

Queensland Commission of Inquiry into Child Protection

Response from UnitingCare Community to the Discussion paper

15th March 2013

Introduction

1. UnitingCare Community (UCC) is a leading provider of community services throughout Queensland, employing approximately 2,500 and 5,600 volunteers. UCC is a service group of UnitingCare Queensland which also delivers health and aged care services through its other service groups, UnitingCare Health and Blue Care. Our organisation is part of the UnitingCare Australia network which undertakes policy, research and advocacy work.
2. UCC's preliminary submission to the Queensland Commission of Inquiry into Child Protection addressed options paper and provided 33 recommendations for consideration. Many of the proposals in this response to the Commission's discussion paper are consistent with these earlier recommendations.
3. This response does not address each question separately but addresses the major themes of the discussion paper:
 - expanding the secondary family support service system to improve outcomes for vulnerable children and their families and reduce the need for high cost statutory interventions
 - improving responses for high risk families
 - improving the protection and care of children who require safety and support and
 - addressing the over-representation of Aboriginal and Torres Strait Islander children and families in the child protection system.
4. The last section of this response addresses specific questions of relevance to UCC that are additional to these themes.
5. This response is based on the UCC's view that the only sustainable strategy for addressing the escalating costs associated with child protection, is for the Queensland Government to invest in earlier support throughout all areas of the child protection system, when children and families first show signs of stress, when children are first taken into care, and expansion of placement options to prevent continued placement breakdown.
6. In addition, the risk adverse nature of decision making that is contributing to the enormous volumes of children being referred to Child Safety Services and the current focus on compliance and procedures needs to be addressed so that the service system can provide more effective, child and family centred support and prevent the need for intervention by Child Safety Services.

Section 1: expanding the secondary service system to improve outcomes for vulnerable children and their families and reduce the need for high cost statutory interventions

Section 1 responds to the following questions:

What is the best way to get agencies working together to plan for secondary child protection services?

What is the best way to get agencies working together to deliver secondary services in the most cost effective way?

Which intake and referral model is best suited to Queensland?

What mechanisms or tools should be used to assist professionals in deciding when to report concerns about children? Should there be uniform criteria and concepts?

Key Proposals

- As immediate action, the Queensland Government negotiate a whole-of-government strategy, supported by an Implementation Plan that sets out the vision, goals, priorities and funding commitments for improving responses to vulnerable children and families.
- Develop a model for service integration that includes a community based dual referral pathway to community based intake services in areas of high demand for Child Safety Services.
- That a community based referral pathway is supported by a mandate for non-government organisations to establish family support service partnerships supported by pooled funding for family support intervention services.

7. UCC has experience delivering secondary family support services, through the Referral for Active Intervention (RAI), Helping Out Families (HOF) and Family Intervention Services (FIS) initiatives, to highly complex and often high risk families. From this experience UCC considers that no single government or non-government organisation can provide the range of support required to address the needs of Queensland's most vulnerable families.
8. Given the high correlation of domestic and family violence, poor mental health, homelessness, poverty and substance misuse with child protection issues, improved planning mechanisms at a local level are essential to ensure the buy-in and collaboration of these services, along with other universal or targeted providers of early childhood, health, education, police and justice services. UCC's experience of implementing the Helping Out Families trial, and Referral for Active Intervention services have demonstrated how difficult it is to work collaboratively with some services that provide different types of support.
9. UCC is concerned that there is currently no clear agreement between Queensland Government agencies that commits each agency to working collaboratively to support vulnerable children and families in the best interests of children. Consistent with the UCC's

preliminary submission, UCC again recommends that the Queensland Government develop a whole-of-government strategy, supported by an Implementation Plan, for vulnerable children and families that commits agencies, including non-government agencies to prioritising support for vulnerable children and their families, with the objective of preventing the need for statutory interventions. This strategy could be supported by the recently formed Social Services Cabinet Committee.

10. This strategy should set the goals and priorities for investment in secondary support services and importantly must include consideration of:
 - the role of universal services in the early identification of family need and risk, particularly health and early childhood services
 - the role of targeted support services, including mental health, drug and alcohol, domestic and family violence and housing and homelessness in prioritising support and
 - the commitment as a condition of funding for agencies and services to work collaboratively with other services to coordinate responses for those children, young people and families most at risk.
11. While UCC considers that it is important that the tiers of government work together at a strategic level to identify existing investment, identify service gaps and plan for future investment in secondary services as proposed by the Commission of Inquiry, this work must be informed by the overarching strategy for vulnerable children and families outlined above. This should identify the significant contribution that strategies such as Early Years need to make to support vulnerable children. Already the subject of a National Partnership Agreement, there are targets and initiatives with the intent of improving outcomes for these children.
12. In a similar vein, mental health and maternal and child health offer a universal platform with significant opportunities to identify and support vulnerable children and families. Queensland Government Health and Education departments have recurrent Child Safety Director resources complemented by a broad range of programs. Child Safety Directors be accountable for working within their agency to help reduce child abuse and neglect which should be explicit in a vulnerable children and families strategy.
13. This work also needs to be informed by intelligence at a community level and could be undertake as a function of local service partnerships or alliances (such as the Family Support Alliance operating as part of the Helping Out Families trial).
14. However, until there is a higher level of investment in secondary family support services to meet the required demand, and a commitment from all agencies to work together to support the most vulnerable children and families, the proposed Family Support Service Plans will achieve little.

Establishment of Partnerships and Service Alliances

15. To date Queensland has had varying degrees of success establishing local service partnerships that work together to plan for and coordinate support to vulnerable children

and families. In the preliminary submission to the Commission of Inquiry, UCC has pointed out the difficulties of maintaining the Referral for Active Intervention Action Network Teams.

16. UCC has found there are significant improvements in outcomes for clients with multiple and complex needs when services work in partnership. Services participating in the Helping Out Families - Family Support Alliance in the Logan area have been able to share expertise for better assessing a child and family's support needs, ensure that families are referred to the right type of support, coordinate casework, reduce duplication of service delivery and improve the progress of families against their case goals.
17. In addition, UCC has found that the Family Support Alliance that has been established by the Helping Out Families trial has found that because of the number of services in the local area that are identified and known as "Helping Out Families", that the visibility of these services within the community has been improved. This visibility has resulted in an increase in the number of referrals from agencies other than Child Safety Services as well as the families themselves who have identified that they would benefit from help to support.
18. To improve effectiveness of existing investment in the secondary service system and drive service integration UCC proposes that a lead non-government organisation and partner organisations be given the mandate to establish family support alliances or partnerships, based on the Helping Out Families model, in areas of the state where there is a high demand for secondary family support services and where there is already moderate level of investment in secondary family support, domestic and family violence and other targeted services (mental health, drug and alcohol).
19. UCC's experience as the lead agency for the Helping Out Families – Family Support Alliance in Logan is that establishment of the alliance has taken time and required sustained effort and support to maintain commitment from partner agencies and establish trusting relationships between partner services. Modest funding and acknowledgement of the service coordination function in service agreements is an essential component to ensure success. Clear requirements for operating within a family support service alliance in the funding agreements of the partner agencies would assist in the functioning of each alliance.
20. UCC also considers that the Shared Practice Framework is a valuable tool for developing and establishing relationships with alliance partners in early phases of working and is a critical feature of an integrated system and should be replicated as new family support service alliances are established.

Early identification and access to support

21. The most cost effective way for secondary family support and targeted specialist services to work together to support vulnerable families is to work with these families as early as possible.

22. As documented in the preliminary submission to the Inquiry, our experience of implementing the Helping Out Families trial is that all families referred have multiple and highly complex needs. Most families could have been referred earlier before multiple reports to Child Safety Services and many have had a long history of involvement with multiple services by the time they are referred to HOF.
23. Where families are engaged at an early point and through less stigmatising services, better outcomes are often achieved. The Child Protection Referral Guide operating in conjunction with the Helping Out Families trial appears to be working well and UCC supports implementation of this tool or similar to support professionals working with children and families.
24. Pathways to earlier support could also be achieved more effectively if there was the capacity and opportunity for Helping Out Families services to seek engagement from families through more community based, and less intensive family support activities (ie soft entry points such as supported playgroups, toy libraries, school based activities), can help to build the profile and relationship of the service provider within the community, so that families feel comfortable and more empowered in seeking out support themselves.

Community based referral pathway and a community based intake service

25. UCC supports the proposal within the discussion paper for a community based referral pathway along with a single intake point or community based intake service that can conduct assessments of all referrals into an integrated secondary service system (or family support alliance). This is consistent with the model recommended by the Department of Communities, Child Safety and Disability Services in their submission to the Commission of Inquiry.
26. UCC currently operates the intake service for the Helping Out Families initiative in Logan and supports a model like Child FIRST in Victoria and the Helping Out Families model with the addition of the following features (that were the original intent of the Helping Out Families model):
- an outposted child protection worker at a sufficient level of seniority to be able to make decisions in relation to risk and safety
 - improvements in the ability to share information between agencies for the purposes of assessing a family's support needs and possible risk of harm to a child that may be present, and
 - legislative amendments to support professionals who choose to refer a child and family to the community based support pathway, as well as the non-government service providing the assessment.
27. UCC would also suggest that there would be enormous benefit where possible for the intake service to provide a hub for practitioners from other service types (mental health, domestic and family violence) to improve family assessments and service coordination and also provide some direct service delivery to clients.

28. As experienced in Victoria with implementation of ChildFIRST and in NSW through *Keep Them Safe* reforms, extensive training and tools to support professionals to make decisions about when to refer to a community support pathway and when to refer to Child Safety Services are also considered a necessary feature of the model.
29. The option proposed by the Commission for a regional family support intake managed by a non-government service is not considered workable by UCC, as it will only shift the existing issues that confront Child Safety Regional Intake Services to the non-government sector. There would be no apparent cost efficiencies as the volume of reports would be significant, resulting in considerable difficulty identifying those children most at risk of immediate harm and needing protection. UCC believes that a new model is needed. The child protection system needs to be refocussed from one which is risk averse and focuses overly on procedures at the expense of working directly with children, young people and families to one which is, in short, child and family centred.
30. UCC supports the concept of the proposal to implement features of the Child Wellbeing Units that were introduced in NSW following the Wood Inquiry in order to reduce reports to Child Safety Services and direct referrals to community support. This model is effective because it works within the organisation to build the confidence and capability of professionals, such as teachers and health workers, to make more informed decisions about how best to work with families rather than merely referring to the statutory agency in the presumption that the family might get support.
31. The Child Safety Directors Network is well placed to provide some elements of this model within some government organisations such as Health and Education. However, UCC notes that considerable investment in NSW was required, for staff and information systems, particularly for NSW Police to implement this model. UCC recommends further exploration of this proposal and mandatory reporting requirements is required with a particular focus on resolving the issues for Queensland Police Service.

Client centred service delivery – continuum of support

32. Since the CMC Inquiry into Child Protection in 2004, secondary family support and other targeted support services have been funded and implemented over time through a plethora of different programs that are essentially similar in their objectives – that is to improve family functioning and the wellbeing of children and reduce the need for high cost statutory interventions. This has contributed to a fragmented system that is incredibly difficult for clients to navigate. In many locations there is an insufficient critical mass of family support and like services to deliver the volume, intensity and expertise that these complex and at risk families need.
33. In addition, family support services including those which are funded to support statutory clients are restricted by program guidelines that specify time limitations on interventions. This means that services are usually only able to respond to crisis and the immediate support needs of families. They are not able to sufficiently work with families in a more

client centred way to build their resilience, reduce their dependence on services and better support themselves.

34. UCC's experience is that many families would benefit from continued, but less intrusive and less intensive support by the same provider with whom the family has a relationship. Families need to be able to transition in and out of these services as their needs change. Having the capacity to provide on-going contact, even minimal contact at times when a family needs assistance, is a true early intervention response and will head off the need for more intensive support later on.
35. UCC would support that DCCSDS review and "repurpose" secondary and tertiary family support programs with the view to addressing the siloed approach to funding and provide "pooled" funding to non-government organisations for the provision of family support services that are based on client directed goals as opposed to program guidelines and time limited intervention. UCC advises that this work also needs to examine the funding for universal and less intensive family support services and the relationships with other programs including homelessness, domestic and family violence and neighbourhood centres.
36. UCC also considers that single case plans being trialled in Victoria as part of reforming their human service system and initiatives such as family support coordinators and funding for lead case managers who work across multiple service streams through the Strong Families initiative in Western Australia are worth consideration in Queensland to improve client centred approaches to working with the high need and complex families.

Section 2: Responding to high risk families

This section responds to questions:

*How could we improve the system's response to frequently encountered families?
Is there any scope for uncooperative or repeat users of tertiary services to be compelled to attend a support program as a precondition to keeping their child at home?*

What changes if any should be made to the Structured Decision Making tools to ensure they work effectively?

Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

What role should SCAN play in a reformed child protection system?

Key Proposals:

- Endorse a differential response model to address the needs of high risk families.
- Introduce a joint assessment between Child Safety Services and a domestic and family violence practitioner in circumstances where DFV is the main presenting factor.

37. The current statutory child protection system, including the out of home care system lacks a child and family focus and the continuum of service delivery models that suit the needs of individual children, young people and families. Lack of support aimed at family preservation, exploration of kinship care or placement supports often result in the need for multiple placements, escalating support needs for children and young people and the need for more expensive, long term models of care as children grow older. More importantly outcomes for children and their families are often poor.
38. The differential responses proposed in the discussion paper, with or without use of an Intervention with Parental Agreement, would be a welcome addition to the current suite of child safety responses, provided that there is adequate funding and capacity within the non-government sector to provide this level of support. Ideally, a community based intake service embedded within a family support service alliance would be available in major centres for Child Safety Officers as a referral pathway for family support or a domestic and family violence response.
39. The concept of a differential response model (within Child Safety Services) for children and their families who have been assessed as not requiring protection is supported as a feature of a child protection system that is child focused. However both the family support and domestic and family violence referral pathways will require sufficient resourcing of the secondary service system to respond to the inevitable increase in demand.
40. The interaction between child protection needs and domestic and family violence is complex. The Commission's proposal for a differential response that incorporates a domestic and family violence pathway based on the Minnesota, Olmsted model has the advantage of a family assessment that is responsive to child protection risk factors as well as the complexities of domestic and family violence. This model would require a considerable shift in the way that Child Safety Officers respond to the risk of harm to a child from domestic and family violence, but would result in fewer families progressing through the child protection system based on domestic and family violence as the presenting risk factor.
41. UCC a common risk assessment tool based on Structured Decision Making and Signs of Safety could be used across multi-disciplinary levels, similar to the approach implemented within both South and Western Australia. UCC supports this as a feature of the proposed differential response to improve the response to domestic violence in a child protection context.
42. UCC's experience from the Helping Out Families trial is that many families present with domestic and family violence as a feature of their family relationship but few are open to accepting help from a domestic and family violence service in the first instance. Consequently it is suggested that further exploration of the proposed pathway is considered. UCC would recommend that once a joint assessment is made by child safety and domestic and family violence experts that these families should also be referred through the family support pathway to a community based intake service who could then coordinate access to specialist domestic violence services.

43. UCC also proposes that the functions of SCAN be examined with a view to how these resources can play a stronger role in case management of frequently referred families who are in contact with many different services and agencies, and improve partnerships with local non-government services who are already working with these families.

Section 3: Improving outcomes for children in care

This section responds to questions:

Chapter 5

Should adoption, or some other more permanent placement option be more readily available to enhance placement stability for children in long term care?

What are the potential benefits or disadvantages of the proposed multi-disciplinary casework team approach?

Would a separation of investigative teams from casework teams facilitate improvement in case work? If so, how can this separation be implemented in a cost effective way?

How could case workers be supported to implement the child placement principle in a more systematic way?

What alternative out of home care models could be considered for older children with complex and high needs?

Chapter 6

To what extent should young people continue to be provided with support on leaving the care system?

In an environment of competing fiscal demands on all government agencies how can support to young people leaving care be improved?

Does Queensland have the capacity for the non-government sector to provide transition from care planning?

Key Proposals:

- Provide for a greater focus on identifying kinship opportunities and assessing the possibility of reunifying and supporting children and their families when a child is first placed in out-of-home care.
- Endorse a greater range of flexible out-of-home care options that include shared family care, professional foster care, parental care with a residential support option and a model of therapeutic residential care that embeds therapeutic support.
- Examine options for transfer of case management functions that would improve outcomes for children in out-of-home care to the non-government sector.
- Support the non-government sector to work more effectively to work with young people to transition from care.

44. UCC is of the view that there needs to be a greater range of flexible out-of-home care options for supporting individual children, their siblings and their families.

45. The out of home care system should be the last resort for children and their families, when risk of harm to a child is unacceptable or other interventions have failed to provide a child with home that is safe. Children requiring support from government and non-government services in out of home care have been traumatised and experienced significant family dysfunction, yet for many reunification with their family can be a realistic goal with the right type of support.
46. UCC proposes that when children are removed from their family, a focus on family assessment with the ultimate goal of reunification (if possible) should be the first priority. It is recommended that this work could be better supported through an increase in the use of family group conferencing where circumstances are appropriate (as occurs in New Zealand model).
47. The second priority once a child is placed in out-of-home care should be a focus on working with the family and child to understand other family connections and conduct detailed assessment of a child's support needs and kinship care options. UCC's experience is that this is best done by non-government organisations that provide foster and kinship care, residential care and family intervention services in partnership with Child Safety Officers. Non-government services because of their close relationship with the child and family are most often better placed to identify kinship options and determine the suitability of a kinship placement. Non-government services are also better placed to work closely with and assess the capacity of parents to care for their children and provide support for the child while in out- of- home care.
48. UCC advises that the best way to improve compliance with the child placement principle and more importantly improve the outcomes for children and young people is to increase resources must be made available to strengthen the capacity of non-government organisations to:
- work with children and families to identify suitable kinship placement options, through well run Family Group Conferencing
 - undertake more extensive assessment of the capacity of the natural parents to care for their children and
 - to provide intensive support with families when children at risk remain at home or are returned to their parents from a period of out-of-home care.
49. UCC considers that the current legislative settings governing the use of adoptions for children in the child protection system deal adequately with the use of adoptions as alternative and does not see the need for any amendment to this legislation. However, there may be some use in exploring shared guardianship options that are available in other jurisdictions including New Zealand.
50. The discussion paper focuses on what is perceived to be the high cost of residential care, but does not address the issue that the need for residential care is often the result of poor assessment and treatment of children's needs in early stages of intervention and poor or

inappropriate placement decisions impacting negatively on children and young people which leads to escalation of behaviours and placement breakdown as the child reaches adolescence.

51. UCC considers that the continuum of out-of-home care options should be based on a therapeutic model of care and should seek to improve stability, prevent escalation of behaviour and further trauma and harm to a child or young person, reduce the requirement for more high cost placements and support the placement of siblings together regardless of their age. Out-of-home care options that UCC considers worthy of further exploration include shared family care, professional foster care, parental care with a residential support option and a model of therapeutic residential care that embeds therapeutic support within the staffing model.
52. The current system of providing therapeutic support to children and young people in out-of-home care is not consistently or effectively delivered across state. UCC has explored the Take 2 model of supporting therapeutic approaches to supporting for children and young people in out-of-home care in Victoria and believes that there is an opportunity to improve the cost effectiveness of the Evolve service delivery model. In addition, UCC considers that there needs to be better coordination between mental health services and the types of services currently delivered by Evolve. These services needed to be delivered in a way that compliments rather than duplicating care models and improves integration of mental health services.
53. There may be a place for a small bed facility to provide secure welfare services with a therapeutic framework at the most intensive end of the continuum of out-of-home care models. However, implementation of such a model would require inbuilt safeguards to ensure that any secure placement is not a punitive option and is in the best interests of the child and not in the best interests of the state or service provider.
54. UCC suggests that the model of secure therapeutic care that operates in Victoria, with a small number of beds, and provided for a strictly limited time period under strict guidelines regarding the risk of harm to a child or young person, and sanctioned by the Court, offers an appropriate level of inbuilt safeguard.
55. UCC does not accept that there is a need for a model of secure care that is punitive in nature.
56. UCC does not support under any circumstances an out-of-home care option that would result in the re-establishment of large scale campus-based residential care services as a means of achieving cost efficiencies.

Transfer of case management to the non-government sector

57. UCC believes that for every child placed in out-of-home care there is an obligation to provide that child with health, mental health, and education, cultural and therapeutic support, provided by a range of professionals and supported by sound assessment of each

child. This support needs to occur while a child is in care as well as during family contact or reunification.

58. UCC is happy to see that the discussion paper provides a proposal to address the poor responses to children in out-of-care. However, while the proposal for a multi-disciplinary casework team will be an improvement to the current system, the discussion paper fails to examine the merit of transferring case planning, case work and case management functions to the non-government sector under certain circumstances for children in out-of-home care.
59. As recommended in UCC's preliminary submission to the Commission of Inquiry, UCC believes that there would be enormous benefit to outcomes for children and families if there was some transfer over time of some case management functions to the non-government sector, (specifically the services that are providing care for that child) in relation to managing family contact, day to day care functions, cultural and education planning and transition from care. Case management (while orders and the legal status of children and young people are being negotiated), as well as case management of highly complex clients should remain with Child Safety Services. UCC also believes that significant efficiencies and savings could be realised through this transfer, by reducing duplication and "red tape" in the current system of case management and casework support.
60. Both Victoria and NSW have outsourced a range of case management responsibilities to the non-government sector. Community Services in NSW may transfer case management for children in out of home care in circumstances when a child protection action is complete, final court orders are complete or long term orders in place. Case management may also be transferred for family preservation in certain circumstances. Case management is not transferred to the non-government sector for children and young people who have been assessed by Community Services as presenting with significantly complex needs, at risk of immediate or serious harm, or where case management requires a high level of co-location from other government agencies. Conversely, case management can be transferred from the non-government sector to Community Services under certain circumstances.
61. UCC considers that the Victorian and NSW case management models are worthy of further exploration and consideration in Queensland, and there would be benefits for this model to work alongside the multidisciplinary teams proposed in the discussion paper.

Assisting young people leaving care

62. The submission from the Department of Communities, Child Safety and Disability Services acknowledges the need for quality case management to assist young people with the transition to independent living and also acknowledges the challenges for Child Safety Services in prioritising transition from care planning for young people.
63. As identified in the UCC preliminary submission, case planning for young people leaving care does not commence until the young person is 17 years old, despite the best intent of Child Safety Service staff. As a result UCC staff have become involved in transition from care and post-care support but are limited in their ability to assume case management responsibility

for the young person and are prohibited from sharing information about the young person with other service providers.

64. Recently UCC has developed at trial to assist young people to transition from care, through identifying the impact of trauma on their emotional, social and support needs and developing a plan to address these. The plans include building community connections that can provide continuing support for the young person post-care.
65. The proposals within the discussion paper that split responsibility for the delivery of transition from care planning and support between 15 – 18 year olds and 18 – 25 year olds are not feasible, given the differences in development and transitional needs of young people.
66. In the experience of UCC, there is no doubt that the non-government sector has the capacity if resourced appropriately to provide case planning and post-care support for the young people transitioning from the care of UCC services. However, because of the level of support required from other agencies and the extent of interagency coordination required, it is recommended that Child Safety Directors oversight interagency policies for prioritising access to services for this client group and that overall approval of transition from care plans should be retained by the Department of Communities, Child Safety and Disability Services.

Section 4 - Responding to over-representation of Aboriginal and Torres Strait Islander children and families

This section responds to questions:

Could Aboriginal and Torres Strait Islander child and family wellbeing services be built into existing service infrastructure, such as Aboriginal and Torres Strait Islander Medical Services?

How could an expanded peak body be structure and what functions should it have?

What would be the most efficient and cost effective way to develop aboriginal and Torres What statutory child functions should be included in a trial of a delegation of functions to Strait islander child and family wellbeing services across Queensland?

What processes should be used for accrediting Aboriginal and Torres Strait islander Aboriginal and Torres Strait Islander agencies to take on statutory child protection functions and how would the quality those services be monitored?

Key Proposals:

- Support a 10 year plan for community ownership of family support and early intervention, placement, case management and service delivery for children requiring out-of-home care.
- Explore partnership models between non-Indigenous and Indigenous non-government organisations in conjunction with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP)

67. The numbers of Aboriginal and Torres Strait Islander children in the out-of-home care system are unacceptable in Queensland and UCC considers that there is a pressing need for the Department of Communities, Child Safety and Disability Services to review the Structured Decision Making tool to understand if the tool is culturally biased and resulting in greater numbers of Indigenous children being “screened in”. Other short term strategies could include resourcing and enabling non-government organisations, both Aboriginal and Torres Strait Islander controlled and mainstream, to focus on identification of kin for children who are currently in the out-of-home care system, particularly those children who have recently been placed. Family Group Conferencing models developed in New Zealand and based on the Maori kinship care network have been identified as working well to support kinship care approaches for Aboriginal and Torres Strait Islander children and young people.
68. At a minimum, including Aboriginal and Torres Strait Islander representation in the investigation and assessment phases of these children should be considered as providing a culturally appropriate response.
69. In the longer term UCC supports the need for a significant change to current approaches to bring about a reduction in the high numbers of Aboriginal and Torres Strait Islander children in the child protection system. UCC is also supportive of the need to build capacity within community owned and controlled organisations to take responsibility for supporting families and case management, placement and service delivery for children in the statutory system.
70. While UCC supports the transfer of statutory functions to Aboriginal and Torres Strait Islander organisations related to the placement, case management and service delivery for children requiring out-of-home care, the transfer of investigation and risk assessment is not supported.
71. UCC is mindful that the approaches being implemented in NSW and Victoria are being carried out cautiously, over a 5 to 10 year period along with a significant level of investment to develop sustainable funding models to support the transfer of out-of-home care services and case management to Indigenous organisations.
72. UCC is of the view that without a significant injection of investment, particularly for effective family support services that can support children to remain safely with their families, that the proposals within the discussion paper risk establishing a two tiered system of child protection in Queensland.
73. UCC supports the implementation and features of the staged 10 year plan towards community ownership and responsibility that is recommended by the Department of Communities, Child Safety and Disability Services in the submission to the Commission of Inquiry.

74. In particular, UCC sees considerable merit in the proposals on page 107 of that submission for exploring partnership models between non-Indigenous and Indigenous non-government organisations in conjunction with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP). As a large provider of family support and out-of-home care services in Queensland, in which a significant proportion of our clients are Aboriginal and Torres Strait Islander clients, UCC would welcome the opportunity to develop “innovative partnerships” with Aboriginal and Torres Strait Islander controlled organisations.

Section 5: Response to Specific Questions

Chapter 9 - Oversight and complaint mechanisms

Are the department's oversight mechanisms - performance reporting, monitoring and complaints handling - sufficient and robust to provide accountability and public confidence? If not, why not?

Do the quality standards and legislated licensing requirements, with independent external assessment, provide the right level of external checks on the standard of care provided by non-government organisations?

75. As outlined in UCC’s preliminary submission, UCC is licensed for 22 residential care services under 11 licenses and 10 foster and kinship care programs under 6 licences . In relation to the process for granting or renewing a license UCC considers that the process is repetitive and either has been provided in a previous application or is information already held by the department. The costs conservatively estimated by UCC to put one site through a license renewal process is \$10, 635.

76. UCC agrees that the quality standards and legislated licensing requirements, with independent external assessment, provides a level of external checks on the standard of care provided by non-government organisations. However, the current way in which this is enacted requires significant review in order to restore the balance from compliance as the driver, to placing the client firmly at the centre of the quality process.

77. UCC has previously recommended that the license application process be improved through the use of:

- An ask once, use often approach in relation to documentation
- Greater streamlining so that the legislation allows one licence per organisation as opposed to regionally based licences, that would result in a significant reduction in administrative processes
- Include in the Independent External Assessment the results of consultation with children and young people to ensure compliance with the Statement of Standards.

Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?

78. The current Bluecard system is confusing and costly and while UCC acknowledges the need for adequate checks to be undertaken for all child related employment, the current system needs to be reviewed, simplified and streamlined. Having different systems for employees, volunteers and those working in different paid roles with different levels of checks applied does not appear to offer an efficient or effective system. Criminal record and child protection checks is only one component of achieving a safe workforce and must be accompanied by professional education on child abuse and neglect and high quality recruitment systems and processes for those working in child related employment.

Chapter 11 - Funding for the child protection system

Where in the child protection system can savings or efficiencies be identified?

79. UCC will be interested to see the results from the alternative funding options (social impact bonds) that are currently being trialled in NSW through UnitingCare Burnside and the Benevolent Society to address juvenile offending and keep children safely at home. However initiatives such as these are unlikely to achieve the quantum of savings required to address the increasing escalation of costs associated with the costs of out-of-home care.

UCC provides a wide variety of programs that support vulnerable Queensland children, young people and families in line with the organisation's values of compassion, justice, respect, working together and leading through learning. These services have been either self-funded or through grants provided by government.

In the 2011/12 financial year, UCC received \$91 million from the Department of Communities, Child Safety and Disability Services to deliver services for a range of programs including out-of-home care (OOHC), family support, youth support and intervention, adults with a disability, telephone and financial counselling, gambling and HACC programs.

UCC is a large provider of family support services and has considerable experience in working with "hard to engage" families and supporting families in crisis. It provides a range of counselling and crisis support services which form an integral part of the universal, secondary and tertiary child protection system. In particular our Referral for Active Intervention (RAI) and Helping Out Families (HOF) programs have been found to be effective.

UCC has three RAI programs in Southeast Queensland. The largest service works with 270 families each year. These services work with vulnerable children, young people and their families who have high and complex needs and who are at risk of requiring statutory child protection.

The Helping Out Families program has operated in Logan since October 2010 and is the largest of the three Helping Out Families Programs being trialled in Southeast Queensland. Like the RAI program, it aims to divert children and families from statutory child protection and provides intensive family support to families with high and complex needs. Over the previous 12 months this program has provided support to more than 820 families.

UCC established the first Family Intervention Service (FIS) in Queensland and now operates 10 services across the state. FIS works with families where there has been a need for statutory intervention and provides intensive family support to help parents care for their children and prevent the need for a statutory child protection order and assist children to return to their parents care and to prevent entry into out-of-home care.

UCC also delivers a range of services that are funded by the Commonwealth Government that support children and families, including relationship counselling services, Family Relationship Services, and Communities for Children.

In relation to out-of-home care UCC is a significant statewide provider with: 3 Foster and Kinship Care services, 3 Specialist Foster Care programs, multiple Placement Support Services and packages, 17 Residential Care services, 2 Therapeutic Residential Care services

and a Specialist Disability Foster Care programs. The organisation is licensed for 22 residential care services, and 10 foster and kinship care programs. Approximately 350 staff are currently employed of whom 12 per cent are Aboriginal or Torres Strait Islander. UCC currently supports approximately 490 children in out-of-home care, of whom between 25 and 30 per cent are Aboriginal or Torres Strait Islander children.