

**KYABRA COMMUNITY ASSOCIATION INC.**

**SUBMISSION**

**TO**

**THE CRIME AND MISCONDUCT COMMISSION**

**FOSTER CARE INQUIRY  
IMPLEMENTATION UNIT**

**8<sup>TH</sup> March 2004**

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# KYABRA COMMUNITY ASSOCIATION Inc.

## WHAT IS KYABRA?

Kyabra Community Association Inc. is a community-based organisation that is committed to strengthening individual, family and community life. Our activities are inspired by a vision of local communities that are safe and fair for everyone and in which all people are free to be themselves, to fulfil their potentials and to achieve their goals. We have a range of resources that we can offer to individuals and families to help bring about positive change.

## WHAT KYABRA DOES

Kyabra works with families and communities to work towards strengthening family and community life. Core activities and services include Community Development activities, Disability Services, Youth and Family Supported Accommodation, Child & Youth Services, Family Relationship Education and Corporate and Community Training. Apart from these core areas, we are available to work with any community members in our geographical area, to work towards their goals and hopes for the future.

## VISION STATEMENT

Kyabra Community Association Inc.'s activities are inspired by a picture of a future of local communities that are safe and fair for everyone and in which all people are free to be themselves, to fulfill their potentials and to achieve their goals.

## VALUES

### Respect

We believe all people deserve to be treated with respect, regardless of age, race, class, gender, sexual orientation or past behaviour.

### Social Justice

We believe all people have inalienable rights as agreed in the UN Charter. We believe it is the responsibility of all community members to work towards removing any barriers that prevent some people from enjoying all of their human rights.

### Strengths

We believe every person has knowledge and a range of strengths and competencies that should be acknowledged as the most important resources in working towards goals.

## OPERATING PRINCIPLES

### 1. Family Centred

Kyabra Community Association Inc. recognises the importance of families in ensuring the safety and wellbeing of the community. We work to strengthen families.

### 2. Flexibility

Kyabra Community Association Inc. celebrates the diversity and uniqueness of individuals and individual families. We work to tailor our responses to people's needs.

### 3. Teamwork

Kyabra Community Association Inc. acknowledges the importance of participation, consultation, collaboration and accountability for healthy relationships at all levels. We work together with individuals and groups towards shared goals.

### 4. Resourcing Staff

Kyabra Community Association Inc. recognises its people are its most valuable resource. We work to ensure we have well trained and supported staff

## **FUNDING**

Programs conducted by Kyabra Community Association receive funding from:

- The Queensland Department of Families
- Home & Community Care (Queensland Health)
- Commonwealth Department of Family and Community Services
- Disability Services Queensland
- Commonwealth Department of Health and Ageing

## Key Points of Kyabra Submission

This entire process is unreasonably constrained by time. We have had a long history of under-resourcing across both government and non-government in relation to strengthening families and communities. Perhaps this has been a collective reflection of priorities, but isn't this an opportunity to express our hopes across government and community that we are indeed 'The Smart State' and able to implement well considered, consultative, research based solutions? Our organisational view is that an extension of time to the Implementation Unit to allow for greater consultation would be applauded by the Sector as being in the best interests of children, families and communities. We have received similar sentiments from other colleagues.

Is it possible that a Blueprint be recommended as the basis for further consultation with Stakeholders?

A broader **SHARED VISION** across both Government and Non-government would provide a more workable basis for identifying responsibilities and accountabilities for a range of core functions that collectively contributed to the Broader Vision.

For example; some practitioners and agencies (Govt and Non-govt) hold an underlying belief that parents do the best they can and when their intentions are unable to be realised to meet children's right of care and safety, they require additional family and community support to fulfil their parenting role. Where children are at risk, interventions should meet both the safety needs of the child and work towards a situation where children can be reunited with their families or at the very least maintain a sense of connection. This belief would give rise to Carer training that focussed on ways of working with natural families that demonstrated respect and a desire to assist natural families in their parenting role.

Other views more closely aligned with historical practice are more concerned with rescuing children from 'Bad Parents' so as to reduce their vulnerability. Despite the research and evidence that we unwittingly exposed many children to further abuse, this view still holds its influence and would give rise to Carer Training that would be more focussed on the placement environment and care of the child. It may not be as concerned with the broader family support and community focus that reflects a more evidence based analysis. Such 'Child Rescue' models have also been adopted, not so much because of the views of Departmental staff, but I suspect because they are immersed in crisis and have only the resources and capacity to struggle with their statutory obligations.

Adequate resourcing entails hard Infrastructure (i.e. Information Technology, training facilities, capital etc) as well as human infrastructure around the supervision, training and support of Direct Service Workers in both Sectors. In addition, there has been a long tradition in this State of under funding in relation to Management structures that support our collective hopes for just and safe communities. This has implications for funding formulas and Service Agreements that have been historically based on assumptions that professionals can be employed to address complex structural issues without being adequately resourced to the task in both a Practice and Administrative sense.

# Response re Organisation Roles, Structure Functions.

## Department of Child Safety

### VISION

A society that values protects and cares for children and young people paying special attention to those who have been harmed or are at risk of harm, and maximises opportunities for their safety, health, well-being and development.

THE VISION STATEMENT IS CRITICAL BECAUSE IT PROVIDES THE FOUNDATION STONE FOR PRACTICE, STRUCTURES, FUNCTIONS AND PROCESSES. THIS IS AN EXTREMELY IMPORTANT TASK FOR THIS PROJECT TEAM AND IT MAY BE HELPFUL TO FLESH OUT ITS PURPOSE AND PHILOSOPHICAL UNDERPINNINGS.

The following questions are posed as possible aids in this task.

1. How can this statement reflect the shared values and beliefs of all stakeholders?
2. How can the Vision of this Department sit comfortably within a broader **SHARED VISION** for child protection?
3. What are the core principles, values, and beliefs etc that need to be reflected in this Vision?
4. How can the principles identified under 'Responsibilities' be reflected?

### ***PRINCIPLES***

*(Key words) Child-centred, family focused partnership, participation, accountability, responsiveness, openness, cultural competence, coordination and integration, service excellence, continuous improvement, strengths-based.*

Many of these principles are based on some underlying beliefs.

Family Focussed would reflect a belief that the best interests of children are served by strengthening and supporting families.

Strengths-Based, reflects a belief in the capacities of families to achieve their goals. This belief is implicitly laced with the core value of respect.

5. How can such values and beliefs be reflected in the Vision Statement?
6. What additional values may reflect acknowledgement of the structural factors impacting on poverty and child safety? This is particularly important given the CMC recommendations that intervention needs to occur across a range of Government and Non-Government Agencies. Access to these services is better framed as a right of children and families within a Socially Just society. How do we incorporate **SOCIAL JUSTICE** and **RIGHTS** as part of this vision?

In relation to the Department of Child Safety responsibilities. It should be noted that these responsibilities are not new and putting them down on paper bears little relation to their achievement. There are hopes that additional funding should be reflect the social and economic benefit that will be derived from investing in both Primary and Tertiary responses. There is also a hope that where is capacity to 'give legs to the Vision' by adequately resourcing across all Government and Non-Government Agencies.

**Proposed split of Functions and Roles between Department of Child Safety and Department of Community Services.**

There are some assumptions here that Non-Government agency functions can relate simply to a range of Funding Program Outcomes. If this was in the broader context of a **SHARED VISION**, then it may be possible to see how a range of services and activities were collectively contributing to both individual program and the broader goals that moved beyond a funded programs core function and was associated with a broader vision.

For example, Kyabra Community Association offers a range of services and activities that span both primary and tertiary responses. This integrated response requires the application of a range of resources from a range of funding programs at State, Local and Federal levels. The following scenario is not atypical,

A Family with four children living with them and two older children living with a Foster Carer. Two of the children with them have disabilities. The family is accessing the following resources from Kyabra:

1. Supported Accommodation. Partially funded by the Supported Accommodation Assistance Program Qld DoF.
2. Family Support. Partially funded by the Community and Individual Support Program Qld DoF and DSQ.
3. In-Home Respite. Funded by the Home and Community Care Program Qld Health.
4. Access to Limited Hours Child Care. Partially funded by DoF.
5. Access to Community based Childcare and Playgroups. Funded by DoF under H.U.B. Program.
6. Parenting Course. Funded by the Commonwealth Department of Family and Community Services.
7. Access to financial assistance. Funded by Emergency Relief Programs both Qld DoF and Commonwealth FACs.
8. Access to No-Interest Finance. A Community Finance Initiative partially funded by the Federal FACs, Brisbane City Council.
9. Access to volunteer support. Funded by the Commonwealth Department of Health and Aged Care.
10. Access to Community Development Initiatives. Partially funded by DoF.

It should be noted that Agency resources financially support this response, which requires the development of a host of business type activities.

This integrated and coordinated response effectively demonstrates the reality that families require access to a range of resources at universal, early intervention, intensive and tertiary levels. It is closely aligned with the proposed Peak Care model that recognises that families move in and out, up and down and across these systems. (Reference: PeakCare Qld Inc report prepared for Foster Care Inquiry, Dec 2003).

**Issues for consideration:**

How do multifunded and multifaceted Non-Government Agencies report to such an array of Funding Bodies with an array of core functions?

If these functions were to sit under a broader **SHARED VISION**, it would provide a more workable basis for identifying responsibilities and accountabilities for a range of core functions that collectively contributed to the 'Broader Vision'.

Is this sort of integrated and coordinated model one of a range that is supported by Government? If so, how can administrative and accountability arrangements be streamlined so as to maximise efficiency and effectiveness for both Non-Government and Government?

Does the proposed structure and roles have the capacity to coordinate similar integrated responses amongst a number of single service agencies?

There are many implications for Non-Government Agencies in relation to Service Agreements and Resourcing. Can this be referred to Project Team 8 for consideration as well as Project Team 5 around Resourcing/Financial Implications? It needs to be recognised that Agencies cannot provide the necessary infrastructure for integrated responses when they are funded only to support and deliver a host of individual core activities.

## **Responses re Information Management Systems**

It is difficult to comment on information systems, given that there is not yet a decision on where different functions/roles lie within the broader child protection system.

In relation to Record keeping Improvement Project, the acknowledgement for potential additional training and support costs for record management compliance for NGO's if they are to adopt client files record keeping practices is welcomed. The Implementation Unit may do well to refer to HACC practices around the provision of support, training and hardware associated with Information Management. The Commonwealth Department of Family and Community Services have also developed some useful processes that may give some clues to best practice in Information Management (FACSLINK).

In any case, Information Management should have broad value in terms of improving responses to children and families for both Government and Non Government alike.

Issues requiring further consideration.

Information Management systems that contribute to the broader vision of a Child Protection System that incorporates appropriate systems that meet legislative requirements but also serve to support both Government and Non-Government Agencies by providing them with information that assists them in their work of supporting children and families.

Information Systems may also be used to broaden our understanding of the underlying structural factors that are currently ignored in our discussions around child protection. What proportion of Child Protection Notifications are related to the lack of affordable housing, access to Health and Community Services, having a family member with a disability, inadequate income support?

Could different information inform our response and shift from a focus on pathologising individual families to the broader factors that contribute to the ever-growing demand on Tertiary Services? Would this sort of information lead us to invest more substantially in Both Universal Family and Community supports that were seen as a fundamental right's rather than responses that serve to further marginalise families who have been denied access to their fundamental rights and the resources they require to achieve their aspirations as Families.

### References

Qld Dept of Health – Home and Community Care Program  
Commonwealth Department of Family and Community Services - FacsLink

## Responses re Service Delivery Model

There is some confusion about whether the Department of Child Safety will continue to have Direct Service responsibilities in relation to Alternative Care. The Progress Reports seems to indicate some provision of Non-Statutory Services as an internal function (i.e. Intensive Family Support). Internal and External functions need to be clarified if we are to progress recommendations across a number of Project Teams. Other project Teams have identified the value of recruitment and training functions resting with Non-Government providers. If it is to be shared across Government and Non-Government, then it needs to be rooted in a **SHARED VISION**. Are we concerned with the provision of Universal Family and Community Support, Early Intervention and Tertiary Services as integrated components of enhancing child safety within a framework of Family and Community support or are we focussed only on being the ambulance at the base of the cliff?

There is very real concern in relation to Service Delivery Orientation. It defines The Department of Child Safety being focussed on 'Responding to Child Abuse and Neglect'. Its primary client is the child. Whilst the Department would seek to keep children within their families and communities the safety and wellbeing of the child is paramount.' This reflects a fundamental difference in philosophical orientation.

Many in the Community Sector believe that the best interests of the child are best achieved by an integrated response that supports families and gives them access to the resources they require to realise their aspirations. (I.e. Health, Housing, Education, Family and Community support, adequate income levels etc). Alternative Care is subsequently viewed as a resource to families rather than rescuing children. There is no argument that there are circumstances that necessitate the removal of children from their families of origin, either temporarily or, at times, permanently. However, a Service Orientation that claims its primary client as the child fails to ground itself in research that indicates that Child Safety is enhanced when families are more connected to informal and formal community supports. Some of the Department of Families' Research and Trials of Intensive Family Support have detailed factors that enhance the safety of children. (Family Connections?) . This research provides solid evidence that would challenge an orientation that the best interests of the child can easily be separated from Family and Community Support.

Issues requiring further consultation.

A service orientation of any individual function or component of the broader child protection system needs to sit within a broader **SHARED VISION** that is based on solid research and acknowledges the structural impediments that impact on family aspirations. It is absurd to think that families do not aspire to great hopes for their children. If this is acknowledged, our orientation should be about providing the resources that is their right rather than individualising, blaming approaches that serve to further marginalise families and undermine child safety enhancing factors.

This orientation is further compromised by language that re-enforces unfounded populist perceptions that fault lies with individuals rather than with systemic and structural factors. If the latter orientation was adopted, we would be more likely to talk about the impacts of poverty in reducing child safety factors rather than focus on individual, pathologising terms such as abuse and neglect. Language is critical because it reflects our understanding and orientation. Blaming language fails to reflect the structural factors associated with Children's Safety and Well-being. If terms such as 'Child Abuse and Neglect' are enshrined in the reform process, they will serve as an **inappropriate** basis for intervention and will continue to be **ineffectual** in our hopes for a State where Children, Families, Communities, Government and Non-Government Agencies work together to build a community that can realise some of the proposed objectives listed by Project Team 3 (i.e. staying safe, being healthy, enjoying and achieving, making a positive contribution, achieving economic well-being). Once again, differences in the use of language reflects our lack of a **SHARED VISION** and Understanding of both the possible future of Children and Families in this State and the structural causative factors associated with compromising children's safety and growth.

In relation to Service Delivery Core Functions, there are a number of factors that need to be addressed.

1. When assessing the needs of Children in Care, there are concerns about the resources required to address the varying needs of children and young people. Children with disabilities have particular requirements and Carer's need to be adequately supported to be able to meet their needs. Placing Sibling groups with a range of disabilities including both behavioural, intellectual and physical disabilities with a single Carer Family may meet the our aspirations to keep siblings together, but without adequate resourcing, it is doomed to failure.

This circumstance, begs the question of how we support families who have a child, or children with disabilities so that this particular circumstance does not bring them into contact with the Statutory Child Protection System? When assessing the needs of Children in Care, it is unfortunate that there is not a corresponding assessment of the needs of children with disabilities in their families of origin. This is perhaps the core problem with our current systems that is re-active rather than pro-active and that skews our responses towards Tertiary rather than Primary, preventative responses. This is closely linked with CMC recommendations about 'Whole of Government' responses that may reduce the demand on Statutory Child Protection Systems.

For example Families who have a member with a disability may potentially have contact with The Department's of Child Safety, The Department of Community Services, Disability Services Qld, Education Queensland, Queensland Health and The Department of Housing along with Federal Departments such as Centrelink along with a host of under-resourced Community Based Agencies. Add this to community practices that exclude people with disabilities, and it is little wonder that many families, unwittingly end up in the Statutory System. It is not where they belong or want to be and is a clear example of how we de-value and under-resource families. This is a broader reflection of lack of adherence to both Social Justice and Human Rights principles. Disability perspectives are perhaps the clearest example of how we collectively fail families, but the same principles apply to all families that are excluded from the resources and supports that they require to achieve their hopes and aspirations as families.

In relation to Case Management Approaches. Some of the language does not reflect collaborative partnership between Government, Non-Government, Families, Carers and Children in Care. Control over decision making and approaches seems to lie within the province of the newly created Department of Child Safety. There are examples of Case Management approaches that are based in the assumption that collaboration and consultation with a range of partners, (eg. Wynnum Redlands Integrated Care and Support Initiative ) actually lead to improved outcomes for children, young people and families. This is part of Future Directions Trials and needs to be incorporated into any Blue Print regarding Child Protection Reform. Attention could be paid to this Trial as well as the 'In Between Categories' report that was financially supported by the Department of Families and incorporated a Community Development and Service response to Young people in Care.

#### References

Future Directions Trials – Wynnum Redlands Integrated Care and Support Initiative (WRICSI)  
Family Connections – Dept of Families Trials re Intensive Family support.  
'In Between Categories' Liz Price – Kyabra Community Association

## **Responses to Issues Impacting on Indigenous Children and Families.**

We will refrain from too many specific comments out of a desire to be led by indigenous leaders and community members. In a general sense, though, there is much evidence that community development approaches that take into account both cultural and structural factors, give a clue to approaches that are respectful and that lead to positive outcomes for families and communities (Refer to examples of Western Australian practice discussed at The Australian Social Policy Conference, University of NSW, 2003).

Work with local providers to build their capacities:

Whilst this refers to indigenous communities, it seems like it should be embraced as a universal principle. It could reflect partnership, devolution of power, resources and decision-making at a local community level. It has connections to some of the ideas around 'Place Management' that was all the go a few years ago and has found a home, or a room at least, in local government.

The proposals around Indigenous Services state core principles of participation, open communication and trust, joint ownership, shared equity, fair and transparent process and commitment to action via joint goals and action plans. Has our attachment to these principles arisen from the abject failure of our well intentioned, misguided, white, paternalistic, expert approaches to indigenous communities that tended to focus on individual pathologising approaches that have not been helpful. Could the application of these newly embraced (and welcomed) principles inform the Implementation Team in relation to more effective ways of engaging with all families and communities?

There is much to like about this Project Teams progress. In particular the focus on appropriate cultural practices and adequate resourcing of Indigenous Agencies to implement both Community Development responses and the adequate resourcing of Community Agencies and Carers to implement culturally appropriate responses. There is also a demonstrated focus on partnership and consultation, which is welcomed.

There are some cautions when identifying drug and alcohol impacts on child protection as having the potential to lend support to individualising/pathologising approaches rather than placing them in broader structural understandings. Whilst this is a reality for some indigenous communities, lets place it within the context of the impacts of colonisation and our collective desire to redress social injustices.

The proposals regarding pro-active actions and strategies to increase both the numbers of Indigenous Professionals and Carers are supported, as are Departmental Structures and supports to Indigenous Agencies.

Issues requiring further consultation.

Non Government Agencies will continue to be involved with both support/partnership around Alternative Care Options as well as Family and Community Support options for Indigenous Children and Families. This has significant implications for Recruitment and Training of Indigenous Colleagues in Non- government Agencies. How can we address the challenges of culturally appropriate practices in what is predominantly or exclusively Anglo agencies? What are the strategies and resources required to tap into the strengths, skills and knowledge of Indigenous People in building Family and Community?

The focus regarding the inclusion and career development of Indigenous people seems to be more focussed on the Department of Child Safety rather than involvement in the 'Continuum of Care' that incorporates Community Development, Early Intervention and Tertiary responses across both Government and Non-Government Services. The obstacles that individual Indigenous Workers face in contributing to enhanced child safety, need to be considered across both Government and Non-Government Agencies.

In relation to culturally appropriate practices, consideration needs to be given to the diversity of cultures in our community. How do we resource and incorporate a range of culturally appropriate practices into broader child protection responses that incorporates both primary and tertiary responses. What might be a reflection of culturally appropriate responses that are congruent with representation in the Child Protection System?

# Response to Non-Government Service Provider Implications

RE: SPLIT OF INTERNAL AND EXTERNAL FUNCTIONS.

Potential strengths around clear separation of responsibilities and functions. This also presents challenges about providing integrated and co-ordinated services.

There are potential difficulties in dividing Carer assessment, approvals and particularly training between Non-government and government. The lack of a shared vision and value base will undoubtedly result in us working at cross-purposes.

For example; Some practitioners and agencies (Govt and Non-govt) hold an underlying belief that parents do the best they can and when their intentions are unable to be realised to meet children's right of care and safety, they require additional family and community support to fulfil their parenting role. Where children are at risk, interventions should meet both the safety needs of the child and work towards a situation where children can be reunited with their families or at the very least maintain a sense of connection. This belief would give rise to Carer training that focussed on ways of working with natural families that demonstrated respect and a desire to assist natural families in their parenting role.

Other views more closely aligned with historical practice are more concerned with rescuing children from 'Bad Parents' so as to reduce their vulnerability. Despite the research and evidence that we unwittingly exposed many children to further abuse, this view still holds its influence and would give rise to Carer Training that would be more focussed on the placement environment and care of the child. It may not be as concerned with the broader family support and community focus that reflects a more evidence based analysis. Such 'Child Rescue' models have also been adopted, not so much because of the views of Departmental staff, but more likely because they are immersed in crisis and have only the resources and capacity to struggle with their statutory obligations.

These different perspectives cannot live side by side. When Carer Training is based on one set of beliefs and Carer Support on an often-opposing set of beliefs then we will experience tension in the partnership and a very confusing message for Carers.

Possible Strategies:

1. Developing a Shared Vision for Child Protection in the broader context.

This should probably come prior to dividing functions between the Sectors. A shared vision needs to be based on sound research (Its there already – please refer to Paul Testro's research commissioned by Peak Care)) and an analysis that reflects an understanding of the range of structural issues that impact on families ability to realise their aspirations and fulfil their parenting role.

When the majority of children come into Care for reasons of child neglect rather than child abuse, we have to make the connection with poverty, lack of affordable housing, having a family member with a disability, unemployment etc. Evidence indicates clearly that children's safety increases in communities where families are connected to each other and where there are opportunities for mutual support. This identifies the relationship between inadequate income levels, the breakdown of communities and the dangers that the resultant isolation holds.

A shared vision based on these factors would lead us to models that invested in universal family support and community development. It would be more closely associated with social justice as opposed to individually pathologising families who have not enjoyed access to the resources and supports that should be their right.

This is very much related to the split of functions between the Sectors because whatever way it falls, without a **SHARED VISION**, we will be at cross purposes and the prospect of effective partnership will be diminished because we will not be on the same page.

If we were to agree on the sort of communities we need to enhance child safety and family strengths, we could then have more constructive discussion about who may be best placed to fulfil different functions.

## 2. Joint Functions.

Making the assumption that a **shared vision** will not occur in this time frame. We could propose some joint functions. This would mean partnering around Carer Assessments and Training. Whilst this would still be problematic because of a lack of a shared vision, it would keep the tensions alive rather than skewing them one way or the other.

## 3. Transition from Care:

What sort of resources do young people require to make a successful transition from Care? What supports and resources could be developed prior to transition? What community development approaches might provide a sound basis for transition? A Report titled 'In Between Categories' (Liz Price, 'In Between Categories', available at [www.kyabra.org](http://www.kyabra.org)) proposed a Community Development model that aimed at connecting young

people in care with a range of community members (including peers). It was based on the knowledge that people who have a sense of connection and belonging are less vulnerable. If these approaches were to be in place prior to transition, it would make more sense that the Agency responsible for Carer or Placement support would be funded to support transition arrangements. They are more likely to be able to link young people to others in the community, they have the local knowledge and skills as well as an established relationship with young people in care, but they would need funding to do so.

## 4. Placement and Service Matching.

If this function remains as an internal departmental responsibility, there needs to be clear, realistic Service Agreements regarding the number of placements supported as well as the number of children in Care that are able to be supported by Non-Government Agencies. This may provide some safeguards regarding the standards of care required. Departmental staff have a responsibility to make placements and agencies have the responsibility to maintain standards of care. There is a tension between these responsibilities when both systems are so poorly resourced to fulfil them. Both Agency and Departmental staff tend to stretch capacity and compromise the quality of care. A possible solution here is to look at what placement support entails and to put some statutory limits on the placements and number of children in relation to agency resource and funding. Peak Care has some valuable research regarding these sort of formulas that safeguard quality.

RE: Internal and External Functions: Business Relationship.

There has been a lot of feedback regarding joint planning across both sectors. Once again, unless we have a shared vision, there will be difficulties. It's a little like Mike Tyson and Nelson Mandela collaborating about world peace. We are not suggesting that either partner is aligned with either Mike or Nelson, but highlighting the problematic nature of partnership without shared vision and commitment. If we were to have a Shared Vision, then joint planning, service selection, agreement formation, relationship management and review and evaluation mechanisms would flow congruently.

RE: Partnership: Needs to be based on a **shared vision** as well as clear roles and responsibilities. There is also the critical issue of appropriate resources so that both parties can fulfil their respective responsibilities. Are there processes that could ensure that partners come together for information exchange formally and encouragement for this to happen on a more informal basis as well?

RE: Planning. Organisations generally focus planning around the achievement of their organisational goals. We have a lot of different players that are all committed to child protection in one form or another, but this gives rise to different agenda's. Many of us play different roles and functions and whilst there is a myriad of practice philosophies and approaches, we share a hope for children, families and communities in this State to be able to enjoy their rights to safety and support. If planning was to be centred on our collective hopes for communities across Queensland, then it might look at a model that incorporated the range of talents, agenda's and skills that we have across both Sectors.

Peak Care have developed a model that is based soundly on research and that genuinely looks at a continuum of care that builds from universal access to Family and Community support through to Tertiary levels of intervention. It addresses the reality that families move up and down the continuum and investment at all levels is required to support families and build the communities we desire. If government were to embrace such a model that is both responsive and pro-active, then there may be the opportunity to plan around some clear parameters to collectively achieve the broader goal or vision for children, families and communities in this State. (Reference: PeakCare Queensland Inc Report prepared for Foster Care Inquiry, Dec 2003)

#### Service Selection:

Three or five year contracts are helpful in terms of organisational viability and planning.

Agreements re upper and lower numbers of services to be provided are a positive feature, particularly if they are related to some objective analysis of what resources are required to provide a quality service.

Client based selection of services reflects a positive shift and our accountabilities to children and families as well as to funding bodies.

#### Agreement Formation:

A general comment on agreements is that they have tended to be a bit procedural with a focus on time consuming financial and data provision, rather than service responsibilities. Departmental staff have been under-resourced to do anything else. If we were serious about outcomes, then agreements would contribute to our mutual goals and provide the opportunity to align contracts within the context of a broad response that incorporates the different strengths of both Government and Non-government agencies. Is it possible that the adoption of a Peak Care type of continuum of care model might assist in us collaboratively drawing up agreements?

#### Relationship Management:

Let's do whatever it takes to give Departmental Officers and Agencies the capacity to do this. It's all well and good to define expectations and responsibilities, but the reality is often about a limited capacity to invest in our partnership. Where in Service and Funding Agreements do we talk about resourcing a range of function that affects outcomes for children and families? Are there provision's (across both Non-government and Government) for training, supervision, administration, involvement in consultation with government and other forms of infrastructure that are essential to the provision of quality outcomes for children, families and communities. Do we put young workers out in a field, without adequate supervision and support, define a host of expectations and then wonder why the turnover of staff is so high? Do we end up moving to blaming, individualised pathologies of our colleagues as a result of our lack of shared purpose and adequate resourcing? In the corporate world, contracts are generally agreed to when there is mutual benefit to both parties and where both parties believe they have the appropriate resources to fulfil their obligations. In terms of relationship management, we will always be pitted against each other, if both partners are not adequately resourced to provide the human resources infrastructure to deliver defined outcomes.

#### Review and Evaluation:

A very positive feature in that review and evaluation proposals are system focussed. Once again, there is a direct relationship between our hopes for a State that might lead the way in relation to child safety, family and community support and acknowledging that professionals (like families) require adequate resourcing if they are to live up to achieve their hopes and expectations. What of the role of families with a Child in Care? Can they have a voice in evaluation mechanisms for both Sectors?

#### Regulation and Accountability:

General comments would need to relate back to the premise that regulation and accountability requirements are essential to our collective goals and are valued as a potential quality assurance tool that assists us to focus on our financial and service responsibilities. Experience tends to indicate that the focus can be more on financial accountabilities rather than service outcomes. We are all a bit worn out, having gone through exercises around Single Service Agreements and well-intentioned efforts to simplify reporting mechanisms and make them useful for both parties. The question needs to be asked, Have regulatory and accountability arrangements contributed to a quality system of care? Or have we spent a lot of collectively wasted time jumping through hoops that have diverted us from direct service work and community building? Accountability requirements are particularly cumbersome and complex for multi funded organisations and need to be streamlined to meet mutual goals.

#### Administration of Instruments:

It is appropriate that proposed licensing and negotiation of funding agreements be located centrally. However, this needs to be qualified by the guarantee that Non-government agencies are adequately resourced to fulfil their obligations in both areas. We all share a commitment to excellence but we need the resources to work towards this end. Footballers get million dollar contracts to perform, but they also get access to facilities, trainers, coaches, psychologists, medical specialists and equipment. Within a reality of adequate resources, there is surety that Agencies have the capacity and desire to achieve standards of care that they embrace jointly with community and government. Are we a State that values football over our desire for a safe and socially just community?

It is impossible to comment specifically on the impact on the Non-Government Sector until we have a clear idea about the location of various functions either in Non-Government or Government. This has broader implications for other Project Teams in relation to Resourcing, Training, Protocols, Evaluation, Accountability and Structures.

A clear issue identified by this Project Team has been that all accountabilities around the provision of quality responses e.g. Evaluation, Licensing, Service Agreements etc have implications for the resourcing of both Government and Non-Government Agencies to meet shared expectations. It is fundamentally unjust to demand outcomes without adequate resourcing. Treasury Officers have much to offer in relation to congruency between inputs and outputs. Attention to the 'Costs Of Caring Report' and Peak Care' research re Non-Government Costings re Quality Service Delivery (Paul Testro 2003) need to be taken into account as do reports from the Combined Churches Group, who have long carried the responsibilities, liabilities and additional financial cost of providing Alternative Care Services. (Not to mention the attribution of blame for subsequent neglect and abuse that reflects system and resourcing failures across all Sectors rather than the intent of Organizations to provide responses to Child Protection concerns). It is an interesting parallel to how we respond to families who have children in Care, choosing to focus on individual rather than systems failures.

Issues requiring further consultation.

Adequate resourcing entails hard Infrastructure (i.e. Information Technology, training facilities, capital etc) as well as human infrastructure around the supervision, training and support of Direct Service Workers in both Sectors. In addition, there has been a long tradition in this State of under funding in relation to Management structures that support our collective hopes for just and safe communities. This has implications for funding formulas and Service Agreements that have been historically based on assumptions that professionals can be employed to address complex structural issues without being adequately resourced to the task in both a Practice and Administrative sense.

Service Agreements will be more functional if they reflect respective roles, are based in a **SHARED VISION** and incorporate the range of resources required to ensure both 'Best Practice' (In the context of Family and Community Support) along with conditions that reflect a true partnership between Sectors.' Future Directions' Service Agreements used as basis for discussion contain some areas of concern, particularly in relation to 'Intellectual Property', where clauses reflect an agreement that assumes that Government fully funds Services. This is neither the case nor a reflection of rhetoric around 'Partnership'. In addition, there are substantive concerns about the potential liabilities that Non-Government Organisations may face the prospect of Litigation as the Authors of Material, despite not having legal ownership. It is clear that this is not the intention of the Non-Government Directorate but does require attention.

There are also implications for both Sectors to make Service Agreements a reflection of respective accountabilities as well as respective roles in a **SHARED VISION**.

The injection of Funds in March 2004 to create more placements does not take into account, the reality that there is no capacity within most Non- Government Agencies to recruit appropriately skilled staff or prospective Carers. The concept of responding quickly to the crisis in child protection is admirable but a more effective use of resources might involve more considered responses.

## **Responses to Alternative Placement Options and Frameworks.**

The concept of a Reference Group consisting of Government and Non Government representatives including a Carer and a Young person in Care or their advocate, and an Aboriginal and Torres Strait Islander to oversee evaluation is to be commended, but is perhaps the most glaring example of how we design systems that further exclude and marginalise the stakeholders with the greatest stake in outcomes – **FAMILIES**.

**DOES THIS REFLECT A HIGH LEVEL OF CONFUSION AND A LACK OF A SHARED VISION THAT THE SAFETY NEEDS OF CHILDREN ARE BEST MET WHEN THEIR FAMILIES ARE SUPPORTED BY BOTH GOVERNMENT AND COMMUNITY? HOW CAN WE CONCEIVE OF EVALUATION FRAMEWORKS THAT DO NOT MEASURE OUTCOMES FOR CHILDREN IN THE CONTEXT OF FAMILIES? THIS NEEDS URGENT ATTENTION.**

In relation to policies, practices and models that are most effective at minimising harmful effects of children and young people in Care. This needs to be considered in the context of our historical experience that children are most 'at risk' when they are isolated, (whether this is in a Residential or Family Based Alternative Care setting). Children's Safety is enhanced when they are connected to, valued and loved by a range of people.

Whilst there may be formal systems that enhance these connections, we need to consider how we may facilitate connection to their families of origin and other community members who share a desire that young people and children can move beyond the injustice of poverty fuelled life experiences to be able to realise their potential and the hopes that their families hold for them. It is unreasonable and inappropriate to locate this responsibility solely with Government, it is a collective responsibility that can only be achieved by a combination of both Service and Community Development approaches.

The Crime and Misconduct Commission Report requires that the final approval of Foster Carers rest with the Department of Child Safety. In all other aspects of the recruiting, training and support of Foster Carers, it is proposed that the Non Government Sector be involved, in partnership with the DCS, in the development and implementation of policies, practices and new initiatives to ensure an increased number and a broader range of foster care placements become available. It is expected that the Non-Government Sector will be funded to provide the substantive services to deliver increased Foster Care Placements.

There are two significant aspects of this statement that require clarification;

1. Saying that the Non-Government Sector be involved, in partnership with the DCS does not reflect principles of genuine partnership that would involve shared decision making and resourcing around the development of Non-Government Services relating to Alternative Care. It's a little like saying to your partner that they can be involved in decisions where your children might go to School. It reflects differential status and power that is not required for the Department of Child Safety to meet their statutory requirements. The language reflects significant in-congruency between the rhetoric and practice of partnership.
2. To propose a partnership that is not based in a **SHARED VISION AND VALUE BASE** will inevitably result in us working at cross-purposes rather than a range Of Therapeutic, Universal Family Support, Intensive Family Services and Tertiary responses, complimenting each other in working towards a common goal.

Implementation of a Carer Directory needs greater clarification re its intended use in relation to matching processes and our collective responsibility to ensure that Carers are not unduly pressured to accept placements that neither they nor their related Agencies, have the capacity to support. We have a

sad history of focussing on quantity of placements over quality with dire consequences for children and young people in Care.

Implementing the findings of the Mc Hugh report into the Costs of Caring is welcomed, particularly on fair re-imburement and access to Respite.

Issues requiring further consultation

There are some cautions relating to the perceived role of Foster Carers. Discussions with families who have a child in Care reflect their valuing of Community Carers who act as a resource to their hopes for Parenting and Re-unification. This is in stark contrast to their experiences of being blamed and judged and reflects an orientation that integrated responses can mobilise a range of resources that enhance families' capacity and child safety.

Agencies such as Kyabra Community Association that have a range of Primary, Tertiary and Community Development responses within a Social Justice Framework have some capacity to utilise a range of responses that can collectively be applied to broader goals. In this context, Foster Carers form an integral part of a broader team that includes, children, families, young people, community and government services and community members.

Where such multi funded Agencies do not exist, it becomes more critical that different aspects of the broad child protection and family and community services can be co-ordinated and integrated to work towards a **SHARED VISION**.

There are some general comments that have been received regarding the implementation process that we would also like to pass on.

1. The NGO Forums provide the opportunity for people from a variety of organizations and a variety of other stakeholders to have a say. Whilst I understand the importance of giving people the opportunity to voice their opinion, it needs to be noted that these forums are in no way representative of the collective view of the Sector. As a Sector, our energies are spread across universal family support, community development, early intervention, advocacy, therapeutic and tertiary responses that include alternative care i.e. Foster Care, Residential etc. In this context, the NGO forums are an imperfect instrument to convey a balanced view across all of these areas. They are not representative forums, and as such, the information that they generate needs to be weighted in this light. The Peak Reference Groups are much more representative, though this is imperfect given the time frames and their restricted capacity to consult with their members. Despite this, they are in a better position to reflect the views of the Sector, given their history of policy and practice development that has been a product of both research and consultation with their members.
2. The voice of Natural families needs to be heard. What is their experience of the Child Protection System? What have they found helpful/unhelpful? What are the hopes they have for their future as families? What supports and resources might they find helpful in these aspirations? How have they struggled to address the structural and social barriers that have been largely camouflaged by pathologising, individually blaming perspectives that have further served to make them feel inadequate and incapable of realising their hopes? How have they struggled with the desperation of poverty and harnessed their limited resources to do the best they can? How does it affect them when we choose to ignore their experience and circumstance, choosing instead to label them as 'Bad Parents' and further entrench perspectives that have no basis in truth or structural analysis?
3. Consultation with Community Based Carers (Shared Family Care Programs) reflect a number of concerns and hopes for the reform process.

Concerns;

The recommendations of previous reports and research have not materialised i.e 'Stopping the Drift'.

Will there be adequate resourcing to implement the recommendations?

Hopes:

Carers may receive adequate training and support and supervision particularly where their role is defined as a 'resource to families'

Training opportunities and Carer Forums are supported by Childcare and other resources that ensure easy access.

Children, Young people and Families are given some choice when it comes to which FSO or Caseworker they work with. Is it possible that the Caseworker may come from the Non-government Provider?

Collated by David O'Toole  
Kyabra Community Association

## APPENDIX 1.

A Family's Perspective:

I had the opportunity to talk with a Mother who currently has a child in Care about her experiences with the broad child protection system. She has given me permission to share her insights. A letter in her own words is attached as Appendix 2.

Prior to this woman's child going into Care, she described herself as 'a bit of a lost puppy', she had nowhere to live, no family or friends to assist her and felt like a gypsy, moving from place to place. She feels great guilt for having had to place her child in Care. It's a guilt that lives with her constantly and is felt most acutely when she separates each week after access visits. She also reports that her son experiences great trauma on these occasions as he just wants 'To be with Mummy'

Her son is currently placed with a Foster Carer that is attached to a Non-Government Shared Family Care Program.

I asked her what she had found both helpful and unhelpful as well as what she might have found more helpful. These were her comments.

1. The Foster Carer was extremely helpful. She saw her as a friend, like a Mother, there to listen and not judge. More significantly, she saw her as giving her great support in her goal to have her child returned to her care.
2. Her circumstances at the time of her child going into Care were related largely to homelessness and isolation. She felt that greater supports at this time would have been helpful.
3. She felt powerless in her dealings with the Department. Excluded from decision making, particularly in relation to access. Notice time was problematic, given that she could not always predict what might happen in two weeks time. She believed that there was little flexibility in these systems.
4. She had requested that she be connected with a 'Parenting Course', but the Department did not follow up.
5. In meetings with Departmental Officers, she felt judged arousing strong feelings of distrust and anger. She accepted that there were processes that had to be followed, but felt that they were slow and unhelpful in working towards her goals.

I think that her story is not atypical and there are a number of implications for Child Protection Reform.

1. Where Foster Carers are seen as a resource to the whole family rather than a placement option, there are greater potential for families to work towards their goals and enhance the safety of children in the longer term. This also has implications for resourcing Foster Carers to play this role in terms of supervision and training. They become colleagues with both non government and government in a partnership with families that collectively serve the best interests of children and families.
2. Broader issues of the lack affordable housing and isolation demonstrate the need for Community Development, Universal Family Support Systems and an investment in both Public and Community Based Housing. This is also an acknowledgement that individualising, pathologising approaches to child protection fail to address the very real structural obstacles that families experience. There will be increasing numbers of children entering the statutory system, if this is not addressed as a matter of priority.
3. Where children are in Care, connection to families is compromised by inflexible access arrangements. Given that many families will be impoverished and under resourced, maintaining connection with their children needs to be supported in both a financial and systems sense.

4. Where families identify the resources required to provide a safe nurturing environment for their children (i.e. Parenting Courses), Departmental Officers are unable to follow up. This may be a reflection of their focus on the crisis end of the equation and under resourcing as well as a reflection of the general lack of appropriate Parenting Responses in the community. Research indicates that families with children in Care who are referred to existing courses generally report that they feel more incompetent as Parents after completion of the Course. This highlights the need for Parenting responses that can tap into parent's hopes and strategies for a better future for both themselves and their children. Existing courses are clearly not appropriate for families who have entered the statutory system. They are laced either overtly or covertly with judgements that are not helpful.
5. The perception of families that they are being judged harshly by Departmental Officers will always be problematic given the statutory nature of the relationship. It may however also relate to the underlying values and philosophy of individual officers. How might they demonstrate respect for families and contribute to the further development of family strengths? Do they believe that stronger families and communities enhance child safety? Are there implications for training and the articulation of a clear shared vision for child protection across govt and non govt? There is also a strong argument for non government agencies to provide much of both Family Support and Alternative Care, given they are less encumbered with a statutory role.

David O'Toole

## APPENDIX 2

G'day David,

Thanks for the interest in family welfare issues with me and others at this very moment.

Yes, I do have got a couple of points about family welfare at this very moment.

Yes, John\* has been in Family Welfare and Fosterer Care for a long time now (it feels like it!).

Yes, most of all I know that John is been looked after, very well; go's to pre-school to learn; bed to sleep in, food to eat; etc by Ann\* at this very moment.

Yes, Ann and me get on well with each other just about anything.

Yes, this is what I feel, think, etc most of the times as it has been pretty hard; upsetting; emotional; heartbroken; sad; unhappy; alone; lonely; loneliness, depression; angry; anger; stress; stressed-out; isolated; distance; etc ;without John near me or not living with me at this very moment. Plus John does feel, think, etc that way without me near him and not living with me at this very moment too!

Yes, most of the times it can be happy; joy; fun; love; affection; happiness; laught and joke about things; do things together; go places together; talked about things; great; caring; support; etc when John and me are with each other for 3 days together.

Yes, I have done the right things by family welfare rules, etc still I have been in contact; overnights; weekends with John for a long time now.

Yes, to be honest it feels like family welfare people taking their time with things to get John back into my care full time in June this year.

Yes, I know that it won't happen overnight, day, etc as it will take step by step and it take time, etc with these things with family welfare people.

Yes, to be honest it must pretty hard, etc for John to be with Ann for 4 days and 3 days with me at this very moment as back and forward with two different people all the time as I just feel so sorry for John to be in this position at this very moment.

Yes, to be honest it's times when John does ask me some questions about things as –

- 1) When do I come home to be with you (Mum) and the baby?
- 2) Why do I stayed and live with Ann not you (Mum) at all?
- 3) Why don't you love anymore?
- 4) Why don't you want me anymore?
- 5) Don't you care about me anymore?
- 6) Why did you put in into family welfare for?
- 7) Couldn't you (Mum) handle, looked after me, etc anymore?
- 8) Why do I see you (Mum) for 3 days only and go back to Ann's place for 4 days?
- 9) Heaps more question to write down as you know where I'm coming from this point!

Yes, as above those question just mind be going through John mind at this very moment.

Yes, to be honest I wish it could turn back time with things now still last year in March 03 as John wouldn't be in family welfare service and volunteer came at this very moment and also he would be home with me now for good and forever now.

Yes, to be honest I do feel guilt, etc in ways that I had to turn to family welfare service, etc to get help, advice, etc with John last year in March 03.

Yes, to be honest less I raise John on my own 4 years without help from anyone expect the father figure was there all the time as it was hardshipped, etc last year for me. I wasn't myself etc at all as looked, etc person inside of me!

Well, less now I have a place I call home now, see John for 3 days and hope to be a family again with John and this baby too!

Yes, everyone in this world is different person inside of us as different cultural, etc and also no-one is perfect, rich, poor, famous, etc as we make your lifes and living the way we want it to be.

Yes, to be honest I know everyone in this world makes the right or wrong decision in our lifes and living as someone of us live with it or some of us work it out!

PS. Forget one more thing to write down,

Yes, John needs to be with his family again not in volunteer care all the time with different people and carers! Plus family welfare knows that too well now!

Yes, what I know about family welfare, etc now as I will never again put my kids back into family welfare, etc. What to go thought, meetings, etc all these kind of things! Just to get your kid back into your care again.

*\*Names have been changed*