

# PeakCare Queensland Inc.

Responses to

***Recommendations of the  
Queensland Child Protection  
Commission of Inquiry***

September 2013



## About PeakCare's responses

PeakCare Queensland Inc. (PeakCare) is pleased to make this submission detailing PeakCare's responses to each of the 121 recommendations of the Queensland Child Protection Commission of Inquiry (the Commission). These responses often reiterate positions which PeakCare submitted over the course of the Commission's inquiry and have been informed by contributions of PeakCare's member agencies and supporters collected during a series of roundtable meetings held in seven locations across the State since the release of the Commission's report on 1<sup>st</sup> July 2013. Roundtable meetings were held in Brisbane, Gold Coast, Logan, Sunshine Coast, Toowoomba, Rockhampton and Cairns. Over 250 people representing around 100 non-government organisations (or regional branches of organisations) participated in these meetings.

In responding to each of the recommendations made by the Commission, PeakCare assigned a rating of A, B or C to respectively reflect in-principle or conditional support or a C to indicate our withholding of support at this stage.

<b>A - Support</b>	<i>Indicates support for the approach, direction or action recommended by the Commission, as understood by PeakCare, subject to the application of the principles stated below in respect of the planning, implementation, resourcing and/ or review of responses to the recommendations. Where there may be issues or concerns which must be addressed in deliberations about roles and responsibilities, timeframes or other design or implementation work, these are noted in the commentary provided in respect of each of the supported recommendations.</i>
<b>B - Conditional support</b>	<i>Indicates that support for the approach, direction or action recommended by the Commission, as understood by PeakCare, is conditional due to significant inter-dependencies in respect of the development and implementation of responses to other recommendations and/ or reservations about the adequacy or scope of the recommendation in response to the issues raised or considered during the Commission's inquiry.</i>
<b>C - Support withheld</b>	<i>Indicates that the approach, direction or action recommended by the Commission, as understood by PeakCare, cannot be supported at this stage as it demonstrates inadequate analysis of the issues and/ or an insufficient gathering of evidence relating to the matters under examination and, therefore, flawed or inadequate conclusions having been reached about the recommended approaches, directions or actions to be adopted to properly address those issues.</i>

It is PeakCare's view that reforming Queensland's child protection system, including the planning, development, implementation and review of responses to the Commission's recommendations, should be underscored by the following principles:

- A close, respectful and effective working partnership between government, non-government service providers and other stakeholders is necessary at all levels of planning, developing, managing and implementing reforms
- The selection and ongoing planning of responses to each recommendation and the strategic directions of reforms must be driven by an identified evidence base

- The reform directions and agenda must be underpinned by a recognition that a consistent whole-of-Queensland Government approach is necessary to meet the range of needs held by children, young people and their families and the portfolio responsibilities of respective Ministers must be exercised in a complementary manner consistent with the Government priorities in promoting the safety and well-being of children and young people and the support of their families
- Resource allocation (and re-allocation) must be based on needs-based criteria that ensure equitable access by children, young people and families to the range of services across the State
- Some 'hump funding' is needed to 're-shape' the child protection system in order to prevent a premature transfer of resources away from the tertiary end of the system before additional investment in primary and secondary services take effect in reducing demand for a tertiary response
- Place-based, local planning should inform the planning, development, implementation and review of responses, programs and services
- Joint training of government and non-government workers needed to bring about the reform process should be seen as the preferred approach where appropriate to the training content and/or shared or common work responsibilities, and
- The introduction of all new and revised service 'types' should be informed by clearly articulated 'logic frameworks' that define the targeted groups of service recipients, purposes of the service, the outcomes sought and components of the service model.

No.	Recommendations	Cat. <sup>1</sup>	Comments
<b>THE CASE FOR REFORM</b>			
1.	<b>Recommendation 1.1</b> the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children	A	The success or otherwise of the response to this recommendation will rely on resources being available to support families and communities, supported by place-based planning and service delivery.
<b>DIVERTING FAMILIES FROM THE STATUTORY SYSTEM</b>			
2.	<b>Recommendation 4.1</b> the Minister for Communities, Child Safety and Disability Services propose that section 10 of the <i>Child Protection Act 1999</i> be amended to state that ‘a child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm’.	A	PeakCare supports the clarification of the threshold for State intervention in family life.
3.	<b>Recommendation 4.2</b> the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services lead a whole-of-government process to: <ul style="list-style-type: none"> <li>review and consolidate all existing legislative reporting obligations into the <i>Child Protection Act 1999</i></li> <li>develop a single ‘standard’ to govern reporting policies across core Queensland Government agencies</li> <li>provide support through joint training in the understanding of key threshold definitions to help professionals decide when they should report significant harm to Child Safety Services and encourage a shared understanding across government.</li> </ul>	A	Undertaking the review of legislative reporting obligations in conjunction with peak bodies and non-government service providers will be important, especially when consideration is given to related recommendations about dual intake mechanisms. The response to this recommendation also needs to take account of how the value of current mandatory reporting obligations on employees of licensed care services (under s.148) will be addressed if, as recommended, the licensing of care services is ceased. It is noted that mandatory reporting by residential care workers was a recommendation arising from the Forde Inquiry.
4.	<b>Recommendation 4.3</b> the Queensland Police Service revoke its administrative policy that mandates reporting to Child Safety Services all domestic violence incidents where at least one of the parties has a child residing with them to Child Safety Services, replacing it with a policy reflecting the standard recommended in rec. 4.2.	A	Given the inadequate and / or intrusive responses which families have received as a result of being routinely reported, achieving the desired outcome of the right service at the right time requires those services to be available. The design and implementation of responses to the recommendations about dual intake, differential responses, and information sharing between service providers are critical to realising this recommendation.

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5.	<p><b>Recommendation 4.4</b>                      as part of the review proposed in rec. 4.2, the Queensland Police Service and the Department of Communities, Child Safety and Disability Services develop an approach to the exchange of information about domestic and family violence incidents that ensures it is productive and not a risk-shifting strategy.</p>	<b>B</b>	<p>Given the recommended re-shaping of the front end of the child protection system, any information about harm or suspected harm to a child will need to be shared more broadly than simply exchanges of information between the Police Service and Department. That is, the full range of parties between whom information is to be exchanged, the circumstances permitting this exchange of information and the protocols and means for this exchange will need to be incorporated within the 'intake' process. As such, Recommendation 4.4 is viewed as insufficiently cognisant of these broader requirements in relation to the exchange of personal information.</p>
6.	<p><b>Recommendation 4.5</b>                      the Department of Communities, Child Safety and Disability Services establish a dual pathway with a community-based intake gateway that includes an out-posted Child Safety officer as an alternative to the existing Child Safety intake process.</p>	<b>A</b>	<p>Regardless of whether intake is undertaken through government or non-government service providers, there needs to be local family support and other services available. Non-government service providers will need to be assured that community based intake is not a risk-shifting exercise. There also needs to be further investigation about 'family support alliances' and records management and information sharing between the Department's client information system and community-based intake.</p>
7.	<p><b>Recommendation 4.6</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>• allow mandatory reporters to discharge their legal reporting obligations by referring a family to the community-based intake gateway, and afford them the same legal and confidentiality protections currently afforded to reporters</li> <li>• provide that reporters only have protection from civil and criminal liability if in making their report they are acting not only honestly but also reasonably</li> <li>• provide appropriate information sharing and confidentiality provisions to support community-based intake.</li> </ul>	<b>A</b>	<p>While the recommendation is supported, attention will need to be given to defining 'acting reasonably' so as to avoid mandatory notifiers failing to refer families for fear of incurring liability. This is seen as an important training and implementation issue.</p>

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8.	<p><b>Recommendation 4.7</b></p> <p>the Department of Communities, Child Safety and Disability Services establish differential responses that include alternatives to a Child Safety investigation to respond to concerns that are currently categorised as notifications. This would provide three separate response pathways:</p> <ul style="list-style-type: none"> <li>• an investigation response by government of the most serious cases of child maltreatment</li> <li>• a family service assessment response by a non-government organisation where there is a low to moderate risk</li> <li>• a family violence response by a non-government organisation where a child has been exposed to violence.</li> </ul> <p>For the latter two responses to be employed, there is no need for a formal finding that a child is in need of protection.</p>	A	<p>PeakCare supports the concept of alternate pathways for making and responding to a report about harm or significant harm to a child. However for a child and family to receive the right response when they need it, family support, intensive family support and specialist services such as those responding to domestic and family violence, mental health and drug and alcohol issues, must be accessible and available.</p> <p>Without further discussion, PeakCare is also not convinced about the feasibility of a separate pathway for children and families impacted by domestic and family violence. Often this issue is intertwined with other needs and, in any case, all family support services should demonstrate competence in responding to domestic and family violence through in-house expertise, which may be backed up by partnerships with specialist providers.</p>
9.	<p><b>Recommendation 4.8</b></p> <p>the Department of Communities, Child Safety and Disability Services in its review of the <i>Child Protection Act 1999</i> consider amending section 14(1) to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation'.</p>	B	<p>PeakCare supports amending the legislation such that 'investigation' does not necessarily imply the adoption of a forensic approach. However, PeakCare has reservations that the wording of the recommendation may confuse the 'process' of conducting a risk assessment with the 'outcome' of that assessment substantiating that a child has been harmed as a result of the maltreatment.</p>
10.	<p><b>Recommendation 4.9</b></p> <p>the Department of Communities, Child Safety and Disability Services establish specialist investigation roles for some Child Safety officers to improve assessment and investigation work. These officers would work closely with the new departmental legal advisors (see Recommendation 13.16) and police.</p>	C	<p>PeakCare does not agree that 'investigation' can be separated from ongoing 'assessment' of a child and family's needs and strengths throughout, and at all stages of, their involvement with the Department. The Commission's report makes no reference to the experience and/ or qualifications that would need to be attained to establish the 'specialist' status of some Child Safety Officers as 'investigators'. PeakCare's view is that <u>all</u> Child Safety Officers should have human services qualifications and be equipped through initial and ongoing training and professional supervision to undertake investigations and assessments (taking into account the aforementioned point that assessment should be seen as an ongoing process during the Department's involvement with a child or family). The separation of 'investigations and assessments' from other functions and duties of the Child Safety Officer role and establishment of a specialist role is seen as placing an excessive</p>

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			<p>limitation on ways in which Child Safety Service Centres (smaller Centres especially) structure their 'teams' and organise the delivery of the Department's services by the available workforce. Whilst attainment of the knowledge and competence needed to undertake investigations and assessments is regarded as an essential element of the 'generic' skills set that should be held by all Child Safety Officers, this should not be seen as preventing the Department from encouraging opportunities for all Officers to develop 'advanced' knowledge and skills in conducting investigations and assessments or to ensure that less experienced Officers are properly supervised. Nor should it be seen as removing obligations held by the Department to ensure that less experienced Officers are being properly supervised and investigations and assessments are made subject to the scrutiny of senior Officers through their exercise of appropriately delegated authorities.</p> <p>PeakCare is also of the view that this recommendation cannot be considered separately to recommendation 7.1 (introduction of Signs of Safety (or similar) to be used in conjunction with Structured Decision Making tools) or other workforce development strategies.</p>
11.	<p><b>Recommendation 4.10</b>                      the Department of Communities, Child Safety and Disability Services review the cases of all children on long-term guardianship orders to the chief executive and those who have been in out-of-home care for less than six months (over a two-year period), with a view to determining whether the order is still in the best interests of the child or whether the order should be varied or revoked.</p>	C	<p>PeakCare has a number of reservations about this recommendation as it inadequately responds to the issues it seeks to address - children under serial short term orders, children drifting in long term care, young people self-placing, and inadequate efforts to reunify children and families. A range of actions should routinely be undertaken to ensure that the arrangements for every child under a short or long term guardianship order are adequately preparing them for their future. This would include an audit of each child's connections with family and community to take corrective action wherever needed; looking to shared parenting arrangements where the child cannot return home full time; taking account of the child's views about the order and their care arrangements; and examining options for long term guardianship to a third party. PeakCare is also aware that this recommendation has already caused anxiety for children in stable placements</p>

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			with carers and the assertion that each child's views should be taken into account about their legal status, placement arrangements and / or reunification with family. PeakCare is particularly concerned about the view expressed in the report that orders for 16 year olds be revoked (see page 107) and about the subsequent denial of these young people's access to needed financial assistance and other supports which they may have otherwise been entitled and/ or able to receive leading up to and post transition from care.
12.	<p><b>Recommendation 4.11</b>                      the Department of Communities, Child Safety and Disability Services review its data-recording methods so that the categories of harm and the categories of abuse or neglect accord with the legislative provisions of the <i>Child Protection Act 1999</i>.</p>	B	There may be other solutions to the concern that the terms 'abuse' and 'harm' are used interchangeably or in confused ways. The cost of making any changes to the Department's information system should be prioritised against the cost of implementing responses to other recommendations. Also, given the recommendations about a dual intake model, any review of data-recording methods should be undertaken in partnership with peak bodies.
13.	<p><b>Recommendation 4.12</b>                      Child Safety, within the Department of Communities, Child Safety and Disability Services, cease the practice of progressing notifications relating to the relinquishment of children with a disability, and that Disability Services allocate sufficient resources to families who have children with a disability to ensure they are adequately supported to continue to care for their children.</p>	A	PeakCare is very pleased that this issue is the subject of a recommendation, however sufficient financial resources must be made available to meet the practical, social, and care costs of children with disabilities and their families.
14.	<p><b>Recommendation 4.13</b>                      the Premier establish a Child Protection Reform Leaders Group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet, to have responsibility for leading the reform of the child protection system outlined in this report and for reporting to the Premier on implementation. The group would comprise senior executives of:</p> <ul style="list-style-type: none"> <li>• Department of Communities, Child Safety and Disability Services</li> <li>• Queensland Health</li> <li>• Department of Education, Training and Employment</li> <li>• Department of Justice and the Attorney-General</li> </ul>	B	Whilst supportive of the intentions of this recommendation, PeakCare is puzzled by the proposed composition of the Child Protection Reform Leaders Group and the Family and Child Council (recommendation 12.3) given the message underscoring the report about partnership across sectors and tiers of government and more specifically, the recommendation (6.2) which refers to strong partnerships and non-government representation at all levels of the governance structure. Cross-sector and genuine partnerships require more proportionate membership than 'a' non-government representative (or 'two' non-government representatives as noted elsewhere in the report).

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	<ul style="list-style-type: none"> <li>• Queensland Police Service</li> <li>• Department of Aboriginal and Torres Strait Islander and Multicultural Affairs</li> <li>• Department of Housing</li> <li>• Queensland Treasury and Trade</li> <li>• a non-government organisation.</li> </ul>		
<b>DESIGNING A NEW FAMILY SUPPORT SYSTEM FOR CHILDREN AND FAMILIES</b>			
15.	<p><b>Recommendation 5.1</b>                      the Department of Communities, Child Safety and Disability Services, in conjunction with relevant departments and the non-government service sector, conduct a stocktake of current family support services to identify gaps, overlaps or duplications in order to inform the department’s development of an integrated suite of services within an overarching Child and Family support program. (This suite of services should take account of rec. 4.7.)</p>	A	<p>PeakCare is supportive of the recommended stocktake of current family support services following agreement about the types of ‘family support services’ subject to the stocktake (eg. generic family support; intensive, secondary or targeted family support; services that support children and families). PeakCare is also of the view however that the stocktake be undertaken as part of a more comprehensive service mapping exercise (i.e. not simply a stocktake) to consider local demand, needs and supply which can be used to inform enhancements to existing services and the design and development of new services, partnerships and collaborative arrangements. Such an approach would allow focus to be placed on local responses, services and programs and ensuring an accessible network of family supports. PeakCare is unsure what is envisaged in respect of the Department’s development of ‘an integrated suite of services’ within the one funding program. The predominant issue of concern in relation to children and families becoming able to access the services they need when they need them is about the actual existence and location of these services ‘on the ground’ rather than the ways in which funding programs are being administered. Whilst there may be some benefits to be gained from the establishment of an overarching single funding program, the very different target groups, processes, outputs and outcomes sought from individualised service and program models will still require separate specification.</p>
16.	<p><b>Recommendation 5.2</b>                      the Department of Communities, Child Safety and Disability Services and Queensland Government agencies work collaboratively with the Australian Government to ensure that services to adults who are parents are cognisant of the impacts on a child and give priority access to high-risk adults.</p>	A	Supported

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17.	<p><b>Recommendation 5.3</b>                      in developing the integrated suite of services, proposed in Recommendation 5.1, the Department of Communities, Child Safety and Disability Services ensure all selected services demonstrate good outcomes for children and deliver value for money.</p>	<b>B</b>	<p>PeakCare’s support for this recommendation is conditional on peak bodies and their member agencies being actively involved in defining what constitutes a ‘good outcome’ for a child and value for money. These concepts should be jointly defined and agreement reached about measurements, the evidence base and costing methodologies.</p>
18.	<p><b>Recommendation 5.4</b>                      the Department of Communities, Child Safety and Disability Services roll out the Helping Out Families initiative across the state progressively, and evaluate the program regularly to ensure it is achieving its aims cost-effectively.</p>	<b>C</b>	<p>PeakCare does not support a roll-out of the Helping out Families (HOF) initiative across Queensland. Our view is that HOF is simply the name the Department gave to an intensive family support service model. Any decisions about establishing intensive family support services to support family preservation or reunification should be borne out of local area needs and planning and take account of access to existing family support, intensive family support services and other targeted services across Queensland. Notwithstanding the view that ‘one size does not fit all’, this recommendation is inconsistent with recommendation 5.1.</p>
19.	<p><b>Recommendation 5.5</b>                      the Child Protection Reform Leaders, through their departmental Reform Roadmap strategies and Australian Government service agreements, support regional Child Protection Service Committees in building the range and mix of services that address the parental risk factors associated with child abuse and neglect.</p>	<b>B</b>	<p>See comments in response to 4.13 in respect of a more proportionate representation of stakeholders on the various groups overseeing the reforms. PeakCare is also of the view that establishing committees at a ‘regional’ level may be misplaced in terms of incorporating flexibility and local knowledge.</p>
20.	<p><b>Recommendation 5.6</b>                      planning for future service delivery and investment occur within a three-tiered governance system:</p> <ul style="list-style-type: none"> <li>• Department of Communities, Child Safety and Disability Services working with other departments, the non-government service providers, local councils and Australian Government service providers, to develop local ‘family-support needs plans’ and ‘family support services plans’ to identify which services are required and to monitor the demand for services</li> <li>• Regional Child Protection Service Committees to ensure services are available to implement the local plans</li> <li>• Child Protection Reform Leaders Group to</li> </ul>	<b>B</b>	<p>Notwithstanding the emphasis given in the recommendations to building the family support system, PeakCare is puzzled as to why family support is the only service system to be mentioned as subject to local planning. Surely the recommendation (8.1) about regional planning around matching placement options with the level of children’s need will also be considered through regional planning processes. Similarly, sexual abuse counselling, domestic and family violence and other service types will need to be involved and subject to collaborative regional needs assessments and planning. Planning activities will also require the participation of peak bodies.</p>

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	oversee development and operation of the place based planning and service-delivery process, and report on outcomes.		
21.	<p><b>Recommendation 5.7</b>                      Family Support Alliances, along with relevant government departments, develop a collaborative case-management approach for high-end families that includes a single case plan and a lead professional.</p>	B	<p>Inter-agency collaboration is a necessary and effective means for planning and coordinating the delivery of services to all families who have to deal with multiple service providers. A collaborative case management approach would be equally helpful for families who have not yet reached the 'high end'. Agreed processes would need to be established to determine the lead professional / agency with the flexibility to change the allocation of this role over time in line with the changing needs of each family. PeakCare is unsure of what may be intended in respect of the relationship between the proposed dual intake system and the Family Support Alliances.</p>
<b>CHILD PROTECTION AND THE NON-GOVERNMENT SERVICE SECTOR IN QUEENSLAND</b>			
22.	<p><b>Recommendation 6.1</b>                      the Family and Child Council (proposed in rec. 12.3) ensure the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.</p>	B	<p>PeakCare acknowledges possible benefits that may arise out of the establishment of a statewide electronic service directory. However, it is also recognised that a number of relevant directories already exist across Queensland, compiled by a range of organisations (eg. Family Law Pathways Networks, local government authorities). The 'owners' complain about the need for constant attention to maintain their currency. The costs and benefits of designing, introducing and maintaining an on-line directory should be weighed against the benefits of investing in more direct services, particularly in the current climate of fiscal restraint. Making services accessible to children and families entails more than having a service directory made available to them, particularly where referral or eligibility criteria prohibit self-referral or pathways other than through the statutory or other government agencies. Similarly, the actions to be taken by service providers in maintaining an overview of local services for referral and planning purposes go beyond accessing a service directory and should include, as a higher priority, their active participation in local networks and local area planning.</p>

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23.	<p><b>Recommendation 6.2</b>                      the Queensland Government forge a strong partnership between the government and nongovernment sectors by:</p> <ul style="list-style-type: none"> <li>• including a non-government representative at all levels of the governance structure outlined in the Child Protection Reform Roadmap</li> <li>• establishing a stakeholder advisory group (comprising government and non-government organisations) within the Department of Communities, Child Safety and Disability Services to implement policy and programs required by the Child Protection Reform Roadmap.</li> </ul>	<b>B</b>	PeakCare supports more proportionate membership on governance structures than is contemplated in the recommendations. The participation of peak bodies across all governance arrangements will be essential to developing and maintaining strong partnerships.
24.	<p><b>Recommendation 6.3</b>                      the Family and Child Council (proposed in rec. 12.3) support the development of collaborative partnerships across government and non-government service sectors, and regularly monitor the effectiveness and practical value of these partnerships.</p>	<b>A</b>	PeakCare is of the view that a high level of resourcing will be required to enable the monitoring to occur. Agreed indicators of effectiveness and partnership will need to be established as will mechanisms for keeping the Council apprised about the state of partnerships.
25.	<p><b>Recommendation 6.4</b>                      the Department of Communities, Child Safety and Disability Services work collaboratively with non-government organisations in a spirit of flexible service delivery, mutual understanding and respect, and efficient business processes, including to develop realistic and affordable service delivery costings.</p>	<b>A</b>	Supported
26.	<p><b>Recommendation 6.5</b>                      the Department of Communities, Child Safety and Disability Services review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory child protection system.</p>	<b>B</b>	PeakCare is of the view that the definition and understandings of 'case management', the nature of the decision making particularly in respect of guardianship matters, and the respective roles of the statutory agency and non-government organisation require careful attention. That is, the issue is not solely about capacity building. We are also curious as to the fit with recommendation 14.6 which proposes the concept of parental responsibility in child protection orders.

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27.	<p><b>Recommendation 6.6</b>                      the Family and Child Council (proposed in 12.3) lead the development of a capacity-building and governance strategy for non-government agencies, especially those with limited resources, that will:</p> <ul style="list-style-type: none"> <li>• improve relationships between government and non-government agencies</li> <li>• facilitate the establishment of a community services industry body, which will champion the non-government service sector in its delivery of high-quality community services.</li> </ul>	<b>B</b>	<p>PeakCare supports the intent of the recommendation, but wonders whether a community services industry body is the right (or only) entity needed to achieve this purpose. PeakCare is concerned that this recommendation may be perceived as pre-emptive of discussions currently underway within the community sector about the distinct role for, and value of, such a body. Matters that are currently subject to debate include the potential overlap with the mandated roles and expertise of peak bodies and chambers of commerce. Also of interest to many member agencies of PeakCare is the question of whether an 'industry body' should be a national entity rather than state-based given the proposed focus of its activities. Member organisations of PeakCare have also expressed concerns about the affordability of the body in the current fiscal climate.</p>
<b>A NEW PRACTICE FRAMEWORK FOR QUEENSLAND</b>			
28.	<p><b>Recommendation 7.1</b>                      the Department of Communities, Child Safety and Disability Services implement the Signs of Safety practice framework (or similar) throughout Queensland.</p>	<b>A</b>	<p>PeakCare is keen that the response to this recommendation (and all others) has an identifiable evidence base and / or is accompanied by an embedded evaluation framework. In any case, a research informed decision making framework should be subject to ongoing refinement.</p>
29.	<p><b>Recommendation 7.2</b>                      the Department of Communities, Child Safety and Disability Services improve the family group meeting process by ensuring that:</p> <ul style="list-style-type: none"> <li>• meetings are conducted by qualified and experienced independent convenors within the department who report to a senior officer outside the Child Safety service centre</li> <li>• the department retain the capacity to appoint external convenors, where appropriate, to address power imbalances and better cater to the needs of particular parties</li> <li>• meetings are held at a location suitable to the family, such as the family's home or at a proposed child and youth advocacy hub</li> <li>• convenors ensure that appropriate private family time is provided during the meeting, consistent with the intent of the family group meeting model.</li> </ul>	<b>A</b>	<p>Supported</p>

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30.	<p><b>Recommendation 7.3</b>                      the Department of Communities, Child Safety and Disability Services develop and implement a pilot project to trial the Aboriginal Family Decision Making model for family group meetings in Aboriginal and Torres Strait Islander families.</p>	A	PeakCare supports the intent of the recommendation but does not agree with the Department having (sole) responsibility for establishing the model. This must be done in partnership with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and their members, particularly the recognised entity workers who will be responsible for co-convening conferences.
31.	<p><b>Recommendation 7.4</b>                      the Department of Communities, Child Safety and Disability Services <b>routinely</b> consider and pursue adoption (particularly for children aged under 3 years) in cases where reunification is no longer a feasible case-plan goal.</p>	C	PeakCare acknowledges concerns about children and young people ‘drifting in care’ but is puzzled as to the evidence base for this recommendation. We are also puzzled as to why routine pursuance of adoption is proposed given the range of issues raised in respect of poor practice around family reunification. Adoption is not an appropriate response to either insufficient work with a family to support full or part time reunification and very problematic as a higher order option.
32.	<p><b>Recommendation 7.5</b>                      the Department of Communities, Child Safety and Disability Services include in the cultural support plans for Aboriginal and Torres Strait Islander children a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background.</p>	C	PeakCare understands and supports the intent of this recommendation however issues around identity and connection through childhood and into adulthood with family members and community are not satisfied simply by ensuring contact with someone who shares the child's cultural background. Solutions to these issues require a multi-pronged strategy led by the child's family and community, and community-controlled organisations.
33.	<p><b>Recommendation 7.6</b>                      the Department of Communities, Child Safety and Disability Services include in the local family support needs plans information on the different cultural and linguistic groups in their local communities, engage in consultation with those communities to determine what cultural support they can provide to children in care and ensure that their frontline workers, foster and kinship carers and non-government service providers are given appropriate cultural training, and that the cultural support plans specify arrangements for regular contact with at least one person who shares the child's cultural background.</p>	B	As noted in response to recommendation 7.5, it is too simplistic to refer to someone who shares the child's cultural background. PeakCare is also mindful that submissions to the Inquiry, particularly by culturally specific organisations, advocated a range of proposals across all elements of the child protection system, such as mandatory collection of data about children's cultural backgrounds and clear direction about placing children in out of home care settings with carers who share their cultural, language and religious backgrounds.

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34.	<p><b>Recommendation 7.7</b>                      in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the Department of Communities, Child Safety and Disability Services, in conjunction with Queensland Health, ensure that every child in out-of home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.</p>	A	Supported
35.	<p><b>Recommendation 7.8</b>                      the Department of Communities, Child Safety and Disability Services negotiate with Queensland Health and other partner agencies to develop a service model for earlier intervention specialist services for children in the statutory child protection system, including those still at home. This may require the expansion of the Evolve program or the development of other services to meet their needs, or a combination of both approaches.</p>	A	PeakCare supports this recommendation noting that it requires the identification of ‘partner agencies’, some of which are necessarily peak bodies and non-government service providers. PeakCare re-iterates our position submitted during the course of the Commission’s inquiry that consideration be given to devolving the functions currently performed by Evolve and resources attached to the performance of these functions to Child Safety Service Centres and non-government service providers. PeakCare is of the view that this would allow for a more efficient and effective arrangement in locating the skills and expertise currently held by Evolve within direct service delivery outlets.
<b>OPTIONS FOR CHILDREN IN OUT-OF-HOME CARE</b>			
36.	<p><b>Recommendation 8.1</b>                      the Department of Communities, Child Safety and Disability Services identify the number of children in its care at each level of need — moderate, high, complex, extreme — to determine whether the capacity of current placement types matches the assessed needs of children in care. This should be done on a regional basis.</p>	B	PeakCare agrees about the need for better definition of levels of needs and the matching of service responses to assessed types and level of need. However, the existing system for defining level of need is regarded as inadequate and should not be used to undertake the recommended exercise. An ascribed level of need has previously only been used in respect of matching a child to a certain placement setting. Proper use and development of needs assessment can inform a range of service responses and resource allocation. The exercise should also be undertaken in partnership with peak bodies and non-government organisations.
37.	<p><b>Recommendation 8.2</b>                      the Department of Communities, Child Safety and Disability Services ensure transitionally funded residential placements are subject to the same level of oversight as grant-funded residential placements.</p>	A	Supported

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38.	<p><b>Recommendation 8.3</b>                      the Department of Communities, Child Safety and Disability Services build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of home care placement option so that kinship carers feel they are part of the care team.</p>	A	<p>PeakCare does not support conceptualising or regulating kinship care in the same way as foster care or other types of out-of-home care. In order to fully recognise the uniqueness of kinship care, it should be viewed as a form of ‘in-family care’ (rather than as a form of ‘out-of-home care’) and kinship carers and the children in their care should be supported in ways that are specifically designed to cater for this form of care.</p>
39.	<p><b>Recommendation 8.4</b>                      the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.</p>	B	<p>It is the responsibility of all service providers in contact with a family to identify potential kin carers or family members who are able to support a child’s identity development and their connections to family and community. This should be happening from first contact with a child and their family, particularly if the child may require part or full time care away from the family home. The types of services which could be engaged to identify and assess kinship carers are not specified in the recommendation. Conducting assessments of potential kinship carers requires the exercise different sets of knowledge and skills to those used in assessing the suitability of prospective foster carers. It should be recognised that not all agencies or workers are competent to undertake this specialist work. PeakCare assumes this recommendation will be responded to in conjunction with recommendations 8.3, 8.5, 11.3 and 11.6.</p>
40.	<p><b>Recommendation 8.5</b>                      the Department of Communities, Child Safety and Disability Services transfer the provision of all foster and kinship carer services to non-government agencies, including:</p> <ul style="list-style-type: none"> <li>• responsibility for identifying, assessing and supporting foster and kinship carers</li> <li>• developing recruitment and retention strategies</li> <li>• managing matters of concern.</li> </ul> <p>The department will retain responsibility for foster care certification and for overseeing the response to matters of concern.</p>	B	<p>PeakCare supports the transfer, with the appropriate level of resourcing, of foster and kinship carers to non-government foster and kinship carer agencies. Any carers caring for Aboriginal and Torres Strait islander children should be attached to an Aboriginal and Torres Strait Islander foster and kinship care service. Widespread transfer of the responsibility to identify kinship carers to foster and kinship carer services in their current configuration may require further investigation given that these agencies, in most instances, carry no responsibilities for care planning for the children placed with the carers they support. PeakCare supports clarification and discussion about the functions of ‘managing’ and ‘overseeing responses’ to ‘matters of concern’. We note however that the recommendation does not adequately address identified problems with carer</p>

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			retention. These are not simply located with the support agency and relate more broadly to a number of inter-related processes around the nature and timeliness of assessment and approval processes, matching and placement decisions, and lack of pre-placement planning.
41.	<b>Recommendation 8.6</b> the Department of Communities, Child Safety and Disability Services provide foster and kinship carers in receipt of a high-support needs allowance or complex-support needs allowance with training related to the specific needs of the child.	<b>B</b>	PeakCare is puzzled about this recommendation as we understood that, at least in theory, this is a practice which is already in place for all carers. The recommendation also does not refer to non-government agencies providing or facilitating carer training, a current function of the many foster and kinship care services across the State.
42.	<b>Recommendation 8.7</b> the Department of Communities, Child Safety and Disability Services partner with nongovernment service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives.	<b>A</b>	PeakCare supports this recommendation. It is also argued however that before developing and implementing a trauma-based therapeutic framework, 'residential care' must first be defined in respect of a program logic and service models. This work as well as the development, implementation and review of a therapeutic framework should also be undertaken in partnership with peak bodies.
43.	<b>Recommendation 8.8</b> the Department of Communities, Child Safety and Disability Services complete, and report to government about, the evaluation of the pilot therapeutic residential care program that was begun in 2011.	<b>C</b>	PeakCare does not support continuation of the existing evaluation. A new independent evaluation should be contracted, following the development of program logic and purpose statement for residential care (see recommendation 8.7).
44.	<b>Recommendation 8.9</b> if and when the Queensland Government's finances permit, the Department of Communities, Child Safety and Disability Services develop a model for providing therapeutic secure care as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service.	<b>C</b>	PeakCare does not agree that that secure care be viewed as an 'out-of-home care' option. Rather, secure care should be viewed as a short term 'treatment option'. PeakCare reiterates our position submitted during the course of the Commission's inquiry that a case study approach be used to further inform discussion about service responses to children for whom this option has been proposed. This should allow for a better identification of those children and the development of a greater understanding about their profile, characteristics and needs, noting that, from evidence submitted to the Commission, it is apparent that these children are not an 'homogenous' group. It is not regarded that the adoption of an interstate model of secure care will satisfactorily meet the needs of Queensland children. A case study approach would further

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			<p>inform decision-making about the need for, location, purpose and nature of secure care within the suite of services that should be made available to children. Further consideration and decision-making in relation to this recommendation should also incorporate an examination of the adequacy of specialised child and adolescent mental health services, both those delivered on an ‘out-patient’ basis and within designated mental health facilities, which may provide a more appropriate, alternative response to secure care for some children and/ or be delivered in conjunction with a secure care option. Other associated matters needing to be attended to include clarification and application of the Department’s ‘positive behaviour support’ policy, improved youth outreach, intensive foster care and residential care models and practice and, in the event that secure care is introduced, the arrangements and services established to support the transitions of children leaving secure care and reduce the likelihood of their re-entry.</p> <p>PeakCare is also of the view that the state of the Queensland Government’s finances should not be viewed as a deciding factor in determining whether or not services needed by children are provided to them.</p>
45.	<p><b>Recommendation 8.10</b>                      the Department of Communities, Child Safety and Disability Services investigate the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.</p>	A	<p>PeakCare supports investigation of professional carers as an option in tandem with describing the children for whom this option might be useful. PeakCare is of the view that three inter-related factors must be in place to distinguish ‘professional carers’ from other carers and justify the remuneration they would receive – firstly, the complexity of needs held by the children placed in their care; secondly, the higher level and additional duties to be performed by these carers over and above those undertaken by other carers; and thirdly, the higher level of skills, experience and knowledge held by these carers and participation in advanced training and professional supervision.</p>

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46.	<p><b>Recommendation 8.11</b>                      the Department of Communities, Child Safety and Disability Services increase the use of boarding schools as an educational option for children in care and consult with boarding school associations about some schools becoming carers (under s. 82 of the Child Protection Act).</p>	<b>B</b>	<p>PeakCare does not consider boarding school as an out-of-home care placement as it is not comparable to being placed in a particular person's or an entity's daily care. Boarding school might be a suitable option for some children and where this is the case, mechanisms must be in place to enable this arrangement to be continuously resourced. Arrangements must also be place to maintain the child's connections to family and community especially on weekends and school holidays. In addition, each child's multiple (non-educational) needs must also be addressed.</p>
<b>TRANSITION FROM CARE</b>			
47.	<p><b>Recommendation 9.1</b>                      the Child Protection Reform Leaders Group develop a coordinated program of post-care support for young people until at least the age of 21, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with non-government organisations to ensure the program's delivery.</p>	<b>A</b>	Supported
48.	<p><b>Recommendation 9.2</b>                      the Department of Communities, Child Safety and Disability Services fund non-government agencies (including with necessary brokerage funds) to provide each young person leaving care with a continuum of transition-from-care services, including transition planning and post-care case management and support.</p>	<b>A</b>	Supported
49.	<p><b>Recommendation 9.3</b>                      the Child Protection Reform Leaders Group include in the coordinated program of post-care support, access and referrals to relevant Australian Government programs, negotiating for priority access to those programs.</p>	<b>A</b>	Supported

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<b>CHILD PROTECTION WORKFORCE</b>			
50.	<b>Recommendation 10.1</b> the Department of Communities, Child Safety and Disability Services require Child Safety officers and team leaders to have tertiary qualifications demonstrating the core competencies required for the work — with a preference for a practical component of working with children and families, demonstrating a capacity to exercise professional judgement in complex environments.	A	Supported
51.	<b>Recommendation 10.2</b> the Department of Communities, Child Safety and Disability Services refocus professional development and training towards embedding across the organisation the Signs of Safety model (or similar) including a practice of ‘appreciative inquiry’.	A	Supported
52.	<b>Recommendation 10.3</b> the Department of Communities, Child Safety and Disability Services: <ul style="list-style-type: none"> <li>review the role description for Child Safety Service Centre Manager to include professional casework supervision as an important component, and</li> <li>make this role subject to the same prerequisite qualifications as those for the Child Safety officer and team leader roles as recommended above.</li> </ul>	A	Supported
53.	<b>Recommendation 10.4</b> the Department of Communities, Child Safety and Disability Services reduce the caseloads of frontline Child Safety officers down to an average of 15 cases each.	A	PeakCare’s concern with this recommendation relates to realities about how it will be achieved. Achieving reasonable departmental caseloads cannot be at the expense of transferring roles and responsibilities to non-government service providers. Achieving reduced caseloads should be undertaken within the context of revisions to the role and functions performed by departmental statutory officers and non-government service providers.

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54.	<p><b>Recommendation 10.5</b>                      the Department of Communities, Child Safety and Disability Services implement a program to support Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become Child Safety officers.</p>	<b>B</b>	<p>PeakCare is of the view that this recommendation should also apply to Aboriginal and Torres Strait Islander workers in the non-government sector (i.e. not just be about 'Child Safety Officers'). In addition, the recommendation should be implemented by the Department in conjunction with peak bodies, the non-government sector and post-secondary institutions.</p>
55.	<p><b>Recommendation 10.6</b>                      the Department of Communities, Child Safety and Disability Services ensure training in the Signs of Safety (or similar) model for relevant officers in partner agencies, with an option for joint training if appropriate.</p>	<b>A</b>	<p>PeakCare supports joint training in practice frameworks and approaches.</p>
56.	<p><b>Recommendation 10.7</b>                      the Family and Child Council (proposed in rec. 12.3) lead the development of a workforce planning and development strategy as a collaboration between government, the nongovernment sectors and the vocational education and training sector and universities. The strategy should consider:</p> <ul style="list-style-type: none"> <li>• shared practice frameworks across family support, child protection and out-of-home care services</li> <li>• the delivery of joint training</li> <li>• opportunities for workplace learning including practicum placements, mentoring, and internship models of learning</li> <li>• enhanced career pathways, for example, through considering senior practitioner roles for the non-government sector and creating opportunities for secondments across agencies including between government and non-government agencies</li> <li>• staged approach to the introduction of mandatory minimum qualifications for the nongovernment sector, with particular focus on the residential care workforce</li> <li>• a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework</li> <li>• the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications,</li> </ul>	<b>B</b>	<p>PeakCare also supports the phased introduction of mandatory qualifications for the family support sector. We do not support the development of a bachelor degree in 'child protection studies'. Rather there should be under and post graduate course content in human services qualifications about child and family welfare. 'Child protection' is not 'one thing' - it exists in the context of the knowledge and skills applied across a number of fields such as mental health, substance use and social exclusion.</p>

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	particularly for the Child Safety support officer role <ul style="list-style-type: none"> <li>working with universities to investigate the feasibility of developing a Bachelor degree in child protection studies and/or a Masters level or Graduate Diploma level qualification in child protection.</li> </ul>		
57.	<b>Recommendation 10.8</b> the Department of Communities, Child Safety and Disability Services introduce 10 Aboriginal and Torres Strait Islander Practice Leader positions (at a senior level) to drive culturally responsive practice through all levels of the organisation.	B	High level positions within the Department should not be used to negate or undermine community participation (i.e. through independent external 'recognised entity' workers) in decision making about Aboriginal and Torres Strait Islander children. High level practice-focused positions are also needed in non-government sector services.
<b>ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES</b>			
58.	<b>Recommendation 11.1</b> the Department of Communities, Child Safety and Disability Services extend eligibility for Aboriginal and Torres Strait Islander Family Support Services to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the proposed dual intake pathways. Building the capability of these services should be a major priority over the next 10 years.	A	PeakCare supports entry to family support, intensive family support and specialist services through multiple pathways. This recommendation is important for Aboriginal and Torres Strait Islander Family Support Services, but should be applied more broadly.
59.	<b>Recommendation 11.2</b> the Child Protection Reform Leaders Group establish an Aboriginal and Torres Strait Islander Child Protection Service Reform Project to: <ul style="list-style-type: none"> <li>assess the adequacy of all existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies</li> <li>develop and implement strategies and service delivery models that would enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers, and</li> <li>incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families.</li> </ul> The project should include a particular focus on the delivery of services in the discrete	A	A review should be undertaken after 12 months to ascertain whether the project needs to be extended, as 12 months is not a substantial period of time to bring about the extent of reform needed. In addition, there should be clearly articulated links between the Aboriginal and Torres Strait Islander Child Protection Service Reform Project, regional planning groups and the Child Protection Reform Leaders Group.

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	<p>communities. The project should be time-limited and be carried out by a committee comprising Child Protection Senior Officers. The committee should be jointly chaired by the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.</p>		
60.	<p><b>Recommendation 11.3</b>                      the Department of Communities, Child Safety and Disability Services develop a ‘shared practice’ model to allow recognised entities to work more closely with departmental officers to:</p> <ul style="list-style-type: none"> <li>• coordinate and facilitate family group meetings</li> <li>• identify and assess potential carers</li> <li>• develop and implement cultural support plans</li> <li>• prepare transition-from-care plans.</li> </ul>	B	<p>A ‘shared practice model’ can not be developed by the Department alone. A model about working in partnership should be developed in partnership with the peak body and community-controlled services, particularly those providing ‘recognised entity’ functions. PeakCare is puzzled by the proposal that recognised entities take on the specialist work of assessing kinship carers, noting the recommendation about foster and kinship carer services also taking on this responsibility, and only the preparation of transition from care plans (as opposed to also implementing them). The recommendation unfortunately does not get to the heart of a ‘shared practice’ model as it does not name the integral function of case work with children and families nor articulate the role of recognised entities as partnering community representatives in decision making about Aboriginal and Torres Strait Islander children.</p>
61.	<p><b>Recommendation 11.4</b>                      the Department of Communities, Child Safety and Disability Services review training needs of recognised entities and develop a program that includes training in child protection processes, court procedures, and preparing and giving evidence.</p>	B	<p>Responding to this recommendation will require the Department to work in partnership with the peak body, recognised entities and the Department of Justice and Attorney-General. A training needs analysis is of course relative to the yet to be fully determined functions of recognised entities.</p>
62.	<p><b>Recommendation 11.5</b>                      the Department of Communities, Child Safety and Disability Services review:</p> <ul style="list-style-type: none"> <li>• review the level of financial and practical support available to potential Aboriginal and Torres Strait Islander kinship and foster carers to see whether additional support could be provided to enable carers to provide more placements for Aboriginal and Torres Strait Islander children</li> <li>• consider introducing simplified kin-care</li> </ul>	B	<p>PeakCare does not agree with the conclusion that reviewing supports is about ‘more placements’ per se. The objective should be to place children in accord with the higher order preferences in the Aboriginal and Torres Strait Islander Child Placement Principle. Therefore the supports should be located in sustaining and maintaining children’s stability and connections. Supports to kinship carers should be individualised and flexible to respond to changing circumstances. In respect of the comment about ‘simplified’ assessments, PeakCare supports the use of culturally</p>

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	assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.		appropriate tools for use by Aboriginal and Torres Strait Islander agencies to assess Aboriginal and Torres Strait Islander carers for Aboriginal and Torres Strait Islander children.
63.	<p><b>Recommendation 11.6</b></p> <p>the Department of Communities, Child Safety and Disability Services develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Family Support</li> <li>• Family Intervention Services</li> <li>• Foster and Kinship Care Services</li> <li>• recognised entities.</li> </ul> <p>These services should be affiliated with Aboriginal Community Controlled Health Services or with an alternative, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.</p>	C	<p>Responsibility for defining and developing an integrated program should be shared by the peak body, affected services and the Department. It should be noted that although the four service types attempt to produce a holistic model, together they do not offer a full complement of child and family services.</p> <p>The preferred model might be all 4 together or 1 or other, or partnering arrangements (i.e. 7 regional, albeit hub and spoke, services across the state may not be appropriate right across the State). Arrangements for the ‘auspicing’ of the program - by an Aboriginal and Torres Strait Islander organisation or in partnership with a mainstream provider - would fall out of the local situation and program design work.</p>
64.	<p><b>Recommendation 11.7</b></p> <p>the Department of Communities, Child Safety and Disability Services fund a peak body to plan and develop the capacity of Aboriginal and Torres Strait Islander-controlled agencies to provide regional Aboriginal and Torres Strait Islander Child and Family Services. The capacity development plan should promote partnerships, mentoring and secondments with other agencies and address:</p> <ul style="list-style-type: none"> <li>• service delivery standards</li> <li>• workforce development</li> <li>• appropriate governance and management arrangements.</li> </ul>	B	<p>PeakCare supports funding for the Queensland Aboriginal and Torres Strait Islander Child Protection Peak to plan and develop community-controlled child and family services, however we are concerned that local configurations about what will best meet geographic, cultural and other local contextual factors should come out of planning, rather than responding to a prescribe outcome. It should also be noted that capacity building, mentoring or partnerships may or may not be necessary.</p>
65.	<p><b>Recommendation 11.8</b></p> <p>the Queensland Police Service in consultation with local community organisations review current arrangements for the enforcement of domestic violence orders in discrete communities with respect to the adequacy of assistance being given to parties to seek orders, the adequacy of enforcement of orders and support for parties to keep orders in place.</p>	B	<p>Addressing domestic and family violence issues in remote or discrete communities requires a multi-pronged response and therefore this recommendation should be undertaken in conjunction with other approaches taken by community-controlled organisations in particular, in addressing wellbeing and safety needs within, and specifically relevant to, each community.</p>

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66.	<p><b>Recommendation 11.9</b>                      the Queensland Government, in taking into account the safety of women and children in determining whether an Alcohol Management Plan should be withdrawn or have alcohol carriage limits reduced should:</p> <ul style="list-style-type: none"> <li>• give particular consideration to the potential implications for the safety, health and wellbeing of children on that community, including the potential harm to unborn children of consumption of alcohol during pregnancy</li> <li>• require 'transition plans' to have specific harm-reduction targets in relation to child protection to be achieved before the transition from an AMP can occur</li> <li>• following any transition from an AMP, a mechanism be established to trigger a review of alcohol availability on a community if harm levels exceed agreed levels as stated in the transition plan.</li> </ul>	<b>B</b>	PeakCare supports recently implemented changes to allow for voluntary participation in AMPs with a view to reviewing the progress of this approach in two years.
67.	<p><b>Recommendation 11.10</b>                      the providers of family, health, policing and other services on discrete Aboriginal or Torres Strait Islander communities be made aware of the option for residents to initiate dry place declarations under the <i>Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984</i> and to advise and, if appropriate recommend, the option to clients if they become aware that alcohol consumption in the household is adversely affecting their client or other members of the household.</p>	<b>B</b>	PeakCare supports this recommendation subject to agreement being reached with recognised community representatives of individual communities.
68.	<p><b>Recommendation 11.11</b>                      the Aboriginal and Torres Strait Islander Child Protection Service Reform Project:</p> <ul style="list-style-type: none"> <li>• work with individual communities and assist them to develop appropriate community based referral processes on the discrete communities — this could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the project</li> </ul>	<b>A</b>	A wider range of differential responses (i.e. responding to presenting or other issues experienced by parents, families and children and offering an alternative to investigation by the State to assess harm) are broader than 'family support' and 'domestic violence'. A broader range of social issues (eg. unemployment, inadequate housing) affect families in those communities and interventions that address these underlying issues must be integrated into the alternatives to an investigation by the statutory agency, or even delegated statutory responsibilities.

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	should assist communities to develop them <ul style="list-style-type: none"> <li>explicitly address the delivery of services to support differential responses in discrete communities, including services necessary to provide family assessment or family violence responses as alternatives to investigation of notifications.</li> </ul>		
69.	<b>Recommendation 11.12</b> the Aboriginal and Torres Strait Islander Child Protection Service Reform Project assess and provide advice to the government on the following matters: <ul style="list-style-type: none"> <li>the extent to which safe houses are operating in accordance with the intended model of co-locating intensive family support services and whether links to these services could be improved</li> <li>whether there is a case for extending existing safe houses and establishing new safe houses, based on an assessment of community desire or on the benefits, demand and relative cost of alternative placements</li> <li>whether there is a case for establishing safe houses as a long-term placement option to keep children connected to their community.</li> </ul>	A	PeakCare is of the view that the reform project should extend the matters under consideration to also look at co-located models in community and other services that could be provided.
<b>OVERSIGHT AND COMPLAINTS</b>			
70.	<b>Recommendation 12.1</b> the Premier specify the child protection responsibilities of each department through Administrative Arrangements and Ministerial Charter Letters, and include outcomes for each department in senior executive performance agreements.	A	While PeakCare supports specifying Ministers' and Directors'-General responsibilities, we are puzzled about the framework for and content of these child protection responsibilities. Clarity about expectations will be essential, as will the criteria on which performance will be assessed. Inter-relationships and dependencies across portfolios significantly affect outcomes for children in care. For example, educational outcomes should not be assessed on the basis of whether a child has a current education support plan, but rather that the child's plan is adequately resourced such that they achieve, participate and complete school at the same rate as other children in the community.

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71.	<p><b>Recommendation 12.2</b>                      the Child Protection Senior Officers (formerly the Child Protection Directors Network) support the Child Protection Reform Leaders Group, facilitate and influence change across their departments, and implement strategies to achieve departmental outcomes.</p>	A	Supported
72.	<p><b>Recommendation 12.3</b>                      the Premier establish the Family and Child Council to:</p> <ul style="list-style-type: none"> <li>• monitor, review and report on the performance of the child protection system in line with the National Framework for Protecting Australia’s Children 2009–2020</li> <li>• provide cross-sectoral leadership and advice for the protection and care of children and young people to drive achievement of the child protection system</li> <li>• provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland’s child protection system</li> <li>• build the capacity of the non-government sector and the child protection workforce.</li> </ul> <p>The council should have two chairpersons, one of whom is an Aboriginal person or Torres Strait Islander.</p>	B	PeakCare is of the view that Queensland’s road map for reform needs its own performance framework, which should be consistent with the <i>National Framework for Protecting Australia’s Children</i> for its duration.
73.	<p><b>Recommendation 12.4</b>                      Regional Child Protection Service Committees, incorporating regional directors from each department responsible for child protection outcomes implement the Child Protection Reform Roadmap and achieve outcomes in their region.</p>	A	Proper and effective conduits will be required between these regional groups and the other governance mechanisms. Their role should not be limited to implementing the road map, but also about planning and designing, and facilitating collaboration across sectors. The groups will need to be properly resourced and the active participation of non-government service providers will need to be acknowledged and supported in program guidelines, resourcing and service agreements.

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74.	<p><b>Recommendation 12.5</b>                      each department with responsibility for child protection outcomes establish:</p> <ul style="list-style-type: none"> <li>quality assurance and performance monitoring mechanisms to provide sufficient internal oversight</li> <li>a schedule of internal audit and review linked to strategic risk plans and informed by findings of investigations and complaints management.</li> </ul>	<b>B</b>	PeakCare also supports the continued existence of external mechanisms to oversee internally devised and operated processes. Quality assurance mechanisms should be the same for the same functions, regardless of provider.
75.	<p><b>Recommendation 12.6</b>                      the Department of Communities, Child Safety and Disability Services ensure that all managers of Child Safety service centres implement a quality-assurance approach to monitoring Signs of Safety-based casework practice — one that uses a range of techniques to involve staff in reflecting on practice, mentoring and using multidisciplinary professional expertise.</p>	<b>A</b>	PeakCare notes that this recommendation also has applicability to non-government service providers, which should be recognised in program guidelines, resourcing and service agreements.
76.	<p><b>Recommendation 12.7</b>                      the role of the Child Guardian be refocused on providing individual advocacy for children and young people in the child protection system. The role could be combined with the existing Adult Guardian to form the Public Guardian of Queensland, an independent statutory body reporting to the Attorney-General and Minister for Justice.</p>	<b>B</b>	This recommendation is supported subject to the establishment of an organisational structure and personnel arrangements within the Office of the Public Guardian that allow for the exercise of high-level specialised knowledge and skills in relation to matters concerning children and families.
77.	<p><b>Recommendation 12.8</b>                      the role of Child Guardian — operating primarily from statewide ‘advocacy hubs’ that are readily accessible to children and young people — assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.</p>	<b>A</b>	Processes would need to be agreed about determining which children are ‘the most vulnerable’ and ensure that visits are undertaken to children who are unable to easily access an ‘advocacy hub’.
78.	<p><b>Recommendation 12.9</b>                      complaints about departmental actions or inactions, which are currently directed to the Children’s Commission, be investigated by the relevant department through its accredited complaints-management process, with oversight by the Ombudsman.</p>	<b>A</b>	PeakCare supports this recommendation but is concerned that the development of an accredited complaints management process may create unnecessarily burdensome ‘red tape’.

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79.	<p><b>Recommendation 12.10</b>                      each department with responsibility for child protection improve public confidence in their responsiveness to complaints by:</p> <ul style="list-style-type: none"> <li>• regularly surveying complainants</li> <li>• publishing a complaints report annually</li> <li>• working with the Child Guardian to provide child-friendly complaints processes.</li> </ul>	A	Supported
80.	<p><b>Recommendation 12.11</b>                      the Department of Communities, Child Safety and Disability Services:</p> <ul style="list-style-type: none"> <li>• establish a specialist investigation team to investigate cases where children in care have died or sustained serious injuries (and other cases requested by the Minister for Communities, Child Safety and Disability Services)</li> <li>• set the timeframe for such a child 'being known' to the department at one year</li> <li>• provide for reports of investigations to be reviewed by a multidisciplinary independent panel appointed for two years.</li> </ul>	A	PeakCare supports this recommendation with the rider that provisions around referring complaints to the Crime and Misconduct Commission, Health Rights Commission, Queensland Police Service and Ombudsman remain.
81.	<p><b>Recommendation 12.12</b>                      Regional Child Protection Service Committees develop and support inter-agency, cross-sectoral working groups, including local government, to facilitate strong collaboration and coordination of services to achieve regional goals and outcomes for children and young people.</p>	A	This recommendation requires that mechanisms for linking into and out of the central office oversight group and the Family and Child Council be determined. It is also noted that regional goals and outcomes are broader than for children and young people - they should also be about families and communities.
82.	<p><b>Recommendation 12.13</b>                      the Family and Child Council develop a rolling three-year research schedule with research institutions and practitioners to build the evidence base for child protection practice.</p>	A	This recommendation is strongly supported and its implementation will require adequate resourcing.
83.	<p><b>Recommendation 12.14</b>                      each department with child protection responsibilities:</p> <ul style="list-style-type: none"> <li>• develop an evaluation framework in the initial stages of program design to ensure the inputs needed for success are in place, theory of change is well understood and supported by an implementation plan, and to provide milestones for monitoring the quality of outputs, the achievement of outcomes and</li> </ul>	A	PeakCare notes the need for a link to be clearly established and maintained between evaluations and regional plans and planning.

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	the assessment of impacts <ul style="list-style-type: none"> <li>undertake and source research to inform policy and service delivery, identify service gaps and better understand the interface between children, young people and the service system.</li> </ul>		
84.	<b>Recommendation 12.15</b> the Child Protection Reform Leaders Group and the Family and Child Council lead a change process to develop a positive culture in the practice of child protection in government and the community, including setting benchmarks and targets for improvement of organisational culture, staff satisfaction and stakeholder engagement, and report this in the Child Protection Partnership report.	A	Supported
85.	<b>Recommendation 12.16</b> each department that funds community services to deliver child protection and related services work with the Office of Best Practice Regulation within the Queensland Competition Authority to identify and reduce costs of duplicate reporting and regulation. These departments should aim to adopt standardised and streamlined reporting requirements and, where possible, access information from one source rather than requiring it more than once.	A	While this recommendation is supported, PeakCare seeks assurances that efforts to cut red tape are separated from deliberations about how best to regulate child protection services.
86.	<b>Recommendation 12.17</b> the Department of Communities, Child Safety and Disability Services progress and evaluate redtape reduction reforms, including: <ul style="list-style-type: none"> <li>transferring employment screening to the Queensland Police Service and streamlining it further</li> <li>considering ceasing the licensing of care services</li> <li>streamlining the carer certification process including a review of the legislative basis for determining that carers and care service personnel do not pose a risk to children.</li> </ul>	C	PeakCare is of the view that the consideration of these reforms should be undertaken with the participation of peak bodies. We are also not convinced that ceasing the licensing of out-of-home care services is synonymous with reducing red tape. Another issue of concern about this recommendation relates to the proposal to transfer employment screening decisions to police. For some communities, particularly those that are disproportionately represented in the youth and adult criminal justice systems, this may create a perception problem and discourage persons who are suitable to work with or care for children from applying to perform these roles.

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<b>COURTS AND TRIBUNALS</b>			
87.	<p><b>Recommendation 13.1</b>                      the Department of Justice and Attorney-General establish the Court Case Management Committee to develop a case management framework for child protection matters in the Childrens Court. The committee should be chaired by the Childrens Court President and include the Chief Magistrate and representatives of the Department of Justice and Attorney-General, Legal Aid Queensland and the Queensland Law Society, the proposed Official Solicitor (or other senior officer) of the Department of Communities, Child Safety and Disability Services (see Rec. 13.16) and the proposed Director of Child Protection (see Rec. 13.17)</p>	A	PeakCare supports the recommendation and asserts that the Committee should also include representation from community legal services.
88.	<p><b>Recommendation 13.2</b>                      the proposed case management framework include:</p> <ul style="list-style-type: none"> <li>• the stages, timeframes and required actions for the progress of matters, including any necessary special provisions to apply to complex matters (for example, those in which there may be multiple children the subject of orders)</li> <li>• the ability for the Court to give directions to a parent to undertake testing, treatments or programs or to refrain from living at a particular address. The extent to which the parent complies should be considered by the Court in deciding whether to make a child protection order.</li> </ul> <p>The Chief Magistrate and the President of the Childrens Court should support the case management framework and develop necessary Practice Directions.</p>	A	While supportive of the recommendation, PeakCare is of the view that the Court must be satisfied that a parent is able to and is supported to undertake directives, which have been negotiated and agreed with the parent.
89.	<p><b>Recommendation 13.3</b>                      the Attorney-General and Minister for Justice propose amendments to the <i>Childrens Court Act 1992</i> and the <i>Magistrates Act 1991</i> to clarify the respective roles of the President of the Childrens Court and the Chief Magistrate to:</p> <ul style="list-style-type: none"> <li>• give the Chief Magistrate responsibility for the orderly and expeditious exercise of the</li> </ul>	A	Supported

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	<p>jurisdiction of the Childrens Court when constituted by Childrens Court magistrates and magistrates and for issuing practice directions with respect to the procedures of the Childrens Court when constituted by magistrates, to the extent that any matter is not provided for by the Childrens Court Rules - this should be done in consultation with the President of the Childrens Court</p> <ul style="list-style-type: none"> <li>ensure that the powers and functions of the Chief Magistrate extend to the wok of Childrens Court magistrates and magistrates.</li> </ul>		
90.	<p><b>Recommendation 13.4</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application unless it is in the best interests of the child to make the order (subject to any proposed legislative amendment to the best interests principle arising from rec. 14.4)</li> <li>allow the Court to transfer and join proceedings relating to siblings if the court considers that having the matters dealt with together will be in the interests of justice.</li> </ul>	C	PeakCare believes that it is too rigid to legislate in respect of the duration of short term orders. If the system worked properly and family preservation and reunification services existed to support children and families, unnecessary or damaging use of short term orders would not be an issue.
91.	<p><b>Recommendation 13.5</b>                      the Court Case Management Committee review the disclosure obligations on the department and propose to the Minister for Communities, Child Safety and Disability Services amendments to the <i>Child Protection Act 1999</i> to introduce a continuing duty of disclosure on the department with appropriate safeguards.</p>	A	Supported
92.	<p><b>Recommendation 13.6</b>                      the Court Case Management Committee propose to the Minister for Communities, Child Safety and Disability Services amendments to the <i>Child Protection Act 1999</i> to provide a legislative framework for court-ordered conferencing at critical and optimal stages during child protection proceedings.</p>	A	Supported

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93.	<p><b>Recommendation 13.7</b>                      the Department of Communities, Child Safety and Disability Services and the proposed Director of Child Protection develop appropriate policies and procedures to ensure that court-ordered conferences are attended by officers with the requisite authority to make binding concessions in the matter.</p>	A	Supported
94.	<p><b>Recommendation 13.8</b>                      the Attorney-General and Minister for Justice, in consultation with the Chief Magistrate appoint existing magistrates as Childrens Court magistrates in key locations in Queensland (subject to rec. 13.3)</p>	A	Supported
95.	<p><b>Recommendation 13.9</b>                      the Department of Justice and Attorney-General fund the Magistrates Court to finalise the review of the child protection benchbook and make it publicly available.</p>	A	Supported
96.	<p><b>Recommendation 13.10</b>                      the Department of Justice and Attorney-General and the Chief Magistrate collaborate to develop and fund a pilot project in at least two sites, in which the Childrens Court can access expert assistance under s 107 of the <i>Child Protection Act 1999</i>. The pilot project is to be evaluated to determine the extent to which it improves the decision-making of the court and to assess its cost-effectiveness.</p>	A	Supported
97.	<p><b>Recommendation 13.11</b>                      the State Government review the priority funding it provides to Legal Aid Queensland with a view to ensuring that increased funding is applied for the representation of vulnerable children, parents and other parties in child protection court and tribunal proceedings.</p>	A	Supported
98.	<p><b>Recommendation 13.12</b>                      Legal Aid Queensland review the use of Australian Government funding received for legal aid grants to identify where funding can be used for child protection matters.</p>	A	Supported

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99.	<p><b>Recommendation 13.13</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to require the views of children and young people to be provided to the court either directly, that is personally (through an independent child advocate or direct representative) or through a separate legal representative where children and young people are of an age and are willing and able to express their views.</p>	B	This recommendation is not clear as to the child or young person speaking directly to the decision maker, which the child should have the opportunity to do and which is referred to in the Inquiry report content supporting this recommendation.
100.	<p><b>Recommendation 13.14</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to provide clarity about when the Childrens Court should exercise its discretion to appoint a separate legal representative and also about what the separate legal representative is required to do. These amendments might require separate legal representatives to:</p> <ul style="list-style-type: none"> <li>• interview the child or young person after becoming their separate legal representative and explain their role and the court process</li> <li>• present direct evidence to the Childrens Court about the child or young person and matters relevant to their safety, wellbeing and best interests</li> <li>• cross-examine the parties and their witnesses</li> <li>• make application to the Childrens Court for orders (whether interim or final) considered to be in the best interests of the child or young person.</li> </ul>	A	Supported
101.	<p><b>Recommendation 13.15</b>                      parents be supported through child protection proceedings by:</p> <ul style="list-style-type: none"> <li>• the Department of Communities, Child Safety and Disability Services ensuring they are provided with information about how to access and apply for legal advice or representation, and that parents are provided with reasonable time within which to seek such advice</li> <li>• the Childrens Court considering, at the earliest possible point in proceedings, the</li> </ul>	A	The <i>Child Protection Act 1999</i> does not include the concept of a ‘consent order’ however the court should be satisfied that parents are aware of and can access legal advice and representation, as well as understand the implications of a child protection order.

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	<p>position of parents to determine whether they are adequately represented before the matter progresses</p> <ul style="list-style-type: none"> <li>• Legal Aid Queensland amending its policies with a view to providing legal representation to those families where the court has directed the family be legally represented, but where the family are unable to secure representation without legal aid assistance</li> <li>• where a consent order is being sought in the absence of parental legal representation, the Childrens Court reasonably satisfying itself that parents understand the implications and effect of the order before it can be ratified by the court.</li> </ul>		
102.	<p><b>Recommendation 13.16</b></p> <p>the Department of Communities, Child Safety and Disability Services enhance its in-house legal service provision by establishing an internal Office of the Official Solicitor within the department which shall have responsibility for:</p> <ul style="list-style-type: none"> <li>• providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders</li> <li>• working closely with the proposed specialist investigation teams so that legal advice is provided at the earliest opportunity</li> <li>• preparing briefs of evidence to be provided to the proposed Director of Child Protection in matters where the department considers a child protection order should be sought.</li> </ul>	A	Supported
103.	<p><b>Recommendation 13.17</b></p> <p>the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought as well as litigate the applications.</p> <p>Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the</p>	A	Supported

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	latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.		
104.	<p><b>Recommendation 13.17</b></p> <p>the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought as well as litigate the applications.</p> <p>Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.</p>	A	Supported
105.	<p><b>Recommendation 13.17</b></p> <p>the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought as well as litigate the applications.</p> <p>Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.</p>	A	Supported
106.	<p><b>Recommendation 13.20</b></p> <p>the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to provide that:</p> <ul style="list-style-type: none"> <li>• before granting a child protection order, the Childrens Court must be satisfied that the department has taken all reasonable efforts to provide support services to the child and</li> </ul>	A	Supported

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	family <ul style="list-style-type: none"> <li>participation by a parent in a family group meeting and their agreement to a case plan cannot be used as evidence of an admission by them of any of the matters alleged against them.</li> </ul>		
107.	<b>Recommendation 13.21</b> the Department of Communities, Child Safety and Disability Services ensure, when filing an application for a child protection order, its supporting affidavit material attests to the reasonable steps taken to offer support and other services to a child’s family and to work with them to keep their child safely at home.	B	While supporting this recommendation, PeakCare is of the view that the issue is not just about offering support. It is about enabling families and providing support and interventions in ways that meet parental and family expectations and needs. It is important to also acknowledge that enabling children to live with their parents is not simply about addressing concerns in relation to ‘safety’.
108.	<b>Recommendation 13.22</b> the Department of Communities, Child Safety and Disability Services increase its capacity to work with families under an intervention with parental agreement or a directive or supervisory order with appropriate support services and develop a proposal for legislative amendment to provide for effective sanctions for non-compliance with supervisory or directive orders.	B	PeakCare does not support the notion of ‘sanctions’ against parents. Where a family works voluntarily with service providers or in the absence of a custodial order, the Department is able, if assessed as warranted, to pursue a more intrusive option through a custodial child protection order.
109.	<b>Recommendation 13.23</b> the Minister for Communities, Child Safety and Disability Services propose amendments to section 116 of the <i>Child Protection Act 1999</i> to allow the Childrens Court discretion to make an order for costs in exceptional circumstances.	B	PeakCare is unaware of the extent to which the issues that have prompted this recommendation have been problematic. Some investigation of the nature and extent of these concerns in respect of the Department and of other parties referred to in the report (see page 491) should be undertaken prior to finalising a response to this recommendation.
110.	<b>Recommendation 13.24</b> the Court Case Management Committee examine whether the Childrens Court in making a long term guardianship order can feasibly make an order for the placement and contact arrangements for the child. In this examination, the Committee should take account of the impact of such a proposal on the court case management system and the departmental case management processes.	C	PeakCare is of the view that these proposed changes warrant further consideration of how best to balance changing circumstances over time with a child’s right to stability and family contact, particularly in respect of children subject to long term custody or guardianship orders to the chief executive.

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111.	<p><b>Recommendation 13.25</b>                      the Minister for Communities, Child Safety and Disability Services propose an amendment to Schedule 2 of the <i>Child Protection Act 1999</i> to include a reviewable decision where the department refuses a request to review a long-term guardianship order by a child’s parent or the child.</p>	A	Supported
112.	<p><b>Recommendation 13.26</b>                      the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options in response to child protection interventions.</p>	B	PeakCare is of the view that the Family and Child Council should undertake this function in conjunction with peak bodies, non-government organisations and parent advocacy groups.
113.	<p><b>Recommendation 13.27</b>                      the Queensland Civil and Administrative Tribunal consider, as part of its current review, improved practices and processes in the following areas:</p> <ul style="list-style-type: none"> <li>• child inclusive and age-appropriate processes, for example increased use of child and youth advocates</li> <li>• more timely consideration to reduce unnecessary delays and the dismissal of matters</li> <li>• enable publication of outcomes of matters being resolved as part of the compulsory conference process.</li> </ul>	A	Supported
114.	<p><b>Recommendation 13.28</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to allow the Childrens Court to deal with an application for a review of a contact or placement decision made to the Queensland Civil and Administrative Tribunal if it relates to a proceeding before the Childrens Court.</p>	C	PeakCare reiterates the position put in response to the Inquiry’s February 2013 discussion paper that, unlike other Australian jurisdictions, the Childrens Court does not currently have the expertise needed to consider such reviews. These issues are more appropriately heard by child protection specialists from the Queensland Civil and Administrative Tribunal.
<b>LEGISLATIVE REVIEW</b>			
115.	<p><b>Recommendation 14.1</b>                      the Department of Communities, Child Safety and Disability Services review the <i>Child Protection Act 1999</i>.</p>	A	PeakCare is of the view that the review of the legislation should be undertaken in conjunction with peak bodies, non-government organisations and other child protection system stakeholders.

No.	Recommendations	Cat. <sup>1</sup>	Comments
116.	<p><b>Recommendation 14.2</b>                      the Department of Communities, Child Safety and Disability Services review the existing information exchange and confidentiality provisions in the <i>Child Protection Act 1999</i> and propose to the Minister for Communities, Child Safety and Disability Services the amendments necessary to implement the Commission’s recommendations.</p>	A	PeakCare is of the view that the review of information sharing provisions should be undertaken in conjunction with peak bodies, non-government organisations and other child protection system stakeholders.
117.	<p><b>Recommendation 14.3</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> so that the chief executive administering the <i>Act</i> and the Director of Child Protection have limited legal authority to make public or disclose information that would otherwise be confidential (including, in rare cases, identifying particulars) to correct misinformation, protect legitimate reputational interests or for any other public interest purpose. In particular, it should be considered whether some of the confidentiality obligations should not apply when the child in question is deceased.</p>	A	Supported
118.	<p><b>Recommendation 14.4</b>                      the Minister for Communities, Child Safety and Disability Services propose amendments to the <i>Child Protection Act 1999</i> to:</p> <ul style="list-style-type: none"> <li>• clarify that the best interests of the child is to guide all administrative and judicial decision-making under the <i>Act</i></li> <li>• include a provision based on section 349 of the <i>Children and Young People Act 2008</i> (ACT) setting out the relevant matters to be considered in determining the best interests of a child.</li> </ul>	B	A child’s best interests in respect of decisions made about their contact with and entry and exit from the child protection system, should be the subject of individualised consideration. Notwithstanding that matters to be considered in determining a child’s best interests are legislated in some jurisdictions, PeakCare is of the view that this decision warrants further examination and certainly to be clear about assisting administrative and judicial decision makers about how to consider best interests as opposed to what to take into account in considering a child’s best interests.
119.	<p><b>Recommendation 14.5</b>                      the Department of Communities, Child Safety and Disability Services rationalise the principles for the administration of the <i>Child Protection Act 1999</i> and propose to the Minister for Communities, Child Safety and Disability Services amendments that rationalise and consolidate all the principles in one place, for example section 5B or section 159B.</p>	A	Supported

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120.	<b>Recommendation 14.6</b> the Department of Communities, Child Safety and Disability Services in its review of the <i>Child Protection Act 1999</i> , incorporate the concept of 'parental responsibility' in child protection orders.	A	Supported
<b>IMPLEMENTING THE CHILD PROTECTION REFORM ROADMAP</b>			
121.	<b>Recommendation 15.1</b> That the Queensland Government commit to the Child Protection Reform Roadmap with the intention of significantly reducing the number of children in the child protection system, and improving outcomes for children in out-of-home care.	A	Supported