

**Question on Notice  
No. 720  
Asked on 12 May 2005**

MS R MENKENS asked the Minister for Child Safety (MR REYNOLDS)-

**QUESTION:**

With reference to the Blueprint for the Implementation of the Recommendations of the "Protecting Children" CMC Report and, in particular, Section 7 which is a summary table of recommendations and actions -

Will he provide, in a format consistent with Section 7, an update of the table showing which recommendations have been implemented to date, which target dates have not been met and what revised target dates now apply to those dates not met?

**ANSWER:**

I thank the Member for her question and for her continued interest and bi-partisan support of the reforms of the child protection system.

I am pleased to be able to provide the attached detailed update on progress and implementation of the Blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission Report "Protecting Children: An Inquiry Into Abuse of Children in Foster Care" (refer Attachment 1).

I am also pleased to be able to advise that 45 of the CMC recommendations have now been fully implemented and the remaining 65 are being actively implemented. Nine of the 24 Gwenn Murray Foster Care Audit Report recommendations have also been completed. The reform agenda is on track to see all recommendations implemented by 2007 as planned and the strategic implementation of the reforms is already bringing major benefits to Queensland's vulnerable children and young people.

As is common with any major reform program, such as that which we are implementing in Child Safety, there needs to be scope to adapt to changing circumstances. We have substantially met the target dates for reforms, however, the Blueprint is a dynamic document and we have brought forward some areas of reform and held back others, as required for effective implementation.

The reforms are being sequenced to ensure that they are implemented in a manner consistent with the CMC recommendations and for the benefit of Queensland's most vulnerable children and young people.

As the Member is aware, we are operating in an environment of continually high levels of notifications, which were not expected at the time of the Blueprint and that is why we have accelerated reform in a number of areas including the employment of additional staff.

The Premier and I both gave a commitment when the Blueprint was handed down that if extra resources were required, they would be provided. The Beattie Government has met this commitment with a substantial increase in resources provided to the Department of Child Safety in the 7 June 2005 Budget.

The Beattie Government has delivered a record 45.3 per cent increase in spending for the Department of Child Safety in 2005-06. This unprecedented increase of \$123 million will ensure the reforms stay on track and account for growth in demand for services with new permanent positions to be increased by 151.

This budget reaffirms the Government's commitment to building a world-class child protection system for Queensland.

It is the right of vulnerable children and young people to have their needs for safety, care and wellbeing met through a quality and responsive service system and we are determined to continue to drive the reform process as fast as humanly possible to ensure those needs are met.

## ATTACHMENT 1

**SUMMARY TABLE OF CMC RECOMMENDATIONS AND ACTION**  
**As at 31 May 2005**

<b>CMC RECOMMENDATION</b>	<b>PROPOSED ACTION / RATIONALE as set out in the Blueprint</b>	<b>Blueprint Target</b>	<b>Progress</b>
<b>Chapter 4</b>			
4.1 That a new Department of Child Safety be created to focus exclusively upon core child protection functions and to be the lead agency in a whole-of-government response to child protection matters.	<p>An establishment strategy that does not transport problems of the former Department of Families and creates a new Department of Child Safety with new culture and practices.</p> <p>Administrative Arrangements Orders provide joint administrative responsibility for the <i>Child Protection Act 1999</i>, <i>Child Protection International Measures) Act 2003</i> and <i>Family Services Act 1987</i> the Ministers for Child Safety and Communities and Disability Services as an interim measure to allow the Acts to be properly administered during Stage One of the transition period of establishing and operationalising the new Department of Child Safety.</p>	24/12/04	Completed
4.2 That a Directors-General Coordinating Committee, chaired by the Director-General of the Department of the Premier and Cabinet, be established to coordinate the delivery of multi-agency child protection services.	<p>Establish after blueprint finalised – to focus on implementation and service delivery. Especially SCAN, Directors of Child Safety reporting and inter departmental protocols.</p>	30/04/04	Completed
4.3 That a position of Child Safety Director (CSD) be established within each department identified	<p>Child Safety Directors to form senior officers group below the Director- General Coordinating Committee which will approve of arrangements.</p>	31/07/04	Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
as having a role in the promotion of child protection.	Legislative amendments to support Child Safety Directors receiving, accessing and exchanging relevant information may be developed during Stage Two of the legislative reforms, if required. Child Safety Directors are required in agencies, Department of Child Safety, Department of Communities, Queensland Health, Education Queensland, Queensland Police Service, Disability Services Queensland and Treasury, Department Housing, Justice and Attorney General, Department of Aboriginal and Torres Strait Islander Policy and Department of Premier and Cabinet.		
4.4 That the government maintain its commitment to developing primary and secondary child abuse prevention services.	Department of Communities to transition successful Future Directions pilots into routine practice.	24/12/04	Completed
<b>CHAPTER 5: THE DEPARTMENT OF CHILD SAFETY</b>			
<b>Workforce Numbers</b>			
5.1 That there be a baseline increase of approximately 160 Family Services Officers and Team Leaders to deal with intake, assessment and casework requirements.	The staffing requirements for the DChS have been established using a workload analyser that is the best available model at this time. In considering the CMC reports recommendations and other readily identified service gaps and staffing priorities it is estimated that an additional 518 FTE's should be provided of the various resources over the next 3 financial years with 318 FTE's required in 2004/2005. This estimate is to be revised as the model is refined in the light of efficiencies in work practice and the progressive addition of resources on an annual basis over the next 3 years.		Completed.

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5.2 That this increase be made progressively over the next two financial years and be in addition to other specific recommendations made in this report for the creation of specialist positions.	It is proposed to 'roll out' the new positions over two years to include a mix of experienced staff as well as new graduates. (See Foster Care Audit Recommendation 16).	31/03/06	This process is being progressively implemented over the next 2 financial years. Staff numbers recommended by the Blueprint for 2005-06 will be in place by 1 July 2005.
5.3 That the DCS adopt an empirically rigorous means of calculating workloads and projecting future staffing numbers.	A workload analysis tool for current and future needs (Prescriptive Case-based Methodology) has been developed and is currently being refined. The tool is based on an internationally recognised workload analysis tool and adjusted for the Queensland context through local field testing and time in motion surveys. The model will be refined in each service centre and 6 monthly review will be made of current and future requirements over the next 2 years. (See Foster Care Audit Recommendation 16)	12/04 – then 6 monthly	The Workload Management Taskforce has been established to oversee this ongoing Recommendation
5.4 That frontline child protection service staff numbers be increased annually in line with workload increases.	The above model can be progressively refined and applied at six-monthly intervals to adjust staffing requirements in line with growth in workloads.	Ongoing	Appointment of additional Blueprint staff is being accelerated in line with the State Budget delivered on 7 June, with all positions recommended for 2005 – 06 being permanently funded to cater for workload increases.

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<b>Management Structure</b>			
5.5 That the current regional structure used by the Department of Families be critically reviewed, with a view to improving the ratio of direct service delivery staff to management and administration staff.	New Department of Child Safety zonal arrangements are proposed to reduce the 11 current regions to 6 zones and redirect specialist support staff to local service delivery locations. Similar Department of Communities review necessary including finalise proposal Department of Child Safety / Department of Communities.	24/12/04	Completed
<b>Training and professional development of staff</b>			
5.6 That the DChS establish enhanced training and professional development processes for field staff as a matter of high priority.	Develop a new competency profile for FSOs incorporating new practice standards. Assess priority staff needs. Develop and deliver mandatory new practice and update training to all field staff. Develop and deliver mandatory Team Leader and Area Manager competency based operational training program. Develop and deliver advanced and specialist child protection training programs for field staff. Conduct mandatory cyclical reassessment every three years for all FSOs.	Progressive 2004-05	Competency-based Training Programs for CSO's have been developed. Training for Team Leaders and Managers is under development and due for completion in early 2005-06. The training program is being prioritised to balance the service delivery and training demands on frontline staff.
5.7 That successful completion of induction training before assuming casework responsibilities be mandatory for DCS caseworkers.	Review of this program to ensure alignment with new roles and coverage of all CMC and Audit report recommendations. Include non-government organisations and other stakeholders (e.g AICCA and carers) in development and delivery of revised induction training programs. Conduct entry level training program for all new FSOs prior to them assuming casework.	31/07/04	A 12 month probation period and induction training has been instituted for all new CSOs. By December 2005 recruitment processes will be aligned with induction

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	<p>Institute 6 months probation for all new FSOs with an optional extension to 6 months.</p> <p>Conduct a performance assessment over the first 6 months of service as a condition of probation for all new FSOs and thereafter at least annually for all staff.</p> <p>Ensure competency standards include Indigenous cultural awareness.</p> <p>The Aboriginal and Torres Strait Island perspective of “Family Networks” be implemented in FSO Induction.</p> <p>Training should include specific areas including: Domestic Violence, Drug and Alcohol, Relationships, Mental Health, Sexual Abuse, Suicide Prevention, Risk Assessment, Early Invention and Prevention.</p> <p>FSO probation period to include a two week placement with a community based organisation.</p> <p>Placement to be part of assessment process for FSO probation.</p> <p>Link placement assessment to PP&amp;R.</p>		training and all new recruits will undergo 10 weeks training before commencement in the field. A two week placement with a community agency is incorporated in CSO training.
5.8 That the DChS critically examine the possibility of forming partnerships with external agencies such as universities in developing and implementing an enhanced training and professional development program.	<p>Seek formal proposals from universities for the cooperative development of specific child protection subjects in degree programs including Indigenous cultural awareness.</p> <p>Consult with stakeholders such as local/regional Indigenous organisations, local elders and community members.</p> <p>University placements should include Aboriginal and Torres Strait Islander community services.</p> <p>Develop programs for all field staff to include Family Case Worker, Family Resource Worker, Youth Worker,</p>	30/09/04	Completed

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	<p>Resource Officer – Indigenous, Resource Officer –Child Protection, FSO – Youth Justice.</p> <p>Directly involve universities targeted and other educational organisations in the development and delivery of programs for field staff to attain both primary and specialised qualifications.</p> <p>Negotiate arrangements with universities for staff to gain credit towards higher qualifications and include provisions to cater for the needs of Indigenous staff.</p> <p>Legislative amendments may need to be developed to support implementation of this recommendation.</p>		
5.9 That DCS training incorporate appropriate and ongoing Indigenous cross-cultural training for all staff.	Cultural training program to be developed and ready for implementation.	30/09/04	This recommendation is significantly advanced. Targeted for completion September 2005
<b>Intake and assessment</b>			
5.10 That the DChS evaluate organizational models, including the use of dedicated officers, with a view to determining the most effective and efficient way of processing intake and assessment matters.	<p>Evidence from 2002 trials of three centralised intake services (zonally based) suggested that intake services are best delivered at a local area office level. Specialist dedicated intake workers be located in each service delivery site.</p> <p>Best Practice Guidelines will outline procedures for Intake and Assessment (ready for trial 13/04/04)</p>	31/08/04	Completed
<b>Court matters</b>			
5.11 That the DCS consider whether there may be advantages	Advantages confirmed, Specialist Court Officers will be located each service delivery unit to provide resources and	24/12/04	Completed

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in having all court preparation work undertaken by specialist staff.	support to in the preparation of court material, and to represent the Director- General in court proceedings. They will be coordinated by a Head Office Court Services Unit. To provide ongoing training and centrally monitor trends in practice. (See Foster Care Audit Recommendation 20).		
5.12 That the casework and investigative functions of the DCS be vested, as far as is possible, in different staff members.	Teams of Department of Child Safety case workers will be separated into discrete functional areas, so the investigative function and the ongoing case work functions will be performed separate teams. In small offices, most notably outposts, it will not be practical to implement this recommendation. Best Practice Guide will detail procedures for Child Safety Officers (initial trial 13/04/04)	31/08/04	Completed
5.13 That the DCS employ staff with specialist investigative skills and an understanding of child neglect and abuse issues to investigate complex notifications about abuse of children in care.	Dedicated case workers will undertake all assessment and investigation responses. A centralised specialist unit will oversight the management of all matters relating to carers. Staff investigating concerns in relation to carers will be discrete from staff providing other support services to carers. Enhanced training will outsourced Queensland Police Service or other) provided to specialist investigators. (See Foster Care Audit Recommendations and 7). Best Practice Guide will outline process to guide decision-making. Risk assessment tool being investigated.	30/11/04	The intent of this recommendation has been completed, with some variations to the implementation approach. The Department of Child Safety response to this recommendation has provided for: risk assessment training for frontline staff; structured decision making tools; and the Foster Care Audit Team overseeing all

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			notifications of Foster Carers. Separation of intake and assessment teams from alternative care teams in each CSSC has occurred.
<b>Prevention and early intervention</b>			
5.14 That the Department of Families (or some other agency separate from the DCS) retain responsibility for delivering prevention and early intervention services, including services for all children, and for programs targeting communities or families identified as vulnerable.	Department of Communities role to progress the prevention and early intervention Future Directions trials and pilots.	03/04	Completed
<b>Assisting biological parents</b>			
5.15 That child-centred casework and the provision of parental support be vested, as far as is possible, in different staff members.	These two separate roles have been accounted for in the proposed front line structure. But will depend on additional FSO's. Implementation will not be in remote areas.	31/04/06	Completed. Separation of intake and assessment teams from alternative care teams in each CSSC has occurred.
5.16 That, as a preventive response, 40 specialist FSO positions be created to work exclusively with parents whose children have already been the subject of a low-level notification and continue to reside at home. These positions should be filled	An additional function with a diversionary focus, not currently performed by the department. The 40 positions will be allocated across all Departments Of Child Safety service delivery points, or half a position in each location. Workload to be reviewed 6 monthly to ensure appropriate resource allocation. Best Practice Guide will outline framework and procedures for function.	½ by 24/12/04  ½ by 30/06/05	Completed

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progressively over the next two financial years.			
<b>Information systems and record-keeping</b>			
5.17 That the DChS continue and complete the upgrade of information systems begun by the Department of Families, as a matter of the highest priority.	Analysis of the CMC and AFC recommendations indicates that predominantly, the requirements and functionality articulated Integrated Client Management System (ICMS) Request for Offers document will meet the recommendations. The Department seeking to procure a packaged solution that will be flexible and respond to changing business processes. The process for procuring and implementing the Integrated Client Management System (ICMS) is proceeding.	06/06	Due to costs for delivery of some requirements, a range of alternative options are being explored for delivering component parts of the ICMS project within the available budget.
5.18 That the DChS prepare and promulgate a specific policy outlining the requirements for producing and approving ministerial correspondence and briefing material.	Clear procedures outlined in Department of Child Safety policy, including information and record keeping requirements in relation to responding to ministerial/executive correspondence and material. New authorisation system that includes the identification and off of all officers with input into the preparation or approval correspondence or briefing material. Senior officers to be contractually accountable for accuracy information and content and timeliness in respect of briefing material and draft responses submitted for consideration of Minister and Executive Management. Electronic Document Records Management System which provides timely and effective management of briefings and correspondence and reporting to the Director-General.	30/09/04	Completed

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<b>Internal accountability</b>			
5.19 That, in addition to direct service delivery by front-line workers, the expertise of senior practitioners be drawn upon for providing specialist advice in complex cases and for routine reviewing of the clinical decisions made by frontline workers. Senior practitioners should embrace line management responsibility for these decisions.	Senior Practitioners will be located in each service delivery location and have a role in overseeing quality assurance for the entire work unit, providing advice/decision making in complex matters and will hold delegations in relation to these practice decisions.  As part of the collaborative area office review process, Local Service Centres' improvement plans developed through a centrally facilitated annual review process and signed off by Senior Practitioner.	31/12/04  Start 01/01/05 and ongoing	This recommendation is incorporated in Stage 2 of the Practice Manual which was operationalised on 1 May 2005. The approach to undertaking operational performance reviews is being determined by the Department to integrate with the establishment of related performance management and service standard initiatives.
<b>Complaints handling</b>			
5.20 That the DChS establish a unit and clear procedures for receiving, assessing and responding to complaints.	After central office functions have been scoped a central complaints unit is to be established with investigation/serious case review capacity. Complaints and review officers located at the local level, allowing some resolution of complaints at the point of service delivery. Cross-agency Complaints Committee is formed.	31/06/04  31/07/04	Completed
<b>External accountability</b>			
5.21 That a position of Child Guardian, to be situated within the Commission for Children and Young People, be established, whose sole responsibility would be	The <i>Commission for Children and Young People Act 2000</i> will be amended to establish the statutory position of "Commissioner for Children and Young People and Child Guardian", who will be responsible for the existing Commissioner for Children and Young People functions	31/05/04	Completed

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to oversee the provision of services provided to, and decision made in respect of, children within the jurisdiction of the DChS.	and the new Child Guardian functions. The <i>Commission for Children and Young People ACT 2000</i> will be amended to create a new statutory position of “Assistant Commissioner”, who will be responsible to the “Commissioner for Children and Young People and Child Guardian” for the performance of the new Child Guardian functions Establishment of operational units.	31/07/04	
5.22 That the powers granted to the Child Guardian be clearly set out in the legislation, and include powers necessary to investigate complaints and enable proactive monitoring and auditing of the DCS.	The <i>Commission for Children and Young People Act 2000</i> will be amended to include the new Child Guardian functions and powers. The powers and functions for systemic monitoring will be clearly set out in the amended <i>Commission for Children and Young People Act</i> . To include complaints, investigations, Community Visitors and systemic monitoring.	31/05/04	Completed
5.23 That the Community Visitor Program of the Commission for Children and Young People be extended to cover all children in the alternative care system, including those in foster care. This program should be administered by the Child Guardian.	<p><i>The Commission for Children and Young People Act 2000</i> will be amended to expand the Part 4 Community Visitor Program to cover children in the alternative care system, including foster care.</p> <p>The Community Visitor Program will be administered by the “Commissioner for Children and Young People and Child Guardian”.</p> <p>Extension of the Community Visitor Program to children who are in active alternative care.</p> <p>Continuation of existing Community Visitor Program for children who are at visitable sites.</p>	31/08/04	Completed
5.24 That the jurisdiction of the Children Services Tribunal be	<i>The Children Services Tribunal Act 2000</i> will be amended to expand the jurisdiction of the Children Services Tribunal	31/05/04	Completed

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expanded to allow the Child Guardian to refer decisions of the DCS or non-government organizations to the Children Services Tribunal for merit review, where the Child Guardian thinks it is warranted.	to allow the “Commissioner for Children and Young People and Child Guardian” (carrying out its Child Guardian functions) to seek review of administrative decisions of the Department of Child Safety. It is assumed in this model that non-government organisation decisions do not need to be reviewed, because nongovernment organisations will not make decisions in relation to children in care/at risk that cannot be attached back to the Department of Child Safety.		
<b>Child-death reviews</b>			
5.25 That the new Department of Child Safety continue the practice of undertaking a review of all deaths of children in care, or who have been known to the department within the last three years. Steps should be taken to ensure that an appropriate degree of independence exists in the review process, and external consultants, experts and Indigenous advisers should be engaged in relevant matters.	Establishment of appropriate Department of Child Safety policies, practices and procedures for reviewing the management of such cases. Make actionable recommendations to improve practices and procedures and address systemic and individual failures where necessary. Implement action recommended by the Child Death Review Committee and the Commission for Children and Young People/Child Guardian.	31/07/04 Ongoing	Completed
5.26 That, following the establishment of the Department of Child Safety, discussions be held between the State Coroner and the relevant investigative agencies, with a view to developing protocols and other working arrangements	Department of Child Safety to develop protocols with Coroner, CMC and Ombudsman to avoid duplication and facilitate the appropriate and timely exchange of information in relation to a child’s death. Commission for Children and Young People/Child Guardian to review its existing protocols with the CMC and the Ombudsman, and establish a new protocol with the	31/08/04	This recommendation is significantly advanced. Memorandum of Understanding (MOU) between DChS and CCYPCG currently being finalised. The MOU is with

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directed to determining who is to be the lead investigative agency in different cases and how information can be appropriately exchanged between agencies.	Coroner and Department of Child Safety.		CCYPCG for final amendments.
5.27 That a new review body – called the Child Death Review Committee (CDRC) – undertake the detailed reviews of the DCS's internal and external case reviews.	<p>The Commission for Children and Young People Act 2000 will be amended to establish the Child Death Review Committee.</p> <p>Consequential amendments will also be made to other Acts to address information sharing issues as part of Stage Two of the legislation reforms. These other Acts include: the <i>Coroners Act 2003</i> (to ensure parity between the CDRC and the Coroner and information sharing) <i>Child Protection Act 1999</i>, <i>Births, Deaths and Marriages Act 2003</i> (information sharing), <i>Ombudsman Act 2001</i>, <i>Crime and Misconduct Act 2001</i>, etc.</p> <p>Establishment of the CDRC, drafting of Terms of Reference, and appointment of members and secretariat.</p> <p>The Commission for Children and Young People/Child Guardian will commence Department of Child Safety reviews, consider the actions and decisions of the relevant Department of Child Safety officers and service providers; the application and adequacy of Department of Child Safety policies and procedures in respect of the child. The CDRC will make recommendations to Department of Child Safety (and other agencies as appropriate).</p> <p>The Commission for Children and Young People/Child Guardian will monitor the implementation of recommendations made to Department of Child Safety</p>	31/07/04	Completed

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	(and other agencies) in relation to child deaths.		
<p>5.28 That the jurisdiction of the Commission for Children and Young People be expanded to include the following roles:</p> <ul style="list-style-type: none"> <li>• to maintain a register of deaths of all children in Queensland</li> <li>• to review the causes and patterns of death of children as advised by investigative agencies</li> <li>• through a Child Death Review Committee, to review in detail all DCS case reviews, whether conducted internally or externally, regarding the deaths of children in care and those who had been notified to DCS, within three years of their deaths</li> <li>• to conduct broader research focusing on strategies to reduce or remove risk factors associated with child deaths that were preventable</li> </ul>	<p>The <i>Commission for Children and Young People Act 2000</i> will be amended to expand the existing Commissioner for Children and Young People's functions to include: child death review, child death research and the child death register.</p> <p>Consequential amendments will also be made to other Acts to address information sharing issues as part of Stage Two of the legislative reforms. These Acts include: the <i>Coroners Act 2003</i> (to ensure parity between the Cabinet Budget Review Committee and the Coroner and information sharing); <i>Child Protection Act 1999</i>; <i>Births, Deaths and Marriages Act 2003</i> (information sharing); <i>Ombudsmen Act 2001</i>; <i>Crime and Misconduct Act 2001</i>; etc.</p> <p>The Child Protection Act, Births, Deaths and Marriages Act and Coroner's Act to impose a duty on those agencies to inform the Commission for Children and Young People/Child Guardian of any child's death.</p> <p>Child Death Review Team established within the Commission for Children and Young People, comprising three functions:</p> <ul style="list-style-type: none"> <li>• the Child Death Review Committee</li> <li>• Child Death Research</li> <li>• Child Death Register</li> </ul> <p>The Commission for Children and Young People/Child Guardian will analyse child death register data and conduct at least two specific research projects annually into the cause and patterns of deaths of children in Queensland to make recommendations to prevent child deaths.</p>	30/09/04	Completed

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<ul style="list-style-type: none"> <li>to prepare an annual report to the parliament and the public regarding child deaths.</li> </ul>	<p>The Commission for Children and Young People/Child Guardian will monitor and report on the implementation of its recommendations in relation to child deaths.</p> <p>The Commission for Children and Young People/Child Guardian will report annually to parliament on its analysis of the child death register, trends in child deaths, demographic variables, matters reviewed by CDRC and the status of the implementation of its recommendations.</p>		
<b>CHAPTER 6: MULTI-AGENCY RELATIONSHIPS AND MANDATORY REPORTING</b>			
<b>Whole-of-government approach</b>	6.1 That each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services.	31/05/04	This recommendation is substantially completed with annual reporting occurring.
	<p>The <i>Child Protection Act 1999</i> will be amended to include a new section requiring the following departments to report on their delivery of child protection services as part of their annual reports, Queensland Health, Education Queensland, Queensland Treasury, Disability Services Queensland, Queensland Police Service, Department of Housing, Department of Aboriginal and Torres Strait Policy, Department of Justice and Attorney-General, Department of Communities and Department of Child Safety. The specific matters that departments will have to report on will be prescribed by regulations.</p>	31/07/04	
	<p>A revised Queensland Government Strategic Framework for Child Protection will provide coordination of whole-of-government reporting on delivery of child protection services across both the government and non-government sectors.</p> <p>Set of agreed key performance indicators (core and agency specific) for whole-of-government approach to child protection supported by an effective system of data</p>	31/08/04	

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	<p>collection. This system will allow timely reporting in the context of these indicators by each agency to Directors-General Coordinating Committee and by Department of Child Safety to Parliament. The Directors-General Coordinating Committee will include the Commissioner for Children and Young People/Child Guardian.</p> <p>Directors of Child Safety to revised framework and method and report to Directors-General Coordinating Committee.</p>	31/10/05	
6.2 That the Directors-General Coordinating Committee consider appropriate ways for the DChS and state government departments to interact with federal and local governments and relevant community groups.	Will be progressed as a matter of priority upon the formation of the Coordinating Committee.	1 <sup>st</sup> Meeting 30/04/04	This recommendation is ongoing and the Coordinating Committee continues to address these issues through the Child Safety Directors Network where it is a work priority.
<b>SCAN and the Department of Child Safety: the new model</b>			
6.3 That the existence of the SCAN teams be enshrined in statute to reflect their important contribution to the child protection system.	<p>The <i>Child Protection Act 1999</i> will be amended to establish the Child Protection Assessment and Management (Child Protection Assessment and Management) and Child Protection Implementation Committee (CPIC) teams. Senior Guidance Officers with core child protection functions to apparent core Child Protection Assessment and Management members, together with Queensland Health, Queensland Police Service, Department of Child Safety and AICCA .</p> <p>Child Protection Assessment and Management (Child Protection Assessment and Management) and Child</p>	30/09/04	Completed

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	<p>Protection Implementation Committee (CPIC) teams to be enshrined in statute in (Stage Two) of legislation</p> <p>implementation “Information sharing” to be legislated in Stage Two to allow for operation of SCAN.</p> <p>New SCAN model for operation developed by working sub-group, and agreed upon by all core agencies.</p> <p>SCAN Functional.</p>		
6.4 That the operation of SCAN teams be based upon agreement to a standard set of interdepartmental policies and procedures.	<p>New model has been developed based upon an agreed set of interdepartmental standards</p> <p>Legislative Amendments may need to be developed to support implementation of this recommendation.</p>		This recommendation is substantially completed with protocols to be completed by June 2005.
6.5 That SCAN teams receive appropriate levels of funding to discharge their responsibilities effectively, including appropriate funds for proper record-keeping systems and SCAN team training.	<p>Each core agency has submitted indicative resourcing for the Child Protection Assessment and Management Model (Child Protection Assessment and Management). Police, Department of Child Safety. Health and Education Queensland, Indigenous (AICCA representative) when Indigenous child involved.</p> <p>Information Management Systems included in Department of Child Safety tender for Information Technology system - 2006.</p> <p>Department of Child Safety funding includes Child Protection Assessment and Management team training</p> <p>Queensland Police Service resourcing for SCAN includes on line training for Queensland Police Service only.</p> <p>Individual agencies are to address training requirements of Child Protection Assessment and Management agency representatives.</p>	31/08/04	Completed

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6.6 That SCAN team recommendations are accepted by the DCS, except in instances where the DCS believes the recommendations are contrary to the best interests of the child, and that any departure from a SCAN team recommendation is reported to the Director-General of the DCS and made the subject of detailed 'exception' reporting.	New SCAN/Child Protection Assessment and Management model developed to allow for "exception reporting" system to Directors General. The <i>Child Protection Act 1999</i> will be amended to support the status of SCAN recommendations.	31/08/04	This recommendation is substantially completed with protocols to be completed by June 2005
6.7 That SCAN be a standing agenda item on the Director-General Coordinating Committee.	SCAN performance included in all Director-General Committee agenda. Exception reporting by individual agencies to be included in Director-General Committee agenda.	31/08/04	Completed
6.8 That full reviews of the functioning of SCAN teams occur regularly and that audits be conducted to measure compliance with policies and procedures, including official record-keeping systems.	Department of Child Safety annually reports on review of revised SCAN system functioning against agreed upon KPIs including Commission for Children and Young People/Child Guardian indicators. Review method is agreed to by Directors-General Coordinating Committee. Review report is submitted to Directors-General Coordinating Committee for consideration. Audits of each set of SCAN teams' compliance against policies and procedures conducted using a risk management framework based on analysis of monthly	31/07/05 31/07/04 31/07/05	This ongoing recommendation is substantially complete. The SCAN evaluation report on the pilot sites has been completed. Targeted for completion early 2006 on receipt of SCAN evaluation report.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	performance data annual report on SCAN teams.		
<b>Non-government service delivery</b>			
6.9 That a strategic framework for child protection be developed, articulating the range, mix and full cost of services required to respond effectively to clients' needs, particularly complex needs; and that the implementation of this framework be adequately resourced.	'Local Partnership and Planning Networks' developed with Department of Communities, Department of Child Safety and non-government organisations to identify range, mix and appropriate costing of services to meet client needs. Establish network and produce plan of action by 30th September 2004.	30/09/04	Substantially complete. Zonal Planning and Partnerships Officers (ZPPO's) have been appointed in both government and non-government sectors. The network has been established. Strategic work at a state and local area planning level is ongoing. Targeted for completion January 2006.
<b>Resourcing</b>			
6.10 That alternative funding models that would more adequately meet the true needs of children, families and carers be investigated.	'Local Partnership and Planning Networks' provide local leadership and advise on appropriate funding models. Collaborative responses to deliver more integrated and efficient services to progressively replace less effective tendering processes. Shared funding arrangements progressively established.	09/04	A project has commenced to evaluate true cost of care, with evaluation report due by December 2005. Implementation of revised policies, practices and procedures over 2006.
<b>Role of the Department of Child Safety and the non-government agencies</b>			
6.11 That a more progressive and contemporary integrated service	Partnership and Planning Networks and practices implemented at local level and statewide levels.	09/05	Zonal Planning and Policy Officers have been

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
delivery model, which creates a partnership between government and non-government organizations to deliver better services for clients of the child protection system, be developed.	System of memorandum of understanding, protocols and shared funding arrangements deployed across the state.		appointed to assist in local level planning for service delivery. Work is progressing on MOU's, protocols and shared funding arrangements. Targeted for completion by January 2006.
<b>Service delivery</b>			
6.12 That a quality assurance strategy is developed and implemented for all services (government and non-government) and a minimum standard be set for the licensing of non-government services.	<p>Quality Assurance body funded and established to support non-government organisations QA processes. Specific requirements of AICCA's for QA identified and incorporated in new arrangements.</p> <p>Complementary arrangements through licensing and service agreements.</p> <p>Minimum care standards based on statement of standards, Charter of Rights and departmental policies.</p> <p>Clear statement of minimum service standards for both non-government and Department of Child Safety.</p> <p>Annual cycle of Local Service Centre reviews against service standards lead by Department of Child Safety centrally based QA workgroup.</p> <p>All care services providing placement and support to children within the jurisdiction of Department of Child Safety are licensed, regardless of whether they receive Department of Child Safety funding.</p> <p>Non-government sector quality assurance capacity is further developed.</p> <p>Legislative amendments may need to be developed to support implementation of this recommendation.</p>	31/03/05	Substantially complete. The Non-government Service Standards are due for completion June 2005. Internal Service Standards are targeted for completion September 2005.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
<b>Mandatory reporting</b>			
6.13 That mandatory reporting of child abuse be extended to registered Queensland nurses by legislating under the Health Act.	The legislative response to the CMC recommendations 6.13 and 6.15 about mandatory reporting for Department of Communities for doctors and nurses will proceed as part of Stage Two. Training of nurses in private and public health system.	30/09/04 31/08/05	Completed
6.14 That registered nurses receive appropriate training in their new responsibility.	Initial training for existing registered nurses, provided by Queensland Health thereafter incorporation undergraduate training.	31/08/05	Substantially complete. Training programs being advanced through Queensland Health. Targeted for completion August 2005.
6.15 That section 76K of the Health Act be amended to make it mandatory for doctors and nurses to notify the DCS about their suspicion of child abuse.	The legislative response to CMC recommendation 6.13 and 6.15 about mandatory reporting for doctors and nurses will process as part of Stage Two. Training of doctors and nurses in private and public health system.	30/09/04	Completed
<b>CHAPTER 7: FOSTER CARE</b>			
<b>Core functions</b>			
7.1 That the Department of Child Safety be responsible for receiving and investigating notification of child abuse and neglect, and take over responsibility for the final assessment and certification of all	Dedicated frontline staff responsible for intake and assessment, separate from those doing case planning and follow-up. The <i>Child Protection Act 1999</i> will be amended to implement this recommendation. Department of Child Safety will set standards and	31/10/04	Separation of intake and assessment teams from alternative care teams in each CSSC has occurred. The other parts are included as part of Stage 3

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
carers, and for assessing the appropriateness of carers' reapprovals.	<p>specifications in consultation with the non-government organisations sector for recruitment, training, assessment of carers and monitoring.</p> <p>Department of Child Safety will responsible for final approval and re-approval of carers.</p> <p>Services to be joint responsibility of the department and the non-government sector under negotiated partnership arrangements include: carer recruitment, training, assessment and monitoring and collaborative case work including matching.</p> <p>Collaborative arrangements with non-government organisations will be developed through local/catchment Partnership and Planning Networks.</p>		legislation introduced into Parliament in May 2005 to action these areas.
<b>Placement options</b>			
7.2 That the placement needs of children and adolescent in care be identified and a broad range of options – including foster care, residential services, family-group homes, therapeutic foster care, intensive support, and supported independent living – be provided to best meet the needs of individual children.	<p>There will be an integrated continuum of family based and non-family based intervention and placement options.</p> <p>Proposed that placement capacity, outside of 'standard' foster care needs to increase from a current level of 7.95% to an indicative 17%.</p> <p>Of this, non-family based care (including residential care) is proposed to be increased towards approximately 10%.</p> <p>In addition included in this recommendation is the provision of services for children who have experienced sexual abuse who are not displaying complex or extreme behaviours.</p> <p>Department of Child Safety will fund non-government services to provide counselling and other support services to children (and their families) who have experienced sexual abuse.</p>	04/05/06/07	<p>This process is being progressively implemented, with further work being undertaken to develop a broad range of placement options.</p> <p>Department of Communities have provided \$1.5M for sexual abuse counselling for children and their families who have experience sexual abuse. The</p>

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	These children fall within the moderate needs allocation. The intention is to reduce the risk of behaviour escalating to more complex and severe behaviour.		Department of Child Safety will shortly provide a further \$480, 000 for sexual abuse counselling.
7.3 That the effectiveness of these placement options in meeting the needs of different groups of children and young people be evaluated.	The Department's Review and Evaluation Unit has developed an Evaluation Framework for Alternative Care, informed by the evaluation of the Future Directions trials. This framework will need to be reviewed in conjunction with non-government organisations sector and final approved by Department of Child Safety. Evaluations will be conducted by the Department of Child Safety departmental Review and Evaluation Unit. It is expected that the program of placement options will be evaluated in stages with an initial process evaluation at the end of the first 12 months with an evaluation of outcomes within two years of its commencement. By June 2004, 2005, 2006.	06/04	Evaluations designed, with evaluation reports to be completed in 2006.
<b>Residential care</b>			
7.4 That the Department of Child Safety: <ul style="list-style-type: none"> <li>• identify the extent of the need for residential care services</li> <li>• identify the type of children who would most benefit from these services</li> <li>• develop service models that meet children's needs in</li> </ul>	The department currently funds 18 residential care services and has conducted a preliminary analysis of the need for residential care services. This analysis has been field tested by regional officers and will inform initial allocations of new resources. Full implementation requires additional service planning work to determine areas of high need and models of service delivery. The completion of a consistent child needs assessment framework statewide will inform placement suitability. Practices will be informed by papers such as the recent	12/04	Evaluations designed, with evaluation reports to be completed in 2006.  Training programs have been developed and ongoing work to identify extent of need for residential care and types of children.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
<ul style="list-style-type: none"> <li>• this area</li> <li>• identify the skills and training required by staff</li> <li>• monitor and evaluate residential care services.</li> </ul>	<p>Peakcare paper (December 2003) titled 'Beyond Placement: The Role of Residential Care in Meeting the Needs of Children and Young People in Care'. A theoretical placement model developed by the department has been included in this report and forms the basis of initial costings for the CPIU Blueprint, which are based on current models of residential and enhanced foster care that are known to have been successful.</p> <p>Development of appropriate residential care services and the linked evaluation will be phased in over a 4 year period. By December 2004, 2005, 2006, 2007.</p>		
<b>Therapeutic care</b>			
7.5 That more therapeutic treatment programs be made available for children with severe psychological and behavioural problems. Successful programs should be identified, implemented and evaluated.	<p>Department of Child Safety will implement a child needs assessment framework as the basis for case plans of all children in alternative care.</p> <p>Department of Child Safety to coordinate the brokerage / access to services for children and young people in the target groups, as identified in the case plan.</p> <p>Queensland Health will provide therapeutic treatment services for children in care with severe psychological and behaviour problems.</p> <p>Disability Services Queensland would provide or commission behavioural therapeutic services for children and young people in care with intellectual disabilities, autistic spectrum disorder, or other disabilities that require a specialist behaviourist intervention (to be purchased by Department of Child Safety). Commence rollout Queensland Health and Disability Services Queensland.</p>	30/09/04	Multi-Systemic Therapy will commence in Inala and therapeutic services will commence in Maroochydore, Townsville and Gold Coast with evaluations designed. Evaluation reports will be made available 2006.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
<b>Foster care</b>			
7.6 That a central registry be set up containing details of all carers, children currently in their care, and their availability for further placements. The registry should flag when carers are due for reapproval, whether they have been denied their initial approval or reapproval, and whether they have been, or applied to be, a carer in another state. Also, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.	The Carer Directory element of the Integrated Client Management System has been confirmed as the first part of the system to be implemented. This will include support for carer application, recruitment, selection, approval/reapproval, support training, information on the care environment and the recording of matters of concern. Legislative amendments may need to be developed to support implementation of this recommendation.	14/02/05	Due to costs for delivery of some requirements, a range of alternative options are being explored for delivering component parts of the ICMS project within the available budget.
7.7 That an audit of all current carers be conducted to obtain up-to-date data and determine their availability for placements.	High priority item for Department of Child Safety. Currently information primarily held at local level and a project will commence in the immediate future to bring this information together into a statewide database.  New Integrated Client Management System (ICMS), which is separately reporting under Program Area 4, will incorporate the official register of foster carers.  As an interim step till implementation of the ICMS a standardised data mechanism will be developed to ensure accurate and accessible information about carers availability and skills.  This first priority for Department of Child Safety is to complete outstanding renewal of approvals in relation to	06/04	Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	active carers.		
<b>Respite care</b>			
7.8 That the DCS identify and implement new methods of recruiting respite carers.	<p>Department of Child Safety will set standards and specifications for recruitment of respite carers.</p> <p>Department of Child Safety will identify and implement new methods of recruiting respite carers in conjunction with non-government sector partners.</p> <p>This will be a component of a broader marketing strategy for recruitment for foster carers.</p> <p>Examination of interstate recruitment campaigns.</p> <p>Raise community awareness through promotional activities and marketing strategies. Tactics will include brochures, shopping centre staffed displays and an extensive schedule of television and radio community service announcements.</p> <p>Raise the profile of respite carers as being a valuable and integral part of a child's foster placement.</p>	24/12/04	Carer recruitment programs are active. New respite care policy is due for completion August 2005.
7.9 That additional efforts be made to identify alternative respite options for children that could improve children's wellbeing, for example regular camps and school holiday programs.	<p>Two implementation strategies:</p> <ol style="list-style-type: none"> <li>1. Area Offices will have a small budget to purchase on fee-for-service basic alternative respite programs such as school holiday camps, youth group outings.</li> <li>2. Proposed foster allowance roll up has included reimbursement to cover child care, vacation care and recreational camps. (Stage 3 July 2006)</li> </ol>	10/04	Substantially complete
7.10 That, to prevent carer burnout and limit placement breakdown, planned respite for carers be 'routine' and not have to be	Planning for respite will become an integral part of carer support and case planning. Respite planning will occur at the commencement of all placements and reviewed on an on-going basis.	30/06/05	Carer recruitment programs are active. In the period between September 2004 and March 2005

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
requested by carers. Plans for respite could be included in the child's case plan.	The two main cost components of providing planned respite ie. dual payment of foster care allowance and a respite carer support system – has been costed. Planned respite is costed at 2.5 fortnights per child per annum. This includes a provision for emergency respite.		there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge. Funds have been specifically allocated for respite in the 2005-06 budget.
<b>Voluntary care</b>			
7.11 That the Child Protection Act 1999 be amended to regulate voluntary placements.	Development of a legislative response is pending resolution of policy issues by other relevant implementation groups.	05/05	Included as part of Stage 3 legislation introduced into Parliament in May 2005.
<b>Foster care protocols - recruitment</b>			
7.12 That initial screening mechanisms be more efficient and rely on identifying the characteristics that are associated with continuing in foster care and providing good outcomes for children.	Department of Child Safety will ensure that initial screening mechanisms reflect known qualities of long-term foster carers. This in turn will be informed by on-going review and evaluation processes.	12/04	Ongoing review and evaluation.
7.13 That efforts be made to recruit a more diverse group of carers, rather than continuing to	A foster care recruitment and community awareness program will be implemented in conjunction with non-government organisations Including:	31/03/05	Substantially complete. Carer recruitment programs are active. In the

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
concentrate recruitment efforts in lower socioeconomic areas.	<ul style="list-style-type: none"> <li>update of departmental website to provide on-line information to foster carer applicants, particularly those with potential to provide "enhanced foster care" for children and young people with complex support needs;</li> <li>development of brochures/information resources that target potential foster carer applicants from a diverse range of socioeconomic groups, cultural backgrounds and urban, rural and remote settings;</li> <li>recruitment strategies eg articles for newspapers, advertisements, posters, school newsletters etc available to be implemented at a local community level by Departmental alternative care staff; and</li> <li>a mechanism for statewide analysis of the effectiveness of strategies eg which strategies attract which applicants, based on their demographic profile/skill level and type of care etc.</li> </ul>		period between September 2004 and March 2005 there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge. Targeted campaigns to multicultural groups, Church congregations and school communities are planned.
7.14 That the DCS identify areas of high, unmet need and initiate recruitment drives to obtain more carers for specific types of children. Recruitment drives can be directed to areas of high need and focus on recruiting carers who can meet the needs of specific groups of children (eg teenagers, or children with special needs or challenging behaviours).	<p>Department of Child Safety will implement a foster recruitment and community awareness program, which will include a focus on areas of high unmet need and carers with special skills suited to particular groups of children. Department of Child Safety will work closely with the non-government sector with this campaign to ensure that the valuable experiences of long-term foster carers are utilised. To recruit the numbers and diversity of foster carers required a two pronged approach is proposed:</p> <ol style="list-style-type: none"> <li>1. a sustained strategy to create a positive profile of foster carers within communities, raise awareness of this important role and need for a diverse range of carers, including respite carers (Resource</li> </ol>	31/03/05	Substantially complete. Carer recruitment programs are active. In the period between September 2004 and March 2005 there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge. A

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	<p>requirements to be costed possibly outsourced function); and</p> <p>2. targeted strategies at a local level based on current capacity and demand factors such as age and needs levels of children and young people entering care within that community.</p>		recruitment campaign strategy designed to attract foster carers for specific types of children has been developed.
<b>Foster care protocols – decisions about approval</b>			
7.15 That the DCS be responsible for the final approval of foster carers. Special attention should be focused on processes that give carers specific approval for numbers and types of children.	<p>Department of Child Safety will set standards and specifications for recruitment, training, assessment and monitoring of carers as well as being responsible for final approval and re-approval of carers. Services associated with carer recruitment, training, and assessment will be the joint responsibility of the department and the non-government sector under negotiated partnership arrangements. Collaborative arrangements with non-government organisations will be developed through local/catchment Partnership and Planning Networks (see program 8).</p> <p>The final approval of a foster carer and the capacity of that foster carer will be decided against assessment criteria and the outcome discussed with the carer. This will be a key element in the foster carer register database.</p>	31/12/04	Foster care training and specifications for recruitment are in place.
<b>Foster care protocols – retention of carers</b>			
7.16 That regard be had to relevant research findings in order to identify the factors that are most likely to result in successful placements, and to use this	<p>Department of Child Safety review existing research and institute evaluation processes to identify factors that lead to successful placements.</p> <p>This will be done in conjunction with non-government services providers funded to support children and young</p>	10/04	Ongoing. A Research Committee has been established. The work of this committee will inform the assessment

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knowledge to develop practical processes for the recruitment of suitable carers.	<p>people in out-of-home care including the recruitment and support of foster carers.</p> <p>This information will input into the assessment criteria for the selection of foster carers on an on-going basis.</p>		criteria of foster carers.
7.17 That structured exit interviews with carers be conducted. This information should be used along with regular surveys of carer attitudes, satisfaction and concerns, and other appropriate research initiatives to identify problems and devise systemic solutions.	Department of Child Safety will implement structured interviews with foster carers and use the information gleaned together with regular surveys of carers to identify problems and devise systemic solutions.	31/12/04	Substantially completed.
<b>Foster care protocols - training</b>			
7.18 That a framework be developed for supporting relative care that includes enhanced screening and monitoring of carers and the provision of training opportunities and other support for carers. There should be an extensive consultation process, especially with Indigenous communities, in the development of the framework.	<p>Department of Child Safety will be responsible for consulting with Indigenous communities and the broader community around the option of relative care.</p> <p>Department of Child Safety will develop a framework for when this type of care is appropriate and an assessment process.</p> <p>Department of Child Safety will ensure through ongoing monitoring and case planning and review that the care of the child is maintained.</p> <p>Future Directions trials have provided valuable information through specific programs targeted at relative care. This included indigenous workers in a metropolitan site and in Cape York.</p> <p>This information will be built on through further consultation</p>	03/05	Included as part of Stage 3 legislation introduced into Parliament in May 2005.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	processes to inform the development of a more effective framework for supporting relative carers.		
7.19 That all prospective foster carers undergo compulsory training in parenting. All training programs should be evidence-based and undergo ongoing evaluations of their effectiveness.	<p>Department of Child Safety will set standards and specifications for training. The delivery of this function will be the joint responsibility of the department and the non-government sector under negotiated partnership arrangements. Collaborative arrangements with non-government organisations will be developed through local/catchment Partnership and Planning Networks</p> <p>Department of Child Safety will ensure the content and quality of the learning and development resources, timeliness of access to training and the assessment and renewal of approvals.</p> <p>Pre-service foster care training has been revised to introduce a tiered multi level approach to training. It recognises the need to develop specialised skills in caring for children with complex support needs and includes the following requirements:</p> <ul style="list-style-type: none"> <li>•Mandatory 12 hour pre-service training for general approved carers</li> <li>•Standard Training - A minimum of 3 further training sessions (approx. 2 hours per session) during the first 12 months.</li> <li>•Completion of 2 further advanced training workshops per year as agreed.</li> <li>•Relative carers will be required to participate in induction training, tailored to their needs.</li> <li>•Limited approval carers will be required to attend</li> </ul>	06/05	This process is being progressively implemented. Training packages developed with completion due July 2005.

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	<p>pre-service training and encouraged to attend any additional training sessions required to meet the particular needs of the individual child or young person in their care.</p> <ul style="list-style-type: none"> <li>•Development of a culturally appropriate package to assist Indigenous organisations to train Indigenous foster and relative carers.</li> </ul>		
7.20 That foster carers be required to undergo ongoing training, identified and organised during yearly reviews of the foster carer by their agency support worker. Carers' reapproval should be contingent on the successful completion of this training.	Refer to recommendation 7.19		Foster carer training and reapproval policies are in place. Targeted for completion July 2005.
7.21 That there be a tiered, multi-level approach to training and support of foster carers. The level of need of the foster carer and the children in their care should be assessed and the most appropriate level of training and support required should be provided. In this way, carers who deal with more difficult children, or those with special needs, would receive	<p>Department of Child Safety will take responsibility for ensuring that at the commencement of any placement and as part of the case plan the needs of the child (low, medium, complex) will influence the type and frequency of support provided.</p> <p>Other factors to be taken into account includes the level of carer skill and experience, type of care provided, intensity of care tasks, placement phase.</p> <p>It is proposed that community service sector organisations be funded to be the primary responsibility for foster and relative carer training and support.</p>	06/05	The Department is developing processes to negotiate with non-government service regarding the types of support needed. Targeted for completion July 2005.

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additional, more specialised training.	Department of Child Safety will take responsibility for negotiating with the relevant non-government service provider the type of support needed. All foster families will be required to undertake generalist and more specialised training where appropriate.		
7.22 That caseworkers be well trained and supervised in evidence-based parenting practices so they can support foster parents with appropriate parenting advice. This training should occur within their pre-service university based courses and in-service training.	Department of Child Safety will ensure that both Department of Child Safety and non-government caseworkers will be adequately trained and supervised in evidence-based parenting practices to be able to appropriately support foster parents with parenting advice. This will be part of the quality assurance process used by the Department of Child Safety and non-government organisations sector.	06/05	Mapped to the Quality Assurance processes.  Training in progress. Specific modules of training targeted for completion September 2006.
<b>Foster care protocols - support</b>			
7.23 That conditions and support for departmental carers be enhanced to ensure that they are not disadvantaged in comparison with agency carers.	Costing models are premised on all carers receiving appropriate levels of conditions and support based on the case plan and the assessed needs of the child or the young person placed with the foster family.	06/05	Substantially complete. A \$40.00 across the board Foster Carer payment has been implemented. Foster carer payments will be indexed annually. A 10% regional / remote foster carer allowance has been finalised. The 'True Cost of Caring' report is due for completion in late 2005.
<b>Placement meetings and agreements</b>			
7.24 That tools and resources be	A case-management framework is being developed during the	30/05/04	Ongoing improvements

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
developed by the DCS to ensure that placement meetings are initiated by departmental staff and completed in a timely manner, preferably before a child is placed with a carer. Carers should be consulted and agreements negotiated by the carers and the DCS, rather than dictated by the department.	<p>implementation process. An expert practitioner group has been formed to further develop the framework and review existing resources.</p> <p>The framework will include the following:</p> <ul style="list-style-type: none"> <li>_ Case Plan</li> <li>_ Risk Assessment</li> <li>_ Child Needs Assessment</li> </ul> <p>Components ready for trial 13/04/04.</p>		implemented in Stage 1 and 2 of the Practice Manual. Further tools and processes are being developed in stage 3 of Practice Manual.
7.25 That, during placement meetings, foster carers be provided with all relevant information about the child. When foster carers accept a child for placement they should be given copies of the child's medical and dental records and the child's Medicare details.	<p>Current policy will be supported by all children having a case plan which will reflect information across a number of domains including health and education.</p> <p>Policy will be updated following legislative amendments to enable all agencies to provide information to Department of Child Safety progressively as available.</p> <p>Best Practice Guidelines will outline procedures (ready for trial 13/04/04)</p>	30/09/04	Ongoing improvements implemented in Stage 1 and 2 of the Practice Manual. Further tools and processes are being developed in stage 3 of Practice Manual.
<b>Disclosing confidential information</b>			
7.26 That the Child Protection Act be amended to incorporate specific obligations on the part of the DCS to disclose relevant information to carers.	Development of the legislative response to implement this recommendation will occur as part of Stage Two following further policy work on information sharing, privacy, etc.	30/09/04	Completed
7.27 That the Child Protection Act incorporate a general disclosure obligation on the DCS to inform	Development of the legislative response to implement this recommendation will occur as part of Stage Two following further policy work on information sharing, privacy, etc.		Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
other departments, government agencies and non-government agencies (including AICCA's) of all information reasonably necessary to ensure their cooperation, assistance and participation within the child protection system. The Act should provide examples of what sort of information will be provided. The person to whom the disclosure is made (the 'receiver') will be bound by the confidentiality provision contained in section 188.			
7.28 That the department ensure that it has clear policies and procedures on disclosure of information and that it incorporate them in the training provided to departmental and agency staff.	To be progressed in stage two prior to legislative amendments.		This recommendation has been incorporated into Stage 3 of the Practice Manual.
<b>Foster care protocols – case planning and review</b>			
7.29 That tools and resources be developed by the DCS to ensure that foster carers are included in children's case planning.	See comment for recommendation 7.24.	30/05/04	Completed
<b>Foster care protocols – additional support mechanisms for foster carers</b>			
7.30 That consideration be given to the DCS implementing mentoring programs for foster carers and children in foster care.	Two implementation strategies 1. A specific mentoring allowance has been included in the proposed new foster care reimbursement 2. Delivering mentoring programs will be a requirement of	06/05	Proposals for advancing this recommendation are currently under consideration by the DChS.

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	shared family care To be included in the work program for the Department of Child Safety Policy function to research and develop appropriate programs and implementation strategies. Currently many experienced foster carers already informally provide a mentoring role to new carers.		Consultation with key stakeholders planned to commence June/July 2005.
7.31 That the DCS ensure that an appropriate procedural framework is established for responding to allegations made against foster carers.	New framework was introduced on 1 October 2003. The framework was amended following the release of Gwenn Murray's audit with the date of implementation being 1 January 2004. (Implemented)	01/04	Completed
<b>Remuneration</b>			
7.32 That foster carers receive appropriate remuneration to cover the actual costs of caring for a child, as well as receiving additional payments to attend training as required and pay the associated costs of child care and transport for such training.	The response to this recommendation will occur in three stages that build on the \$40 per fortnight across-the-board increase implemented in January 2004. Stage 1, from 1 July 2004, will provide new loadings and an enhancement of some current loadings, specifically: • A 10% regional/remote loading which recognises the extra costs of caring in these localities		\$40.00 across the board Foster carer payment has been implemented. Foster carer payments will be indexed annually. A 10% regional / remote foster carer allowance has been finalised. The 'True Cost of Caring' report is in development and will be finalised in December 2005.
7.33 That the DCS investigate introducing a tiered system for payments to foster carers that recognizes the skills necessary to care for children with more	Loading for carers participating in the mentoring program and who have completed advanced carer training. An increase in the one-off Establishment payment to \$375 and start-up payment up to \$60		\$40.00 across the board Foster Carer payment has been implemented. Foster carer payments will be indexed annually. A 10%

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
complex needs.	Supplementation of fostering allowances for indexation		regional / remote foster carer allowance has been finalised. The 'True Cost of Caring' report is in development and will be finalised in December 2005.
7.34 That the allocation of any additional payments (eg child-related expenses, high-support needs allowance) be on a needs basis, rather than on regional resource allocations. Children's needs and entitlements should be clearly detailed in the child's case plan.	<p><input checked="" type="checkbox"/> An increase in the High Support Needs Allowance from \$60 to \$72 per week to reflect the additional demands of caring for children and young people with special needs.</p> <p>Concurrently, the Department of Child Safety will undertake a process, in conjunction with foster carers, to access the 'true cost' of caring for children in care in Queensland. This exercise will, among other aspects, validate the applicability of national research to the Queensland context. The outcome of this process will inform future increases in fostering allowances in subsequent years.</p> <p>In addition, the Department of Child Safety will actively explore ways to streamline the current methods of reimbursing foster carers for out-of-pocket expenses (known as 'child related costs'). The department proposes to provide an initial 'advance' to carers with longer-term placement (i.e. \$500) against which future reimbursements are offset. Options to use contemporary credit or stored value cards will be explored.</p> <p>Stage 2 will introduce a reimbursement structure, informed by the outcome of the 'true cost assessment process' referred to above, that reflects the direct cost of caring for</p>		\$40.00 across the board Foster Carer payment has been implemented. Foster carer payments will be indexed annually. A 10% regional / remote foster carer allowance has been finalised. The 'True Cost of Caring' report is in development and will be finalised in December 2005.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
	children and young people according to their level of assessed need. In addition, a special loading will be made to carers undertaking additional training and responsibilities. (1 July 2005) Stage 3 will introduce a 'rolled-up' payment structure where most additional items currently reimbursed individually are included in the base foster payment. The base payment will be increased to reflect these "rolled-up" contingency items. (1 July 2006).		
<b>Case planning</b>			
7.35 That there be thorough, standardised, evidence-based case planning that is consistently applied and focuses on the best interests of the child. This issue needs to be addressed both in university training courses and in ongoing training provided to staff.	A case planning process has been developed and will be ready for trialing by end April 2004. The case planning process will be supported by the following tools: <input type="checkbox"/> Case Plan <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Child Needs assessment	30/09/04	Ongoing improvements implemented in Stage 1 and 2 of the Practice Manual. Further tools and processes are being developed in stage 3 of Practice Manual. Targeted for completion in October 2005.
7.36 That all children have an identified and designated caseworker from the DCS who maintains regular contact with the child and is responsible for the development of a detailed case plan that focuses on both the short- and long-term needs of the child. The plan must be reviewed at least every six months.	Case plan inclusions, including contact intervals will be stipulated in the Case Plan procedures. Full implementation depends on full FSO staffing.	03/05	Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
7.37 That the DCS adopt clear policy so that section 96 of the Child Protection Act 1999, which states that a family meeting should be organised for all children requiring protection, is followed.	Family meetings for children requiring protection are currently mandated through legislation. This will be reinforced by policy and the Case Management Framework. Resourcing issue as much as policy issue.	30/04	Completed
7.38 That the Child Protection Act be amended to make it necessary for a case plan to be submitted to the court before an order is sought (as presently occurs in NSW and the ACT).	Development of the legislative response to implement this recommendation will occur as part of Stage Two following further policy development by other relevant implementation groups.	30/09/04	Completed
7.39 That processes be implemented to ensure initial case planning is carried out promptly and case plan reviews are carried out every six months, as required under the Child Protection Act 1999; and that all stakeholders, but particularly the child, their family, and the child's carer, are invited to participate in every planning meeting.	The elements of this recommendation will be reflected in the new Case Planning procedures. Tools for including all stakeholders, particularly the child, their family and their carer will be included. Criteria to assist caseworkers will be part of new best practice guidelines to protect children in situations where a parent may pose a safety risk.	30/09/04	Substantially complete. Legislation is in place and this recommendation will be finalised with the completion of the Structured Decision Making tools to be rolled out in October 2005.
<b>Children's involvement in casework</b>			
7.40 That tools and resources for the participation of children and young people in case planning be	The <i>Child Protection Act 1999</i> will be amended to include a principle that children are to be kept informed of matters affecting them and their views are to be listened to and		Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
developed and used to ensure their participation in planning processes that are in keeping with the principles of the Child Protection Act 1999.	taken into account. Refer to Recommendation 7.45.		
7.41 That the DCS be required to implement procedures to ensure that all children are informed within 24 hours of entering care why they have been taken into care and what they can expect will happen to them.	This procedure will be a requirement of the new Case Planning Framework.	30/05/04	Completed
7.42 That the DCS ensure that all children who are the subject of an assessment of risk or harm and /or enter into the care of the department are given the option of a support person whom they know and trust.	This procedure will be a requirement of the new Case Planning procedures. (Ready for trailing 13/04/04)		Completed
<b>Biological parents' involvement in casework</b>			
7.43 That tools and resources be developed by the DCS to ensure that the procedures for involving parents in casework (eg family meetings, planning agreements) are followed, and that their support worker be included in these	See comment for recommendation 7.24. Resource issues to fully implement tools. Decisions regarding the purpose of family contact and third party guardianship will be outlined in the Best Practice Guide.	30/05/04	Completed.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
processes.			
<b>Reunification versus permanency planning</b>			
7.44 That the DCS evaluate research into the effect of reunification or permanency planning on children.	Initial research has been undertaken in the Stopping the Drift and Adoption Legislation Review projects. This research will be evaluated during the next 2 months.	30/05/04	This recommendation is aligned with the Practice Manual Stage 4. Targeted for completion late 2005.
7.45 That an additional principle be inserted into section 5 of the Child Protection Act 1999 clearly providing that any conflict that may arise between the interests of a child and the interests of the child's family must be resolved in favour of the interests of the child.	<p>The <i>Child Protection Act 1999</i> will be amended to implement CMC Recommendation 7.45 and address the concerns in the Ombudsman and the CMC reports about child protection practice being unduly focused on a "least-intrusive" interventionist approach. Section 5 of the Act will be amended to:</p> <ul style="list-style-type: none"> <li>_ reorder the principles to provide a primary, overarching principle that the rights of the child are paramount, with the other existing principles to fall under that overarching principle; and</li> <li>_ add an additional principle to provide that any conflict that may rise between the interests of a child and the interests of a child's family must be resolved in favour of the interests of the child; and</li> <li>_ add an additional principle that states that children are to be kept informed of matters affecting them and their views are to be listened to and taken into account.</li> </ul>	30/05/04	Completed
<b>Guardianship orders</b>			
7.46 That the DCS review the	This will be completed by end June 2004 to inform Stage	30/09/04	Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
practices associated with granting long-term guardianship orders and short-term child protection orders (including custody orders).	Two legislative amendments. Development of the legislative response to implement this recommendation will occur as part of Stage Two following further policy development by other relevant implementation groups.		
<b>CHAPTER 8: INDIGENOUS CHILDREN</b>			
<b>Aboriginal and Islander Child Care Agencies</b>			
8.1 That the government recognise the ongoing need for independent community-based Indigenous organisations, and that these organisations be provided with the necessary support and resources to provide culturally appropriate child protection services to the Indigenous community. This support should include training and professional development, as well as assistance complying with service agreements and accountability requirements.	Establish internal Indigenous Support and Development Unit in Department of Child Safety to provide necessary support and resources, inc. training and professional development. Recognised Agencies to be included in appropriate Departmental training, such as specific modules in FSO training around frontline service delivery and case planning that is specific to Aboriginal and Torres Strait Islander child protection.	30/06/04	The Indigenous Support and Development Unit has been established. Supplementation of \$1.7 million has been provided to existing Indigenous Recognised Agencies for capacity building. A new model for Recognised Agencies has been developed and approved and will be introduced in 2005-06. \$9.6 million will be expended in 2005-06 to expand the network of Indigenous Recognised Agencies to ensure Statewide coverage.
8.2 That, where AICCAs have been de-funded, they be replaced by appropriate independent Indigenous organizations that have	Implement a project to identify, develop and fund services to deliver Recognised Agency roles in areas of non-coverage by independent Indigenous organisations.	31/03/05	In collaboration with the Indigenous Child Protection Partnership, significant progress is being made in

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
the support of their local community and that, wherever possible, these organisations employ staff with backgrounds in child protection.			the development of an improved Indigenous child safety service system to be provided by independent, community based Indigenous Recognised Agencies. New model to be introduced for 2005-06.
8.3 That, in acknowledgment of the extent to which cultural factors draw AICCAAs into the delivery of prevention services, the nature of both the service agreements and the funding of individual AICCAAs be carefully reviewed.	Service Agreements and funding of AICCAAs are to be reviewed as part of an overall Indigenous Organisational Development Project, which includes negotiation with AICCAAs on agreed roles and consultation points by independent Indigenous organisations.	24/12/04	The DChS, in collaboration with the Indigenous Child Protection Partnership, is developing service and costing models which acknowledge cultural factors in the Indigenous community. Due for completion in 2005.
<b>Indigenous child placement principle</b>			
8.4 That DCS compliance with the Indigenous child placement principle be periodically audited and reported on by the new Child Guardian.	Refer recommendation 5.21 This recommendation is being covered in chapter 11 – Enhanced Internal and External Accountabilities.	31/07/04	Completed
8.5 That the Indigenous child placement principle specifically state that a placement decision can only be made if it is in the best interests of the child.	Development of the legislative response to the CMC recommendations about the Aboriginal Child Placement Principle recommendations will occur following further policy development by following in consultation with stakeholders.	30/05/05	Included as part of Stage 3 legislation introduced into Parliament in May 2005. Targeted for completion November 2005.

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
8.6 That in situations where Indigenous children are placed with non-Indigenous carers, the child protection legislation should specifically provide that contact be maintained with their kinship group, where that is in the best interests of the child.	Development of the legislative response to the CMC recommendations about the Aboriginal Child Placement Principle recommendations will occur following further policy development by Project Area in consultation with stakeholders.	30/05/05	Included as part of Stage 3 legislation introduced into Parliament in May 2005. Targeted for completion November 2005.
<b>Recruitment of specialised carers (general and relative)</b>			
8.7 That, subject to consultation, provision be made for Indigenous carers to have enhanced access to respite care, and adequate training and support be made available to Indigenous carers (as recommended generally in Chapter 7).	There has been Indigenous input into the development of a preservice training and ongoing training modules that are to be provided to Foster Carers in the first 12 months. The Brisbane Recognised Agency is one of the pilot organisations.	05/05	Carer recruitment programs are active. In the period between September 2004 and March 2005 there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge. This training is being progressively implemented. The enhanced Respite Care Policy is scheduled for completion July 2005.
8.8 That urgent attention be given to identifying ways of encouraging	An Indigenous Community Awareness and Recruitment Campaign is to be developed to target possible Indigenous	05/05	Carer recruitment programs are active. In the

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
more Indigenous people to become carers.	foster carers across the State.		period between September 2004 and March 2005 there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge. A targeted Indigenous Foster Carer Recruitment Campaign is due to be launched in August 2005.
<b>Children and biological parents</b>			
8.9 That departmental policies and practices recognise the rights to children and biological parents and reflect this recognition in culturally appropriate ways that allow for all parties to be fully informed on and involved in, case planning for children.	Covered in Service Delivery Practices Chapter 4. This recommendation is also covered in reviewing the roles of Recognised Agencies to deliver services keeping in mind the separation of roles between support for the child and support for the biological parent. The respective roles and responsibilities of Department of Child Safety and recognised agencies must be considered in developing front line service delivery protocols.	30/09/04	Substantially completed
<b>Issues from Cape York, the Gulf and Torres Strait regions</b>			
8.10 That the DCS provide culturally appropriate child protection services that take	Recognised Agency roles will be established in remote Indigenous communities. The provision of services for this group of children will be developed within the spectrum of	30/06/05	In line with the Blueprint, a service delivery hub model targeting Northern and Far

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
<p>account of the drug- and alcohol-related problems besetting some remote communities. This will require the provision of specific support services to address the special needs of children requiring DCS intervention in these communities.</p>	<p>services, which are required for children at risk at various points in the child protection system.</p> <p>Therapeutic services and SCAN processes for remote communities necessary.</p> <p>The role of the Child Safety Directors and the Department of Communities including other Departments should enhance a continuum of service delivery in remote communities.</p> <p>The Department of Communities ensures early intervention and prevention services are developed and supported.</p> <p>Options of safe house within remote communities will be investigated.</p>		<p>Northern Indigenous communities for the delivery of DChS services has been approved. The model is being introduced progressively, with 4 hubs currently implemented. A further 2 hubs to commence shortly. DChS is working with Department of Communities (DoC) on targeted Prevention and Early Intervention service provision and safe havens for Indigenous communities.</p>
<p><b>Legislative changes</b></p> <p>8.11 That the child protection legislation reflect the importance of Indigenous participation in decision making. So as to remove any ambiguity, the legislation should explicitly state the types of 'decisions' requiring consultation. The department, in consultation with Indigenous agency stakeholders, should develop and agreed protocol for sharing information about children and families involved in the child</p>	<p>A protocol a clarification of roles with Recognised Agencies will be developed as part of an overall Indigenous Organisational Development Project. Legalisation to then follow.</p>	<p>30/05/05</p>	<p>Included as part of Stage 3 legislation introduced into Parliament in May 2005. Targeted for completion November 2005.</p>

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
protection system.			
<b>Placement decisions</b>			
8.12 That the DCS ensure its officers comply with the department's statutory obligation by consulting with an Indigenous agency before removing or placing an Indigenous child. A protocol (between the department and the Indigenous organization) must be developed to establish clearly how this consultation will occur.	<p>A protocol with Recognised Agencies will be developed as part of an overall Indigenous Organisational Development Project.</p> <p>Individual protocols between Recognised Agencies and Area Offices will also be developed. Area Offices specifically allocate resources to develop processes, which improve the relationship and communication required when implementing protocols.</p> <p>Develop underlying policy and procedures to support operationalisation of the protocol.</p>	30/06/04	<p>The Indigenous Support and Development Unit has been established.</p> <p>Supplementation of \$1.7 million has been provided to existing Indigenous Recognised Agencies for capacity building. \$9.6 million will be expended in 2005-06 to expand the network of Indigenous Recognised Agencies to ensure Statewide coverage. With the new Recognised Agency Model being rolled out in 2005-06, protocols will be defined.</p>
<b>Case-management plans</b>			
8.13 That the DCS consult with appropriate community representatives in the case-planning processes for Indigenous children.	This recommendation will be addressed once the Indigenous services and Recognised Agency role has been defined. This may include appropriate Indigenous community representatives other than those from the recognised agencies.	05/04	Completed
<b>CHAPTER 9: LEGISLATIVE CHANGES</b>			
<b>Notifications</b>			
9.1 That the Child Protection Act	To implement the recommendation in a manner consistent	31/05/04	Completed

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
1999 be amended to enable the department to intervene where it is suspected that an unborn child may be at risk of harm after birth.	<p>with the current provisions of the <i>Child Protection Act 1999</i>, it is proposed to insert:</p> <ul style="list-style-type: none"> <li>• a new sub-section in section 14 of the <i>Child Protection Act 1999</i> to enable the chief executive to respond to a notification about alleged risk of harm to an unborn child after its birth by taking action the chief executive considers appropriate;</li> </ul> <p>an example or notation to clarify the intent of the new sub-section, i.e. the chief executive or an authorised officer may offer assistance and support to the pregnant woman during her pregnancy but her acceptance or participation is voluntary; and make consequential amendments to allow people to provide information and protect them from liability for providing information.</p>		
<b>Approval of individual carer</b>			
9.2 That the Child Protection Act be amended to ensure that it regulates the assessment and approval of all carers.	Refer to recommendation 7.1	31/05/05	Included as part of Stage 3 legislation introduced into Parliament in May 2005. Targeted for completion November 2005.
<b>Case plans</b>			
9.3 That legislation require the development of a case plan for the care of all children on child protection orders or in the custody of the director-general.	Development of a legislative response to implement this recommendation will occur as part of Stage Two following further policy development by other relevant implementation groups.	30/09/04	Completed
<b>Report on implementation</b>			
9.4 That the government review, and report to the CMC on, the			A report will be submitted to the CMC on 6 January

CMC RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Blueprint	Blueprint Target	Progress
implementation of this report's recommendations within two years from the delivery of the report.			2006.

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
<p><b>Placement options</b></p> <p>1. It is recommended that attention be given to providing intensive family support services to assist and strengthen families to safely keep children with their natural parents. It is recommended that:</p> <p>1.1 small residential homes should be available for large sibling groups and young people who do not wish to have, or cannot cope with family based care or who are transitioning to independent living;</p> <p>1.2 the department consider the implementation of Family Group Conferencing as a means of diverting children from the child protection system, increasing diversity in alternative care options and relieving pressure on the foster care system;</p> <p>1.3 the department develop a clear policy framework which proactively seeks support options (eg placement, respite and social contact) within the child's family and community, eg the use of Family Group Conferencing. This policy framework should be developed in consultation with the departments Alternative Care Committee.</p>	<p>Intensive family support casework has been identified as a discrete function and will have dedicated case workers in service centres across the State.</p> <p>New practice standards will be developed to include models of working intensively with families to safely care for their children, including the use of Family group conferencing</p> <p>These recommendations will be incorporated into the new practice standards.</p> <p>Proposed that placement capacity, outside of 'standard' foster care needs to increase from a current level of 7.95% to 17%.</p> <p>Of this, non-family based care (including residential care) which is currently 4.4% of alternative care placements is proposed to be increased to 10.5%. The Department's Review and Evaluation Unit has developed an Evaluation Framework for Alternative Care, informed by the evaluation of the Future Directions trials. This framework will need to be reviewed in conjunction with non-government organisations sector and final approved by Department of Child Safety.</p> <p>Evaluations will be conducted by the Department of Child Safety's Review and Evaluation Unit. It is expected that the program of placement options will be evaluated in stages with an initial process evaluation at the end of the first 12 months with an</p>	<p>Funding for 2005-06 will be targeted at ensuring a more diverse range of alternative care providers are identified, including small residential homes.</p> <p>1.2 Completed</p> <p>1.3 Completed</p>

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
	<p>evaluation of outcomes within two years of its commencement.</p> <p>The Department currently funds 18 residential care services and has conducted a preliminary analysis of the need for residential care services. This analysis has been field tested by regional officers and will inform initial allocations of new resources.</p> <p>'Full implementation requires additional service planning work to determine areas of high need and models of service delivery. The completion of a consistent child needs assessment framework statewide will inform placement suitability.</p> <p>Practices will be informed by papers such as the recent Peakcare paper (December 2003) titled 'Beyond Placement : The Role of Residential Care in Meeting the Needs of Children and Young People in Care".</p> <p>A theoretical placement model has been included in this report and forms the basis of initial costings for the CPIU blueprint, which are based on current models of residential and enhanced foster care that are known to have been successful.</p> <p>Development of appropriate residential care services and the linked evaluation will be phased in over a 4 year period.</p>	
<b>Assessment, Approval, training and support for foster carers.</b>		
<p>2. It is recommended that the department:</p> <ul style="list-style-type: none"> <li>• review and amend relevant policies with respect to</li> </ul>	<p>New practice standards are being developed to focus on foster carer suitability, training, support and approval.</p>	<p>Substantially complete.</p>

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
<p>determining foster carers' suitability, having regard to foster carers own children, non-household members likely to have ongoing or significant levels of contact with children;</p> <ul style="list-style-type: none"> <li>• develop and implement clear standards and policy frameworks regarding the training and support to be provided to, and attended by, all foster carers. This should include the roles and responsibilities of persons or agencies responsible for the training and support of foster carers;</li> <li>• develop and implement clear standards for the review of relative carer and limited approval carers including their compliance with legislative provisions;</li> <li>• amend the 'Foster Carer Agreement' policy and procedures to include all foster carer approval types and monitor the 12 monthly review of the Agreements, to ensure that it is undertaken. A standardised Foster Carer Agreement proforma needs to be developed;</li> <li>• amend the legislation to ensure that standards and monitoring requirements apply to all foster carer types;</li> <li>• review the draft Sharing the Care training and include</li> </ul>	<p>The Foster Carer Agreement will be reviewed as part of the overall case management framework to ensure 12 monthly reviews are undertaken. Standardised proforma and tools will be provided as part of the overall practice review. The training for foster carers has been reviewed and amended to respond to the issues raised in the Foster Care Audit and is in the final stages of development. It will be implemented July 2005. The legislative context of approving all foster carer types in the context of the proposed changes to the Child Protection Act 1999.</p>	

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
<p>content that covers the issues identified by the Audit with clear information about listening to children and taking their disclosures of harm seriously;</p> <ul style="list-style-type: none"> <li>• clearly articulate to foster carers the standards of care required for children and young people in foster care.</li> </ul>		
<p><b>The number of children and young people placed with foster carers</b></p>		
<p>3. It is recommended that the department:</p> <ul style="list-style-type: none"> <li>• develop and implement policy that places restrictions on the number of children and young people or sibling groups that can be placed with all approved foster carers at any one time;</li> <li>• the policy should take into consideration the findings of this Audit and have regard to best practice developed within child care as to restrictions on the number of children in foster care;</li> <li>• the formula should state standards for the placement of children and young people with foster carers including specific requirements relating to: <ul style="list-style-type: none"> <li>• The number of carers' own children,</li> <li>• Children and young people with high support needs,</li> <li>• Children and young people that have been sexually abused, or have sexually abused other</li> </ul> </li> </ul>	<p>The work of the Alternative Care Steering committee and the proposals developed for the Blueprint will result in an integrated and comprehensive alternative care plan.</p> <p>This will be supported by new policy and practice standards in relation to foster care to be developed as a matter of priority.</p>	<p>This work is in development and is linked to the Foster Care recruitment strategy.</p> <p>This work is also linked to the roll out of the Practice Manual and the Integrated Client Management System.</p>

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
children and the placement of more than one sibling group with a foster carer.		
<b>The recording of child protection notifications</b>		
<p>4. It is recommended that the department:</p> <p>4.1 amend FSO training to include information on specific procedures and recording requirements associated with notifications involving foster carers;</p> <p>4.2 amend policy to require that all children and young people placed with foster carers are recorded as subject children, irrespective of the nature of the notified concerns;</p> <p>4.3 the current Responding to matters of concern raised in relation to the standards of care provided to children and young people in alternative care policy is amended to reinstate the 24 hour commencement time frame for all notifications relating to children and young people in</p>	<p>The Matters of Concern policy was reviewed and amended as a result of the Foster Care Audit. Further policy work is required to amend the notification policy - this will be addressed by the new risk assessment tools and practices currently being developed by Program Area 3.</p>	<p>4.1 Completed</p> <p>4.2 A new policy is developed and consultation is underway.</p> <p>4.3 Completed</p>

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
alternative care.		
<b>Initial assessments</b>		
<p>5. It is recommended that the department:</p> <ul style="list-style-type: none"> <li>• develop a comprehensive training package that includes quality assurance tools such as check lists for Team Leaders and other staff responsible for the approval of Initial Assessments, as a matter of priority, to improve the assessment of notifications and the recording of initial assessments. This training is to be available on a regular basis to departmental officers.</li> <li>• develop and implement training for all FSOs in relation to investigating and assessing of notifications involving foster carers with particular emphasis on risk assessments and the concepts of future harm.</li> </ul>	<p>New policy and practice tools in relation to risk assessment and Initial Assessments is being developed as a matter of urgency.</p> <p>Training for new departmental staff will be provided on these new practices and tools as part of the training initiative. Information to all existing staff will be provided as part of the transition process in the blueprint.</p> <p>Senior Practitioners in Child Safety Centres will play a key role in ensuring the quality of risk assessment.</p>	Completed
<b>Central specialist unit for assessment of notifications with respect to foster care</b>		
<p>6. It is recommended that a central specialist unit be established (possibly within the Operations Directorate) with staff to:</p> <ul style="list-style-type: none"> <li>• provide advice, training and support to specialist departmental officers in each region who will be responsible for the recruitment, assessment, approval and re approval of foster carers and the management of matters of concern;</li> <li>• develop systems to oversight all aspects of the</li> </ul>	<p>Specialist case workers will undertake recruitment, assessment, training, approval and re-approval of carers.</p> <p>Some of these services will also be delivered by non-government organisations under negotiated partnership arrangements with the exception of approvals and reapprovals. Discrete from this alternative care function, all assessment and investigation responses in relation to notifications about carers will be</p>	Completed

FOSTER CARE AUDIT RECOMMENDATION	PROPOSED ACTION / RATIONALE as set out in the Gwenn Murray Foster Care Audit Report	Progress
<p>management of matters of concern, including the investigation and assessment of notifications with respect to foster carer. This will require the development of a database for the collation of data and the formulating of protocols;</p> <ul style="list-style-type: none"> <li>provide assistance (in the form of advice) in relation to the development of action plans after there has been a substantiated or substantiated risk outcome;</li> <li>analyse data, monitor and report on trends relating to matters of concern. This is to involve the ongoing use of the Foster Carer Audit database. The role of the Unit would be to improve current practice to ensure its objectivity and focus on best practice. It is important that Unit staff are not involved in day to day casework matters.</li> </ul>	<p>undertaken by specialist assessment workers. In addition, assessment and investigation responses in relation to children in care will receive support from a centralised specialist unit that will oversight the management of all matters relating to carers. It is proposed that policy development occur in relation to these matters.</p>	
<b>Policy regarding investigating and assessing notifications on foster carers</b>		
<p>7. It is recommended that:</p> <p>7.1 the Child Protection Procedures Manual is updated and re-implemented as a critical tool for FSOs undertaking the broad range and complex requirements of child protection work. It should include chapters specific to the regulation of care and monitoring. The</p>	<p>Specialist case workers will undertake all assessment and investigation responses. The investigation of Matters of Concern relating to a carer will not be undertaken by the workers responsible for supporting the foster carer but rather specialist investigation workers.</p> <p>In addition, assessment and investigation responses</p>	<p>7.1 Completed</p>

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<p>manual should also set out the role of the FSO, who has casework responsibility for the case and foster carers, in the investigation and assessment, to ensure that there is no conflict of interest in the investigation process</p>		
<p>7.2 the investigation and assessment of child protection notifications involving foster carers be conducted in liaison with the recommended special investigation unit;</p>	<p>in relation to children in care will receive support from a centralised specialist unit that will oversight the management of all matters relating to carers. It is proposed that policy development occur in relation to these matters. Program Area 3 is developing procedural/practice frameworks, manuals and tools. Training for new staff in the new procedures will be undertaken as a part of the training initiative and for existing staff information will be provided as part of the transition process to the Department of Child Safety.</p> <p>Senior Practitioners will be responsible for the ongoing adherence to the policy.</p>	<p>7.2 Completed</p>
<p>7.3 the department amend its child protection notification response - initial assessment policy to include factors specific to formulating assessments in circumstances involving notified foster carers;</p>		<p>7.3 Completed</p>
<p>7.4 all foster carers in the household are included in the investigation and assessment process, with all reasonable attempts made to interview and include other persons alleged responsible for harm/risk of harm;</p>		<p>7.4 Completed</p>
<p>7.5 investigation and assessment requirements are clearly specified in relation to decisions about</p> <ul style="list-style-type: none"> <li>• children or notified foster carers who are Indigenous;</li> <li>• the involvement of Police and the outcomes of their investigations;</li> </ul>		<p>7.5. Included as part of Stage 3 legislation introduced into Parliament in May 2005</p>
<p>7.6 the development of a training module specific to the investigation and assessment of alternative care notifications that must be attended by departmental</p>		<p>7.6 Completed</p> <p>7.7 Substantially</p>

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<p>officers responsible for such investigations and assessments;</p> <p>7.7 the department implement formal monitoring and evaluation processes to ensure compliance with investigation and assessment processes.</p>		<p>complete. The Non-government Service Standards are due for completion June 2005. Internal Service Standards are targeted for completion September 2005.</p>
<p><b>Identifying sexual abuse indicators</b></p> <p>8. It is recommended that:</p> <p>8.1 all departmental officers attend training prior to undertaking assessments that provides a comprehensive overview of the dynamics of sexual abuse, risk indicators and how to enhance protective factors, and be able to demonstrate their understanding of it;</p>	<p>Induction training will provide this training for all new staff. For existing staff, the new risk assessment tools will provide a comprehensive tool. The training for foster carers has been reviewed and amended to respond to the issues raised in the Gwenn Murray audit report and is in the final stages of development. It will be implemented July 2004.</p> <p>The provision of information to carers is currently outlined in existing policy. Full implementation of the policy will be addressed through a number of strategies: auditing of the compliance to the policy, training for new staff and enhanced support from the Senior Practitioner.</p>	<p>8.1 Competency-based Training Programs for CSO's have been developed. Training for Team Leaders and Managers is under development and due for completion in early 2005-06.</p>

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<p>8.2 all foster carers are required to attend training that provides a sufficient overview of the dynamics of sexual abuse, risk indicators and how to enhance protective factors, and be able to demonstrate their understanding of it, prior to their initial approval;</p> <p>8.3 all foster carers are provided with appropriate information at the time of placement outlining any sexual abuse history or issues for the child;</p> <p>8.4 there are limits placed on the number of children with a sexual abuse history that can be placed together. Consideration should be given to restricting the placement of children with a sexual abuse history together with children who do not have a history of sexual abuse;</p>	<p>Further policy and practice standards are required to address the issue of the number of children placed with foster carers.</p> <p>The reviewed training for foster carers has included information about managing the needs of children and young people who have experienced sexual harm.</p>	<p>8.2 Completed</p> <p>8.3 Tools and processes are being developed within Stage Three Practice Manual and targeted for completion in October 2005.</p> <p>8.4 Completed</p>

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8.5 foster carers are supported and provided with strategies for their family to be able to respond appropriately to children who have been sexually abused.		8.5 Training in progress
<b>Responding to substantiated or substantiated risk outcomes of notifications concerning foster carers</b>		
9. It is recommended that the department develop policy and procedures specific to:	The reviewed Matters of Concern policy has been amended to reflect this recommendation.	
9.1 the purpose and requirements of intervention with children and young people following substantiated and substantiated risk outcomes, including support, access to therapy and the updating of case plans and case decisions. Policy and procedures are to include provision of support for children and young people when they are moved to a new placement.	Further policy development is addressing these aspects of the recommendation. Program Area 3 will address this issue in the development of practice standards. Training for new staff in the new procedures will be undertaken as a part of the training initiative and for existing staff information will be provided as part of the transition process to the Department of Child Safety. Senior Practitioners will be responsible for the ongoing adherence to the policy.	9.1 Completed
9.2 the purpose and requirements of intervention with notified foster carers following substantiated and substantiated risk outcomes, including consideration of the removal of children and young people and the suitability of individuals approved to care for children and young people;	Enhanced internal accountability mechanisms have been proposed through the blueprint.	9.2 Completed
9.3 review of Foster Carer Agreements following every substantiated or substantiated risk initial assessment outcome in relation to foster carers; and/or other persons		9.3 Carer recruitment programs are active. In the period

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responsible for harm where these persons are related to, or in regular contact with foster carers;		between September 2004 and March 2005 there were 1060 new carer households approved. The recruitment of sufficient Foster Carers to respond to the significant increase in children in care since the Blueprint remains a significant challenge.
9.4 training modules specific to the purpose and nature of intervention following substantiated or substantiated risk outcomes, including relevant policies and procedures, that must be attended by departmental officers; and shared family care service staff policies and procedures, that must be attended by departmental officers; and shared family care service staff;  9.5 The department must implement formal monitoring and evaluation processes to ensure compliance and related policies and procedures.		9.4 Competency based training modules have been completed.  9.5 Substantially completed.
<b>Appropriate management of the behaviour of children and young people in foster care</b>		
10. It is recommended that the department:	The development of standards and indicators associated with the legislated Statement of	10.1 Substantially complete. The Non-

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10.1 give urgent attention to developing 'best practice' standards and indicators associated with the legislated Statement of Standards;	<p>Standards has been identified as a priority area of policy development.</p> <p>The reviewed training for foster carers has included information about appropriate discipline and behaviour management.</p> <p>Further policy development is addressing these aspects of the recommendation. Program Area 3 will address this issue in the development of practice standards.</p>	<p>government Service Standards are due for completion June 2005.</p> <p>Internal Service Standards are targeted for completion September 2005</p>
10.2 develop an advanced training module that incorporates appropriate discipline and behaviour management strategies, that must be attended by foster carers, departmental officers and shared family care staff;	The legislative context of approving all foster carer types in the context of the proposed changes to the Child Protection Act 1999 (Stage 2).	10.2 Completed
10.3 prioritise the implementation of a clear policy framework for responding to foster carers who contravene legislated standards;		10.3 Completed
10.4 automatically include (as conditions of all Certificates of Approval) the requirement that foster carers provide care in a manner consistent with the Statement of Standards; and do not use corporal punishment or techniques that humiliate, frighten or		10.4 Completed

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<p>threaten children in ways that are likely to cause emotional harm;</p> <p>10.5 amend the legislation with respect to relative carers and limited approval carers so that they are subject to the same regulation and monitoring as approved foster carers, that would similarly enable the provision of conditional Certificates of Approval.</p>		10.5 Included as part of Stage 3 legislation introduced into Parliament in May 2005.
<b>Child focused practice frameworks</b>		
<p>11. It is recommended that:</p> <p>11.1 there is a systematic approach to ensuring children and young people in care can participate in decisions about their lives and that the philosophy of the department's child protection framework is child-focussed;</p> <p>11.2 departmental officers become more skilled in communicating with children and young people;</p> <p>11.3 children and young people must be consulted and involved in the development of case plans, placements and in their transition from care. A copy of their case plan should be provided to them with an updated copy as the plan progresses or changes;</p> <p>11.4 children and young people in the guardianship of</p>	<p>Program Area 3 is developing detailed practice tools to ensure children and young people in care can participate in decisions and that the practice is child focused.</p> <p>Further skills development is required to equip departmental staff with the capacity to work with young people in a meaningful way.</p>	Completed with on going requirements for training.

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<p>the chief executive be provided with information about the Charter of Rights, advocacy services and complaints procedures upon entering care and regularly throughout their time in care;</p> <p>11.5 that policy clearly articulates, and practice dictates that children and young people in alternative care have access to a support person during the assessment of notifications;</p>		
<p>11.6 The Audit Team endorses the recommendation of the Queensland State Government contained in its submission to the CMC that the role of the CREATE Foundation be expanded to provide independent views and representation to the Department of Families;</p> <p>11.7 based on the views of children and young people. The Government submission recommended that funding be increased to CREATE Foundation to expand its systems advocacy role.</p>		
<b>Aboriginal and Torres Strait Islander children and young people</b>		
<p>12. It is recommended that:</p> <ul style="list-style-type: none"> <li>alternative care services for Aboriginal and Torres Strait Islander children and young people should be developed and funded at a greater level to ensure safety and equity in the provision of alternative care</li> </ul>	<p>Recognised Agency roles will be established in remote Indigenous communities. The provision of services for this group of children is not ignored and is developed from the spectrum of services, which are required for children at risk at various points in the child protection system.</p>	<p>Alternative Care Funding levels for Indigenous and Non-Indigenous children are at a higher level than ever before.</p>

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<p>services;</p> <ul style="list-style-type: none"> <li>• a range of initiatives be implemented to address alcohol, violence and child protection issues in isolated communities;</li> <li>• the Coalition Of Attorneys General collaboration should be expedited in relation to child protection, and identify what gains could be made in the Cape York trial sites project;</li> <li>• Recognised Agencies under the Act must be funded adequately, and their staff trained and supported to enable them to respond to requests made for advice and involvement in case planning;</li> <li>• the department in consultation with Recognised Agencies develop indicators and measures regarding standards of care required of Indigenous foster carers.</li> </ul>	<p>Therapeutic service delivery is covered by area 9.</p> <p>SCAN processes for Remote communities is covered by Program Area 2 - SCAN sub-group.</p> <p>The role of the Child Safety Directors and the Department of Communities including other departments should enhance a continuum of service delivery in remote communities.</p> <p>The Department of Communities ensures early intervention and prevention services are developed and supported.</p> <p>Options of safe house within remote communities will be investigated.</p> <p>Establish internal Indigenous Support and Development Unit in Department of Child Safety to provide necessary support and resources, inc. training and professional development.</p> <p>Recognised Agencies to be included in appropriate Departmental training. Such as, specific modules in FSO training around front-line service delivery and case planning that is specific to Aboriginal and Torres Strait Islander child protection.</p>	<p>In line with the Blueprint, a service delivery hub model targeting Northern and Far Northern Indigenous communities for the delivery of DChS services has been approved. The model is being introduced progressively, with 4 hubs currently implemented with a further 2 hubs to commence shortly. DChS is working with DoC on targeted Prevention and Early Intervention service provision and safe havens to Indigenous communities.</p> <p>Recognised Agencies Model has</p>

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		been approved and will be implemented in 2005-06.
<b>Contact with children and young people</b>		
<p>13. Given that an overwhelming finding of the Audit was that there was a significant lack of direct contact between the FSO and the children and that home visits are a critical factor in the prevention of harm, it is recommended that the department:</p> <p>13.1 adequately resource and prioritise alternative care to ensure that the department is able to fulfil all of its responsibilities as outlined in the Child Protection Act 1999;</p> <p>13.2 amend departmental policy to articulate that children and young people are visited frequently in their home environment, with a minimum requirement of once a month when subject to short-term child protection orders and once every two months when subject to long-term child protection orders;</p> <p>13.3 provide training to departmental officers with regard to the purpose and function of home visits for children and young people in alternative care.</p>	<p>The work completed for the Blueprint has identified the required resources to ensure that each child has a dedicated caseworker.</p> <p>Program Area 3 is developing new practice frameworks and tools to focus on working directly with the children in care.</p>	Completed
<b>Case Planning</b>		
14. It is recommended that the department:	The Integrated Client Management System will include systems to review and monitor policy	

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<p>14.1 incorporate into the new Integrated Client Management System a bring-up system to ensure effective monitoring and compliance with the six monthly review requirements of the Child Protection Act 1999;</p> <p>14.2 provide ongoing training to Family Services Officers and Team Leaders about the Case Management framework covering areas such as:</p> <ul style="list-style-type: none"> <li>• the purpose of Case Management,</li> <li>• maximising the participation of children and young people in case planning decision,</li> <li>• the development of recorded case plans which clearly articulate the basis for the professional judgement of appropriate departmental intervention.</li> </ul>	<p>requirements such as the requirement to conduct six monthly reviews.</p> <p>Program Area 3 is developing a new case management framework which will clarify the 'Purpose of case management'.</p>	<p>14.1 This process is aligned with the ICMS Project.</p> <p>14.2 Competency based Training Programs for CSO's have been developed. Training for Team Leaders and Managers is under development and due for completion in early 2005-06.</p>
<p><b>Professional decision making</b></p> <p>15. It is recommended that the department develop:</p> <ul style="list-style-type: none"> <li>• ongoing training in the area of professional decision making in child protection targeted at Team Leaders and Family Services Officers. The training among other things, should address the emotional and intellectual challenges of decision making in child protection. It should also include information on building and maintaining child protection worker's emotional resilience;</li> </ul>	<p>Program Area 3 is developing new risk assessment and child needs tools to enhance professional decision making.</p> <p>A detailed implementation plan will be required to ensure consistency of practice across the State to include training for workers and team leaders.</p>	<p>Competency based Training Programs for CSO's have been developed. Training for Team Leaders and Managers is under development and due for completion in early 2005-06.</p>

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<ul style="list-style-type: none"> <li>• training for Team Leaders in relation to supervision that addresses the professional development needs of departmental officers and enables critical review of decision making.</li> </ul>		
<b>Caseloads of Family Services Officers</b>		
<p>16. It is recommended that the department:</p> <p>16.1 develop a caseload formula to set maximum caseload limits per FSO. This formula should take into account the factors outlined in the body of the report;</p> <p>16.2 employ additional FSOs within the next 12 months to reach a ratio of one FSO per 15 children in alternative care and accordingly ensure an appropriate increase in Team Leader positions;</p> <p>16.3 amend policy to require that every child in alternative care has an allocated FSO.</p>	<p>Current analysis of workloads and staffing requirements is based on 15 cases per case worker, and that every child in care will have a case worker. Team Leader positions have also been increased to ensure each Team Leader has a maximum of six case workers to supervise.</p> <p>Deliver via a project with a project ED having primary carriage to ensure it is implemented.</p>	<p>Workload Management Taskforce has been established to review caseloads of CSO's</p> <p>16.3 Completed</p>
<b>Recommendation concerning staff training and professional development</b>		
<p>17. It is recommended that:</p> <p>17.1 consideration be given to developing partnerships with relevant universities in order to inform the structure and course content regarding statutory child protection. Curricula must provide appropriate skills base, including components of human and child development and the importance of record keeping as part of professional practice. There should also be post graduate studies in</p>	<p>Formal partnerships with the universities commenced in May 2002. Detailed discussions were held with the universities on 8 December 2003 following the Gwenn Murray audit report and the CMC hearings to detail new requirements and expectations. Further follow up is required to develop specific child protection under and post graduate studies.</p>	<p>17.1 Completed. James Cook University and Queensland University have implemented a new Postgraduate qualification in Child Protection.</p>

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<p>child protection;</p> <p>17.2 a consortium be developed between relevant Government departments including the Commission for Children and Young People, Youth Legal Aid and the Children's Issues Committee of the Queensland Law Society. It is also recommended that consideration be given to funding through the partnership consortium of a Chair in Children and Young People at a particular University to raise the profile and give greater importance to the needs of child protection and youth justice in Queensland;</p> <p>17.3 department provide a range of appropriate training to new departmental officers working in frontline child protection. Course content needs to be relevant and current for FSOs, Team Leaders and area office managers;</p> <p>17.4 that greater support and supervision be available to staff to assist them professionally and emotionally in the</p>	<p>Training initiative for new staff has commenced and is proposed to expand to deliver training for team leaders and managers.</p> <p>A current project is underway funded by the Department of Industrial Relations to develop and deliver workshops to front line staff with respect to identifying and managing vicarious trauma.</p>	<p>17.2 Completed</p> <p>17.3 Competency based Training Programs for CSO's have been developed. Training for Team Leaders and Managers is under development and due for completion in early 2005-06.</p> <p>17.4 Completed</p>

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high level of stress and the management of vicarious trauma.		
<p><b>Information Systems</b></p> <p>18. It is critical to the department's core business and day to day practice to have access to current and reliable data. It is recommended that:</p> <p>18.1 an updated and integrated client management system is urgently developed, that contains all departmental information (Child Protection, Carepay, Foster Carers, Youth Justice and Adoptions) and is accessible state-wide in real time to all departmental officers, as appropriate. In developing the ICMS, the department must have regard to the findings and recommendations of the Audit and incorporate these within the development of the ICMS;</p> <p>18.2 until the ICMS is in place (which may be two years) interim measures be put in place to address identified issues with regard to improving recording and retrieval of client information;</p>	<p>Analysis of the CMC and Gwenn Murray recommendations indicates that predominantly, the requirements and functionality articulated in the Integrated Client Management System (ICMS) Request for Offers document will meet the recommendations.</p> <p>The Department is seeking to procure a packaged solution that will be flexible and can respond to changing business processes.</p> <p>The process for procuring and implementing the Integrated Client Management System (ICMS) is proceeding.</p> <p>Response: The Carer Directory element of the Integrated Client Management System has been confirmed as the first part of the system to be implemented. This will include support for carer application, recruitment, selection, approval/reapproval, support training, information on the care environment and the recording of matters of concern.</p> <p>Issues and requirements were identified against the</p>	<p>18.1 Due to costs for delivery of some requirements, a range of alternative options are being explored for delivering component parts of the ICMS project within the available budget.</p> <p>18.2 The ICT Renewal project currently underway will improve data recording and retrieval. This project is due for completion in December 2005.</p> <p>18.3 Ongoing</p>

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<p>18.3 there are hyper-links within the new ICMS to relevant policy and practice guides; o an appropriate statistical model for the population base be developed specific to client and foster care information. The development of this model should be led by a postdoctoral statistician and staff with appropriate qualifications;</p> <p>18.4 consideration be given to changing the terminology of "Initial Assessment" and ceasing the practice of having "related notifications" linked to initial assessment documents;</p> <p>18.5 there is a removal of all central office recording of area office information (with sufficient resources to allow it to be undertaken at area office level) and electronic ownership of clients;</p> <p>18.6 the new system has the capacity to deliver on-line, instantaneous data reports that are accessible to all appropriate staff and able to be replaced historically;</p> <p>18.7 there is an urgent revision of the process for recording carer approvals and placements. The revised process should be integrated into any new system and designed with the ability to produce accurate numbers of foster carers and foster carer families, including information regarding who provides their support (the department or relevant non-government agency);</p>	<p>recommendations related to the work of the other program areas. The following essential tools were identified as necessary in the short-term.</p> <ul style="list-style-type: none"> <li>• Risk Assessment tool</li> <li>• Carer Register/Directory</li> <li>• Tools to support SCAN teams in the sharing of protective plans</li> <li>• Tools to support the case planning component of case management</li> <li>• Complaints management system</li> </ul>	<p>analysis of data is occurring.</p> <p>18.4 Completed</p> <p>18.5 Substantially completed.</p> <p>18.6 Linked to the ICMS Project.</p> <p>18.7 Substantially completed.</p> <p>18.8 Completed</p>

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<p>18.8 information management is urgently developed to track children by placements, matters of concern and notifications while in those placements;</p> <p>18.9 efficient on-line management reporting systems are urgently developed within area offices and regions and allows central office staff to access key performance measures for monitoring and reporting purposes;</p> <p>18.10 technology is developed to allow staff to e-mail/forward information they have recorded about a client to another area office;</p> <p>18.11 the new system should be "intelligent" in order to minimise recording errors and should follow current practice guidelines, not dictate them. For example, workers should be led through the screens, which provide clear 'instructions' for text and the information recorded should be automatically linked to the client and their family;</p> <p>18.12 the current alerts system be reviewed and a range of new alerts included that identify particular issues for foster carers and for the safe placement of children;</p> <p>18.13 there is a complete review of the current format for recording assessment actions and outcomes. In particular a review of the Child Outcome Table, the</p>		<p>18.9 Linked to ICMS project.</p> <p>18.10 Linked to ICT Renewal Upgrades</p> <p>18.11 Linked to ICMS project.</p> <p>18.12 Linked to ICMS project.</p>

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Nature of Harm or Risk Substantiated Table and the Ongoing Intervention Fields.		
<b>Integrated Services</b> 19. It is recommended that Queensland Health and Department of Families develop a system to provide children and young people who are in care (or are subject to statutory intervention) priority access to health, dental and behavioural services, including a medical card which goes with the child.	Requires further development. Refer to Therapeutic services subgroup.	Memorandum of Understanding has been signed and being implemented. Funding has been allocated.
<b>Children subject to child protection proceeding</b> 20. It is recommended that legal officers be employed in each region to assist with the preparation of documentation for court and tribunal proceedings, provide advice to FSOs and in some circumstances attend at such proceedings	Specialist dedicated court officers will be located in each service delivery unit to provide resources and support to staff in the preparation of court material, and to represent the D-G in court proceedings. They will be supported through a state-wide network of court officers coordinated by the Court Services Unit. Court Services will provide ongoing training and centrally monitor trends in practice.	Completed
<b>Custody or guardianship applications in favour of a relative or other person/s</b> 21. It is recommended that children and young people be consulted and involved in considering custody or guardianship orders. Further, that consideration should be given to appointing a separate legal representative for the child or young person in some circumstances, when	Further policy development is required. The capacity of zones to review of contentious cases will be enhanced by the increase in Senior Practitioners.	Completed

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<p>an application is made. It is recommended that the Operations Directorate conduct a thorough review of the case, including an assessment of CPIS information recorded within case notes, intake notes and outcomes recorded, prior to granting an order.</p> <p>It is recommended that a report be provided to the court that details relative or other persons suitability as a guardian/custodian of a child. The report should include all history checks as well as a written assessment of the proposed carer's suitability.</p>	<p>This is preferred to this function being undertaken by a central office unit.</p>	
<p><b>Children Services Tribunal</b></p> <p>22. It is recommended that further and adequate funding and resources be provided to the Children Services Tribunal to respond to current inquiries and demands to the registry and to better ensure that children and young people participate in the appeals process and receive legal representation where necessary. This funding and resources to the tribunal should also include the provision of training and education to departmental officers and other groups supporting applicants appearing before the tribunal.</p> <p>It is recommended that training and support be provided to FSOs presenting and/or appearing before the tribunal about the procedures of the tribunal and the preparation of documents and information.</p>	<p>President to full-time and additional A03 and A04 to support increase in matters to Tribunal.</p> <p>Increase in fees paid for tribunal sitting to attract additional members.</p> <p>The enhanced network of Court Officers will provide this support and training in relation to court and Tribunal matters.</p> <p>Departmental staff are currently supported by legal officers through Crown Law where permitted by the</p>	<p>Completed</p>

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<p>It is recommended that FSOs be provided with legal assistance from legal officers employed by the department, and that the legal officers would prepare the tribunal documentation and in some circumstances, appear before the tribunal (see also recommendation that the department employ legal officers in each region).</p> <p>Where a review application is made under Section 59 of the Children Services Tribunal Act 2000, that the child or young person be granted legal aid for a separate representative.</p>		
<b>External monitoring of children and regulation of foster care</b>		
<p>23. Commission for Children and Young People</p> <p>It is recommended that:</p> <p>23.1 the Commission for Children and Young People provide advocacy for and systemic monitoring of children and young people in alternative care. The Commission must be able to sight and speak with children and young people in their foster care settings. The Commission for Children and Young People Act 2000 therefore should be amended accordingly. In particular, s64 could be amended to include (d) foster care settings at "visitable sites";</p> <p>23.2 a variation of some of the key functions of the Office of the Children's Guardian in NSW be undertaken within</p>	<p>Legislative changes are planned to expand monitoring and investigation powers of Commission for Children and Young People. Foster care setting will be 'visitable sites'.</p> <p>This will be undertaken as part of phase 1 Legislative Reforms.</p> <p>The Community Visitor program will be expanded to enable and advocacy and monitoring role.</p>	Completed

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<p>the Commission for Children and Young People. For example, the Commission would provide oversight of case plans, visit and speak with, and have access to data concerning children and young people in alternative care. The Commission would therefore require additional funding to be able to expand and undertake these functions;</p> <p>23.3 a consultation process with the department, the Commission, Children Services Tribunal, CREATE Foundation and other relevant stakeholders including Indigenous agencies and foster care the community visitors scheme to take on the function of advocacy and monitoring by the Commission. The consultation process should include an amendment to any existing protocol regarding the sharing of information;</p> <p>23.4 staff employed by the Commission for Children and Young People to undertake the advocacy and monitoring for children and young people in care must have child protection experience and practice frameworks.</p> <p><b>CREATE Foundation</b></p> <p>23.5 The Audit Team endorses the recommendation of the Queensland Government, contained in its submission to the CMC that the funding be increased to CREATE Foundation to expand its systems advocacy and monitoring role for children and young people in</p>		

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care.		
<b>Implementation</b> 24. It is recommended that an independent committee comprising of members from the Department of Families, Department of the Premier and Cabinet, Treasury, the Commission for Children and Young People and stakeholders from community organisations oversee the implementation of the recommendations from the Audit Report.	A steering Committee comprising the Directors-General of Department of Child Safety, Department of Communities, Department Premier and Cabinet, the Commissioner for Child and Young People and the Under Treasurer was formed to oversee the implementation of the CMC and Audit report.  The Director, Child Protection Implementation Unit formed three reference panel of community organisations to assist in the Implementation.	Completed