Response to the Queensland Child Protection Commission of Inquiry
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Child Protection in Queensland. The Carmody Inquiry

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INTRODUCTION

We anticipate that the Commission of Inquiry will receive many responses to this discussion paper. For this reason this response is confined to two chapters. These are Chapter 4 'Investigating and assessing child protection reports' and chapter 5 'Working effectively with children in care'.

Comments on Chapter 4.

It is particularly concerning that on page 70 of this chapter when discussing the use of structured decision making (SDM) it states that 'The tools are predictive …' This unfortunately is not true and is a major error.

Structured decision making (SDM) is classificatory not predictive and classifies cases as low, medium and high risk. Given this fact, children should neither be removed from nor returned to parental care based on a SDM reading. Indeed, reliance on a tool like SDM is likely to result in too many 'false positives' i.e. child removal when the child should have remained in parental care, albeit with extensive family support and educational services and close monitoring. Pre-eminent in such cases should be professional judgement not a tool like SDM which provides practitioners with a false sense of certainty when making complex child protection decision.

Comments on Chapter 5

Issues associated with residential care

In this chapter we concentrate on section 5.4.2 where the discussion is particularly ill informed.

Firstly, there is a need to classify residential programs against the function they perform.

Table 1 offers a three type classification.

Table 1. Classification of residential programs.

Classification	Characteristics
1. Residential care	**Care and supported accommodation only − no in-house education or treatment services**
2.Residential education	**Care, accommodation and in-house education**
3.Residential treatment	**Care, accommodation and in-house treatment services**

Adapted from Ainsworth and Hansen (2009).

Most, if not all, Queensland residential child care programs are type 1 programs as the emphasis is on care and supported accommodation rather than treatment or education. This is partly due to the small size of these programs, often 4-6 places per unit, and the qualifications, or lack thereof, of the residential care workforce.

Lack of therapeutic care

Some programs will of course claim to be offering 'therapeutic residential care' as this is the current favoured language but this is a dubious claim given the lack of clear program models, lack of in-house clinically qualified staff, and the low level qualification of many direct care personnel.

The best known Australian example of a program model that articulates the theoretical foundation and then shows how this theory is translated into day to day therapeutic activities is that sponsored by the Lighthouse Foundation (Barton, Gonzalez and Tomlinson, 2010).

Other models such as Sanctuary (Bloom & Yanosy, 2008) offer a range of underpinning theories but less practice guidance as to how to create and exploit everyday life events for therapeutic purposes which is the essence of therapeutic care (Macdonald & Millen, 2012).

Cost

Residential care is very costly but with good reason. What residential programs are increasingly asked to do is provide services for a population of seriously traumatised children and young people who display significant behavioural difficulties and mental health problems. They are invariably young people who have endured a series of failed foster care placements (10 is not uncommon, 20 is all too frequent). They are victims of a system that offered the hope of 'permanency' in foster care but deliver the reverse - impermanence.

In that respect, residential care programs like all other tertiary level services, such as a teaching hospital in the health system or a special school in the education system, is inevitably at the top of any cost scale comparison. But this is a cost comparison scale that is neither reasonable nor fair as many of the costs result from the failure of other parts of the system, namely foster care that through its failure to provide 'permanence' generates many of the costs that are attributed, at a later point in time, to residential care programs.

Staffing

Unlike tertiary level services in health or education that are staffed by the best qualified personnel, residential care programs in the child protection and welfare sector are staffed by the least educated and the least knowledgeable personnel in the overall child

protection and child welfare system. Staff who are then expected to work miracles that the rest of the system could not provide. This is a joke.

How can you expect staff who are poorly educated and with limited experience to provide therapeutic care to the most seriously traumatised children and young people in Queensland? This is not just a joke, it is a sick joke to have such a ridiculous expectation and then to criticise the service because it is costly. And that is another very sick joke.

These young people could easily have found their way into the mental health system where the ward/unit in which they would be placed for treatment will be staffed by psychiatrists, clinical psychologists and mental health trained nurses They might also find their way into special education units (even boarding schools) where they will receive educational services provided by degree level qualified specialist teachers often supported by educational psychologists. In fact, neither the health system nor the education system would permit their services to be staffed with the type of poorly trained workers that the child protection and welfare system considers appropriate for residential services for Queensland's most vulnerable children and young people.

It is hard to think of a more shameful service scenario. And to demonise residential programs for their cost and for failing to be effective when all other services have failed is equally shameful. Every time a foster care placement fails the cost of this failure is not the subject of an investigation. Instead the cost just gets ignored and is written off. No such luck for residential programs. Why?

A system without residential care programs

Some argue that because of the cost the use of residential programs should be minimised (Noonan and Menashi, 2011). Australia (and Queensland) is already in the position of being one of the lowest users internationally of residential child care services (Ainsworth & Thoburn, 2013). There is also recent evidence that this minimum usage of residential services simply pushes vulnerable children and young people who, because of their age, are still the responsibility of child protection and child welfare authorities, into the juvenile justice system and homelessness services (Ainsworth and Hansen, 2005).

This can hardly be a humane way to treat this population of vulnerable children and young people.

In addition, making spurious comparisons of the cost of residential care services and labelling the cost 'scandalous' (Lyell, 2013) when there is no other viable service option for these young people, is at best naïve. Or should cost become the determinant of placement choice? In such a situation the only option would be foster care and another failed placement. Hardly a sensible response given that it is known that failed foster care placements contribute significantly to the difficult behaviour and mental health issues of children and young people in care.

Instead, there needs to be a huge investment by the Queensland government into building a new therapeutic residential care system where programs are properly designed, managed and staffed by skilled personnel. This is especially so given a recent research study of young women in juvenile detention in NSW where a huge percentage of these young women have a history of being in out-of-home care (Macfarlane, 2010).

Finally, what is *not* needed are residential care programs where cost is the dominant issue and where the staff, as now, lack the necessary knowledge and skill with the resulting limited program effectiveness (Ainsworth, 2006; Ainsworth and Hansen, 2008). That is what is scandalous.

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