses, high-support needs allowance) be on a needs basis, rather than on regional resource allocations. Children's needs and entitlements should be clearly detailed in the child's case plan.

Status: Implemented

In 2005–06 the DCS conducted a project to investigate the true costs of caring for a child. As a result, fortnightly allowances to carers were due to be increased in January 2007:

- » Children up to 1 year old: \$370.61 (an increase of \$107.48)
- » Children 2–5 years old: \$370.61 (an increase of \$93.17)
- » Children 6–10 years old: \$399.26 (an increase of \$74.79)
- » Children 11–15 years old: \$434.02 (an increase of \$40.15)
- » Children 16 years and over: \$434.02 (an increase of \$61.54).

Carers in remote locations receive a 10 per cent loading on top of these figures. There is also an additional allowance of \$144 per fortnight that is paid when a child has unusually high support needs.

Start-up payments when a child first goes into care increased from \$60 to \$79.85, and are indexed to increase annually.

CASE PLANNING

Recommendation 7.35: That there be thorough, standardised, evidence-based case planning that is consistently applied and focuses on the best interests of the child. This issue needs to be addressed both in university training courses and in ongoing training provided to staff.

Recommendation 7.36: That all children have an identified and designated caseworker from the DCS who maintains regular contact with the child and is responsible for the development of a detailed case plan that focuses on both the short- and long-term needs of the child. The plan must be reviewed at least every six months.

Recommendation 7.37: That the DCS adopt clear policy so that section 96 of the *Child Protection Act 1999*, which states that a family meeting should be organised for all children requiring protection, is followed.

Recommendation 7.38: That the *Child Protection Act 1999* be amended to make it necessary for a case plan to be submitted to the court before an order is sought (as presently occurs in NSW and the ACT).

Recommendation 7.39: That processes be implemented to ensure initial case planning is carried out promptly and case plan reviews are carried out every six months, as required under the *Child Protection Act 1999*; and that all stakeholders, but particularly the child, their family, and the child's carer, are invited to participate in every planning meeting.

Status: Implemented

Children's involvement in casework

Recommendation 7.40: That tools and resources for the participation of children and young people in case planning be developed and used to ensure their participation in planning processes that are in keeping with the principles of the *Child Protection Act 1999*.

Recommendation 7.41: That the DCS be required to implement procedures to ensure that all children are informed within 24 hours of entering care why they have been taken into care and what they can expect will happen to them.

Recommendation 7.42: That the DCS ensure that all children who are the subject of an assessment of risk of harm and/or enter into the care of the department are given the option of a support person whom they know and trust.

Status: Implemented

The CMC's 2003 inquiry found that it took a long time for some children's cases to be allocated to a Family Services Officer for attention, and there was a lack of appropriate case planning for some children in care. Where case planning had occurred, it was sometimes reactive rather than proactive and there was little evidence of periodic review.

Amendments to the Child Protection Act (Part 3A) set up a legislative framework for case planning for children who are in need of protection and require ongoing assistance under the Act. The key components of the framework are set out clearly in

the explanatory notes to the Child Safety Legislation Amendment Bill 2004 (No. 2):

- » DCS officers must ensure that case plans are developed and revised.
- » Family meetings involving the child, the child's extended family and other people and entities who comprise the child's support system must be central to the case-planning process.
- » Case plans must be regularly reviewed — at least once every six months. DCS officers must report on each review and report on certain matters, such as plans for children who may be at risk of not being able to return to the care of a parent in the foreseeable future. (explanatory notes, p. 2)

These amendments have been incorporated into the DCS *Child safety practice manual*. Successfully implementing these recommendations will depend to some extent on the DCS being able to meet its recruitment targets.

The Child Protection Act (s. 59) has been amended to implement Recommendation 7.38. Previously, an order could not be made unless a family meeting had been held or reasonable attempts to hold a family meeting had been made. This has been amended so that the court cannot make a child protection order unless a case plan that meets the child's assessed protection and care needs has been filed with the court. It is specified elsewhere in the legislation that a family meeting must be convened to develop the case plan for the child.

A child's participation in case planning is reflected in current DCS procedures, and amendments to the Child Protection Act [s. 51L(2), 51W(3)] make it obligatory to invite a child to involve a support person in the case-planning process.

Information received by the CMC during this review indicates that the DCS still faces some challenges in meeting its obligations to achieve proper case planning for children.

The CCYPCG conducted a survey of children in out-of-home care in January and February 2006. Children aged 9–18 years were asked if they had a case plan and, if so, whether they knew what was in the plan. In response, 26.3 per cent of the respondents said they did have a case plan,⁸ 11.6 per cent said they did not, and 62.1 per cent said they didn't know. Only 18 per cent of those who said they did have a case plan knew what was in it (CCYPCG 2006b, p. 28).

It was mentioned, in the portion of this chapter commenting on the implementation of Recommendations 7.35–7.42, that Part 3A of the Child Protection Act sets out a process to be followed for developing a case plan for a child and then regularly reviewing it. The Act was amended in 2004 to change section 59(1)(b) of the Act from:

- (1) The Childrens Court may make a child protection order only if it is satisfied—
 - (b) a family meeting has been held or reasonable attempts to hold a family meeting have been made

to:

- (1) The Childrens Court may make a child protection order only if it is satisfied—
 - (b) there is a case plan for the child—
 - (i) that has been developed or revised under part 3A;
- and
- (ii) that is appropriate for meeting the child's assessed protection and care needs.

⁸ We have confirmed with the CCYPCG that the figure of 23.6% given in Table 26 on page 28 of the report is incorrect. The figure should be 26.3%.

Holding family meetings is now one of the case planning requirements in Part 3A of the Act.

LAQ stated in its submission that it supported the case planning model set out in the Child Protection Act, but did not feel the DCS had implemented the model effectively. In particular, LAQ stated that it found DCS officers were rarely well-prepared for family meetings.

The DCS's own evaluation of its court services (released in July 2006) found that, in the September quarter of 2005, 55 per cent of all court appearances resulted in adjournments. These adjournments had been sought by the DCS in the majority of instances. In nearly all of these appearances it was necessary for the court to invoke interim protective orders with temporary custody and placement arrangements. The DCS evaluation found the main reasons for adjournments to be:

- » delays in arranging family meetings and other consultations (56% of adjournments)
- » delays in serving and assisting the parties involved (41%)
- » delays in completing case plans and other court material (25%)
- » court-related reasons for adjournments (18%).

These categories add up to more than 100 per cent because multiple reasons were recorded in some cases (DCS 2006c, p. 10).

It appears that children are being held on interim protective orders with temporary custody and placement arrangements that may not satisfactorily meet their needs. The reason appears to be that DCS officers are unable to convene family meetings and have the children's case plans prepared in time to allow the Children's Court to make a permanent order.

A promising initiative of the DCS to improve the conduct of family meetings is the appointment of Family Group Conveners whose task is to convene family meetings and record the case plans developed at these meetings.

Biological parents' involvement in casework

Recommendation 7.43: That tools and resources be developed by the DCS to ensure that the procedures for involving parents in casework (e.g. family meetings, planning agreements) are followed, and that their support worker be included in these processes.

Status: Implemented

Parents' participation in case planning is reflected in current DCS procedures. Amendments to the Child Protection Act [ss. 51L(2), 51W(3)] require that a parent be invited to involve a support person in the case-planning process.

LONG-TERM PLANNING

Reunification versus permanency planning

Recommendation 7.44: That the DCS evaluate research into the effect of reunification or permanency planning on children.

Status: Implemented

The CMC's 2003 inquiry found that neither reunification nor permanency planning can provide an adequate option that would meet the needs of all children within the foster care system. Neither option, therefore, should be preferred to the exclusion of the other. The report of the inquiry suggested that what was needed was a continuum of placement options that are adequately resourced so that individual children can have the benefits of the option that is best for them.

The DCS reported in its 2005–06 annual report that it has begun a permanency planning project to achieve better outcomes for children in care who cannot return home, by providing them with well-planned, stable, longer-term placements. In August 2006 the DCS released a discussion paper inviting comment on a proposal to establish a Permanent Parenting Order, which was described as an attempt to improve security and stability for children who cannot live safely with their birth families, but for whom adoption is not appropriate. This is discussed further below under Recommendation 7.46.

Giving priority to the interests of the child

Recommendation 7.45: That an additional principle be inserted into section 5 of the *Child Protection Act 1999* clearly providing that any conflict that may arise between the interests of a child and the interests of the child's family must be resolved in favour of the interests of the child.

Status: Implemented

This recommendation was implemented by amending section 5 of the Child Protection Act.

Guardianship orders

Recommendation 7.46: That the DCS review the practices associated with granting long-term guardianship orders and short-term child protection orders (including custody orders).

Status: Implemented

The Child Protection Act allows long-term guardianship of a child to be granted to:

- » a member of a child's family who is not a parent
- » a person nominated by the director-general of the DCS who is not a member of the child's family, or
- » the director-general of the DCS.

However, the CMC's 2003 inquiry heard that, in practice, long-term guardianship orders were almost always made in favour of the director-general. This practice was inconsistent with section 59(4)(b) of the Child Protection Act (as it was in 2003), which said the court must not grant long-term guardianship of a child to the director-general if the court can properly grant guardianship to another suitable person. Although specific mention is made of both short-term and long-term orders in Recommendation 7.46, it is apparent from reading this portion of the *Protecting children* report that the recommendation was aimed more at long-term orders. The reason given for the recommendation was that children who are put in the long-term custody of the DCS were more likely to drift in and out of care and experience multiple placements (CMC 2004, pp. 223).

There has been a small increase in the proportion of long-term guardianship orders being granted to people other than the director-general, from 13 per cent of all long-term orders in 2003–04 to 15 per cent in 2004–05 and 16 per cent in 2005–06.⁹

The DCS has reviewed the practices associated with granting long-term guardianship orders and short-term child protection orders in accordance with Recommendation 7.46. The department hopes to increase the number of children placed in the long-term custody of people other than the director-general through the introduction of Permanent Parenting Orders (see discussion of Recommendation 7.44 above). This new category of order would be made by the Children’s Court and the practical effect would be that the proposed guardian would take custody of the child in a manner similar to adoption. The obvious benefit for the DCS in these orders is that the department would not need to have any ongoing involvement with the child, as it currently does when long-term guardianship is granted to someone other than the director-general.

⁹ See <www.childsafety.qld.gov.au/infogateway/index.html>, and click on ‘Child protection data’.

INDIGENOUS CHILDREN

Chapter 8 of the *Protecting children* report examined particular issues that affect Aboriginal and Torres Strait Islander children who come into contact with the child protection system. The chapter affirmed the need for independent community-based Indigenous organisations to play a role in providing child protection services for Indigenous children, and recognised how important it was for Indigenous children in out-of-home care to maintain contact with their cultural community.

ABORIGINAL AND ISLANDER CHILD CARE AGENCIES

Recommendation 8.1: That the government recognise the ongoing need for independent community-based Indigenous organisations, and that these organisations be provided with the necessary support and resources to provide culturally appropriate child protection services to the Indigenous community. This support should include training and professional development, as well as assistance complying with service agreements and accountability requirements.

Recommendation 8.2: That, where AICCAAs have been de-funded, they be replaced by appropriate independent Indigenous organisations that have the support of their local community and that, wherever possible, these organisations employ staff with backgrounds in child protection.

Recommendation 8.3: That, in acknowledgment of the extent to which cultural factors draw AICCAAs into the delivery of prevention services, the nature of both the service agreements and the funding of individual AICCAAs be carefully reviewed.

Status: Implemented

The implementation of these recommendations is progressing, although there is still some work to be done to have viable Indigenous organisations operating in all the necessary geographic areas. The hurdles seem to relate not so much to funding as to the fact that in some areas of the state there are no existing Indigenous organisations that could readily take on a child protection role.

To implement the *Protecting children* recommendations in relation to the AICCAAs, the government's implementation 'blueprint' suggested there was a need to:

- » extend the AICCA coverage to provide statewide services
- » establish a peak body to represent the AICCAAs, which could help establish a partnership between the government and Indigenous community to address child protection
- » increase both the overall funding to AICCAAs and the scope of services that AICCAAs were funded to deliver

- » establish an internal Indigenous Support and Development Unit within the DCS, which would provide assistance and training to AICCA's, and help agencies to meet their service agreements and accountability requirements. (Queensland Government 2004)

What used to be known as AICCA's are now called Indigenous Recognised Entities (REs). The CMC wrote to several REs inviting submissions, but received only one response. Accordingly, the CMC visited some REs to try and obtain their views on the implementation of this category of recommendations.

The DCS developed the RE service delivery model to improve services to Aboriginal and Torres Strait Islander children and their families. The aim is to build a network of REs across the state. Information from the DCS shows that, while statewide coverage by REs is not yet complete, it has significantly improved since the implementation of the CMC's recommendations began. The DCS reported that by 31 October 2006 it had approved the operation of 22 RE services, thus increasing RE coverage of the Child Safety Service Centres from 30 to 41 out of 47. Plans are well advanced to provide the remaining six centres with RE coverage.

There are still some areas (e.g. Mt Isa, Doomadgee and Mornington Island) lacking adequate RE coverage, but with some organisations and individuals acting in this role on a fee-for-service basis. The Queensland Aboriginal and Torres Strait Islander Child Protection Partnership and other stakeholders raised concerns about these fee-for-service arrangements. It was suggested, particularly where an individual rather than an organisation was engaged to fulfil the role of a RE, that there was a greater risk of a substandard service being offered, through a lack of the necessary support systems and training opportunities. The DCS is aware of these problems, and aims to move away from using individuals to provide these services once it is possible to establish a viable RE organisation in the remaining areas. The department has also employed two Indigenous project workers to help establish REs in communities on Cape York.

Peak body

One component of providing enhanced statewide RE services, as envisaged in the Queensland Government's 'blueprint', was to establish an RE peak body. The role of the RE peak body would be to:

- » set the strategic direction for the REs
- » develop statewide frameworks
- » lobby on behalf of the REs
- » identify trends in Indigenous child protection
- » undertake a secretariat role
- » maintain partnerships between government and REs
- » undertake research and develop policy and procedures
- » provide advice to government on policies, procedures and training requirements.

In 2004 the DCS funded the Queensland Aboriginal and Islander Health Council to establish an interim peak body, the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership. The partnership was to provide peak body functions to its members, as well as management committee training and quality assurance to all REs. The partnership is operating only as an interim measure, and has therefore been funded on a non-recurrent basis (until December 2008).

In keeping with the recommendations in the government's 'blueprint', the DCS convened a workshop, held in August 2006, where all REs were invited to map out the future for the peak body. Participants included both members and non-members of the current partnership. This workshop resolved that:

- » the longer-term peak body should be based on the existing partnership
- » membership of the peak body should be optional
- » at least another 12–18 months should be allowed to establish an independently incorporated peak body.

The DCS agreed that more time would be required to establish a viable peak body. Hence the department is currently finalising a funding information paper, which will continue the current arrangements for up to two years. By this time the permanent peak body should be established, and will have the capacity to provide services to all REs.¹⁰

In its submission to the CMC, the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership maintained that considerable progress still needs to be made before there is a true partnership between government and the Indigenous community to respond to concerns about child abuse and neglect. Its view was that the DCS had erred in not establishing it as the permanent peak body and providing it with recurrent funding. It believed it had the necessary support of REs to warrant its permanent appointment.

Establishment of the Indigenous Support and Development Unit

According to the 'blueprint', the implementation of Recommendation 8.1 included establishing an internal Indigenous Support and Development Unit (now called the Indigenous Support and Development Branch) in the DCS. This was to provide training and professional development services to Indigenous agencies, and help them comply with service agreements and accountability requirements. The specific functions of the unit would be to:

- » help independent community-based Indigenous organisations provide culturally appropriate child protection services to Indigenous communities, including training and professional development, and help them to comply with service agreements and accountability requirements
- » help the REs with governance arrangements and processes
- » help develop protocols for sharing information between independent community-based Indigenous organisations and the DCS, and other DCS-funded Indigenous organisations with complementary child protection roles
- » interpret funding requirements, policy, licensing requirements, and program development
- » help develop standard data collection processes for REs
- » develop frameworks through which REs can have input into policies and practices
- » provide advice on DCS policies, programs and competencies to deliver culturally appropriate child protection services to Indigenous children
- » ensure high-quality child protection services within Indigenous communities. (Queensland Government 2004, p. 178)

The DCS recognised that, given the overlapping functions of the Indigenous Support and Development Branch and the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership in relation to the first two points above,

10 Information provided by DCS in response to a specific request from the CMC.

the two bodies would need to collaborate effectively to ensure that Indigenous children and their families received the services they needed.

According to the DCS, the Indigenous Support and Development Branch has been involved in the development of all legislation, the *Child safety practice manual*, and other materials that will help REs to meet their reporting and accountability responsibilities.

In its submission to the CMC, the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership was extremely critical of the Indigenous Support and Development Branch, which, the partnership claimed, has not fulfilled its primary functions, does not properly consult with Indigenous groups on policy, and is disadvantaged by being located in Cairns.

The majority of other Indigenous stakeholders we contacted had heard of the Indigenous Support and Development Branch, but were unclear about its purpose.

The DCS has announced that the structure of the Indigenous Support and Development Branch will change. Indigenous Support Officers will be placed in each of the DCS's seven zones and Principal Policy Officers placed in each of the DCS's five divisions. Other Indigenous Support and Development Branch staff will continue to work in Cairns and Townsville with communities and other government departments. A Principal Funding Officer will develop funding policies and practices for Indigenous service providers.

Training

We were informed by Indigenous groups consulted during the review that the DCS has been providing Certificate IV training in Child Protection to RE workers, and this has been well received. We were also told that REs viewed the DCS's plans to offer training to management committees as a further positive step in developing the capacity of REs to deliver quality child-protection services.

Funding

The government's blueprint proposed an overall increase in funding for child protection and a service delivery model involving the following programs:

- » family restoration and support, primary prevention, parenting support and early intervention
- » intensive family support and therapeutic services for clients of the department
- » placement services
- » carer support
- » child advocacy/statutory program, which involves providing advice to the DCS at key decision-making points such as investigating and assessing a child protection notification or developing a case plan. (Queensland Government 2004, pp. 167, 168)

The DCS is not funded to deliver all of these programs. For example, the first program listed above is primarily funded by the Department of Communities and the Commonwealth Government.

All REs are funded to provide the final program in the list. Whether they also receive funding to fulfil some or all of the remaining four programs depends on the capacity of the agency and community need. The DCS stated that it clearly recognised the need for an RE's role to be integrated into a broader spectrum of services to ensure the safety and wellbeing of Indigenous children. The DCS also stressed the importance of establishing genuine partnerships with the Indigenous

community, through engaging Aboriginal and Torres Strait Islander networks to help develop the appropriate services.¹¹

According to the DCS's two-year progress report (DCS 2006a, p. 66), \$4.7 million was allocated to developing new or improved RE services in 2004–05, increasing to \$9.4 million in 2005–06 and \$12.4 million in 2006–07.

The Queensland Aboriginal and Torres Strait Islander Child Protection Partnership pointed out, in a submission to the CMC, that not all this funding goes directly to REs, citing the DCS's 2004–05 annual report (DCS 2005a, p. 9), which indicated that only just over \$3 million of the \$4.7 million allocated went directly to REs. The partnership viewed the funding as inadequate.

LAQ also expressed concern, in their submission, about the adequacy of funding of REs, given their new legislative responsibilities.

The DCS's 2005–06 grants report indicates that it provides grant funding to non-government service providers, including REs, for 11 different categories of service as listed in the table below (DCS 2006b, pp. 137–47).

Table 6.1: Allocation of DCS grant funding, 2005–06

Service	Total grant amount 2005–06	Amount provided to Indigenous agencies
Foster and kinship care: care provided to a child with moderate to high support needs by a departmentally approved foster or kinship carer within the carer's own home	\$9 992 936	\$1 050 384
Residential care: care provided in a residential building, not a carer's own home, with support by paid staff	\$19 477 491	\$727 425
Specialist foster care: intensive levels of care provided within a carer's home to children with mainly complex and some extreme support needs	\$11 736 748	\$0
Supported independent living: a variation of residential care where the workers or carers do not live in the residential building but provide external support through regular visiting	\$503 135	\$0
Family intervention services: intensive, short-term practical support to families with children and young people in need of protection	\$4 892 807	\$575 497
Child counselling and intervention services: counselling for children and practical assistance with fulfilling their case plans	\$7 602 715	\$54 683
Sexual abuse counselling services: specialist sexual abuse counselling for children and young people within the child protection system	\$1 042 196	\$0
Indigenous Recognised Entities (REs): involvement in the DCS's decision-making process about Indigenous children within the child protection system	\$4 125 248	\$4 125 248
Peak bodies and representative networks: funded by the DCS to provide advocacy services and policy input	\$2 360 027	\$663 612
Child Protection Statewide Stewardships Partnership Taskforce: made up of community and government agencies working together in child protection	\$280 240	\$9 375
Specific purpose funding: one-off payments for specific events and projects	\$366 382	\$0
Total	\$54 777 210	\$7 206 224

11 DCS, *Indigenous Recognised Agencies' service delivery model*.

The Queensland Aboriginal and Torres Strait Islander Child Protection Partnership, the Central Queensland AICCA and other Indigenous stakeholders told the CMC that, although REs made efforts to obtain mainstream funding for residential care, specialist foster care, independent living and therapeutic services, this was largely unsuccessful.

The fact that an Indigenous agency is not funded to provide particular services in a particular area does not necessarily mean that Indigenous children are deprived of those services. An existing capacity to deliver services to Indigenous children is, in fact, one of the conditions that non-government organisations have to meet in order to receive funding for providing placement services to children in need of care.

The partnership and other stakeholders told us that there is a great need for early intervention and prevention services, but that the Department of Communities has failed to fund Indigenous agencies to provide these services to any real extent, and clients' needs are going largely unmet.

According to the DCS progress report, a major challenge in providing prevention and early intervention in Indigenous communities is a lack of community infrastructure for these services (DCS 2006a, p. 69). Consequently, the Department of Communities has been allocated prime responsibility for community capacity-building in the Aboriginal and Torres Strait Islander community.

As well as funding the Queensland-wide Referral for Active Intervention (RAI) service mentioned elsewhere in this review, the Department of Communities has reported on a number of initiatives to improve child safety in Indigenous communities, in which it has participated. These include:

- » setting up 'safe havens' in four Indigenous communities (Cherbourg, Mornington Island, Palm Island and Coen) to respond to children affected by family violence; the intention is to provide early intervention and reduce the likelihood that children and families will become further involved in the child protection system
- » helping Indigenous non-government organisations that are funded by the Queensland Government to provide the intended services
- » developing and funding programs to reduce the abuse of alcohol and other drugs in Indigenous communities. (Department of Communities submission to CMC review)

INDIGENOUS CHILD PLACEMENT PRINCIPLE

Recommendation 8.4: That DCS compliance with the Indigenous child placement principle be periodically audited and reported on by the new Child Guardian.

Status: Implemented

The CCYPCG intends to release a public report in September 2007 on the DCS's compliance with the Indigenous child placement principle (see *Child Protection Act 1999*, s. 83). The CCYPCG advised us that it will test compliance by evaluating placements and placement decisions in accordance with the Indigenous child placement principle, rather than just reporting on the numbers of Indigenous children and young people placed with non-Indigenous carers.

It will do this by:

- » establishing a profile of Indigenous children and young people in out-of-home care in Queensland that specifically examines demographic details, child protection issues, placement details, connection to family and community and service delivery issues
- » reviewing the DCS's compliance with the Indigenous child placement principle in relation to approximately 116 placement decisions made about 28 children and young people from across Queensland
- » through the use of separate surveys, obtaining an understanding — from the perspective of the child, of the carer and of the RE — of the cultural support being offered to those 28 children at their current placements
- » comparing the files of the 28 children with any relevant Child Guardian information, including the children's history with the Complaints Team, Community Visitor Program and the Systemic Monitoring and Review Program
- » conducting a review of the policies, practices and procedures developed by DCS in relation to the Indigenous child placement principle since 2000. (CCYPCG submission to CMC)

The CCYPCG's expectation is that the project will allow it to make findings and recommendations in relation to:

- » the appropriateness and effectiveness of the DCS's systems in relation to complying with the Indigenous child placement principle
- » the application of the Indigenous child placement principle for the children whose cases the CCYPCG reviews
- » systemic trends in relation to Indigenous children and young people in out-of-home care.

The child's best interests paramount

Recommendation 8.5: That the Indigenous child placement principle specifically state that a placement decision can only be made if it is in the best interests of the child.

Status: Implemented

The thrust of this recommendation was that the best interests of the child should be paramount in any decision, regardless of whether the child is Indigenous or non-Indigenous. In other words, DCS staff should not slavishly adhere to the Indigenous child placement principle if, for example, placing a child with a non-Indigenous carer would be better for the child.

The Child Protection Act states in section 5 that it is to be administered under the principle that the child's best interests always come first, and this is reflected in the DCS *Child safety practice manual*. For example, in Part 7, 'Children in out of home care', the manual instructs staff, when considering out-of-home care as a child protection response, to give paramount consideration to the welfare and best interests of the child.

The DCS has reported that there will be a further legislative response to this recommendation after more policy development in consultation with stakeholders (DCS 2006a, p. 165).

Maintaining contact with kinship group

Recommendation 8.6: That, in situations where Indigenous children are placed with non-Indigenous carers, the child protection legislation should specifically provide that contact be maintained with their kinship group, where that is in the best interests of the child.

Status: Implemented

Section 83 of the Child Protection Act was amended in 2005, and now states that if an Indigenous child cannot be placed with:

- » a member of the child's family, or
- » a member of the child's community or language group, or
- » another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group, or
- » another Aboriginal person or Torres Strait Islander,

then consideration must be given to placing the child with, in order of priority:

- » a person who lives near the child's family, or
- » a person who lives near the child's community or language group,

and consideration must be given to whether the person with whom the child is to be placed is committed to:

- » facilitating contact between the child and the child's parents and other family members, subject to any limitations on the contact, and
- » helping the child to maintain contact with the child's community or language group, and
- » helping the child to maintain a connection with the child's Aboriginal or Torres Strait Islander culture, and
- » preserving and enhancing the child's sense of Aboriginal or Torres Strait Islander identity.

RECRUITMENT OF SPECIALISED CARERS (GENERAL AND RELATIVE)

Recommendation 8.7: That, subject to consultation, provision be made for Indigenous carers to have enhanced access to respite care, and adequate training and support be made available to Indigenous carers.

Recommendation 8.8: That urgent attention be given to identifying ways of encouraging more Indigenous people to become carers.

Status: Implemented

The DCS reports that it has taken action to increase the recruitment of Indigenous carers. For example, it has engaged an Indigenous Communication Consultant to help develop the recruitment material, and an Indigenous working party to ensure the cultural appropriateness of the process and materials (DCS 2006a, p. 65). However, as the number of Indigenous carers has increased, so has the number of children requiring out-of-home placement (see Table 6.2, facing page).

Table 6.2: Numbers of Indigenous carers and numbers of Indigenous children requiring out-of-home placements, 2004–06

Year	Numbers of Indigenous carers and of Indigenous children in care					
	Indigenous foster carers	Children placed with Indigenous foster carers	Provisionally approved Indigenous carers	Children placed with provisionally approved Indigenous carers	Funded Indigenous kinship carers	Number of children placed with funded Indigenous kinship carers
2004	85	472	31	99	205	368
	(Ratio 1 : 5.6)		(Ratio 1 : 3.2)		(Ratio 1 : 1.8)	
2005	108	681	41	129	223	458
	(Ratio 1 : 6.31)		(Ratio 1 : 2.63)		(Ratio 1 : 2.1)	
2006	129	797	40	141	234	521
	(Ratio 1 : 6.18)		(Ratio 1 : 3.5)		(Ratio 1 : 2.2)	

Source: Information provided by the DCS.

The DCS *Child safety practice manual* (Part 7.7) instructs CSOs to include suitable respite options in the case plan for a child in out-of-home care, and, for an Indigenous child, to consult an RE when exploring and deciding these respite options.

The DCS provided nearly \$10 million to 43 non-government agencies to provide training and support to carers in 2005–06 (DCS 2006b, pp. 138–9).

The information we have received through individual consultations indicates that Recommendation 8.7 has been implemented in some areas, or is in the process of being implemented; but in other areas there has been little improvement in training and support for carers.

The Cooktown Community District Centre told us:

Carers now have training on a regular basis, support and carer allowances are flowing through and workers from Alternate Care regularly visit the area. We have an open relationship with them and confidently refer carers who contact us to them. (Submission to CMC from Cooktown District Community Centre Board)

In contrast the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership informed us:

The recommendation to improve support to Indigenous carers has not been implemented. A major form of support requested by carers is that the departmental officer with case management responsibility shows an interest in the child who has been placed, has regular contact with the carer to ascertain how the placement is going, and follows through on undertakings. Carers report that this rarely happens and the situation is not improving. (Submission to CMC from Aboriginal and Torres Strait Islander Child Protection Partnership)

Other stakeholders said that a particular difficulty faced by Indigenous foster carers was the lack of respite care.

In their submission, LAQ's view was that there were insufficient Indigenous carers, and that the DCS often overused these carers, placing very large numbers of children with them without providing the carers or children with appropriate support. As a result, these placements often broke down, with the result that children had to go from one placement to the next.

Increasing the number of Indigenous carers is an important mechanism to help meet the Indigenous child placement principle and maintain cultural links. Of the children admitted to DCS-funded out-of-home care in 2005–06, 720 (or 23%) were Indigenous, and 600 of these children were placed with foster carers.

Changes to the structure of the DCS's Indigenous Support and Development Branch were mentioned earlier in this chapter. One of the aims of these changes is to allow better support to be provided to Indigenous carers.

CHILDREN AND BIOLOGICAL PARENTS

Recommendation 8.9: That departmental policies and practices recognise the rights of children and biological parents and reflect this recognition in culturally appropriate ways that allow for all parties to be fully informed of, and involved in, case planning for children.

Status: Implemented

This recommendation is largely addressed through the implementation of Recommendations 7.40 and 7.43.

In addition, an amended section of the Child Protection Act (s. 51D) states that case planning for a child must be carried out in a way that encourages and facilitates the participation of the child, the child's parents, other appropriate members of the child's family group and, for an Aboriginal or Torres Strait Islander child, Aboriginal or Torres Strait Islander agencies and persons. Section 6(5) of the Act also requires consultations, negotiations, family group meetings and other proceedings involving an Aboriginal person or Torres Strait Islander (whether a child or not) to be conducted in a way and in a place that is appropriate to Aboriginal tradition or Island custom.

These legislative requirements are reflected in the DCS *Child safety practice manual*.

ISSUES FROM CAPE YORK, THE GULF AND TORRES STRAIT REGIONS

Recommendation 8.10: That the DCS provide culturally appropriate child protection services that take account of the drug- and alcohol-related problems besetting some remote communities. This will require the provision of specific support services to address the special needs of children requiring DCS intervention in these communities.

Status: Implemented

The DCS is trying to provide services in Cape York, the Gulf and Torres Strait regions and is facing the same difficulties that confront every other government agency trying to service this vast, sparsely populated area. The difficulties include recruiting and retaining staff to work in remote areas, coordinating the delivery of services from different government agencies, and dealing with communities in which there are abnormally high numbers of offences against the person.

The DCS found that there was inadequate community infrastructure for prevention and early intervention services in all three regions. The Department of Communities has been allocated responsibility for rectifying this situation (DCS 2006a, pp. 69–70).

In its two-year progress report, the DCS states that it maintains an acute response capacity in remote Aboriginal and Torres Strait Islander communities and that Indigenous children have limited access to child protection services in these locations (DCS 2006a, p. 70). It is intended that a number of agencies will collaborate to provide more accessible services in remote communities.

The progress report acknowledges the challenges in servicing remote Aboriginal and Torres Strait Islander communities, and sets out a number of strategies to meet these challenges (DCS 2006a, pp. 69–70).

Information from submissions and from consultation with Indigenous agencies supports the government's conclusion that significant improvements are still required in child protection and early intervention services to children and their families in the Cape, Gulf and Torres Strait regions.

Specifically, we were told:

- » There were difficulties in setting up REs in remote communities.
- » There was a lack of training opportunities for workers from non-government organisations in the Certificate IV training in Child Protection, and a lack of SCAN training for those invited to attend SCAN meetings.
- » There was a lack of training, support and respite for carers.
- » There were delays in paying carers, and carers were withdrawing their services as a result.

[We sought information from the DCS on this point, but the department was unable to find any record of a carer withdrawing their service because of delay in receiving a payment.]

- » Carers were not receiving sufficient information about the children in their care to allow them to care for them adequately.
- » The DCS was allowing children to stay with unscreened carers.
[We do not have evidence of any specific case where the DCS allowed a child to stay with an unscreened carer, and DCS work practices do not allow it. There may be cases where a child places him or herself, against the advice of the DCS, with a person who has not been screened.]
- » While the DCS was doing its best, particularly given the large and unexpected increase in notifications, other government departments needed to 'come to the party' and support the DCS.

One Aboriginal organisation working on Cape York that we consulted stated it had found that some DCS staff were fearful when visiting remote Aboriginal communities. The organisation believed that the feeling of fear could largely be attributed to the staff's ignorance of the local Aboriginal language, culture and lifestyle. It suggested that if DCS staff could familiarise themselves with the people, language and culture of specific communities they would be better able to deliver effective child protection services.

In contrast, another Aboriginal organisation working on Cape York that we consulted thought the relationship between the CSOs and members of remote communities was significantly better than it had been before the CMC inquiry, and many CSOs had established good relationships with people in the communities. This organisation told the CMC that people in these communities now looked forward to the CSOs' visits.

The DCS has advised us that it intends to open branch offices in Weipa, Cooktown and Thursday Island in 2007. The opening of these offices should go some way to addressing the concerns listed above. In particular, the offices should ensure that

better support, training and respite care is available to carers in Cape York and the Torres Strait. The DCS has also employed two Indigenous project workers to help establish REs in communities on Cape York.

There are training opportunities available for staff from REs. For example, funding is available for RE staff to complete a Certificate IV in Community Services (Statutory Child Protection), and the DCS tells us that there are RE staff currently enrolled in this course.

CONSULTATION

Recommendation 8.11: That the child protection legislation reflect the importance of Indigenous participation in decision making. So as to remove any ambiguity, the legislation should explicitly state the types of 'decisions' requiring consultation. The department, in consultation with Indigenous agency stakeholders, should develop an agreed protocol for sharing information about children and families involved in the child protection system.

Status: Implemented

Section 6 of the Child Protection Act states that, when a decision is made that is likely to have a significant impact on an Aboriginal or Torres Strait Islander child's life, a recognised entity must be given an opportunity to participate in the decision-making process.¹² The Act also requires a recognised entity to be consulted when less significant decisions involving Aboriginal or Torres Strait Islander children are made.

The *Child safety practice manual* gives specific instruction on when DCS staff are to consult with REs in accordance with the Child Protection Act. The DCS has developed an agreed protocol for sharing information with REs about Indigenous children who come into the child protection system (DCS 2006b, p. 7).

Placement decisions and case-management plans

Recommendation 8.12: That the DCS ensure its officers comply with the department's statutory obligation by consulting with an Indigenous agency before removing or placing an Indigenous child. A protocol (agreed between the department and the Indigenous organisation) must be developed to establish clearly how this consultation will occur.

Recommendation 8.13: That the DCS consult with appropriate community representatives in the case-planning processes for Indigenous children.

Status: Implemented

The DCS has tried to abide by its obligations to consult with Indigenous groups when making decisions about Indigenous children. The *Child safety practice manual* reflects the statutory requirements to consult with REs when making decisions about an Indigenous child, and those CSOs who have received induction training will be aware of their obligations in this regard.

¹² i.e. an Indigenous Recognised Entity (RE), formerly known as an Aboriginal and Islander Child Care Agency.

As noted previously, the DCS has developed a protocol document for sharing information and participating with REs when making key decisions in the child protection process. It is not clear whether this protocol has been agreed to by REs or is in use. Some REs consulted by the CMC said they had seen an initial draft of a protocol document issued by the Indigenous Support and Development Branch but had heard nothing further.

The Queensland Aboriginal and Torres Strait Islander Child Protection Partnership stated in a submission that the extent to which Indigenous participation in decision-making occurs depends entirely on the relationships at a local level between the DCS and the RE. The partnership told us that in some zones there is good cooperation and in others there is not, and there are no consistent protocols in use across the state to ensure that legislation is complied with in placement and other case-planning decisions.

Given the problems in staffing remote area offices and the difficulty in establishing fully functioning REs in some of these areas, it is unlikely that consultations with Indigenous agencies in some parts of Queensland are being carried out to the letter of the law.

The CCYPCG will be evaluating the DCS's compliance with the Indigenous child placement principle next year and this will give a truer indication of how these recommendations have been implemented.

LEGISLATIVE CHANGES

Legislative change was necessary to implement several recommendations contained in Chapters 5–8 of the *Protecting children* report. The recommended changes to the Child Protection Act were set out in Chapter 9 of the report.

NOTIFICATIONS

Recommendation 9.1: That the *Child Protection Act 1999* be amended to enable the department to intervene where it is suspected that an unborn child may be at risk of harm after birth.

Status: Implemented

The Child Protection Act has been amended to implement this recommendation. The insertion of section 21A in the Act enables the DCS to respond to reports that an unborn child may be at risk of harm after birth, and offer assistance and support to a pregnant woman.

APPROVAL OF INDIVIDUAL CARERS

Recommendation 9.2: That the *Child Protection Act 1999* be amended to ensure that it regulates the assessment and approval of all carers.

Status: Implemented

This recommendation has been implemented by a range of amendments to the Child Protection Act. See also discussion of Recommendation 7.15.

CASE PLANS

Recommendation 9.3: That legislation require the development of a case plan for the care of all children on child protection orders or in the custody of the director-general.

Status: Implemented

The Child Protection Act (s. 51C) now requires the DCS to develop a case plan for each child who is in need of protection and needs ongoing help under the Act. See also discussion of Recommendations 7.35–7.39.

CONCLUSION

The impression we have formed during this review is that the DCS and other government agencies have implemented many of the recommendations made in the *Protecting children* report through legislative and procedural amendment; however, some of the new ways of working have yet to become the norm. Occasional cases of children being failed by the DCS that have come to our attention indicate that new work practices have not yet become 'the way we do things around here' in some parts of the DCS. Fortunately, senior management at the DCS has been relatively stable, and the senior managers we have dealt with do appear to personify the new values and behaviours espoused by the department.

It is a fact of life that errors will be made from time to time in the delivery of child protection services. But the DCS's capacity and commitment to evaluate its ability to provide services, and the CCYPCG's new role in monitoring the child protection system, should ensure that these errors are isolated cases rather than symptoms of broader failings in the child protection system.

The DCS has conducted, or is planning to conduct in the near future, evaluations of:

- » the operation of SCAN teams
- » foster care recruitment, retention and support
- » residential care services
- » court services
- » the peer support program
- » the planning and partnerships networks.

The CCYPCG will also continue to play an active monitoring role. As well as operating the Child Death Case Review Committee and the Community Visitor Program, and investigating specific complaints, the CCYPCG will continue to conduct a number of projects to monitor the performance of the DCS. For example, the CCYPCG recently completed an audit of DCS services provided to children who were the subject of substantiated allegations of sexual abuse in foster care, and will undertake a project to monitor compliance with the Indigenous child placement principle.

In addition to its other activities, the CCYPCG has established its Child Guardian Key Outcome Indicators, which will allow it to measure the performance of child protection services on an ongoing basis, through coordinating a variety of data sources. The project will gather information about the characteristics of children in the child protection system, and will then set indicators that will tell the CCYPCG whether certain prerequisites for the safety and wellbeing of children are being met.

The project will establish an early-alert mechanism to identify systemic failures in service delivery, so that the CCYPCG can make recommendations to remedy any problems that may arise.

The CCYPCG has now clearly established itself as the organisation that can and will ensure that the DCS and other government departments promote and protect the rights, interests and wellbeing of children in Queensland.

Government cannot eliminate child abuse, but it can lessen the risk of child abuse occurring — and, if it does occur, perhaps reduce the harm by stopping it from happening again. It is hoped that future governments can withstand the criticism attracted by occasional lapses in the delivery of child protection services, and allow the steady pace of reform and improvement to continue.

APPENDIX 1: Submissions received

The CMC received submissions from the following 30 individuals, government departments and non-government organisations:

- » Australian Association of Social Workers Ltd
- » Bravehearts
- » Central Queensland Aboriginal and Islander Child Care Agency
- » Children Services Tribunal
- » Commission for Children and Young People and Child Guardian
- » Community Connect Fraser Coast Inc.
- » Cooktown District Community Centre
- » CREATE Foundation
- » Department of Communities and Disability Services Queensland
- » Department of Education and the Arts
- » Department of Emergency Services
- » Department of Justice and Attorney-General and Women
- » Department of Housing
- » Department of the Premier and Cabinet
- » Dr Fotina Hardy
- » Gallang Place Aboriginal and Torres Strait Islander Corporation
- » Legal Aid Queensland
- » Mr David Glasgow, Magistrate
- » PeakCare Qld
- » Protect All Children Today Inc.
- » Queensland Aboriginal and Islander Health Council / Queensland Aboriginal and Torres Strait Islander Child Protection Partnership
- » Queensland Corrective Services
- » Queensland Council of Social Service
- » Queensland Health
- » Queensland Police Service
- » Queensland Public Sector Union
- » Queensland Treasury
- » South Burnett CTC Inc.
- » The Honourable Desley Boyle MP
- » United Synergies.

APPENDIX 2: Summary of recommendations and their implementation status as at December 2006

Recommendation	Implementation status
A new department	
4.1 That a new Department of Child Safety be created to focus exclusively upon core child protection functions and to be the lead agency in a whole-of-government response to child protection matters.	Implemented
Directors-General Coordinating Committee	
4.2 That a Directors-General Coordinating Committee, chaired by the Director-General of the Department of the Premier and Cabinet, be established to coordinate the delivery of multi-agency child protection services.	Implemented
Child Safety Directors	
4.3 That a position of Child Safety Director (CSD) be established within each department identified as having a role in the promotion of child protection.	Implemented
Prevention services	
4.4 That the government maintain its commitment to developing primary and secondary child abuse prevention services.	Implemented
Workforce numbers	
5.1 That there be a baseline increase of approximately 160 family services officers and team leaders to deal with intake, assessment and casework requirements.	Implemented
5.2 That this increase be made progressively over the next two financial years and be in addition to other specific recommendations made in this report for the creation of specialist positions.	Implemented
<i>Workloads and staffing requirements</i>	
5.3 That the DCS adopt an empirically rigorous means of calculating workloads and projecting future staffing numbers.	Implemented
<i>Increase in frontline staff numbers</i>	
5.4 That frontline child-protection service staff numbers be increased annually in line with workload increases.	Implemented
Management structure	
5.5 That the current regional structure used by the Department of Families be critically reviewed, with a view to improving the ratio of direct service delivery staff to management and administration staff.	Implemented
Training and professional development of staff	
5.6 That the DCS establish enhanced training and professional development processes for field staff as a matter of high priority.	Partially implemented
5.7 That successful completion of induction training before assuming casework responsibilities be mandatory for DCS caseworkers.	Partially implemented
<i>Training partnerships</i>	
5.8 That the DCS critically examine the possibility of forming partnerships with external agencies such as universities in developing and implementing an enhanced training and professional development program.	Implemented

Recommendation	Implementation status
<i>Cross-cultural training</i>	
5.9 That DCS training incorporate appropriate and ongoing Indigenous cross-cultural training for all staff.	Partially implemented
Intake, assessment and investigation processes	
<i>Intake and assessment</i>	
5.10 That the DCS evaluate organisational models, including the use of dedicated officers, with a view to determining the most effective and efficient way of processing intake and assessment matters.	Implemented
Court matters	
5.11 That the DCS consider whether there may be advantages in having all court preparation work undertaken by specialist staff.	Implemented
Intake, assessment and investigation processes	
<i>Investigations</i>	
5.12 That the casework and investigative functions of the DCS be vested, as far as is possible, in different staff members.	Implemented
5.13 That the DCS employ staff with specialist investigative skills and an understanding of child neglect and abuse issues to investigate complex notifications about abuse of children in care.	Implemented
Prevention and early intervention	
5.14 That the Department of Families (or some other agency separate from the DCS) retain responsibility for delivering prevention and early intervention services, including services for all children, and for programs targeting communities or families identified as vulnerable.	Implemented
Assisting biological parents	
5.15 That child-centred casework and the provision of parental support be vested, as far as is possible, in different staff members.	Implemented
5.16 That, as a preventive response, 40 specialist FSO positions be created to work exclusively with parents whose children have already been the subject of a low-level notification and continue to reside at home. These positions should be filled progressively over the next two financial years.	Implemented
Information systems and record-keeping	
5.17 That the DCS continue and complete the upgrade of information systems begun by the Department of Families, as a matter of the highest priority.	Partially implemented
Responding to ministerial correspondence	
5.18 That the DCS prepare and promulgate a specific policy outlining the requirements for producing and approving ministerial correspondence and briefing material.	Not implemented
Internal accountability	
5.19 That, in addition to direct service delivery by frontline workers, the expertise of senior practitioners be drawn upon for providing specialist advice in complex cases and for routine reviewing of the clinical decisions made by frontline workers. Senior practitioners should embrace line management responsibility for these decisions.	Implemented
Complaints handling	
5.20 That the DCS establish a unit and clear procedures for receiving, assessing and responding to complaints.	Implemented

Recommendation	Implementation status
Mechanisms for external accountability	
5.21 That a position of Child Guardian, to be situated within the Commission for Children and Young People, be established, whose sole responsibility would be to oversee the provision of services provided to, and decisions made in respect of, children within the jurisdiction of the DCS.	Implemented
5.22 That the powers granted to the Child Guardian be clearly set out in the legislation, and include the powers necessary to investigate complaints and enable proactive monitoring and auditing of the DCS.	Implemented
5.23 That the Community Visitor Program of the Commission for Children and Young People be extended to cover all children in the alternative care system, including those in foster care. This program should be administered by the Child Guardian.	Implemented
5.24 That the jurisdiction of the Children Services Tribunal be expanded to allow the Child Guardian to refer decisions of the DCS or non-government organisations to the Children Services Tribunal for merit review, where the Child Guardian thinks it is warranted.	Implemented
Child-death reviews	
5.25 That the new Department of Child Safety continue the practice of undertaking a review of all deaths of children in care, or who have been known to the department within the last three years. Steps should be taken to ensure that an appropriate degree of independence exists in the review process, and external consultants, experts and Indigenous advisers should be engaged in relevant matters.	Implemented
5.26 That, following the establishment of the Department of Child Safety, discussions be held between the State Coroner and the relevant investigative agencies, with a view to developing protocols and other working arrangements directed to determining who is to be the lead investigative agency in different cases and how information can be appropriately exchanged between agencies.	Implemented
5.27 That a new review body — called the Child Death Review Committee (CDRC) — undertake the detailed reviews of the DCS's internal and external case reviews.	Implemented
5.28 That the jurisdiction of the Commission for Children and Young People be expanded to include the following roles:	
<ul style="list-style-type: none"> » to maintain a register of deaths of all children in Queensland » to review the causes and patterns of death of children as advised by investigative agencies » through a Child Death Review Committee, to review in detail all DCS case reviews, whether conducted internally or externally, regarding the deaths of children in care and those who had been notified to DCS, within three years of their deaths » to conduct broader research focusing on strategies to reduce or remove risk factors associated with child deaths that were preventable » to prepare an annual report to the parliament and the public regarding child deaths. 	Implemented
Whole-of-government approach	
6.1 That each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services.	Implemented
<i>Interaction with other levels of government</i>	
6.2 That the Directors-General Coordinating Committee consider appropriate ways for the DCS and state government departments to interact with federal and local governments and relevant community groups.	Implemented

Recommendation	Implementation status
SCAN teams	
6.3 That the existence of the SCAN teams be enshrined in statute to reflect their important contribution to the child protection system.	Implemented
6.4 That the operation of SCAN teams be based upon agreement to a standard set of interdepartmental policies and procedures.	Implemented
6.5 That SCAN teams receive appropriate levels of funding to discharge their responsibilities effectively, including appropriate funds for proper record-keeping systems and SCAN team training.	Implemented
<i>Departures from recommendations of SCAN teams</i>	
6.6 That SCAN team recommendations are accepted by the DCS, except in instances where the DCS believes the recommendations are contrary to the best interests of the child, and that any departure from a SCAN team recommendation is reported to the Director-General of the DCS and made the subject of detailed 'exception' reporting.	Implemented
<i>Monitoring of SCAN teams</i>	
6.7 That SCAN be a standing agenda item on the Directors-General Coordinating Committee.	Implemented
6.8 That full reviews of the functioning of SCAN teams occur regularly and that audits be conducted to measure compliance with policies and procedures, including official record-keeping systems.	Partially implemented
Non-government service delivery	
6.9 That a strategic framework for child protection be developed, articulating the range, mix and full cost of services required to respond effectively to clients' needs, particularly complex needs; and that the implementation of this framework be adequately resourced.	Partially implemented
<i>Resourcing</i>	
6.10 That alternative funding models that would more adequately meet the true needs of children, families and carers be investigated.	Partially implemented
<i>Role of the DCS and the non-government agencies</i>	
6.11 That a more progressive and contemporary integrated service delivery model, which creates a partnership between government and non-government organisations to deliver better services for clients of the child protection system, be developed.	Partially implemented
<i>Service delivery</i>	
6.12 That a quality assurance strategy is developed and implemented for all services (government and non-government) and a minimum standard be set for the licensing of non-government services.	Implemented
Mandatory reporting	
6.13 That mandatory reporting of child abuse be extended to registered Queensland nurses by legislating under the Health Act.	Implemented
6.14 That registered nurses receive appropriate training in their new responsibility.	Partially implemented
6.15 That section 76K of the Health Act be amended to make it mandatory for doctors and nurses to notify the DCS about their suspicion of child abuse.	Implemented
Core functions of the DCS	
7.1 That the Department of Child Safety be responsible for receiving and investigating notifications of child abuse and neglect, and take over responsibility for the final assessment and certification of all carers, and for assessing the appropriateness of carers' reapprovals.	Implemented

Recommendation	Implementation status
Placement options	
<p>7.2 That the placement needs of children and adolescents in care be identified and a broad range of options — including foster care, residential services, family-group homes, therapeutic foster care, intensive support, and supported independent living — be provided to best meet the needs of individual children.</p>	Implemented
<i>Evaluation of placement options</i>	
<p>7.3 That the effectiveness of these placement options in meeting the needs of different groups of children and young people be evaluated.</p>	Implemented
<i>Residential care</i>	
<p>7.4 That the Department of Child Safety:</p>	
<ul style="list-style-type: none"> » identify the extent of the need for residential care services » identify the type of children who would most benefit from these services » develop service models that meet children’s needs in this area » identify the skills and training required by staff » monitor and evaluate residential care services. 	Implemented
<i>Therapeutic care</i>	
<p>7.5 That more therapeutic treatment programs be made available for children with severe psychological and behavioural problems. Successful programs should be identified, implemented and evaluated.</p>	Implemented
<i>Foster care</i>	
<p>7.6 That a central registry be set up containing details of all carers, children currently in their care, and their availability for further placements. The registry should flag when carers are due for reapproval, whether they have been denied their initial approval or reapproval, and whether they have been, or applied to be, a carer in another state. Also, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.</p>	Implemented
<p>7.7 That an audit of all current carers be conducted to obtain up-to-date data and determine their availability for placements.</p>	Implemented
<i>Respite care</i>	
<p>7.8 That the DCS identify and implement new methods of recruiting respite carers.</p>	Implemented
<p>7.9 That additional efforts be made to identify alternative respite options for children that could improve children’s wellbeing, for example regular camps and school holiday programs.</p>	Implemented
<p>7.10 That, to prevent carer burnout and limit placement breakdown, planned respite for carers be ‘routine’ and not have to be requested by carers. Plans for respite could be included in the child’s case plan.</p>	Implemented
<i>Voluntary care</i>	
<p>7.11 That the <i>Child Protection Act 1999</i> be amended to regulate voluntary placements.</p>	Implemented
Foster care protocols	
<i>Recruitment</i>	
<p>7.12 That initial screening mechanisms be more efficient and rely on identifying the characteristics that are associated with continuing in foster care and providing good outcomes for children.</p>	Implemented
<p>7.13 That efforts be made to recruit a more diverse group of carers, rather than continuing to concentrate recruitment efforts in lower socioeconomic areas.</p>	Implemented

Recommendation	Implementation status
Foster care protocols: <i>Recruitment, cont.</i>	
7.14 That the DCS identify areas of high, unmet need and initiate recruitment drives to obtain more carers for specific types of children. Recruitment drives can be directed to areas of high need and focus on recruiting carers who can meet the needs of specific groups of children (e.g. teenagers, or children with special needs or challenging behaviours).	Implemented
<i>Decisions about approval</i>	
7.15 That the DCS be responsible for the final approval of foster carers. Special attention should be focused on processes that give carers specific approval for numbers and types of children.	Implemented
<i>Retention of carers</i>	
7.16 That regard be had to relevant research findings in order to identify the factors that are most likely to result in successful placements, and to use this knowledge to develop practical processes for the recruitment of suitable carers.	Partially implemented
7.17 That structured exit interviews with carers be conducted. This information should be used along with regular surveys of carer attitudes, satisfaction and concerns, and other appropriate research initiatives to identify problems and devise systemic solutions.	Implemented
<i>Kinship carers</i>	
7.18 That a framework be developed for supporting relative care that includes enhanced screening and monitoring of carers and the provision of training opportunities and other support for carers. There should be an extensive consultation process, especially with Indigenous communities, in the development of the framework.	Implemented
<i>Training for foster carers</i>	
7.19 That all prospective foster carers undergo compulsory training in parenting. All training programs should be evidence-based and undergo ongoing evaluations of their effectiveness.	Implemented
7.20 That foster carers be required to undergo ongoing training, identified and organised during yearly reviews of the foster carer by their agency support worker. Carers' reapproval should be contingent on the successful completion of this training.	Implemented
7.21 That there be a tiered, multi-level approach to training and support of foster parents. The level of need of the foster carer and the children in their care should be assessed and the most appropriate level of training and support required should be provided. In this way, carers who deal with more difficult children, or those with special needs, would receive additional, more specialised training.	Implemented
<i>Training for caseworkers</i>	
7.22 That caseworkers be well trained and supervised in evidence-based parenting practices so they can support foster parents with appropriate parenting advice. This training should occur within their pre-service university-based courses and through in-service training.	Implemented
<i>Support</i>	
7.23 That conditions and support for departmental carers be enhanced to ensure that they are not disadvantaged in comparison with agency carers.	Partially implemented
<i>Placement meetings and handover of information</i>	
7.24 That tools and resources be developed by the DCS to ensure that placement meetings are initiated by departmental staff and completed in a timely manner, preferably before a child is placed with a carer. Carers should be consulted and agreements negotiated by the carers and the DCS, rather than dictated by the department.	Implemented

Recommendation	Implementation status
7.25 That, during placement meetings, foster carers be provided with all relevant information about the child. When foster carers accept a child for placement they should be given copies of the child's medical and dental records and the child's Medicare details.	Implemented
7.26 That the <i>Child Protection Act 1999</i> be amended to incorporate specific obligations on the part of the DCS to disclose relevant information to carers.	Implemented
<i>Disclosure of confidential information</i>	
7.27 That the <i>Child Protection Act 1999</i> incorporate a general disclosure obligation on the DCS to inform other departments, government agencies and non-government agencies (including AICCAs) of all information reasonably necessary to ensure their cooperation, assistance and participation within the child protection system. The Act should provide examples of what sort of information will be provided. The person to whom the disclosure is made (the 'receiver') will be bound by the confidentiality provision contained in section 188.	Implemented
7.28 That the department ensure that it has clear policies and procedures on disclosure of information and that it incorporate them in the training provided to departmental and agency staff.	Implemented
<i>Case planning and review</i>	
7.29 That tools and resources be developed by the DCS to ensure that foster carers are included in children's case planning.	Implemented
<i>Additional support mechanisms for foster carers and foster children</i>	
7.30 That consideration be given to the DCS implementing mentoring programs for foster carers and children in foster care.	Implemented
7.31 That the DCS ensure that an appropriate procedural framework is established for responding to allegations made against foster carers.	Implemented
<i>Remuneration</i>	
7.32 That foster carers receive appropriate remuneration to cover the actual costs of caring for a child, as well as receiving additional payments to attend training as required and pay the associated costs of child care and transport for such training.	Implemented
7.33 That the DCS investigate introducing a tiered system for payments to foster carers that recognises the skills necessary to care for children with more complex needs.	Implemented
7.34 That the allocation of any additional payments (e.g. child-related expenses, high-support needs allowance) be on a needs basis, rather than on regional resource allocations. Children's needs and entitlements should be clearly detailed in the child's case plan.	Implemented
Case planning	
7.35 That there be thorough, standardised, evidence-based case planning that is consistently applied and focuses on the best interests of the child. This issue needs to be addressed both in university training courses and in ongoing training provided to staff.	Implemented
7.36 That all children have an identified and designated caseworker from the DCS who maintains regular contact with the child and is responsible for the development of a detailed case plan that focuses on both the short- and long-term needs of the child. The plan must be reviewed at least every six months.	Implemented
7.37 That the DCS adopt clear policy so that section 96 of the <i>Child Protection Act 1999</i> , which states that a family meeting should be organised for all children requiring protection, is followed.	Implemented

Recommendation	Implementation status
Case planning, cont.	
7.38 That the <i>Child Protection Act 1999</i> be amended to make it necessary for a case plan to be submitted to the court before an order is sought (as presently occurs in NSW and the ACT).	Implemented
7.39 That processes be implemented to ensure initial case planning is carried out promptly and case plan reviews are carried out every six months, as required under the <i>Child Protection Act 1999</i> ; and that all stakeholders, but particularly the child, their family, and the child's carer, are invited to participate in every planning meeting.	Implemented
<i>Children's involvement in casework</i>	
7.40 That tools and resources for the participation of children and young people in case planning be developed and used to ensure their participation in planning processes that are in keeping with the principles of the <i>Child Protection Act 1999</i> .	Implemented
7.41 That the DCS be required to implement procedures to ensure that all children are informed within 24 hours of entering care why they have been taken into care and what they can expect will happen to them.	Implemented
7.42 That the DCS ensure that all children who are the subject of an assessment of risk of harm and/or enter into the care of the department are given the option of a support person whom they know and trust.	Implemented
<i>Biological parents' involvement in casework</i>	
7.43 That tools and resources be developed by the DCS to ensure that the procedures for involving parents in casework (e.g. family meetings, planning agreements) are followed, and that their support worker be included in these processes.	Implemented
Long-term planning	
<i>Reunification versus permanency planning</i>	
7.44 That the DCS evaluate research into the effect of reunification or permanency planning on children.	Implemented
<i>Giving priority to the interests of the child</i>	
7.45 That an additional principle be inserted into section 5 of the <i>Child Protection Act 1999</i> clearly providing that any conflict that may arise between the interests of a child and the interests of the child's family must be resolved in favour of the interests of the child.	Implemented
<i>Guardianship orders</i>	
7.46 That the DCS review the practices associated with granting long-term guardianship orders and short-term child protection orders (including custody orders).	Implemented
Aboriginal and Islander Child Care Agencies	
8.1 That the government recognise the ongoing need for independent community-based Indigenous organisations, and that these organisations be provided with the necessary support and resources to provide culturally appropriate child protection services to the Indigenous community. This support should include training and professional development, as well as assistance complying with service agreements and accountability requirements.	Implemented
8.2 That, where AICCA's have been de-funded, they be replaced by appropriate independent Indigenous organisations that have the support of their local community and that, wherever possible, these organisations employ staff with backgrounds in child protection.	Implemented

Recommendation	Implementation status
<p>8.3 That, in acknowledgment of the extent to which cultural factors draw AICCAs into the delivery of prevention services, the nature of both the service agreements and the funding of individual AICCAs be carefully reviewed.</p>	Implemented
Indigenous child placement principle	
<p>8.4 That DCS compliance with the Indigenous child placement principle be periodically audited and reported on by the new Child Guardian.</p>	Implemented
<i>The child's best interests paramount</i>	
<p>8.5 That the Indigenous child placement principle specifically state that a placement decision can only be made if it is in the best interests of the child.</p>	Implemented
<i>Maintaining contact with kinship group</i>	
<p>8.6 That in situations where Indigenous children are placed with non-Indigenous carers, the child protection legislation should specifically provide that contact be maintained with their kinship group, where that is in the best interests of the child.</p>	Implemented
Recruitment of specialised carers (general and relative)	
<p>8.7 That, subject to consultation, provision be made for Indigenous carers to have enhanced access to respite care, and adequate training and support be made available to Indigenous carers.</p>	Implemented
<p>8.8 That urgent attention be given to identifying ways of encouraging more Indigenous people to become carers.</p>	Implemented
Children and biological parents	
<p>8.9 That departmental policies and practices recognise the rights of children and biological parents and reflect this recognition in culturally appropriate ways that allow for all parties to be fully informed of, and involved in, case planning for children.</p>	Implemented
Issues from Cape York, the Gulf and Torres Strait regions	
<p>8.10 That the DCS provide culturally appropriate child protection services that take account of the drug- and alcohol-related problems besetting some remote communities. This will require the provision of specific support services to address the special needs of children requiring DCS intervention in these communities.</p>	Implemented
Consultation	
<p>8.11 That the child protection legislation reflect the importance of Indigenous participation in decision making. So as to remove any ambiguity, the legislation should explicitly state the types of 'decisions' requiring consultation. The department, in consultation with Indigenous agency stakeholders, should develop an agreed protocol for sharing information about children and families involved in the child protection system.</p>	Implemented
<i>Placement decisions</i>	
<p>8.12 That the DCS ensure its officers comply with the department's statutory obligation by consulting with an Indigenous agency before removing or placing an Indigenous child. A protocol (agreed between the department and the Indigenous organisation) must be developed to establish clearly how this consultation will occur.</p>	Implemented
<i>Case-management plans</i>	
<p>8.13 That the DCS consult with appropriate community representatives in the case-planning processes for Indigenous children.</p>	Implemented

Recommendation	Implementation status
<p>Legislative changes: notifications</p> <p>9.1 That the <i>Child Protection Act 1999</i> be amended to enable the department to intervene where it is suspected that an unborn child may be at risk of harm after birth.</p>	Implemented
<p>Legislative changes: approval of individual carers</p> <p>9.2 That the <i>Child Protection Act 1999</i> be amended to ensure that it regulates the assessment and approval of all carers.</p>	Implemented
<p>Legislative changes: case plans</p> <p>9.3 That legislation require the development of a case plan for the care of all children on child protection orders or in the custody of the director-general.</p>	Implemented

APPENDIX 3: Number of grant-funded residential care services as at 1 November 2006

Zone	Organisation	Service name	Approved places
Brisbane North & Sunshine Coast	Beemar Yumba Hostel Aboriginal Corporation	Beemar Yumba Aboriginal Children's Hostel	12
Brisbane North & Sunshine Coast	Corporation of the Trustees of the Sisters of Mercy in Qld	Mercy Family Services — Pine Rivers/Caboolture Therapeutic Residential Care Program	3
Brisbane North & Sunshine Coast	Corporation of the Trustees of the Sisters of Mercy in Qld	Mercy Family Services Accommodation Services (Centre for Family & Youth Programs)	8
Brisbane North & Sunshine Coast	Dundalli Aboriginal and Torres Strait Islander Corporation	Dundalli — Residential Care and Support Service	6
Brisbane North & Sunshine Coast	Integrated Family & Youth Service Inc.	Clyde House	5
Brisbane North & Sunshine Coast	Lifeline Community Care	RAPT Residential	4
Brisbane North & Sunshine Coast	Maddison Consulting Group Pty Ltd	Maddison Community Care — Little Mountain	4
Brisbane North & Sunshine Coast	Maddison Consulting Group Pty Ltd	Maddison Community Care — Northgate	4
Brisbane North & Sunshine Coast	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	Cooloola Residential Program (Tufnell Children's Home Gympie)	4
Brisbane North & Sunshine Coast	United Synergies Ltd (previously Noosa Youth Service Association Inc.)	24/7 Accommodation Project	4
Subtotal			54
Brisbane South & Gold Coast	Corporation of the Trustees of the Sisters of Mercy in Qld	Mercy Family Services — South Brisbane Residential Care Program*	3
Brisbane South & Gold Coast	Life Without Barriers	Short Term Assessment and Reception Service (STARS)	4
Brisbane South & Gold Coast	Lifeline Community Care	Harrison House	5
Brisbane South & Gold Coast	Save the Children Fund (Qld Division)	Aurala	4
Brisbane South & Gold Coast	Save the Children Fund (Qld Division)	WRICSI — Save the Children — IPSS	2
Brisbane South & Gold Coast	Save the Children Fund (Qld Division)	WRICSI — Silky Oaks Children's Haven — STEP	5
Brisbane South & Gold Coast	Silky Oaks Children's Haven	Silky Oaks Children's Haven — Bay Cottage	6
Subtotal			29
Central	Anglicare Central Qld Ltd	Blackboy Residential Outstation	6
Central	Anglicare Central Qld Ltd	Life for Children	9
Central	Anglicare Central Qld Ltd	Placement and Support Service — Gladstone Residential	4

Zone	Organisation	Service name	Approved places
Central	Community Connect Fraser Coast Inc.	Care Connect	4
Central	Integrated Family & Youth Service Inc.	Clyde House — Bundaberg*	4
Central	Integrated Family & Youth Service Inc.	Clyde House — Mackay*	4
Central	Peirson Services	Heytesbury Family Group Home	6
Central	Qld Baptist Care — The Baptist Union of Qld	Yeppoon Youth Residential Care*	6
Subtotal			43
Far Northern	Anglicare North Qld Ltd	Biboohra House ^a	6
Far Northern	Anglicare North Qld Ltd	St Luke's House Responsive Placement Service	4
Far Northern	Mission Australia	West Coast Out of Community Care*	8
Subtotal			18
Ipswich & Western	Churches of Christ in Qld	Bundamba Lodge	5
Ipswich & Western	Corporation of the Trustees of the Sisters of Mercy in Qld	Mercy Family Services — Boys Residential Goodna	4
Ipswich & Western	Lifeline Community Care	Lifestyle Support Services — South West*	3
Ipswich & Western	Lifeline Community Care	Lifestyle Support Services — South West (Erna's Place)	3
Ipswich & Western	Lifeline Community Care	Lifestyle Support Services — South West (Ipswich)	4
Ipswich & Western	Lifeline Community Care	RAPT Toowoomba Babala Residential	3
Ipswich & Western	Lifeline Community Care	RAPT Toowoomba Havilland Residential	3
Ipswich & Western	Lifeline Community Care	RAPT Toowoomba Residential Service	4
Subtotal			29
Logan & Brisbane West	Churches of Christ in Qld	Kingswood Lodge	5
Logan & Brisbane West	Churches of Christ in Qld	Pathways Inala Immediate Response Residential Service	3
Logan & Brisbane West	Corporation of the Trustees of the Sisters of Mercy in Qld	Logan and Brisbane West Residential Care Program — Browns Plains	3
Logan & Brisbane West	Corporation of the Trustees of the Sisters of Mercy in Qld	Mercy Family Services Residential Care Program — Logan	3
Logan & Brisbane West	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	TRACC — Cornubia Place	2
Logan & Brisbane West	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	TRACC Immediate Response — TIRR Place	3
Logan & Brisbane West	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	TRACC Logan Place	2

a A recommendation from the zone is currently under consideration to amend the number of approved places for this service from 6 to 4.

Zone	Organisation	Service name	Approved places
Logan & Brisbane West	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	TRACC, Regents Park	3
Logan & Brisbane West	The Corporation of the Synod of the Diocese of Brisbane — Anglicare	TRACC, Springwood	4
Subtotal			28
Northern	Anglicare North Qld Ltd	St James' Responsive Placement Service	4
Northern	Anglicare North Qld Ltd	St Mark's Responsive Placement Service*	4
Northern	Anglicare North Qld Ltd	St Mary's Responsive Placement Service	4
Northern	Churches of Christ in Qld	Pathways Mt Isa — Residential Service	4
Northern	Churches of Christ in Qld	Pathways Townsville Residential Care Service	6
Subtotal			22
Total			223

Source: Department of Child Safety.

Note: At 1 November 2006, 43 services were operational and 7 services (marked with an asterisk*) were still under development (i.e. recruiting staff and/or securing appropriate premises).

REFERENCES

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Legislation cited in the text

- Child Protection Act 1999*
- Child Safety Legislation Amendment Act 2004*
- Commission for Children and Young People and Child Guardian Act 2000*
- Public Health Act 2005*

