

Child Protection Reform Amendment Bill 2017

Submission to the Health, Communities, Disability Services
and Domestic Violence Prevention Committee

August 2017

Submission on the Child Protection Reform Amendment Bill 2017

Committee Secretary, The Health, Communities, Disability Services and Domestic
Violence Prevention Committee, Parliament House, George St, Brisbane, QLD 4000

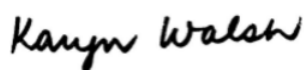
August 2017

Dear Committee Members

Thank you for the opportunity to make this submission to the Child Protection
Reform Amendment Bill 2017

For the last twenty years we have walked alongside members of the Queensland
community with lived experience of the child welfare system. Over this time, parents
with children in the system and children who have grown up in the system have
contributed to many different consultations, research projects and forums seeking
change. Our work with parents, the Forgotten Australians, and Historical Abuse
Network informs our view that investment to protect children and support families
upfront is imperative, or we pay later. It is our hope that a balanced system will
emerge from changes to the Child Protection Act (1999) in Queensland.

Thank you for taking the time to consider our recommendations.



Karyn Walsh
CEO, Micah Projects Limited
PO Box 3449, South Brisbane QLD 4101

karyn.walsh@micahprojects.org.au

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About Micah Projects and the Family Inclusion Network SEQ

Micah Projects is a not-for-profit organisation committed to providing services and opportunities in the community to create justice and respond to injustice. We are committed to supporting individuals and families who have a range of needs as a result of their experience of family breakdown, domestic violence, institutional abuse, poverty, hardship, homelessness and more. We support many individuals and families who endure continuing harm and hardship that is a consequence of abuse they suffered in out-of-home and institutional care. Our work with these people gives us unique insights into ways to alleviate the risks that institutional, foster, kinship or any out-of-home care arrangements pose to children and young people.

The Family Inclusion Network (FIN) South-East Queensland (SEQ) is a cluster of parents and Brisbane NGOs who believe the voices of families matter. FIN facilitates opportunities for parents and kin to advocate for children and themselves on the issues affecting their lives. We believe parents and kin have the right to contribute to discussions about how systems impact on family life. FIN SEQ facilitates activities — giving families, services and government the opportunity to work collaboratively to improve the way in which services are delivered to vulnerable families.

We encourage the respectful and purposeful inclusion of families from all cultures in determining what is important for parents and families who have had interactions with the Department of Child Safety (the department) in Queensland. The goal to empower parents and families to have a voice about the issues impacting family life must be elevated in child protection systems.

Micah Projects and the Family Inclusion Network welcome the opportunity to provide this submission to the Health, Communities, Disability Services and Domestic Violence Prevention Committee regarding the Child Protection Reform Amendment Bill 2017 (the bill).

The objectives of the Bill

The explanatory notes state that the objectives of the Bill are to:

- promote positive long-term outcomes for children in the child protection system through timely decision making and decisive action towards either reunification with family or alternative long-term care;
- promote the safe care and connection of Aboriginal and Torres Strait Islander children with their families, communities and cultures;
- provide a contemporary information sharing regime for the child protection and family support system, which is focused on children's safety and wellbeing, and
- support the implementation of other key reforms under the Supporting Families Changing Futures program and address identified legislative issues.

We have the following reservations about this Bill:

- whether the financial and other supports to families who assume responsibility for children under the proposed permanent care orders will be adequate;
- whether the department has adequate capacity and systems to promote and monitor permanency assessment and planning according to accepted standards and principles of permanency planning;
- whether the department has adequate capacity and systems to promote and monitor the Aboriginal and Torres Strait Islander child placement principles as per the additional requirements proposed in this Bill, and
- whether the department has adequate capacity and systems to monitor and promote responsible application of new information sharing provisions.

Summary of recommendations

Micah Projects and the Family Inclusion Network have significant reservations about the proposed Permanent Care Orders (PCO) in this Bill. We urge members of the Queensland Parliament to apply the elements of the threshold test as outlined in this submission (see pp 9-11) in your assessment of this Bill. Below are our recommendations based on each element of these threshold tests:

RECOMMENDATION 1

Investment in early and sustained family support must continue to increase, not diminish with the reforms in this Bill. Financial and other supports must also be adequate for families who are parties to the proposed Permanent Care Orders and that dedicated reunification services should be established.

RECOMMENDATION 2

We recommend to the Parliament that permanency planning has a strong evidence base and that models of respite care for biological parents, joint guardianship and innovative models of care and support as described below, be considered and funded in Queensland to support stability and continuity of care for children.

RECOMMENDATION 3

A two year timeframe for recurrent statutory orders should serve as a guide not a fixed timeframe, following which, permanency orders are to be pursued. Timeframes need to be flexible, not rigid, to take account of the complex factors that contribute to progress and regression for parent/s in building their protective parenting capacities.

We also recommend that the rights of biological parents in applying to have a permanent care order revoked, be reinstated.

RECOMMENDATION 4

We support the extension of the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP) proposed in this Bill. We recommend consideration of the issues raised by Secretariat of National Aboriginal and Islander Child Care (SNAICC) (2017) as stated in this submission, to avoid the shifting of responsibility under the proposed Permanent Care Orders to individual carers without adequate financial and other supports being provided, and without adequate monitoring of Permanent Care Order arrangements, by the State Government.

RECOMMENDATION 5

We support enhanced information sharing provisions. We recommend that the sharing of opinion-based information, rather than factual information ought to be very limited and that the proposed information sharing provisions must be grounded in clear ethical guidelines to avoid biases and to maintain professional standards.

The Threshold Test to apply in assessing this Bill

Family Inclusion participants welcome actions that enhance the stability, continuity and quality of care for children who are at risk of harm and those requiring out-of-home care. We understand that the provisions within this Bill are consistent with the national commitment as stated in the Community Services Minister's Meeting Communique (25 August 2017).

"Ministers affirmed their commitment to ensure permanency planning commences as soon as children come into contact with child protection services (concurrent planning) to avoid any delays in cases where children cannot be successfully reunited with family".

However, it needs to be recognised that reuniting children with their family requires dedicated resources and intent. There is a need for the funding of dedicated reunification services in the non-government sector be appointed to a family immediately after a child is removed, to participate in Family Group Conferences, case planning and to support the parents in the successful implementation of the case plan.

Family Inclusion Network has heard very clearly from the people we have supported over many years that stability and permanency for children is essential. This must include continuity and quality of care. We also continue to hear that rigid timelines for parents to "get sorted"—that fail to recognise the complex factors and lengthy recovery periods required for them to strengthen their protective capacities—may have unintended negative consequences on children and families.

Rarely do individuals and families make progress in a linear, straight-forward way—there are steps forward, steps backwards, resistance and external forces that they have limited control over.

The wellbeing of children must be paramount in the reform process—not the goal of reducing government responsibility and / or investment. We support the reservations raised by Peak Care in their submission to this Bill (2017, p.8) stating that it:

"... is unconvinced of the need for a PCO. We are particularly unsupportive of the proposal that variation or revocation of a PCO cannot be instigated by the child or by the child's parents".

The Threshold Test we apply in assessing the adequacy of the child protection reforms proposed in this Bill includes the following questions:

(1) ARE THE REFORMS ACCOMPANIED BY INCREASED INVESTMENT IN SUPPORT TO FAMILIES —BIRTH PARENTS AND CARERS?

For any reforms to work effectively they need to enhance, not diminish support to families. This includes financial support, housing, education, mental health, substance misuse rehabilitation and more. Members of FIN continue to question: why is it that families have to be placed under statutory orders to receive enough

funding to get priority access to the help they need? It is our view that all families — birth parents and carers — require adequate and sustained support from the department and funded non-government agencies.

Families who are granted Permanent Care Orders (as proposed in this Bill) ought to be provided with adequate and sustained financial and other support.

(2) DO THE REFORMS PROMOTE THE EVIDENCE-BASED FEATURES OF GOOD PERMANENCY PLANNING?

Permanency planning is much more than placement (Tilbury & Osmond, 2006). Evidence shows that central to permanency planning are three different dimensions of permanence: relational, physical and legal (Sanchez, 2004 cited in Tilbury & Osmond, 2006; Stott & Gustavsson, 2010). Comprehensive and individualised case planning must be embedded in any changes to permanency planning and statutory orders. We share the views expressed by Peak Care (2015):

“Meeting a child’s needs for long-term stability, security and continuity relies on purposive, individualised, culturally appropriate case planning, rather than an adherence to too-rigidly prescribed timeframes for permanency decisions that limit, rather than invite, thorough and comprehensive consideration of each child’s needs and circumstances.”

(3) IS THE TWO YEAR TIME FRAME FOR PERMANENCY ORDERS TO COMMENCE TOO RIGID?

The proposed laws give parents two years from when a child is removed to demonstrate that the child should be returned to their care. Failure to do so is most likely to result in the permanent loss of custody.

Rigidly prescribed timelines can be problematic. A two year timeframe may better serve as a guide, not a fixed point in time. The time and effort it takes for “protective factors” to be put in place is dependent upon a number of circumstances such as resources of the birth parents, housing availability, safeguards being available for the parents and the children, and coordination between housing, child protection services and family support agencies. Strengthening the protective capacity of birth parents can also depend on factors such as cessation of domestic violence or safe separation from a violent partner, long-term rehabilitation for substance misuse and more.

Services and resources that assist parents to protect and nurture children are lacking or are not readily accessible. Forgotten Australians, supported by Micah Projects reported that they believed they were removed from family because their parents did not care for them, later finding that they may have remained within their families had parents been properly supported and resourced. The lifelong impact of disrupted attachment for people is evidenced throughout the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse.

There are also prohibitive legal costs and barriers for birth parents. Services provided by Legal Aid are generally limited to initial stages of proceedings and very few parents are supported to a hearing should the case be contested.

(4) DO THE REFORMS ENHANCE THE APPLICATION OF AGREED ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLES?

FIN is guided in our assessment of this Bill by a submission made by SNAICC (2017) that expressed concerns about the permanent removal of children and the lack of support provided to carers when permanent orders are made:

“Regardless of the positive intention of permanency reform, the permanent removal of Aboriginal and Torres Strait Islander children from their families presents harrowing echoes of the Stolen Generations for Aboriginal and Torres Strait Islander communities. Legal permanency measures have tended to reflect an underlying assumption that a child in out-of-home care experiences a void of permanent connection that needs to be filled by the application of permanent care orders. This understanding is flawed in its failure to recognise that children begin their out-of-home care journey with a permanent identity that is grounded in cultural, family and community connections... In its review of long-term guardianship orders in New South Wales, the Aboriginal Child, Family and Community Care State Secretariat (AbSec) has highlighted the lack of service supports provided to carers when permanent orders are made, despite the high therapeutic care needs of many children in out-of-home care who are impacted by trauma.”

(5) DO THE INFORMATION-SHARING REFORMS APPLY AN ACCEPTED BALANCE BETWEEN THE SAFETY OF CHILDREN AND THE RIGHT TO PRIVACY OF INDIVIDUALS?

The Bill states that information that is both fact and opinion can be shared (under certain conditions). The assessment of child wellbeing and parental care can be highly subjective and judgmental. While we welcome more effective and timely information sharing provisions, we urge that safeguards be strengthened to prevent the misuse of ill-informed, subjective opinions of service providers who will be captured within the proposed new information sharing regime.

Applying these Threshold Test questions: the reasoning behind our recommendations

(1) ARE THE REFORMS ACCOMPANIED BY INCREASED INVESTMENT IN SUPPORT TO FAMILIES —BIRTH PARENTS AND CARERS?

For any reforms to work effectively they need to enhance, not diminish support to families. Members of FIN are concerned that under the existing system, families placed under statutory orders generally receive more funding and priority access to support services than families not in the statutory system. This can have the unintended consequence of drawing families and children unduly into a ‘statutory net’ as insufficient support is available to them under non-statutory arrangements. It is our view that all families —birth families and carers — require adequate and sustained support from the department and funded non-government agencies. Families who are granted Permanent Care Orders (as proposed in this Bill) ought to be provided with adequate financial and other support.

It will be important for the department to publicly explain the level, type and duration of financial and other supports that families / individuals, who are parties to a Permanent Care Order under this Bill, will receive. Sustained and adequate support to care for children who have been dislocated and traumatised is essential.

The experiences of parents and children within the child welfare system calls for the embedding of trauma informed approaches (Centre for Advanced Studies in Child Welfare 2013). This approach used skillfully, assists parents, children and people working with families to acknowledge traumatic experiences, identify the right evidence-based approaches to address the trauma, building family wellbeing and resilience. Parents have spoken about many traumatic experiences for themselves and their children not being acknowledged or addressed adequately.

It is also important that birth parents/ individuals relinquishing (or at risk of relinquishing) care continue to receive support that enhances their capacity for safe and engaging contact with their child/ children and future care if possible. As many parents go on to have additional children, this will also serve as an early intervention strategy for future children.

The Queensland Family and Child Commission (QFCC, 2016) reported that 46% of parents have experienced financial stress in the last year, 53% found it hard to cope with parental stress and that seven out of ten parents worry about being judged for using support services. This experience is compounded for parents in the child protection system.

Parents most likely to come into contact with the child protection system, such as those experiencing domestic and family violence, housing stress, mental or physical disabilities, are those needing the most assistance to overcome social or structural disadvantage. These parents are also the least likely parents to seek help for fear of losing their children and are most likely to experience stigmatisation and exclusion.

The Supporting Families, Changing Futures child protection and family support reforms are in formative stages — launched in 2014/2015 with a five year, \$416 million dollar budget. In 2014/2015, 12% of the budget was spent on secondary services and 88% was allocated to tertiary services. More time is required for systemic change and more investment is required into secondary services to assist parents who need or request help.

Parents with children in the child protection system often feel they don't have a voice, aren't allowed an opinion and that they are "less than" other parents. Community attitudes towards parents who seek help need to change. The QFCC 'talking families' campaign' is attempting to challenge societal views that struggling parents are bad parents. Children want meaningful relationships with their parents whether they are in their care, or out of their care.

Recommendation 1

Investment in early and sustained family support must continue to increase, not diminish with the reforms in this Bill. Financial and other supports must also be adequate for families who are parties to the proposed Permanent Care Orders and that dedicated reunification services should be considered.

(2) DO THE REFORMS PROMOTE THE EVIDENCE-BASED FEATURES OF GOOD PERMANENCY PLANNING?

We support the view that permanency planning is much more than placement (Tilbury & Osmond, 2006). Placements and the associated external supports need to meet the child's social, emotional and physical needs to have the best chance of achieving permanency. Evidence shows that central to permanency planning are three different dimensions of permanence: relational, physical and legal (Sanchez, 2004 cited in Tilbury & Osmond, 2006; Stott & Gustavsson, 2010). Relational permanence refers to the experience of having positive, loving, trusting and nurturing relationships with significant others (e.g. parents, friends, siblings, family, carers); physical permanence is stable living arrangements and connections within a community; and legal permanence refers to the legal arrangements associated with permanency, such as who has guardianship (Stott & Gustavsson, 2010).

Departmental interventions should be driven by the imperatives to intervene early and sustain support for families; establish alliances of support involving government and non-government agencies, out of home carers, the child, parents and other family members, including extended family who can form 'the care team' around the child and family. Shared care arrangements should be resourced and promoted where viable. It is desirable for out-of-home carers and the child's family to share responsibility for the child's care —particularly in cases where biological parents have the will, but may lack capacity due to mental health or disability.

The permanency planning framework in this Bill that is proposed to commence from day one of the departments intervention must be comprehensive and take account of the circumstances of each case.

The capacities of each family, each parent are different. But something common to them all is the long-waiting lists for affordable housing, drug rehabilitation, intensive mental health counselling and the high costs of living, including child care. In their decision-making Child Safety officers must assess and routinely review the capacity and needs parents have; what kind of access they have to the services they require, and what external factors (such as partner violence) exist that impact on their protective capacities.

Child protection enquiries consistently expose the grief and loss for parents who have not been given a fair go or adequate support to fulfil their role as protective parents, and for their children who are removed. We consistently hear personal narratives from survivors of institutional abuse that as a child they believed they were not loved or they were abused by their biological parent —later, they discovered that their parent/s were going through hard times and had made significant steps to reunify but lacked the support and the resources to care for and protect them.

Parents have consistently advocated for earlier family support teams to enable permanency within the biological and extended family. The practice of forced adoption was reported as common in Australia between the 1950s and 1980s, with authorities failing to gain free and informed consent from thousands of young women before their newborns were removed (Australian Parliament, 2012). The

enduring grief and suffering from these practices serves as a reminder to us all that permanent removal of children must be a last resort when all other intensive supports and joint guardianship arrangements have been tried.

Family support workers and parents with children in out of home care advocate for dedicated reunification teams.

We proposed the establishment of dedicated reunification teams within the department or community sector that focuses on families who have had their children removed yet have protective capacities. Commonly these families will have complex needs, such as co-morbidity of mental health and substance misuse or the co-occurrence of domestic violence and child harm that requires specialist, intensive support to strengthen the protective capacities of parents. We also note that in Clause 29 Amendment of s 51ZC (Working with the child and parents) Section 51ZC states: "(2) The case plan for the child must include details about what is expected of the child's parents and the chief executive to achieve the goals under the case plan". We suggest that this clause should include the statement that "parents are appropriately resourced to meet stated goals".

In regard to Section 59 7(A) Part (C) we also suggest that information about sibling and family contact is clearly stated within case plans so that carers can support contact. Add to this clause the words: "... and that family contact is supported and facilitated by carers and departmental staff (if no safety concerns have been identified)".

The system has to be balanced. It has to provide a legislative basis for adequate investment to give children and their biological families resources for permanency on a par with children who are in the out-of-home care system. A balanced investment would ensure both occur so that support would be available not only before, but also after a child has been removed and placed in foster care.

We support the use of alternative models of foster care and guardianship that enable permanency within the family of origin, or a permanent connection to the family of origin.

Respite care for biological parents - At present, Queensland employs respite carers for children placed in foster care or kinship care. The need for respite is one that is shared by parents involved with child protection services. Some parents in the Family Inclusion Network have stated that if they had access to respite carers their children would not have been removed. Respite care is well recognised as a crucial method of promoting permanence within kinship and foster care families, yet has not been adequately explored as a method of promoting permanence within the family of origin.

Joint guardianship - Joint guardianship is a concept that is familiar in the case of separated parents. Joint guardianship under the Joyce Model (See <http://bcfamilylawresource.blogspot.com.au/2011/06/cut-and-paste-guardianship-definitions.html>) allows two individuals to share in the decision-making and care responsibilities for a child. FIN supports the exploration of joint guardianship models

to help support parents who, due to capacity, may need assistance to meet all their guardianship responsibilities. For example, joint guardianship models could allow for key decisions about a child to be made by another party when a parent is experiencing temporary periods of incapacity due to mental illness. They may also be of assistance for parents with disabilities who, while able to care for their children, may need further support around key areas of decision-making.

Lifelong Families – A model that is of interest in relation to holistic long-term planning for children is that of lifelong families, a program for working towards permanence with children in foster care developed by the Annie E. Casey Foundation in the United States. According to the foundation, the program consists of five key elements:

- Permanency teaming - The social worker assembles a team of people who work together on behalf of a young person in foster care. The youth is always at the centre of Permanency Teaming, which engages birth parents, relatives, foster parents, caregivers and other significant adults and professionals, including the public agency social worker. Together, this team develops and implements a plan for the youth's safety and lifelong family membership.
- Permanency-Focused Case Management - All of the youth's placement and mental health needs are addressed, while the momentum to find a permanent family never slows. This kind of case management uses proven treatments to help heal the youth's trauma and offers positive parenting approaches to the family.
- Permanent Family Identification and Engagement - The social worker uses every available resource—including case mining, internet search technologies, phone and in-person networking—to research and locate birth parents and other family members to safely reunify or reconnect the youth. For those young people who cannot be reunified with their birth families, other adults are identified who can adopt the youth.
- Permanency Preparation - The youth is prepared for family living and the parents are prepared to safely parent and sustain a lifetime commitment to the child/youth. The team also develops a back-up permanency plan to ensure that the child leaves foster care to join a lifelong family.
- Permanency Support Planning - The team works with the family to determine the types of ongoing services and supports needed to help sustain a lifelong family relationship, after the relationship is legalised.

Family to Family – When children do need to be placed in out-of-home care, the out-of-home care system works in partnership with birth families to ensure good outcomes for children. A key model of interest is Family to Family, developed in the US in 1992 by the Annie E. Casey Foundation. This program aims to recruit foster

families from the communities children are from, to enable collaborative relationships between foster and birth families, and to increase the resources located within communities to care for children. This program works within selected communities to reform foster care in the direction of neighbourhood foster care; foster families teaming with birth families; enhanced training for foster families; reasonable caseloads; fewer cross-cultural placements; adequate reimbursement; and better specialised family foster care.

Recommendation 2

We recommend to the Parliament that permanency planning with a strong evidence base must be utilised and that models of respite care for biological parents, joint guardianship and innovative models of care and support as described above, be considered and funded in Queensland to support stability and continuity of care for children.

(3) IS THE TWO YEAR TIME FRAME FOR PERMANENCY ORDERS TO COMMENCE TOO RIGID?

In our assessment of the complex factors involved in restoring protective parental capacities, a two year timeframe for statutory orders will serve better as a guide, not a fixed timeframe in which “all boxes must be ticked” and permanency occur.

In most cases it takes intensive, long-term support to restore “protective parenting” for individuals with addictions to methamphetamine and other substances, with mental health issues and those subject to partner violence. The strengthening of parent capacity is not usually a linear process—there is often a cycle of progress, regression and resistance. Progress is also reliant on intensive intervention and follow-up. Stable housing, income support and assistance from family support agencies, is essential.

This complexity is evident in the common scenarios we see at Micah Projects that involve parents who have experienced domestic and family violence:

Case Scenario: A protective parent leaves the marital home, but is continually harassed by their ex-partner leading to the department making an assessment that no parent is able to act protectively, regardless of the protective parents’ attempts to escape violence. After leaving a refuge due to time limitations, the children are removed by the department because the parent can’t access affordable and safe housing. The protective parent is left with limited income as the perpetrator is in control of the family income. The Child Protection Order states that the protective parent is required to have suitable and safe housing for themselves and their children. The parent then attempts to find services that can assist with affordable housing and a domestic and family violence service for counselling and support. The parent may also seek out a support agency who can act as an advocate and facilitate collaboration between the department and housing services to expedite an application for suitable “family” housing, legal services to assist the parent with both domestic and family violence and child protection matters, and access to financial support (generally Centrelink). This process can be long and excruciating for parent/s.

Similarly, the following case that we are working with shows this complexity and lengthy timeframes that apply to families when parents are seeking drug and alcohol treatment.

Case Example: The one year old baby is subject to a protection order for the next two years, having been in care since birth. It has taken the mother 12 months so far to get support. She is now attending rehabilitation but in our assessment she will need a longer period of time to work on reunification.

A two year time frame will be very restrictive. It can serve as a guide and provide impetus for this mother, with support of agencies, to continue to take responsible action. It should not be a punitive, fixed term.

The Queensland Network of Alcohol and other Drug Agencies (QNADA) is the peak organisation representing the views of the non-government alcohol and drug sector in Queensland. QNADA staff have expressed the view that:

“Child Safety Officers have limited options for referral when they identify parents who are experiencing problematic substance use. We need to do better in linking these parents with treatment appropriate to the severity of the issue. It could be as simple as providing appropriate childcare options so that parents can seek non-residential treatment, or increasing the number of residential places where parents can take their children with them.” <http://www.qnada.org.au/news/721/treatment-options-can-keep-kids-safe>

QNADA also supports an increase in family friendly options for parents –

“It is critical that parents have access to residential treatment options that are family friendly as well as evidence based non-residential treatment options of varying intensity, yet they are sadly lacking in Queensland.”
http://webadmin.greenivymedia.com/uploads/qnada/In%20the%20Media/Fin_20170524_Gold%20Coast%20MR.pdf

The Bill recommends changes to Section 65 of the Act which allows the litigation director, a child’s parent or the child to apply to vary a long term guardianship order or revoke it and make another in its place. The proposed Permanent Care Order will cease the rights of biological parents to apply to have a Permanent Care Order revoked. The Bill will enable only the litigation director or child to apply to vary or revoke orders, or the courts if they deem it necessary. The only means for parents to contest this order appears to be to send a complaint to the department for the chief executive (after trying to resolve it internally) to make a recommendation to the litigation director. See Explanatory notes p. 7 which states:

“If a child is subject to a permanent care order, the Bill provides a process for the child or a member of the child’s family to contact the department to make a complaint if they believe that the guardian is not complying with the guardian’s obligations. The department may then work with all parties to resolve the concerns, which may involve reviewing the child’s case plan. If it is not possible to resolve concerns through this approach, and the department believes the permanent care order is no longer appropriate and desirable for promoting the child’s safety, wellbeing and best interests, the chief executive may make a referral to the litigation director to apply to vary or revoke the order.”

Parents commonly report to Micah Projects staff and FIN members that their complaints are not heard, responded to or dealt with in a satisfactory manner. The access biological parents have to legal representation is mostly limited to initial proceedings.

The proposed Permanent Care Orders should include provisions for biological

parents to appeal decisions and be resourced to do so.

Recommendation 3

A two year timeframe for recurrent statutory orders should serve as a guide, not a fixed timeframe following which permanency orders are to be pursued. Timeframes need to be flexible, not rigid to take account of the complex factors that contribute to progress and regression for parent/s in building their protective parenting capacities.

We further recommend that the rights of biological parents to apply to have a Permanent Care Order revoked, be reinstated.

(4) DO THE REFORMS ENHANCE THE APPLICATION OF AGREED ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLES?

We suggest that the Parliament be guided by Indigenous organisations and families in making this assessment. Micah Projects and our FIN members fully support the generational strategy for ATSI children and families “Our Way” and the action plan “Changing Tracks” which will be further enabled by the proposed Child Protection Reform Amendment Bill 2017. We fully support the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle’s (ATSICPP). We support the progression of early, culturally appropriate, rather than statutory interventions for Indigenous families. All changes within the Bill which increase the right to self-determination, community controlled organisations, the delivery of culturally appropriate responses informed by family led decision making and any other provisions recommended by QATSIPP are supported by FIN.

We note concerns raised in the Northern Territory following the introduction of new legislation creating Permanent Care Orders. It was reported (ABC, 2015) that:

“...The new permanent care orders (PCOs) were introduced in February, with the Northern Territory government saying they'll provide a more stable upbringing for children unable to be reunited with family.

But key questions remain unanswered and stakeholders say the legislation was rushed through parliament with inadequate consultation...

Once a PCO is granted, the carer is given a \$5,000 one-off payment and no longer receives the fortnightly allowance payable by the DCF.

Ann Owen, Executive Director of Foster Carers NT, says some carers are welcoming the changes but many are anxious about who actually instigates the orders as well as the financial implications...

In particular, there had been concern about short-term protective orders being issued without a comprehensive plan being put in place for the child’s long-term well-being or without concrete plans for reunification.”

(<http://www.abc.net.au/local/stories/2015/03/22/4202459.htm>)

SNAICC and North Australian Aboriginal Justice Agency (SNAICC & NAAJA, 2015) also raised concerns in stating that:

“...NAAJA believes the proposed regime does not have sufficient safeguards to ensure that permanent care orders are made only as a last resort and Aboriginal children are able to maintain their connection with family and culture.

“We know the intergenerational effect of cultural dislocation on Aboriginal people and the government needs to take more care before attempting to introduce this type of legislation,” said NAAJA CEO Priscilla Collins.

“Under permanent care orders there will be no monitoring of the permanent placement and an Aboriginal child’s relationship with their family and culture will be left to the discretion of the carer.”

<http://www.snaicc.org.au/new-permanent-care-orders-rushed-passed-without-consultation-says-naaja/>

FIN is also aware of the issues and recommendations made by SNAICC (2017), and we urge the Parliament of Queensland to take account of these in consideration of this Bill.

1. “Regardless of the positive intention of permanency reform, the permanent removal of Aboriginal and Torres Strait Islander children from their families presents harrowing echoes of the Stolen Generations for Aboriginal and Torres Strait Islander communities. Legal permanency measures have tended to reflect an underlying assumption that a child in out-of-home care experiences a void of permanent connection that needs to be filled by the application of permanent care orders. This understanding is flawed in its failure to recognise that children begin their out-of-home care journey with a permanent identity that is grounded in cultural, family and community connections”.

2. “A child will exit the out-of-home care system when placed on a permanent care order. “SNAICC believes that such a measure would serve to shift responsibility for addressing serious care issues to individual carers. Governments bear responsibility for a fully funded and effective alternative care system that complies with human rights and moral obligations to children. In its review of long-term guardianship orders in New South Wales, the Aboriginal Child, Family and Community Care State Secretariat (AbSec) has highlighted the lack of service supports provided to carers when permanent orders are made, despite the high therapeutic care needs of many children in out-of-home care who are impacted by trauma. Similar experiences have been reported in other states”.

3. “Aboriginal and Torres Strait Islander families provide a large proportion of out-of-home care in Australia, caring for over half of all Aboriginal and Torres Strait Islander children in care. Research has highlighted the additional strain on Aboriginal and Torres Strait Islander families and communities that results from providing high-levels of additional care while also experiencing higher-levels of poverty and disadvantage. This strain is compounded by lower-levels of support provided to kinship carers as compared to foster carers. If permanent care measures are utilised to further reduce the financial and/or practical supports available to kinship and foster carers, this will negatively impact children and the communities that are already extending their resources to care for them”.

Recommendation 4

We support the extension of the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP) proposed in this Bill. We recommend consideration of the issues raised by SNAICC (2017) as stated in this submission to avoid the shifting of responsibility under the proposed Permanent Care Orders to individual carers without adequate financial and other supports being provided, and with adequate monitoring of Permanent Care Order arrangements by the Queensland Government.

(5) DO THE INFORMATION-SHARING REFORMS APPLY AN ACCEPTED BALANCE BETWEEN THE SAFETY OF CHILDREN AND THE RIGHT TO PRIVACY OF INDIVIDUALS?

Parents that Micah Projects and FIN members work with, support the need for current assessments based on their present circumstances with a thorough exploration of their contemporary capacities and the supports and services they have engaged to assist with parenting. Parents stated clearly that “we can, and do change” and that this is not taken into account adequately in information sharing among agencies and in assessments.

In principle the sharing of opinion-based information, rather than factual ought to be very limited. We have observed narratives among service providers in which the behaviours of parents are criticised with undue blame directed at parents- that is negative judgement and opinion. In some instances, we have questioned practitioners and found the basis for their negative judgement and frustration to be the lack of resources available to assist families.

The proposed information sharing provisions must have clear ethical guidelines to avoid biases, be professional and aimed at increasing early intervention for families who need assistance.

The Australian Association of Social Workers Code of Ethics provides some guidance in stating that:

“Where records are shared across professions or agencies, information will be recorded only to the degree that it addresses clients’ needs and meets the essential requirements of those to be notified. When conveying confidential information, verbally, through the post and electronically, particular attention will be given to protection of privacy” (AASW code of ethics 2010).

Recommendation 5

We support enhanced information sharing provisions. We recommend that the sharing of opinion-based information, rather than factual ought to be very limited and that the proposed information sharing provisions must be grounded in clear ethical guidelines to avoid biases and to maintain professional standards.

Concluding comments

The Family Inclusion Network SEQ and Micah Projects support concepts of shared responsibility and whole-of-government action to provide support to families. The current approach is not reducing the numbers of children in care, particularly Aboriginal and Torres Strait Islander children. We support the use of permanency planning with a range of options—adequately funded kinship carers; collaborative relationships between foster and birth families; *the Lifelong Families* model; joint guardianship and more—rather than fixed timeframes and limited models.

We also restate our support for the introduction of legislation modelled on The New Zealand Vulnerable Children Act 2014. This should be considered alongside the Queensland Child Protection Act (1999). The New Zealand Vulnerable Children Act 2014 acknowledges that no single agency alone can protect vulnerable children and that a whole-of-government approach is required. Queensland policy forums have failed to garner the required level of commitment and there are no legislative requirements for government departments to work together to address the imbalance in investment across areas which are out of parents' control: such as housing, health, education, early childhood disability, justice and communities. New Zealand's Vulnerable Children's Act enables shared responsibility across government departments to ensure the support of all children across socioeconomic groups throughout their childhood.

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