



**Queensland Residential Care Review**

**Submission by**

**Queensland Advocacy for Inclusion**

**to**

**Department of Child Safety, Seniors and Disability Services**

**05 October 2023**

## **About Queensland Advocacy for Inclusion**

Queensland Advocacy for Inclusion (**QAI**) (formerly Queensland Advocacy Incorporated) is an independent, community-based advocacy organisation and community legal service that provides individual and systems advocacy for people with disability. Our purpose is to advocate for the protection and advancement of the needs, rights, and lives of people with disability in Queensland. QAI's Management Committee is comprised of a majority of persons with disability, whose wisdom and lived experience guides our work and values.

QAI has been engaged in systems advocacy for over thirty years, advocating for change through campaigns directed at attitudinal, law and policy reform.

QAI also provides individual advocacy services in the areas of human rights, disability discrimination, guardianship and administration, involuntary mental health treatment, criminal justice, NDIS access and appeals, and non-legal advocacy for young people with disability including in relation to education. Our individual advocacy experience informs our understanding and prioritisation of systemic advocacy issues.

Since 1 January 2022, QAI has also been funded by the Queensland Government to establish and co-ordinate the Queensland Independent Disability Advocacy Network (QIDAN). QIDAN members work collaboratively to raise the profile of disability advocacy while also working towards attitudinal, policy and legislative change for people with disability in Queensland.

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## QAI's recommendations

1. De-institutionalise young people and update Departmental policies and procedures to align with the United Nations Convention on the Rights of Persons with Disabilities
2. Provide funding for specialised and independent advocacy for each young person in residential care
3. Supported decision-making and other mandatory training modules are to be reflected in Departmental policy and procedure
4. Young people are to be better supported through transitions within the Child Safety System
5. Funding independent community-based organisations to support the transition to adulthood
6. Implement interface teams that connect each service young people in care may access to facilitate timely and positive engagement with these supports
7. Clarify each Departments' specific responsibilities under the COAG Agreement
8. Undertake a system wide review focussed on the implementation of best-practice care for young people engaged with the Department of Child Safety

## Introduction

QAI provide this submission to the Department of Child Safety, Seniors and Disability Services based on the experiences of the advocates in our Young Peoples Program (YPP). Our experiences and values inform the view that residential care settings are not appropriate for children and young people with disabilities.

## What changes could be made to improve the residential care system overall?

**Recommendation 1: De-institutionalise young people and update Departmental policies and procedures to align with the United Nations Convention on the Rights of Persons with Disabilities**

QAI advocates for the United Nations Convention on the Rights of Persons with Disabilities (CRPD) to be embraced and implemented throughout all Australian legislation and systems. When considering the review of residential care in Queensland, the CRPD 'Guidelines on deinstitutionalisation, including in emergencies' must be implemented. Firstly, the guidelines state "International standards that justify or encourage the maintenance of residential care are inconsistent with the Convention (CRPD) and should be updated" (Paragraph 43). The guidelines also outline that; "children placed in institutions...are likely to develop impairments, or existing impairments are likely to be exacerbated, as a result of institutional placement. Support for children with disabilities and families, as early as possible, should be included in mainstream support for all children" (Paragraph 45). In alignment with these international recommendations, QAI is calling for this review to embed an early intervention approach into the ecosystem of supports that focus on families, children and young people to reduce the need for any young person to be placed in to an institutional, residential care setting. Keeping families together and focussing on reconnection and reunification must be a priority within the Child Safety system.

While the deinstitutionalisation of children with disabilities is our primary recommendation, we provide further recommendations based on the experiences of our clients in the current Residential Care system. While young people remain in residential care, we recommend urgent reform.

### **Recommendation 2: Provide funding for specialised and independent advocacy for each young person in residential care**

QAI has observed that the structure of residential care is incapable of providing for a young person's basic need to have a stable and safe caregiver. Young people have reported that they have a rotating roster of adults in their home, some of whom they don't feel safe or comfortable with. Young women in residential care have informed advocates that they have primarily male staff members working in their home, and that they are often forced to be alone with these staff members whom they feel uncomfortable with because of the structure of their placement. Additionally, residential care staff have high turnover rates. This often results in young people being hesitant to develop a trusting relationship with staff members as these individuals are more likely to be short-term carers. The instability of relationships in residential care is particularly harmful for young people with disabilities who often require their caregivers to take extra time to learn how to best support them, and to advocate for them. As a result of the nature of residential care, it is therefore recommended that funding be provided for an independent advocate for each young person while engaged with the child safety system.

Young people in residential care often come to QAI after they have already experienced significant issues with systems including schooling or within the youth justice system. When asked, residential care staff have reported to advocates that they were unaware of a young person's homework requirements or the difficulties that the young person was experiencing at school. It appears that no individual is ultimately accountable to support these young people because of the transitory nature of residential care staff. Therefore, young people in residential care are often not receiving adequate individualised support or advocacy until further crisis occurs.

QAI Advocates frequently see young people with disabilities in out-of-home care and / or from a First Nations background who have been suspended or excluded from school. Putting supports in place for young people with disabilities in a school setting requires significant advocacy which is usually initiated by parents, an informal support which young people in residential care often do not have access to. Advocates have been informed that school attendance is not always enforced in residential care, and young people may be left unsupervised if they choose not to attend school. QAI Advocates can see a significant relationship between the lack of education support for young people with disabilities in residential care, and their subsequent early criminalisation. In response to this, it is recommended that all young people are provided access to an independent trusted adult who will ensure that their preferences are considered, and their needs are met. This trusted adult may be a funded Independent Advocate or specialised Disability Advocate. To be truly independent, such advocates should be community based, rather than based in statutory bodies or government agencies.

### **Recommendation 3: Supported decision-making and other mandatory training modules are to be reflected in Departmental policy and procedure**

QAI urges the Department of Child Safety to ensure that all children and young people are asked about matters impacting their lives and their wishes are respected. Advocates have encountered a significant lack of supported decision-making being provided to young people in residential care. Young people are not being consulted in relation to important decisions being made on their

behalf, and regular stakeholder meetings are being held where the young person has not been given an opportunity to attend or provide their input. Effective supported decision-making is key to ensuring child-led solutions are being facilitated and young people are being equipped with the necessary skills to thrive in adulthood. Development of these advocacy skills is particularly important for young people with disabilities as they will need to advocate for themselves more frequently in adulthood. Communication regarding decisions and supports must be provided in ways that are age, ability and culturally appropriate. For example, a young person could be included in decisions by providing them with information before a meeting, allowing time for an independent person to explain this information and answer the young persons' questions, and allow the young person to share their views either verbally or in written form. Equipping young people to express their views freely is an integral part of the United Nations Convention on the Rights of the Child (1989) and should be reflected in residential care policies and procedures.

QAI recommends that where residential care facilities exist, staff members should have mandatory training, specifically in de-escalation techniques, trauma informed care and supporting young people with disabilities. QAI Advocates have been informed that youth workers are not provided with sufficient training to best support young people with complex needs. Consequently, this has led to the police involvement in instances where youth workers are not equipped to support young people with escalated behaviours. Advocates have been made aware that each different residential care provider has their own policies and procedures surrounding the training that is required of their staff. This leads to inconsistencies in the service that is being provided to young people throughout the state. As a result of this, young people who are transferred between organisations do not have a continuity of care.

Advocates have also observed a significant correlation between young people engaged in the youth justice system and those who have spent time in out-of-home care. It is therefore essential for those working within residential care to be adequately trained and supported in best-practice processes that can be utilised to avoid police intervention and early engagement with the youth justice system. In situations where a young person is heightened, it is ordinarily parental responsibility for de-escalation and debrief of incidents. When a young person is under the care of Child Safety, this responsibility is handed over to police and can result in early and premature engagement with the youth justice system. The unnecessary criminalisation and institutionalisation of young people can be avoided through trauma-informed and disability informed training being mandatory for all youth workers.

#### **Recommendation 4: Young people are to be better supported through transitions within the Child Safety System**

QAI Advocates have encountered young people who have not been adequately supported in their transitions between Child Safety Systems. Young people engaged with the Department of Child Safety may transition between foster care, residential care, supported independent living and youth justice. It has been observed that there is insufficient support for young people going between systems as it is often rushed, and young people are not consulted regarding the decisions being made about their lives. As stated above, early interventions and supported decision-making are crucial in facilitating positive outcomes for young people.

A client of QAI has previously reported a significant lack of consultation and supported decision-making during transitional periods which therefore resulted in negative responses to the living arrangements that were provided to him. This consequently led to representatives of child safety stating that the "best option" for this young person was to be provided with a tent which was

situated in an extremely unsafe environment. QAI has heard from other stakeholders of other young people offered tents as accommodation. If the need for alternative housing was anticipated and acted upon by his Residential Care providers and Child Safety Officers early, they might have been able to consult with this young person to determine which of the options available would be best for this young person to have a positive experience with the transition. QAI urges the Department to include transition support, including ongoing and regular psychology, in the review of Residential Care to ensure that a positive continuity of care is provided to every young person in their care.

### **Recommendation 5: Funding independent community-based organisations to support the transition to adulthood**

QAI recommends that all young people in care should be provided with extensive transitional planning and support, particularly if they currently live in Residential care. Advocates have encountered numerous young people who have not been adequately equipped for transitioning out of care and have consequently 'transitioned' from Child Safety's care immediately into homelessness and / or the justice system. QAI's clients have reported hesitation, fear and refusal to engage with Child Safety any further than required because of the trauma they have experienced in this system. Consequently, young people are less likely to access any support from the Department following their 18th birthday, even where there are supports available. QAI therefore recommends that the responsibility of transitional support cannot stand with Child Safety and must be handed over to independent, community-based or First Nations-led organisations. Early planning for the transition to adulthood, at approximately 15 years of age, would allow adequate time for skill building as well as the preparation of financial support, housing support and employment or education opportunities to be pursued.

QAI has also observed that too often young people are being notified on or around their 18th birthday that an application has been made to appoint a Public Guardian without the young person's knowledge. If transition support were to be facilitated from the age of 15, a referral to the Office of the Public Guardian would not be necessary in many instances.

QAI receives funding to provide disability advocacy to young people until the age of 18. Additional funding to expand this service to young people aged 18-25 is recommended.

## **How can services/systems better work together to meet the needs of children and young people in residential care?**

### **Recommendation 6: Implement interface teams that connect each service young people in care may access to facilitate timely and positive engagement with these supports**

QAI supports the implementation of collaborative support strategies and wrap-around services including interface teams that operate within existing services. QAI have observed the success of the NDIS Interface Team that works within Child Safety. In one instance, it was determined that a young person should be placed in out-of-home care as a temporary preventative measure. The young person engaged with the NDIS Interface Team who supported them, alongside their family, to be placed in supported independent living located close to their family home. The young person was provided with a 1:1 care arrangement that focused on positive therapeutic

interventions and supported reengagement with the family. All decisions were made in consultation and collaboration with the young person, their family and their external supports. This example highlights the success of an interface team that works closely with the young person and their family to determine the best course of action. Furthermore, it showcases an early intervention approach that effectively addresses early indicators instead of deferring action until a crisis arises.

Child Safety should facilitate the engagement of young people with all relevant external supports as a priority. QAI advocates have observed that many young people in Residential care have significant trauma and /or mental health concerns that have not been given sufficient support. Automatic referral to trauma counselling for every young person, before a crisis occurs, is a potential strategy that would ensure the opportunity to engage with external supports is provided. Each young person can then determine the level that they would like to engage with these supports.

### **Recommendation 7: Clarify each Departments' specific responsibilities under the COAG Agreement**

The Residential Care Review must call for clarification of the responsibilities of each Departmental agency and the NDIS under the Council of Australian Governments (COAG) Agreement. A reoccurring issue faced by QAI clients is the dispute between representatives of each organisation regarding funding responsibilities for specific support services, despite the existence of the COAG agreement. It appears that a more detailed analysis of this agreement is necessary to ensure that clients receive the best support through appropriate service provision.

## **Do you have any other feedback that can help inform the review?**

### **Recommendation 8: Undertake a system wide review focussed on the implementation of best-practice care for young people engaged with the Department of Child Safety**

In the experience of QAI Advocates, the Child Safety system is overdue for a system-wide review. Action within one part of the system will not be sufficient to provide more positive outcomes for children in care. Rather, a unified approach must be taken with a more intent focus on early intervention, intensive ongoing family support and facilitated reunification.

A particular focus must be placed on families with parents with disabilities to ensure that adequate supports are being provided and children are not being prematurely removed from their families. QIDAN has previously provided a submission to the DRC titled "We are equal, not different" which outlines the issues parents with disabilities face when engaged with the child safety system. QAI advocates for this submission to inform the review of residential care when considering families who have parents with disabilities.

## **Conclusion**

QAI thanks the Department of Child Safety, Seniors and Disability Services for the opportunity to contribute to this review. We are happy to provide further information or clarification of any of the matters raised in this submission upon request.