Our reference: COM 02467-2013

14 MAR 2013

Queensland Government

Office of the
Director-General

Department of
Communities, Child Safety and Disability Services

The Honourable Timothy Carmody SC
Commissioner
Queensland Child Protection Commission of Inquiry
PO Box 12196
George Street
BRISBANE QLD 4003

Dear Commissioner

I would like to present the Department of Communities, Child Safety and Disability Services' response to the February 2013 Queensland Child Protection Commission of Inquiry Discussion Paper.

This response complements and builds upon other evidence and information provided to the Commission of Inquiry through departmental witness statements, witness appearances and through the department's December 2012 submission to the Commission of Inquiry.

Please note this response represents only the views of the Department of Communities, Child Safety and Disability Services. It is not intended, nor is it representative of, a whole of government position.

I also attach to this letter a table highlighting some minor anomalies in departmental data published in the final version of the Discussion Paper, for your information.

Thank you for the ongoing opportunity to contribute to the Inquiry and your consideration of the details contained in the enclosed document. I look forward to the final release of the Commission of Inquiry's final report in 2013.

If you require any further information or assistance in relation to this matter, please contact me directly on 3235 4311.

Yours sincerely

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Director-General

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Attachment 1: Data Issues for consideration in the Queensland Child Protection Commission of Inquiry *Discussion paper, February 2013*

Issue	Page / Reference	Suggested Response
Number of Child Safety Service Centres	**Commissioners overview,** *The department service system, page v* The Discussion paper currently states that child protection services are delivered across the state through 880 funded non-government agencies, and directly by the department through **90 service centres** across 7 regions.	There are 56 Child Safety Service Centres across 7 regions.
List of mandatory notifiers	**Chapter 2**, page 14 The Discussion paper currently states that "the largest group of reporters to Child Safety are public workers in public sector positions who are required by legislation to report suspected physical, sexual and other abuse and neglect. These include: • **Child safety officers** (*Child Protection Act* s 148) • Doctors and registered nurses (*Public Health Act 2005* s 191) • The Children's Commissioner (*Commission for Child and Young People and Child Guardian Act 2000* s 25) • Teachers, required to report suspected child sexual abuse to their school principal, who in turn must report to police (*Education (General Provisions) Act 2006* ss 365-366)"	Section 148 of the *Child Protection Act 1999* includes (a) an authorised officer; or (b) an officer or employee of the department involved in administering this Act; or (c) a person employed in a departmental care service or licensed care service. Further, missing from the current list contained in the discussion paper are family court personnel, family counsellor, family dispute resolution practitioner or arbitrator (*Family Law Act 1975*, s 67ZA).

Issue	Page / Reference	Suggested Response
Number of children subject to Temporary Custody Orders	**Chapter 2**, page 15 The Discussion paper cites that as at 30 June 2012, **1,078 temporary custody orders (TCOs)** had been granted (sourced from the statement of Brad Swan, Executive Director, signed 26 October 2012).	The statement of Brad Swan dated 26 October 2012 provided a response to Children on Short-term Orders (snapshot as of 31 March 2012). As a response to Q29, a data set was provided (attachment 4e Themes 5-8 Datasets – STCPO). Information contained in this excel spread sheet lists "Interim CPO – temp cust DG & to person/s" of which there are 1,078. The number quoted refers to children that were in the temporary custody of the chief executive or on Interim Child Protection Orders, not Temporary Custody Orders. According to corporate data there were 240 admissions to Temporary Custody Orders in 2011-12.
Frequently encountered families (high service users)	**Chapter 4**, page 81 The Discussion paper states "information provided by Child Safety shows that in **2010-11 between 60 and 70 per cent** of households investigated for allegations of child maltreatment were previously known to the department. " "Further, 26 per cent of families had been subject to some form of ongoing intervention by the department. This ongoing intervention was a support service case, intervention with parental agreement, supervision or directive order, or child protection order granting custody or guardianship of a child to the chief executive. Only 32 per cent of families investigated had no previous contact with Child Safety. This indicates there are failures in identifying families requiring support and the capacity of current support arrangements to facilitate	Statement 1973675 (attachment 3) refers to re-entry for 2002-03 to 2009-10. Statement 1992603C Q14 (attachment 1) refers to subsequent notification within 12 months 2010-11 as being 4,210 (21.8%). The department's parent profile reports published during 2008 and 2009, present data collected from April to June 2007. Therefore, the reference to 2010-11 should be removed.

Issue	Page / Reference	Suggested Response
	sustainable change in families."	
Data on long term guardianship orders	**Chapter 5**, page 108/109, Figure 16 The Discussion paper currently states "while it is encouraging that the number of children on long-term guardianship orders to another person has increased proportionally between 2001 (where 98 per cent of guardianship orders were to the chief executive) and 2012 (where 79 per cent of the guardianship orders were to the chief executive)..." Data in figure 16 of the Discussion paper indicates the following for long-term guardianship child protection orders: - 2001 there were 1,562 children with guardianship to other and 31 with guardianship to the chief executive. - 2006 there were 1,652 children with guardianship to other and 322 children with guardianship to the chief executive. - 2012 there were 3,693 children with guardianship to other and 975 with guardianship to chief executive.	The larger figure in each time-series (text and figure) should be the number of children with guardianship to the chief executive. The smaller number should be the number of children with guardianship to other person. There were 3,692 children (not 3,693) subject to long-term guardianship to the chief executive and 976 children (not 975) subject to long-term guardianship to other as at 30 June 2012.
Data on children in out-of-home care at 30 June by Indigenous status	**Chapter 7**, page 167, Figure 19 The rate of Aboriginal and Torres Strait Islander children in out-of-home care in figure 19 for 2005 is written in the Discussion paper as **2.08**.	The Report on Government Services 2013 identifies the correct figure as 20.8.
Report on Government Services 2013 - expenditure	**Chapter 11**, page 286, Figure 23 The Discussion paper currently refers within figure 23 to the total	The title notes the figure includes data on adoptions; however the data from the Report on Government Services 2013 does not

Issue	Page / Reference	Suggested Response
(excluding Adoption)	expenditure for the provision of child protection, out-of-home care and intensive family support services **and adoptions**, Queensland, 2003-04 to 2011-12.	include adoptions funding.
Expenditure by type	**Chapter 11**, page 287, Figure 24 The Discussion paper currently refers to expenditure for the provision of child protection, out-of-home care and intensive family support services by type of service, Queensland, 2003-04 to 2011-12 "From 2003-04 to 2010-11, intake numbers grew by 152 per cent, from 44,631 to 112,518. In the same period, the number of children living in out-of-home care grew 83 per cent, from 4,413 to 8,063."	The data represented in figure 24 is incorrect when referring to the legend and to Attachment 3 of Statement 1973675 signed by Brad Swan on 10 August 2012. The higher figure of $396M is expenditure on out-of-home care services. The smaller number of $306M is expenditure on child protection services. The data in the text on page 287 relates to children living away from home, not children in out-of-home care as currently indicated.

Department of Communities, Child Safety and Disability Services Response to the Queensland Child Protection Commission of Inquiry Discussion Paper

February 2013

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Introduction

The Department of Communities, Child Safety and Disability Services welcomes the opportunity to provide a response to Queensland Child Protection Commission of Inquiry's Discussion Paper – February 2013. This response builds on the evidence and information provided to the Commission of Inquiry on behalf of the department, including the department's submission of December 2012. This response represents the views of the Department of Communities, Child Safety and Disability Services and does not reflect Queensland Government policy.

The Terms of Reference ask the Commission to make recommendations to chart the 'road map' for the next decade. They specifically require the Commissioner to take into consideration the fiscal position of the State and to make recommendations that are affordable, deliverable and that provide effective and efficient outcomes. The Commission of Inquiry provides a genuine opportunity to set the reform agenda for Queensland's child protection system for the next decade.

In doing so, the department encourages the Commission of Inquiry to have a clear line of sight of the outcomes for Queensland children and families sought to be achieved. It is the department's view that children should be safely cared for by their families. Queensland should be recognised as a state where children's wellbeing is a priority and children have the opportunity to reach their full potential and are able to participate in school and community life, and are healthy and well. This should be supported by a shared commitment across government agencies, and with the non-government sector other institutions and governments, to improving child wellbeing and family functioning.

The system should be reoriented towards providing support and assistance to families so they can care safely for their children. Removing children from their family's care to ensure their safety should be a last resort. Multiple opportunities should be embedded within the system to enable families to be diverted away from requiring an initial, or ongoing, statutory child protection response. When children are removed, support should be provided to return them safely to their family's care as soon as possible. When children cannot be returned safely, they should be cared for in a way that meets their individual needs and best interests, and be provided high quality out-of-home care. The system should also ensure that young people are supported and well prepared for their transition to independence and have the best possibility of achieving positive life outcomes.

A consistent theme in the information provided to the Commission of Inquiry by the department has been the need for a paradigm shift away from a child rescue approach where the system is skewed towards the use of statutory powers and intrusive intervention to one which is focused on improving child and family wellbeing. This cultural shift should not be limited to the role of Child Safety Services

but should be shared across government agencies and with the non-government sector and across the levels of government.

The reform of the child protection system, in the department's view, should be based on the following overarching themes:

- The **shared responsibility and accountability across government** for improving child and family wellbeing and keeping children safely at home;
- A **broad community effort for family friendly communities and organisations**, particularly focusing on the needs of vulnerable children and families;
- The major enhancement of a **secondary family support service system** with sufficient capacity and capability to effectively and efficiently keep children safely at home;
- A focus on working with families through **ongoing support and assessment** and enabling within the system **multiple points for families to be diverted** from requiring a statutory child protection response ;
- Providing effective culturally appropriate and sensitive intensive family support to **reduce the over-representation of Aboriginal and Torres Strait Islander children and families** in the child protection system;
- Providing **high quality care to children and young people** in out-of-home care, and support for them to transition to independence, that is focused on supporting children and young people achieving the best possible outcomes;
- A commitment to **consistent high quality practice** supported a culture of ongoing learning, development and professional support;
- **Building competent and capable workforce** across the government and non-government sectors; and
- **Reducing duplication and improving efficiency and effectiveness** whilst maintaining accountability.

The recommendations of the Commission of Inquiry can be staged to deliver priority reforms and staggered investment. This approach would enable reforms that aim to support families to keep their children safely at home to be delivered in the first instance so that families are diverted from requiring statutory child protection responses. Over time, as demand on the statutory system is realised, improved efficiency would enable further re-investment to support the implementation of additional reforms within the system. A staged approach should focus on supporting better outcomes for children and families, while delivering the highest return on investment.

The following information is provided in response to the issues raised and the questions posed in each respective Chapter of the Commission of Inquiry's Discussion Paper February 2013.

Chapter 2: the child protection system in Queensland

Response to issues

Secondary service system
Government's contractual arrangements, obligations, and reporting requirements are underpinned by a legislative framework, however, the provision of particular types of services, and the level of service capacity, across government are not legislative prescribed. This approach enables government to flexibly respond to changing community need and implement changing policy and budgetary priorities.

The department's submission to the Child Protection Commission of Inquiry in December 2012 covers issues relating to the provision of family support services and other services that may provide assistance to families to assist them to care safely for their children at home at pages 18, 40-46.

The statutory child protection system
Figure 2 on page 12 of the Discussion Paper currently represents Child Concern Reports as being a possible outcome of a matter being considered to meet the threshold of a 'notification'. In fact, a Child Concern Report is recorded when there is no reasonable suspicion that a child is in need of protection following an initial screening at intake. These matters are not progressed to a 'notification'.

Limited use of Intervention with Parental Agreement
A number of issues may impact on the current use of Intervention with Parental Agreement by Child Safety Services. These include:

- A perceived or actual lack of service capacity in the local service system to provide adequate family support or other specialist services to support a family to enable them to keep a child safely at home;
- The current culture and practice within Child Safety Services which is skewed towards statutory child protection responses and may lead to a concern that an IPA is not an adequate response to keep a child safe;
- The availability of internal resources and skill to support the kind of intensive work required to work with agreement with a family with complex needs.

Chapter 3: Reducing demand on the tertiary system

Response to issues

Underinvestment in secondary services
In 1999, the *Commission of Inquiry into abuse of children in Queensland institutions* (the Forde Inquiry report) (recommendation 4) was that the Queensland Government increase the child protection budget by $103 million *per annum* and agree to maintain the increase in line with the national average. At that time, this level of increase would have meant Queensland would have met the national average per capita welfare spending for children, based on the published 1997-1998

data from all Australian States and Territories on family and child welfare expenditure.

The Forde Inquiry report indicated that these additional resources be focused on the prevention of child abuse through supporting 'at risk' families, respite care, parenting programs and other early intervention and preventative programs for high-risk families.

Whilst the Queensland Government accepted the recommendation in principle, it was implemented by a budget response that commenced in 1999-2000 and was enhanced in the next two State Budgets but not at a level that reflected the Forde recommendation. The relevant appropriations are as follows:

	1999-2000	**2000-2001**	**2001-2002**	**2002-2003**	**FYE increase**
Initial response	$10M	$20M	$30M	$40M	$40M
2000-01 increase		$4.965M	$4.965M	$4.965M	$4.965M
2001-02 increase			$5.800M	$5.800M	$5.800M
Total					$50.765M

The 1999-2000 State Budget provided the initial response of $10 million, which was incremented by a new $10 million up to a total of $40 million in 2002-03. This amounted to an increase of $100 million *over four years*. This was described as approximating the $103 million recommended by the Forde Inquiry report, however, Forde had recommended that level of increase per annum not altogether. The actual increase delivered was $40 million *per annum.*

The amount of increase required, as recommended in the Forde Inquiry report, was based on the demand on the statutory system in the 1997-98 year. Between the time the recommendation was made and the actual budget increase of $40 million per annum was delivered a period of five years had passed. During that five year period demand on the statutory system had increased, with intakes more than doubling from 19,221 in 1997-98 to 43,202 in 2002-03. This meant that more investment was required to fund the statutory component of the system and the majority of the budget increase was directed to this rather than secondary supports.

The Forde Implementation Monitoring Committee Report tabled in the Parliament in August 2001, which included an acquittal of the Forde funds, showed that no more than 30% of the new funds had been allocated to prevention and early intervention.

In 2002-03, the Queensland Government announced the Future Directions funding initiative. Further additional funding of $32 million was appropriated in 2002-03 which rose to $42 million in 2004-05. Of this $42 million, nearly 60% was allocated to

programs categorised as prevention and early intervention or secondary services. The Referral for Active Intervention services (RAI) were funded from the final $10 million of this initiative appropriated in 2004-05.

In 2004, the Crime and Misconduct Commission *Protecting Children: An inquiry into abuse of children in foster care* report was released. The Queensland Government's budget response was implemented from the 2004-05 State Budget.

The CMC Inquiry report recommended that a new Department of Child Safety be established to focus on statutory child protection intervention and another agency have responsibility for delivering prevention and early intervention services, including services for all children and for programs targeting communities or families identified as vulnerable.

Consequently, all of the funds appropriated as a response to the CMC Inquiry report, were directed to the Department of Child Safety to deliver statutory service responses. Additional investment directed towards this component of the system was justified by the many issues identified by the CMC Inquiry as requiring significant improvement and the underinvestment in the statutory system at that time.

Of the additional investment into the system after the CMC Inquiry, $6.24 million was specifically allocated for family reunification services and these funds now form part of the approximately $20 million program known as Family Intervention Services (FIS). FIS provide family preservation and reunification services to statutory child protection clients.

Despite the CMC Inquiry report recommendation that another agency have responsibility for delivering prevention and early intervention services there was no additional appropriation to the Department of Families/Communities for prevention and early intervention. However, that department did receive the $10 million final tranche of Future Directions budget allocation and applied $8.5 million of it to RAI, and $1.5 million to Specialist Counselling Services

The Child Safety Services' budget has increased since the time of the CMC response with additional new initiatives, primarily for out-of-home care placements, or additional staff to reduce caseloads. However, a funding growth formula aligned to actual growth in child protection numbers was never instituted despite being recommended by the Forde Inquiry report and advocated for after the CMC Inquiry. The department has received general population growth funding in its budget (at around 2.0%) but this has invariably been outstripped by the growth in child protection numbers. Immediately following the CMC Inquiry, the number of children subject to child protection orders increased significantly, increasing by an average of 16.0 per cent per year from 30 June 2003 to 30 June 2006. However, the budget increases following the CMC Inquiry and subsequently, while significant, have consistently lagged behind the rate of growth in statutory child protection demand.

Following each of the previous inquiry processes in Queensland, and despite recommendations that investment in secondary services be increased, demand on the statutory component of the system has continued to increase because not enough has been invested in the secondary system to prevent unnecessary intrusion into the statutory system. The funds allocated to the Helping out Families initiative in South East Queensland were not spread thinly across the state because they represent the level of investment estimated to be required in each area to make a difference to the rate of increase in demand on Child Safety Services.

The Commission of Inquiry has heard specific evidence relating to the significantly increased costs of providing out-of-home care placement services since the CMC Inquiry. However, the funding allocations contained in the Queensland Government response to the CMC Inquiry report [1]were based on providing a balanced placement service system for the nearly 4,000 children in out-of-home care (based on the 30 June 2003 data). Immediately after the time of the CMC Inquiry the numbers of children living away from home increased dramatically: by 16.5 per cent in 2003-04; 28.2 per cent in 2004-05; and 17.6 per cent in 2005-06. Even in the last year (2011-12), the numbers of children living away from home increased by 5.2 per cent to 8,482 which is more than twice the number at the time of the CMC Inquiry. The significant increase in the cost of providing out of home care is directly related to:

- the Blueprint allocations to address the historic under-funding of placement services;
- the continuing growth in the actual numbers of children and young people living away from home;
- the multiple and complex issues for children and families involved in the statutory child protection system; and
- in recent years, the significant additional costs associated with salary award increases for non-government organisations.

Queensland's child protection outlays are now comparable with those of other jurisdictions; however, the mix of investment is weighted towards the statutory end of the continuum. This reflects past Government and departmental investment decisions which essentially responded to the immediate presenting demand issue in the statutory system: the children entering the statutory system and the majority of them requiring out-of-home care placements.

An inter-jurisdictional comparison sourced from the Report on Government Services (ROGS) 2013 Report on the 2011-12 fiscal year shows:

- Queensland had the third highest expenditure on a per capita basis on child protection, out-of-home care services, family support services and intensive family support services at $733.85 (cf. NSW $950.40; NT $1,601.02; National average $750.32), and was still below the national average;

[1] *A Blueprint for the implementing the recommendations of the January 2004 CMC inquiry report*, Queensland Government 2004.

- While Queensland had the second highest total expenditure on out-of-home care ($396M) compared to NSW $746M, Queensland has the fourth lowest cost per placement night in out-of-home care at $141. This compares with $226 in the NT; $167 in WA; $156 in SA; and $150 in Victoria. The national average is $136.90;
- Queensland had the second lowest cost per child commencing intensive family support at $9,941 per child. This compares with $27,120 per child in WA; $25,679 per child in NSW; $15,926 in SA; and $11,756 in Victoria;
- Queensland allocated 11.4% of its child safety budget to generic or intensive family support cf. NSW 32.3%; Victoria 23.2%.

To cater for the current number of children in the statutory child protection system, there is broadly sufficient funding currently allocated to the statutory system in Queensland. However, with over 8,482 children and young people living away from home as at 30 June 2012 and over 11,000 the subject of ongoing intervention as at 30 June 2012, the current level of investment has to be sustained just to meet current and still-growing demand.

If a significant investment in early intervention and secondary services cannot be made, then the statutory system will simply continue to grow to more unsustainable levels. The department's Helping out Families initiative in South East Queensland represents an example of the level of investment required in a particular region to make a difference to the current rate of demand on the statutory system.

The department has provided evidence to the Commission of Inquiry supporting the state-wide expansion of the secondary family support service system and dual intake model, such as the Helping out Families initiative. The projected costing for such an expansion that totals $65.276 million has been provided to the Commission of Inquiry. This would provide state-wide coverage commensurate with the current three HOF sites allowing for the 'replication' of the Family Support Alliance, Intensive Family Support and enhanced domestic and family violence services in the current three Helping out Families trial sites, adjusted for scale. A discounted Health Home Visiting component is included in the cost estimate on the basis that the full amount is not required because Queensland Health has grown its Mums and Bubs universal program.

To best plan for a 'place-based response' the State has been divided up into 23 catchment areas (which includes the current 3 HOF sites) and broadly grouped into large, medium and small based on child protection demand data, and funding requirements calculated accordingly.

This significant level of state-wide investment would take some time, at least five years, to have an impact on the rate of demand on the statutory system as families progress through the service and receive support and to deliver social and economic returns. However, it is anticipated that the gradual reduction in the rate of demand would eventually reduce the expenditure required to maintain the statutory system.

Changes within the statutory system could create efficiencies; however, a real impact will not be made unless the rate of demand on the "front end" is reduced.

The challenge in the current fiscal environment is finding the additional funds required to strengthen the early intervention and secondary support system, particularly during the initial five to ten years. This has been referred to during the Commission of Inquiries hearings by a number of witnesses as "hump funding". Efficiencies alone are unlikely to be sufficient and savings from measures implemented to create greater efficiency are not likely to be realised for some time.

Response to Questions

Question 1: What is the best way to get agencies working together to plan for secondary child protection services?

Other agencies across government provide universal, early intervention, secondary and specialist support services that all contribute to child wellbeing and support families to care safely for their children. Broader services such as primary health prevention, early childhood education and care, education, social security, employment, housing, mental health, drug and alcohol and domestic and family violence services all contribute to building family resilience and protecting children from harm.

Queensland Government agencies such as police, health and education are unlikely to deliver on their individual agency strategic objectives if vulnerable families in the community are not supported. For these services to work together with a common goal of improving child wellbeing and supporting families to care safely for their children at home, a shared responsibility at a senior level is required. The department's submission proposes:

- the implementation of a whole of government commitment to improving the wellbeing of children and supporting families (proposal 1.1); and
- the development of a whole-of-government strategy requiring all agencies that provide services to children, young people and their families to prioritise improving wellbeing outcomes for children and reducing the incidence and impact of child abuse and neglect in the development and implementation of individual agency and whole-of-government reforms and service delivery (proposal 1.2).

Further additional mechanisms to lead the required paradigm shift from protecting children to supporting families would involve:

- the establishment of a high level cross government committee made up of Chief Executive Officers from key government agencies with responsibility and accountability for leading change across government (similar to the CEO Coordinating Committee established in response to the CMC Inquiry report);
- the use of service agreements and contracts with non-government organisations to deliver outcomes for children and families; and

- place based coordination mechanisms involving government and non-government service providers.

The three tier planning approach outlined in the Discussion Paper could be overly burdensome and bureaucratic and risks resources being directed towards repeated planning processes that are not sufficiently focused on direct service delivery. Local service planning to identify service gaps could unrealistically raise expectations about ongoing increases in investment and could enable local areas to redefine service system goals and objectives.

The department's submission proposes the development and implementation of a place-based planning and investment process for child and family support services to align and integrate services funded by various agencies within the State and Commonwealth Government. If additional investment is directed towards secondary and early intervention services, the roll out of this investment should be planned centrally, taking into consideration the needs and existing service capacity within each location. This could be implemented through the establishment of local service alliances, similar to the approach currently forming part of the Helping out Families initiative.

The model of Family Support Alliances (FSA) funded and operating in the three sites where the Helping Out Families initiative is being trialled, demonstrates an effective and efficient way for non-government and government agencies to work together to plan and deliver local secondary support services.

A key component of the model is the network of local service providers known as 'the Alliance', established to provide collaborative, readily accessible and timely responses to families in need. In each of the three Helping out Families localities established in south east Queensland, the HOF service has lead responsibility for coordinating and providing secretariat support to the Alliance. Membership consists of both government and community based agencies, including intensive family support, domestic and family violence, health visiting services, drug and alcohol, mental health, Indigenous family support and youth services that work with families and children to prevent their entry into the statutory child protection system.

Services within the Alliance work together under an agreed Shared Practice Framework, which includes guides and common tools to identify and assess needs. The aim is to develop shared responsibility for providing a coordinated response so families do not have to repeat their stories multiple times, service responses are not siloed and respond to the multiple needs of many families, and step down services are available when families no longer require an intensive family support service.

It is acknowledged that the Helping out Families model would require some adjustments in terms of scale to apply to other locations throughout Queensland where a smaller population base and reduced number of agencies to support this approach may warrant some reconfiguration.

Question 2: What is the best way to get agencies working together to deliver secondary services in the most cost effective way?

The department's submission to the Commission of Inquiry proposes a place-based approach through the establishment of local service alliances (proposal 6.3, page 45). It is the role of the Family Support Alliance within the Helping out Families initiative to identify and coordinate local service capacity. The lead FSA organisation is specifically funded as part of the initiative to lead and provide governance support to enable local services to work together in an alliance under a shared practice framework. Replicating an approach such as this across the state is the department's preferred way to enable agencies to work together to plan and deliver secondary services in the most cost effective way.

Building on the successful outcomes to date of the HOF initiative, work has already commenced to establish local Supporting Families Alliances within the nine Referral for Active Intervention locations across Queensland. These Alliances will extend current working relationships and connections between service providers to enable the current service capacity to be utilised effectively and efficiently in each location.

Question 3: Which intake and referral model is best suited to Queensland?

As described in the evidence of the Director-General, Ms Margaret Allison on 26 February 2013, the department has a strong preference for the intake and referral model described as option 1 in the Discussion Paper for the following reasons:

- Models such as this are working successfully in other jurisdictions including Victoria, New South Wales and Western Australia;
- Option 1 also represents a shift in focus that is not too far from the current response in Queensland and so is more likely to be implemented successfully;
- Given the wide variety of matters currently referred to Child Safety Services, option 1 would enable the most urgent, matters to be 'fast tracked' straight to Child Safety whilst the majority of cases could be referred for initial screening to a community based organisation and considered for assessment and support.

The department would support the establishment of local alliances of family support services with a lead agency funded to receive and initially screen intakes. Under an expanded model such as the Helping out Families initiative, this role could be performed by the lead Family Support Alliance organisation.

Question 4: What mechanisms or tools should be used to assist professionals in deciding when to report concerns about children? Should there be uniform criteria and key concepts?

Agencies across government that provide services to children and families should play a role as first responders to concerns about children and families and not just as notifiers or referrers. Under a new paradigm focused on child and family wellbeing,

all agencies that deliver services to children and their families should play a role in supporting families, within the context and scope of their individual agency role and expertise.

The trial of the Child Protection Guide, in conjunction with the Helping out Families initiative in South East Queensland, is providing some preliminary evidence that where alternative pathways are made available and explicit for referrers they will use them. This could be further supported by legislative amendments as outlined in the department's submission to the Commission of Inquiry and through an ongoing education strategy targeted at staff within key government agencies about how referrals can best be made.

It is the department's view that an effective and ongoing education strategy within key agencies and the utilisation of existing internal resources (such as Child Protection Liaison officers within Queensland Health) could be a more efficient implementation strategy rather than the establishment of Child Wellbeing Units as utilised in New South Wales. Additional support could be provided within key partner agencies by existing SCAN representatives, providing advice and assistance to staff in their agency using the Child Protection Guide and making a decision about where best to refer a concern about a child and their family.

Local alliances of non-government and government service providers, such as the Family Support Alliance approach, could play a role in providing information about local services to schools, health services and police.

Chapter 4: Investigating and assessing child protection reports

Response to Questions

Question 5: What role should SCAN play in a reformed child protection system?

The department supports the need for coordinated service delivery across government agencies and between non-government service providers to appropriately meet the needs of children the subject of statutory intervention. Government currently investments $10.5 million in the SCAN team system which funds positions in each core member agency to support inter-agency service delivery coordination.

The department supports the continuation of the current multi-agency SCAN team model that provides a forum for sharing appropriate knowledge, expertise and relevant information to coordinate and deliver services to children. The SCAN model represents the most efficient model for providing a formal framework for the coordination of service delivery to children.

The SCAN process, when functioning well, can form an important mechanism to negotiate a coordinated response to children who are the subject of ongoing intervention. The use of the SCAN process to negotiate holistic outcomes for high

risk adolescents, children and young people with challenging behaviour or with a disability is currently underutilised in the department's view.

In addition, the department recognises that it may be beneficial to strengthen the model of inter-agency collaboration to respond to children who do not meet the threshold for statutory intervention through a mechanism such as Information Coordination Meetings. ICMs are currently included in the negotiated and agreed interagency SCAN guidelines however the use of this forum for discussing issues about intake decisions could be increased and their use as a mechanism to enable a referral of a family to a secondary service could be improved.

These positions could be further utilised within each core member agency to provide advice and support to staff within their own agency, to support implementation of the Child Protection Guide and strengthen direct referral to secondary services for vulnerable families.

Chapter 5A of the Act also supports service delivery coordination and the sharing of certain information across government entities and with service providers in individual cases and outside of the formal SCAN process.

Response to issues

Frequently encountered families
In 2010, amendments were passed to the *Child Protection Act 1999* to make it clear that a significant detrimental effect in the meaning of 'harm' to a child in section 9 of the Act could be satisfied by a series of acts, omission, or circumstances. This amendment was made to make it clear that the cumulative effects for a child over time could accumulate to reach the level of 'significant harm'. However, the department receives a broad range of concerns about children ranging from very minor issues to allegations of serious harm. Numerous low level concerns or incidents may not accumulate over time to ever have a significant impact for a child. The impact to the child overall, taking into consideration all of the reported concerns over time, should be assessed to consider whether the threshold has been met. This is one reason why an incident based forensic investigation approach is not well suited to a protective jurisdiction such as child protection and an ongoing assessment and support approach is preferred.

The department has been aware that if intervention and support is not provided to families on the cusp of the threshold of statutory child protection intervention, the issues that impact on their ability to care safely for their children are likely to escalate and result in the eventual need for a statutory child protection intervention. Families that repeatedly come to the attention of Child Safety Services have multiple and complex needs and are often the most isolated and difficult to engage. Some families may require a referral to a single service at a point in time while others may require a more intensive case management approach to coordinate multiple services to provide support to the family. Specialist skills are required to build rapport with these families and to encourage them to engage with relevant services.

Organisations that perform this function as part of the Helping out Families initiative have developed skills engaging with difficult to reach families and are demonstrating some preliminary success in families returning to seek support themselves after initially indicating reluctance to engage.

A concern about this cohort of families was the driver for work being undertaken over several years that resulted in additional investment in South East Queensland for the Helping out Families initiative. It is also one of the reasons why amendments were made to the *Child Protection Act 1999* in 2010 to enable Child Safety Services to provide information to a service provider without a families' consent, in order to enable the service provider to offer to provide support and assistance to the family. The key barrier to resolving the repeated referral of high need families to Child Safety Services is a service system capacity issue rather than a legislative problem. Concerns about these types of families and the immediacy of their issues, results in any available additional investment being positioned, in the first instance, in the intensive support end of the secondary service system.

Emotional harm and neglect

The *Child Protection Act 1999*, section 9, defines harm as "any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being". It is immaterial how the harm is caused but it can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation. Harm can be caused by a single act, omission or circumstance; or a series or combination of acts, omissions or circumstances.

Although emotional harm to a child can be difficult to define, in order for a detrimental effect to be of a significant nature it must have more than a minor impact upon a child. It must be substantial, serious and demonstrable - that is, measurable and observable on the child's body, in the child's functioning or behaviour.

A detrimental effect of a significant nature may also be indicated by the likelihood of the detrimental effect being long-term (more than transitory), or adversely affecting the child's health or wellbeing to an extent which would be considered by the general public to be unacceptable.

Emotional abuse, differs from physical and sexual abuse where one isolated incident may cause serious harm to a child. For emotional abuse to have significant impact it tends to be sustained and repetitive.

Currently in Queensland more than 70 per cent of all substantiated notifications recorded relate primarily to neglect or emotional abuse.

Matters reported to Child Safety Services are increasingly relating to family and parental capacity rather than intentional or physical harm. In 2010–11, of the most prevalent harm type, emotional harm and neglect comprised 72.2 per cent of substantiated harm compared to 21.5 per cent for physical harm and 6.3 per cent for

sexual harm. This data represents the most serious type of harm recorded for a child and not the only harm type. When a child is assessed as being a child in need of protection, families are likely to have multiple and complex needs including drug and/or alcohol problems, experiences of domestic and family violence, a past history of abuse or neglect, a criminal history or a mental illness.

The impact of significant harm for child is likely to involve varying levels of physical, psychological and emotional harm. The impact for a child of a harmful experience of the level warranting statutory child protection intervention, is not likely to be experienced by the child in distinct categories.

Emotional abuse is not only the most prevalent abuse type, some professionals believe it to result in the most destructive consequences. The impact of emotional abuse includes a sense of helplessness and worthlessness, a sense of violation, shame, self-blame and can impact normal development.

This is further highlighted by evidence gathered by the United Kingdom's National Commission of Inquiry into the Prevention of Child Abuse. It found that 80 percent of a total of 721 adult respondents who provided letters regarding their experience, of sexual abuse in combination with physical and/or emotional abuse, felt that the emotional abuse was most damaging in the long term.

In Australia, similar findings were found by Briggs (1995) in a Western Australian study of men who had been sexually, physically and emotionally abused by carers whilst in Christian Brothers' boarding schools. Although recovery from the physical harm may occur, they may not recover from the emotional impacts.

Neurological research has shown that the harmful effects of trauma and attachment disruption impacts a child's brain development, and in turn increasing the likelihood for future emotional, behavioural, academic, social and physical problems throughout life. For example, in response to a traumatic experience, the child's brain is in a fear- state of activity, leading to changes in emotional, behavioural and cognitive functioning. Later, when there is no abuse, the state can be chronically triggered, resulting in hyper vigilance, a focus on cues (typically non-verbal), anxiety, behavioural impulsivity. A child who experiences a chronically traumatised state develops ongoing symptoms including attention, sleep and mood problems[2].

Domestic and family violence

Domestic and family violence can occur in any family regardless of ethnic or cultural background, religious beliefs, sexual preference, age, gender, or socioeconomic status. Males are more often the offender, but men can also be victims.

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[2] Perry, B.D. and Marcellus, J.E. (1997) *The Impact of Abuse and Neglect on the Developing Brain*, Colleagues for Children. 7: 1-4, Missouri Chapter of the National Committee to Prevent Child Abuse. Tomison, A & Tucci, J (1997) *'Emotional Abuse: the hidden form of maltreatment'*, Issues in Child Abuse Prevention, 8, Australian Institute of Family Studies.

The *Domestic and Family Violence Protection Act 2012* came into effect in September 2012 and aims to provide safety and protection for people in relevant relationships who are victims of domestic and family violence. The Act provides a broader and more contemporary definition of what constitutes domestic and family violence. It also ensures greater protection for those who experience domestic and family violence through a number of new mechanisms that were not previously part of the legislative framework in Queensland. These include the introduction of police protection notices and greater protection for children who are exposed to domestic and family violence and guidance to a court when considering whether to include a child as a named person on a domestic violence order.

It is too early to assess the impact of the new *Domestic and Family Violence Protection Act 2012*, however, the greater emphasis on the protection of children may provide another option to help families keep their children safely at home.

Not all children who have been exposed to domestic and family violence will require statutory child protection intervention to remain safely at home. Domestic and family violence services and other secondary family support services can support families to keep their children safe including when there are domestic violence issues. Exposure to family violence may be highly detrimental to children, resulting in long-term psychological, emotional and behavioural consequences. Research has shown that children do not need to be present when the violence occurs for the negative impacts to be experienced. Harm can result from hearing the violence or from being witness to the resulting impacts such as physical injury to others or property damage.

The proposals made by the department about enabling multiple diversion points for families across the system to enable support other than a child protection response and shifting to the focus of Child Safety Services to an ongoing assessment and support approach would enable greater support to be provided to families where there are domestic and family violence issues present.

A cumulative effect can be significant, diminishing the child's cognitive, emotional and physical development and their fundamental sense of safety and well-being. The resulting trauma can extend to:

- isolation from family and social supports
- the inability to form and maintain relationships
- developing anxiety or depression
- difficulties with concentration and future learning
- significant difficulties with regulating behaviours and the ability to soothe or calm themselves, often appearing 'hyperactive'
- traumatic memories being triggered by such things as smells, sights, sounds. Alcohol and drug use are often attempts to numb such experiences
- experiencing flashbacks, which children are particularly vulnerable to during quiet times. This can result in acting out during quite times at school or sleep disturbances impacting on the child's ability to learn at school the next day

- heightened risk taking behaviour, above that which is the norm for adolescents.

Living with domestic violence can impact a child's sense of the world and in turn the type of adult they become, incorrectly teaching that:

- aggression and force is an acceptable way to get what they want.
- no adult can be relied upon.
- showing disrespect to women is acceptable.

Significantly, a majority of research studies indicate that in 30 to 60 per cent of families where domestic and family violence is a factor, children have been harmed through other forms of abuse. Respondents to a 1988 Queensland survey reported that children experiencing domestic and family violence were also victims of physical abuse in 68 per cent of cases, emotional abuse in 70 per cent of cases and sexual abuse in 8 per cent of cases. In the same study it was found that 64 per cent of perpetrators witnessed domestic violence as children.

More severe impacts are experienced by children who have been exposed to domestic violence and been a victim of child abuse. Recovery is enhanced when non-offending family members and significant others are able to provide safety and assist the child in making sense of their experiences in a way that is a non-detrimental way[3].

Response to Questions

Question 6: How could we improve the system's response to frequently encountered families?

The department's submission highlights the need for a number of strategies to be implemented across the child protection system, in order to provide multiple opportunities for vulnerable families at risk of child protection intervention to be supported to care safely for their children. Based on the experiences of other jurisdictions (including Victoria, New South Wales and Western Australia) and the early indicators from the Helping out Families initiative in South East Queensland, these strategies would result in more families in Queensland receiving support and assistance from secondary support services, and over time, less families would require a statutory child protection intervention.

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[3] Child Safety Practice Manual Practice Paper: Domestic and family violence and its relationship to child protection.
Queensland Centre for Domestic and Family Violence Research Fact Sheet: Developing Strong, Resilient Adults.
Queensland Centre for Domestic and Family Violence Research Fact Sheet: Children 4-12.

The range of strategies required to support families to reduce the risk of issues escalating over time and families repeatedly coming to the attention of Child Safety Services, include:

- a shared responsibility across government to improving child wellbeing and supporting vulnerable families (proposal 1.0);
- providing priority access to children and families to services that will support them to care safely for their children at home (proposal 5.3);
- improved reporting and referral practices, including necessary legislative amendments, and the implementation of a dual community based intake model (proposal 2.0, 3.0 and 4.0);
- the expansion of the secondary service system by the roll out of the Helping Out Families or similar initiative throughout the state (proposal 3.0 and evidence of Ms Margaret Allison provided on 26 February 2013);
- supporting mainstream adult services to accept referrals and provide timely responses to address parental risk factors (proposals 5.0, 6.0); and
- building the capacity of the non-government service system to provide services to children and families across the child protection continuum (proposal 7.0).

The department's submission highlights the need for a cultural shift across the child protection system, to enable families to be supported to safely care for their children. A number of strategies could be implemented to enable Child Safety Services to provide ongoing assessment and support to help families who have come to the attention of the department to care safely for their children at home including:

- the introduction of a clear practice framework such as the Signs of Safety approach adopted in Western Australia and integrated with the use of Structure Decision Making tools (proposal 8.2);
- the referral of matters recorded as a Child Concern Report to appropriate services for support (proposal 8.3); and
- the use of a differential response approach to matters considered to meet the threshold for a 'notification' (proposals 8.4, 8.5).

Question 7: Is there any scope for uncooperative or repeat users of tertiary services to be compelled to attend a support program as a precondition to keeping children at home?

The fundamental issue for the consideration is whether the current threshold for the State's intervention in the care of a child is set at the right level. The *Child Protection Act 1999* currently sets this threshold as being when a child is considered to be a child in need of protection.

If the threshold is not satisfied, there is no legislative impediment to Child Safety Services referring the child's family, with their consent, to a community based family support service for assistance, or providing their details to a service directly. This is how the Helping out Families initiative operates in South East Queensland.

There have been a number of systemic issues that have impacted on Child Safety Services' capacity to provide non-court order type responses, including:

- The significant number of matters referred to Child Safety Services and the fear of children "falling through the cracks" that has resulted in resources being directed towards screening intakes to identify matters requiring a statutory response rather than providing support to families who do not meet the threshold;
- The over reliance on statutory responses including the use of statutory powers;
- A lack of secondary family support service capacity and specialist mainstream services to refer families to under these types of interventions.

To enable a court to compel a family that has been assessed as not meeting the threshold to participate in a specific program would represent a lowering of the threshold for State intervention. The department would have concerns about this approach including:

- It would involve widening the net of government responsibility for the protection of care of children and reducing the responsibility of families and the community to keep children safe;
- There is little evidence to support compulsory attendance at particular programs ensures that attendees engage in the process to effectively change behaviour and improve safety of their children;
- There is evidence that as the reputation of a service builds in a community, self referrals and rates of voluntary engagement will increase;
- Requiring 'attendance' at a program or counselling service may have little relevance to improving the safety of a child if the individual issues for a family and the safety needs for their child are not addressed; and
- Such an approach could have the unintended consequence of preventing families from engaging with support services, following a direct referral from another government agency or service, or on their own initiative, because they fear being drawn into the child protection system at an early stage;
- The potential for conflict during the court proceeding and the possibility that this may impact on a family's timely engagement with a service and on their capacity for change;
- The lack of options to enforce this type of compulsion order for this cohort of families – if they fail to comply with the order they may still not be assessed as requiring a child protection order, and if this is the only real enforcement option then the scope of children drawn into the statutory system would be widened;
- The resources required for these additional court processes (including the making of the order in the first instance, the review and monitoring of compliance, and enforcement of the order) could be better directed towards the enhancement of service capacity.

When the threshold is satisfied in a particular case, section 14 of the Act requires the department to undertake an investigation of the alleged harm and assess the needs of the child or take other action considered appropriate in the circumstances. "Other action" may include a variety of responses outlined in the department's

submission including a differential response (pages 47-56, proposals 8.0, 10.0 and 14.0).

If the department considers that a child is in need of protection support can be provided to a child's family to help them to keep the child safely at home without the need for a child protection order. This includes through the use of an intervention with parental agreement as provided for under the Act. The use of this type of response could be increased if there was improved confidence in the capacity and capability of the secondary service system to provide adequate support to families and children the subject of an intervention with parental agreement.

Another option that is currently underutilised is the use of directive type child protection orders to compel parents to do or refrain from doing things related to their child's protection. The *Child Protection Act 1999* currently includes a number of different types of child protection orders that can be made for a child if the court is satisfied that the matters outlined in section 59(1) of the Act have been satisfied. These include directive orders (section 61(a)) and supervision orders (section 61(c)) that could be used in to direct a child's parents to do or refrain from doing something related to the child's protection whilst the child remains at home. If necessary, a supervision order could also be made to enable Child Safety Services to monitor the safety and wellbeing of the child during the term of the order. These types of orders may be applied for more frequently with increased confidence in the capacity and capability of the secondary family support system. This approach would not result in a lowering of the current threshold for statutory child protection intervention.

Ongoing monitoring of the outcomes of the Cape York Welfare Reform trial, including the Families Responsibilities Commission, will inform negotiations with the Commonwealth Government about any expansion of that approach.

If a new approach were to be implemented that enabled courts to compel parents to engage with relevant services, the department's preference would be for this compulsion to be by court order.

Question 8: What changes, if any, should be made to the Structured Decision making tools to ensure they work effectively?

Structured Decision Making (SDM) is designed to complement and inform professional judgement by assisting to gather and analyse information at key critical decision points from intake to case closure. SDM tools aim to increase consistency and accuracy in decision making, and to target resources to families most at risk.

In a systematic review undertaken by the United Kingdom in 2012, it was found that 'standardized' actuarial assessment tools produce a more accurate classification of risk'/likelihood of harm and concluded that the application of risk assessment tools such as SDM has the potential to improve assessment practice. While SDM was found to have consistently good validity and reliability there were also limitations

attributed to the fact that tools may erode the ability of practitioners to exercise their professional judgement.

Continued review of the use of the SDM tools by Child Safety Services through the analysis of management and special reports by the Children's Research Centre has revealed that Child Safety staff may not be using the risk assessment tools as intended and/or may not understand reasons for overriding a risk level. The Children's Research Centre identified in their 2012 Report (April-September 2011) that risk level overrides were applied in 2.2% of family risk evaluations rather than the typical override rate of 3% to 9%. This finding highlights that it is not the tools that require changing but rather the need for ongoing training for staff in the use of/application of SDM tools. The department is committed to ensuring that staff understand the SDM approach to assessment and decision making, and how these tools should be applied at key decision points along the child protection continuum.

The Department's position is that the integration of SDM with a solution focused practice framework such as Signs of Safety would potentially lead to positive system changes such as improved engagement with families, decreased rates of court orders being sought and reduced entry to out-of-home care. Research indicates that the Signs of Safety and Structured Decision Making tools work well together[4] and can lead to practice that combines the best of assessment tools, family engagement and good interviewing. Research findings reveal that workers believe Signs of Safety help make their work with families clearer and more goals focused; is a useful way to gather information, assess it and help to create a plan forward; the ability to measure change and ascertain the level of safety; and enables families to feel more empowered and more able to understand the concerns and requirements of child protection authorities[5].

Based on the experience in Western Australia, implementation across Child Safety Services would require sustained departmental commitment for a period of at least five years. Ongoing work with the Children's Research Centre and the provision of annual data sets and analysis reports would provide the opportunity for review of implementation of a combined approach, similar to that used in a number of jurisdictions in the USA.

Question 9: Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

The department's submission to the Commission of Inquiry advocates for a shift in focus in the child protection system from a forensic investigatory approach to one based on assessment and support for families (proposal 8.0, pages 51 -57). Multiple

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[4] *Enhancing Child Safety and Building Partnerships with Families through Supported Decision Making Casework: Evaluation of In Class Trainings for Signs of Safety*, Northern California Training Academy, University of California, January 2011.

[5] *Reaching Out, Current Issues for Child Welfare Practice in Rural Communities*, Northern California Training Academy, University of California, Fall 2011.

referral points should be incorporated across the child protection continuum to provide opportunities to improve children's wellbeing and to support families to care safely for their children.

This approach should incorporate a differential response approach to matters referred to Child Safety Services and considered to meet the threshold to be recorded as a 'notification'.

A differential response approach could be implemented within the current provisions of the *Child Protection Act 1999*. However, the successful implementation of a differential response approach in a particular location is dependent on there being a sufficient capacity in the local early intervention and secondary support service system in that location and local specialist support services being willing to accept timely referrals from Child Safety Services.

Response to issues

Forensic investigation teams
Child protection assessment and intervention is not a linear process. The issues that impact on a family's capacity to care safely for a child may shift and change over time. A family focused assessment and support approach to child protection casework requires ongoing assessment throughout a family's involvement with Child Safety Services.

Managing legal proceedings after forensic investigation
The department's submission makes a number of proposals about improving the quality of legal representation provided to all parties involved in child protection matters (page 64-65, proposal 12.0). The department has also identified additional strategies below in response to the issues raised and questions posed in Chapter 10 of the Discussion Paper.

The department's overarching response is that a shift to a family focused assessment and support approach across the child protection continuum, supported by an enhanced secondary support service system, would reinforce the use of statutory child protection intervention as a last resort and reduce the number of matters ultimately requiring a court order. This would also be supported by a requirement for the court to be satisfied that all reasonable attempts have been made to help a child and family before an order can be made.

This would enable greater capacity for Child Safety Service staff to focus on these cases and improve decision making. This, together with the accreditation of lawyers, the professional supervision of departmental coordinators, and the training of magistrates, and improvements to enable the Court to more actively direct and manage the proceedings would provide a cost effective and efficient mechanism for improving the quality of Childrens Court child protection proceedings. These strategies would also reduce the complexity and length of time taken to finalise Childrens Court child protection matters reducing costs for the department and the

Courts. Any additional resources or redirected funds in the child protection system should be directed towards 'frontline' secondary service provision for children and families.

Chapter 5: Working effectively with children in care

Response to issues

Family reunification

The following de-identified case studies provide examples of statutory child protection intervention resulting in children being safely returned home to the care of their family.

Case study 1:

Two children were removed from their mother and placed on Child Protection Orders granting short-term custody to the chief executive due to their mother's failure to protect them from sexual abuse and the resulting emotional harm this caused the children. The mother has an intellectual impairment and this was assessed as impacting her capacity to care safely for her children. A local family support service was engaged to work intensively with the mother to develop her parenting in the areas of safety planning, protective capacity and behaviour management. Disability Services were also engaged to provide support. The children's contact with their mother was gradually increased from supervised to overnight contact as her ability to keep her children safe improved and progressed to permanent placement back with their mother with continuing support from Disability Services. The children have remained successfully with their mother since mid 2012 and the order has since expired.

Case study 2:

A child was placed on a Child Protection Order granting short-term custody to the chief executive as a result of harm caused by unexplained head injuries and neglect of his basic care needs. In addition to work undertaken by the department and support from the carer, local family support and youth services were engaged to work intensively with the young mother to address issues including parenting skills and household routines. During the period of the order the child was able to be safely returned home to his mother and is no longer on an order. He and his mother remain connected with the child's foster carer who continues to offer respite. Support also occurs through the child's regular attendance at child care.

Case study 3:

In 2008 the parents of a young person with an autistic spectrum disorder and aggressive behaviour were unable to care for their child at home any longer and the child was assessed as being in need of protection and a Long-Term Guardianship Order was made. The child's parents had previously sought support from Disability Services to help them to care for their child at home, but found they were not able to continue care when his aggression escalated and support from Disability Services was not able to be increased. The young person was placed in a high cost, intensive

24 hour rostered staff model of care in a stand alone residence. A collaborative case plan involving Child Safety, Disability Services, the placement agency, Evolve service, and his parents was established and regularly reviewed to maintain a safe and stable placement and to address the young person's behavioural issues.

The young person's behaviours stabilised in response to this intervention over a period of two years and other issues such as poor eating habits, obesity, and inconsistent medication were also addressed. As the behavioural issues were addressed and the young person developed improved self regulation, focus was placed on returning the young person home to his family. The parents worked with Evolve and the placement providers to improve their capacity to meet their child's needs and to develop strategies to de-escalate and manage challenging behaviours. A Disability Transition Worker also worked with the young person to support his reunification with the family and prepare for the young person's transition to adulthood. The young person returned to the care of his family in early 2012 with Disability Services providing support to the young person and his family.

Case study 4:
Nine and ten year old siblings were removed from their parents and placed on short term Child Protection Orders in 2005 due to physical, psychological or emotional harm to the children caused by their parents' use of excessive and severe discipline; the children being exposed to severe domestic violence in the home; their parents inability to cope with and manage the children's behaviour; the mother's mental health issues which affected her ability to care for the children; and the parents being unwilling to engage with support services. The children were placed with kinship carers and the Child Safety Services continued to try and engage the children's parents to encourage them to address the family issues to work towards the children being returned safely to their care. Although additional short term custody orders were put in place for each of the children and intervention attempts continued to be made with the children's parents, they continued to be unwilling to engage with service providers and the children were not able to be returned home safely.

In 2010 the children were placed on a Child Protection Order granting Long Term Guardianship to the Chief Executive. Child Safety Services reviewed the order in 2012 with a view to seeking a Child Protection Order granting guardianship to the children's' carers. During this process, it was identified that the parent's circumstances had significantly changed. The children's father had passed and their mother had made significant efforts to resolve her issues. The mother had maintained a strong connection with the children and other family members and had completed parenting courses and was actively engaged with support services. She was playing a significant role in the parenting of the children, and was perceived by the carers and support agencies as competent in this role. She was also managing her mental health issues so they did not impact on her care of the children. Family members, including the carers, supported the children being returned to their mother's care and the children wanted to return to live with their mother. A

reunification plan was developed and work was undertaken to return the children to the full time care of their mother with ongoing family support.

Response to Questions

Question 10: At what point should the focus shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement?

The department's preferred approach is for case plan goals to be individually developed and reviewed regularly for each child and to incorporate a permanency planning approach. However, the department acknowledges the harmful effect for children and young people of numerous placement changes.

The department does not support the introduction of time limited interventions, as these can result in arbitrary or even perverse outcomes in cases where a particular response is required because a time frame has expired, irrespective of the circumstances of the individual case.

Permanency planning is generally regarded as "a systematic, goal-directed and timely approach to case planning for all children subject to child protection intervention, aimed at promoting stability and continuity."

Timeframes need to be guided by a child's age, developmental needs, the nature and quality of relationships and length of time in care. For some families, it may be obvious that permanent care arrangements can be made quickly. For other families it may not be clear whether the risks of harm for the child and their safety needs can be addressed and ongoing assessment and the review of the child's case plan provide opportunities for support to continue to be offered to the child's family, when this is in the child's best interests.

Permanency planning begins when a child is removed from their family under a child protection order. Even if the goal of the intervention is reunification, planning needs to occur in the case that reunification cannot occur in a timely and appropriate manner and alternative options must be pursued.

When a child is removed from the care of their family, the starting point is to try and support the child's family to care safely for the child at home. However, for a child to be successfully returned to the care of their parents, families need effective pre and post reunification support.

Long term permanent arrangements for children the subject of statutory child protection intervention should be made following careful and comprehensive assessment. For children who have experienced trauma in their family and removal from their parents' care, the breakdown of a long term or permanent arrangement is another broken attachment and breach of trust. This can be particularly harmful and re-traumatise the child or young person.

Permanency planning forms part of Child Safety Services current policy and practice framework, however, practice could be improved by supporting families to keep their children safely at home and therefore slowing the numbers of children requiring out-of-home care. This would have the effect of reducing caseloads and enabling child protection workers to engage more directly and work more intensively with each child and their family. Enabling Child Safety Services to undertake effective casework with children, their families, and their carers, will improve permanency for children in out-of-home care in the longer term.

There is a legislative requirement for Child Safety Services to regularly review a case plan for a child. This process includes assessing and re-assessing a child's needs and reviewing whether statutory child protection intervention is required. It has been suggested that an audit of all children currently the subject of a child protection order be undertaken by the department to review which children could be safely returned home. This process should already be undertaken as part of the regular, legislatively required, review of each child's case plan.

Question 11: Should the Child Protection Act be amended to include new provisions prescribing the services to be provided to a family by the chief executive before moving to longer-term alternative placements?

It is the department's position that all reasonable steps be taken to provide services to a child and their family in the best interests of the child before *any* child protection order can be made (page 63, proposal 11.3) and that the *Child Protection Act* should be amended to require the Court to satisfied of this before an order can be made for a child.

The Act should not prescribe the actual services that must be provided to a child and their family, but the department must be able to demonstrate that the safety and protection needs of the child have been clearly identified and that support and services have been offered to help a family to keep their child safely at home. The provision of services, as opposed to the ongoing assessment of the outcome of the provision of services, may have little bearing on a child's need for stability and security or the parent's capacity to safely care for them in an individual case.

The *Child Protection Act 1999* currently contains provisions that guide when a long term order should be considered as an appropriate response for a child or young person. Section 59(1) of the *Child Protection Act 1999* provides the matters that the Childrens Court must be satisfied of before making a child protection order for a child. These generally amount to the Court being satisfied that any State intervention in a family's care for their child (either initially or ongoing) is justified. Generally the issue for the Court to consider is if the State was not to intervene under an order would the child be safe at home?

If the Court is satisfied of these matters, then subsections (5), (6), (7) and (8) go to what type of order should be made for the child. Subsection (6) limits the making of

long term orders for a child to circumstances where the court is satisfied of the additional requirements that there is no parent able and willing to protect the child within the foreseeable future or the child's need for emotional security will be best met in the long term by the making of a long term order.

Before the Act was implemented, short term custody and guardianship orders were not an option. These options were introduced to give effect to the policy position that State intervention should be limited to that needed to least intrusive and time limited intervention required in the particular case. Long term orders still remained an option, but should be limited to certain circumstances. Section 59(6) gives guidance about when long term orders can be considered as an appropriate option. These are circumstances when there is no foreseeable likelihood that the parents will be able to care safely for the child at home, or when, irrespective of the work being undertaken with the parents, the child has an overriding need for long term emotional stability and the security of knowing that a long term arrangement has been put in place.

Response to issues

Shared responsibility for children in out-of-home care
The department's submission discusses a number of issues relating to improving stability and security and improving the wellbeing of children in out-of-home care (pages 84-92). The State has an additional responsibility and a clear duty of care for children it has removed from their families' care. This responsibility should be shared across government agencies. It is not exhausted when a child victim of harm becomes a certain age and their trauma experiences manifest as challenging or anti-social behaviour. The department's submission makes a number of proposals (proposals 20.0 and 21.0) to improve outcomes for children in out-of-home care, including the reinforcement of a shared responsibility across government. These strategies aim to recognise children and young people as victims of harm and to respond to their trauma experiences by meeting their physical, emotional and psychological needs. This approach will help to provide more stable placements for children in out-of-home care.

Response to Questions

Question 12: What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Under the *Child Protection Act 1999,* the Childrens Court is able to make a child protection order granting long term guardianship to:

- a suitable family member, other than a parent of the child;
- another suitable person nominated by Child Safety, for example, a foster carer or a kinship carer who is not a family member; or
- the chief executive.

Although the preferred option for a child who requires a long-term alternative placement is the granting of a long-term guardianship order to a family member or another suitable person, this may not be possible in some cases due to a variety of factors including:

- limitations on the department's ability to identify kin who are able to care safely for a child;
- the availability of family members who have the ability to meet the child's safety and care needs and respond to any specific health or disability needs the child may have;
- the possible presence of intergenerational risk factors, such as a history of abuse or neglect which has resulted in family members having experienced, or being likely to experience, similar difficulties in caring for the child;
- the presence of significant and ongoing conflict between the parent and the proposed family guardian; and
- in some cases, a long term carer or family member may be willing to provide a long term placement for a child but may prefer this to be under an order in favour of the chief executive for a variety of reasons including this enables them to be "at arm's length" from the child's parents with whom the child may have an ongoing relationship.

In some circumstances, there is no suitable family member or other person able and willing to accept guardianship of the child, and a long-term order granting guardianship to the chief executive may be made for the child. This type of child protection order provides a long term outcome for the child and may still provide the stability of a long term family type arrangement, under a stable placement.

The department has been involved in a number of cases where family members are providing informal care arrangements for children due to their immediate family being unable to care safely for the child. For these families, the inaccessibility, complexity and costs associated with the family law system, have led them to seek State child protection intervention for the child. In these cases the informal carer for the child has requested the department seek a long term child protection order granting guardianship of the child rather than them pursing parenting orders in a family court.

Where a long-term order granting guardianship of a child to the chief executive is made, the department has an obligation to continue to try to identify a family member or other suitable person who can care for the child and provide a long term stable placement. If circumstances change, an application could be made to the Childrens Court to revoke the long term order granting guardianship to the chief executive and to substitute an order granting long term guardianship to a family member or other suitable person.

Question 13: Should adoption, or some other more permanent placement option, be more readily available to enhance placement stability for children in long-term care?

The department supports adoption as an option where it is in the best interests of a particular child in the statutory child protection system and preferably with the consent of the child's parents. The department's submission (page 88) outlines the current open adoption framework provided by the *Adoption Act 2009* and makes it clear that adoption may be considered as an option for children in out-of-home care, including following the dispensation of consent of the child's parents in certain defined circumstances.

The Commission of Inquiry has heard evidence about the need for a permanent placement early in a child's life to support positive attachments and to help children to meet developmental milestones. The department supports the need for stability, however, adoption should not be the only option considered to provide stability.

The legislative framework to enable the adoption of a child that is the subject of child protection intervention, including under an open adoption arrangement, currently exists. For many children who are the subject of child protection intervention, although their parents are not able and willing to protect them from harm, there may be a relationship between the child and their parents or between the child and their siblings and other family members.

There were 49 children in out-of-home care in Australia who were adopted in 2010-11. Of these children, 48 were adopted in New South Wales. Similarly, 65 of the 70 children in out of home care adopted in Australia in 2011-12 were adopted in New South Wales.

Legislation in New South Wales makes provision for non-government agencies to be accredited to provide some statutory adoption services, including case work and counselling services required to arrange the adoption of a child in care. A range of statutory adoption services are provided by both the New South Wales Department of Family and Community Services and accredited non-government agencies in that State.

Barnardos is one non-government agency accredited to provide adoption services in New South Wales. The Barnardos Annual Review 2012, states that it was responsible for 40 percent of all out-of-home care adoptions made in Australia each year. The Review also states that in 2011-12, 38 per cent of its welfare expenditure was directed towards adoption and permanent care services and 70 per cent of its revenue came from State funding. Although the information does not enable exact calculations to be made, it would appear that Barnardos expended up to approximately $11.706 million on adoption and permanent care services in 2011-12.

The *Adoption Act 2009* does not make provision for non-government agencies to be accredited to provide any statutory adoption services in Queensland and no funding is currently directed to non-government agencies to provide statutory adoption services. However, the current legislative framework does not present a barrier to considering the accreditation of adoption agencies in the future.

Despite the current legislative framework in Queensland that envisages the consideration of adoption as a long-term option for children in out-of-home care, a number of challenges exist to the exercise of this option. These include:

- the legislative emphasis on the least intrusive intervention likely to meet the child's protection and care needs and the requirement to help a child's parents to meet the child's protective needs in the first instance,
- some negative perceptions of adoption, based on the policies and practices in past decades which involved secrecy and failed to safeguard parents' interests in the consent process;
- the resource intensive case work required to demonstrate that a long term permanent placement is in the child's best interests, determine whether the adoption of a child in out-of-home care is the most appropriate long-term care option for a child, and work with the child and family towards obtaining consent;
- the absence of a permanency planning framework informing intervention and case planning and requiring timely decision making;
- recognition that to be able to provide an adoptive placement for a child in out-of-home care, some carers would be likely to require ongoing access to fortnightly caring allowance and child related costs and some level of case work support from the department;
- recognition that, although the majority of adoptions have successful outcomes, poor outcome or the disruption of adoptive placements is more likely the older the child is at the time of placement, where a child has experienced abuse or neglect or has complex physical or psychological needs.

The department does not support mandatory adoption of children after time limited attempts to return children safely home to their parents. Adoption should form part of the range of options available to provide long term stability and permanency for an individual child. One significant consideration that must be taken into account is whether the legal severing of the child's relationships with their parents, siblings and other family members under an adoption order (including under an open adoption arrangement) is in their long term best interests, or whether another option, such as a long term child protection order or long term placement, would better meet the child's needs.

Another issue is whether there are sufficient suitable adoptive placements available for children in out-of-home care. The experience in the United States has shown that an approach that requires children in out-of-home care to transition to adoption at a set point following their entry into out-of-home care can result in increased uncertainty when they are then left without a suitable adoptive placement for sometimes a significant period of time[6].

The often life-long traumatic impacts of past forced adoption practices and policies for children and their parents are well documented and have been reinforced most recently as States and Territories including Queensland has issued formal apologies

[6] http://www.acf.hhs.gov/sites/default/files/cb/waiting2011.pdf

to people affected by these practices. However, in response, the *Adoption Act 2009* includes safeguards and requirements that protect the rights and interests of children and their parents, including when the Court is considering an application to dispense with the consent of the child's parents. The *Adoption Act 2009* also respects Aboriginal tradition and Islander custom and does not promote adoption as an appropriate option for the long term care of an Aboriginal or Torres Strait Islander child. Care should be taken in any changes to the current legislative framework to avoid any negative or unintentional impacts on future generations.

Under a long term child protection order granting guardianship of a child, the appointed guardian has the legal guardianship of the child until the child reaches the age of 18. In reality, these relationships are likely to be enduring into adulthood. In recent years, amendments to the *Child Protection Act 1999* have aimed to normalise arrangements for children on long term orders as far as possible by reducing the need for ongoing Child Safety Services intervention in the child's life. Child Safety involvement is now limited to a requirement for the department to make contact with the child each year.

In recognition of the State's involvement in the care arrangement and the interest in maintaining the stable arrangement for the child, long term guardians under child protection orders receive an ongoing fortnightly caring allowance from the department to support their care of the child.

One issue that has been raised by the Commission of Inquiry is that long term child protection orders may be revoked and that uncertainty is created for a child by the availability of this option. Section 65 of the Act enables an application for the revocation of a child protection order for a child, but does include a number of safeguards aimed at reducing the potential for repeated applications to the court causing uncertainty for a child. The Act also places the same expectations on long term guardians, as it does on a child's parents, to care safely for a child and to meet their protection and care needs. Long term guardians are treated similarly to parents in terms of allegations of harm to a child and can be subject to statutory child protection intervention.

The possibility of the breakdown of long term guardianship arrangements, justifies there being some ongoing mechanisms for these arrangements to be discharged and other arrangements put in place for a child.

During the Commission of Inquiry's hearings the issue of an order that endures past a child's eighteenth birthday has been raised. Whether a relationship between a young person and their guardian endures into adulthood is related to the strength of the attachment rather than a legal requirement.

The department would support consideration of a new type of order, such as a permanent parenting order, being included in the *Child Protection Act 1999*. Such an order, in addition to the options currently available, may provide an important perceptual difference for some children and young people and their carers.

However, there is no legal difference between the guardianship of a child granted to a person under a long term child protection order and the guardianship a person may have for a child under the proposed permanent parenting order.

Question 14: What are the potential benefits or disadvantages of the proposed multi-disciplinary casework team approach?

The Department supports a multi-disciplinary approach to working with vulnerable children with complex needs and their families. There may be benefits in a multi-disciplinary team in a single agency sharing casework for a child and family, however, the model proposed in the Commission's Discussion Paper would require significant resources to implement in a State the size of Queensland. This approach should also be considered in the context of the current service delivery capacity and approach adopted by other agencies in Queensland.

Greater effectiveness and efficiency may be achieved by building on existing mechanisms provided through the SCAN team and the Evolve interagency services models that bring together staff with expertise in the areas of health, education, child protection and policing for case discussions. The SCAN team approach also enables other stakeholders to be invited to participate from time to time as required.

SCAN team membership mirrors the proposed composition of the multi-disciplinary teams outlined in the Commission of Inquiry discussion paper.

The department has identified the following disadvantages of a multi-disciplinary casework team within a single agency:

- such approaches require a clear governance framework including a single point of final responsibility and accountability;
- it may be difficult for health, disability and other practitioners who are part of the team to maintain the currency of their knowledge and they risk becoming isolated from their core agency roles and responsibilities;
- it can be challenging to provide ongoing relevant training and professional supervision for practitioners outside the core skill centre of the lead agency;
- the challenges maintaining an equal allocation of cases matching the specific expertise of workers.

The multi-disciplinary *Reclaiming Social Work* model (the Hackney model), adopted by the Hackney Borough of London, was implemented on a much smaller scale than the Queensland setting. The population of Hackney is below 214 000 people, with 325 children 'looked after' (ongoing intervention) in 2009. The setting for the model is an urban area with accessible transport for families to access local services.

The Queensland context is significantly different. Regions have caseloads with significant variations across the State that may require a different mix of professional staff. The Hackney model is based on a number of workers working with the family regarding individual needs. This may be achievable in a London Borough, but does

not transfer to the geographical context of Queensland, where travelling long distances to visit families has a significant impact on service centre staffing and resources.

The reality in some regions in Queensland may be that the multi-disciplinary team approach described could result in a disproportionate number of drug and alcohol or mental health workers working within Child Safety Services than in health services with little local service capacity for the multi-disciplinary team to refer to. It is the department's preferred approach that any additional resources be directed towards direct service capacity rather than to case management and planning roles within the department.

Family Group Meeting processes also encourage the participation of multiple agencies and services working with the child and family to inform case planning and intervention. Agencies that may attend family group meetings include domestic and family violence services, mental health, and drug and alcohol services. The participation of multiple stakeholders in the Family Group Meeting process enables an holistic assessment of the strengths and challenges within the family and assists in providing a collaborative team approach to support the family achieve identified goals. The department's submission discusses issues relating to case planning and the Family Group Meeting process and makes a number of proposals for improvement (pages 57-59, proposal 9.0).

The implementation of a practice framework such as the Signs of Safety approach, would improve practice in this area, by supporting Child Safety Services and service providers to enable families to more actively participate in case planning processes. It would also support the development of caseworkers' skills including encouraging engagement and the use of authority with respect and fairness.

Question 15: Would a separation of investigative teams from casework teams facilitate improvement in case work? If so, how can this separation be implemented in a cost-effective way?

The CMC Inquiry report recommended the separation of investigative and ongoing case work functions within Child Safety Services as far as possible (recommendation 5.12). Since that time, Child Safety Services intake, investigation and assessment processes have significantly improved.

The department supports the need for thorough investigation and assessment processes to be undertaken that identifies the harm and risks of harm for the child, their ongoing safety needs, and their parents' capacity to care safely for them. Specialist expertise is required to undertake investigation and assessment processes, however, these skills are not dissimilar to the skills required to perform other casework functions in an environment of ongoing assessment.

However, when considering the structure of the department and how investigation and assessment work can best be undertaken, it should also be acknowledged that:

- Child protection responses are protective and aim to prevent harm to a child. They are not a punitive measure that form part of a criminal justice response.
- Child protection investigation and assessment processes are focused on the *impact* of parental behaviour on a child rather than whether or not a particular *incident* occurred at a point in time. The *Child Protection Act 1999* makes it clear that a statutory child protection intervention is justified when the impact of harm for the child is significant and the child's parents cannot protect the child from the harm irrespective of how it is caused.
- Serious allegations including sexual abuse and domestic violence either directly to a child or that a child has witnessed may result in emotional and psychological harm to a child that may manifest over time.
- The protection and care needs of a child can shift and change as family relationships and dynamics change over time.
- Ongoing assessment is required to enable flexible and responsive approaches to meet a child's ongoing needs. For example, a case plan may be put in place but will need to be reviewed regularly.
- Even in cases where an allegation of harm to a child may constitute a criminal offence, it is very unlikely that the alleged harm to a child is solely limited to the circumstances of the offence.
- The impact on staff of performing limited roles in a particular area, particularly performing functions such as investigation and assessment work, and the risk of staff burning out and the need for issues relating to the retention of staff, job design and job satisfaction to be taken into consideration.

Investigative functions are currently an integral part of departmental service delivery, with joint investigations carried out with the Queensland Police Service (QPS) on occasions when it is required. Joint investigations may be required when police are simultaneously investigating a criminal offence and the interviewing of children and the parents should be scheduled to occur jointly so that one investigation does not hinder the other. From a Child Safety Services perspective, there are relatively few occasions when joint investigations are required. Data collected over the December 2012 and January 2013 period in two areas demonstrates this. For that period, in the Far North Queensland region, except for the Atherton Tablelands catchment area, there were 161 matters recorded as a notification that progressed to a child protection investigation and assessment. Of these cases, a joint investigation with police was required in 13 cases (representing 8 per cent of matters). For the same period, there were 101 matters recorded as a notification in the Ipswich area (covering the Ipswich North and South Child Safety Service Centres), of which 5 cases required a joint investigation with police, that is, 5 per cent of cases.

The Commission of Inquiry has heard evidence that police in some locations feel that they are left to undertake Child Safety work after hours and on weekends and that Child Safety Services is not available to undertake joint investigation work. It is important to differentiate those matters requiring an actual joint child protection criminal investigation and those matters where police exercise their shared

responsibility under the *Child Protection Act 1999*. Joint investigations can be difficult to coordinate as police need to respond urgently when an incident occurs to gather crime scene evidence while Child Safety may consider a child's immediate safety needs are met and an urgent response is not required.

Some frustrations may be related to police receiving complaints about wellbeing type issues for children and families generally in the community. These matters may not necessarily warrant a statutory child protection intervention and merely be a result of a lack secondary service system capacity in a particular location to support families. Both Child Safety Services and police are 'tertiary' type agencies that experience increased service demand pressures when there is a lack of service system capacity further to respond to families' needs earlier. Strengthening current investigative roles and responsibilities across the two agencies may be more cost-effective and efficient than creating investigative teams in separate hubs, as this would require the transfer of existing resources and additional staff and infrastructure.

Within Child Safety Service Centres, managers need flexibility to manage workload and to reallocate resources in response to increased demand in a particular functional area within the Service Centre from time to time.

The separation of investigative teams from casework teams may present a number of operational challenges including:

- Investigative teams would need to function effectively in metropolitan, regional and remote areas. The population and cultural diversity of the catchment for each investigative team hub would need to be considered together with the impact of long distance travel, availability and location of secondary services, the ability to recruit and retain staff, and the ability to provide training that broadens, rather than limits, a worker's ongoing professional development.
- A multi-team system may be difficult for a family to understand and navigate, leading to confusion and frustration in providing similar information to multiple workers, with the risk of negatively impacting on a caseworker's ability to positively engage with the child and family to meet the child's protection and care needs.
- Assessment is not a discrete process and occurs from the first point of contact with a child and family until the child's safety, care, and protection needs can be met by the parent. Over time, critical assessment information may be lost due to multiple transfer processes occurring between teams. There may also be a risk that 'siloing' of information and resources may occur over time.
- Due to the nature of vulnerable and complex families, multiple workers from several teams may engage with a family across the time span of departmental involvement. For example, in the proposed model, a differential response such as 'assessment and support' may need to change to a forensic investigation response. The outcome of the investigation may then lead to a referral to a court entity, prior to the family working with a multi-disciplinary team. Further, when a decision to extend a child protection

order is made by the case work team, the child is again referred back to the investigative team for a re-assessment of risk. This results in a family having contact with discrete units multiple times and may require a child to disclose traumatic details to a number of people.

- Separation of investigative, case work and court functions into separate teams may increase the focus on collecting evidence during the investigative process. This focus may be counter-productive if the focus is on encouraging family engagement in the development of a safety plan based on the family's strengths
- The need for ongoing engagement and assessment challenges the ability to 'fit' families into a static team structure, particularly if teams are not co-located.

The department's submission to the Commission of Inquiry discusses issues relating to the investigation and assessment process (page 53-56) and makes a number of proposals about a shift in focus from a forensic investigation response to one involving ongoing assessment and support (proposal 8.0). Structural solutions are unlikely to resolve practice issues and further improvements in the practice of undertaking investigations and assessments could be achieved by reducing the number of full child protection investigations and assessments undertaken by the department.

Response to Questions

Question 16: How could case workers be supported to implement the child placement principle in a more systemic way?

The department's submission discusses a number of interrelated issues about kinship care and the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (pages 72-76).

Increasing the number of children in out-of-home care who are placed with kin and remain connected to country, community and culture is not just a matter of making better placement decisions. Jurisdictions across Australia struggle with improving the implementation of the Child Placement Principle.

Strategies to support implementation of the Indigenous child placement principle may include:

- A reduction in the number of Aboriginal and Torres Strait Islander children requiring out-of-home care placements;
- A shift to more family focused practice where a child's parents, family and community are given a greater opportunity to identify their own strategies to care safely for their children;
- The early identification of kin to inform assessment processes and also to identify carer options for children who require an out-of-home care placement;

- A change in the focus of the role of Recognised Entities from providing cultural advice to actively supporting the identification and assessment of suitable kin to care for a child;
- Non-government services supporting people identified as suitable kin carers to assist them through the process of applying for a Blue Card and applying for a certificate of approval as a carer to help resolve some of the actual or perceived issues for Aboriginal and Torres Strait Islander carers;
- Increasing the number of Aboriginal and Torres Strait Islander people with relevant human service qualifications to work in government and non-government family support and child protection roles;
- Building the capacity and capability of Indigenous controlled organisations to provide intensive family support services to reduce the need for statutory child protection intervention and support families to care safely for their children at home, to recruit, assess and support Indigenous carers, and to undertake cultural support planning for children requiring out-of-home care; and
- Undertaking further work to identify measurable performance indicators to monitor and inform the ongoing implementation of the Child Placement Principle.

Question 17: What alternative out-of-home care models could be considered for older children with complex and high needs?

The department's submission discusses a number of alternative options for out-of-home care (pages 79-82, proposal 19.0). The department supports the implementation of a therapeutic approach for all residential care providers. Residential care plays an important part in the out-of-home care system which should include a variety and mix of out-of-home care placement options to meet the needs of individual children and young people. This range and mix of placement options should include family based care (foster and kinship care), intensive foster care, professional foster care, and supported independent living as well as residential care and an increased use of therapeutic care. Previous inquiries in Queensland and in other jurisdictions have highlighted the considerable issues associated with large campus based residential care services and the department would be concerned about a move back to re-establish these types of institutions based on the lessons of the past.

Government has a shared responsibility for meeting the needs of children and young people with complex and extreme needs and challenging behaviour. This includes a need for adolescent mental health services, including acute mental health responses for all children. There is an even higher duty of care for children who have been removed from the care of their family following State intervention and whose behaviours and needs are a result of their trauma experiences. A shared responsibility would encourage schools to provide positive behaviour support and alternative environments for students with high and complex needs, to provide an opportunity for all children to obtain an education. It would also support the need for adequate adolescent mental health services within the health system. This

shared responsibility could be supported by SCAN having an increased focus and playing a greater role in coordinating responses for high needs adolescents in out-of-home care.

The department considers that the containment of young victims of abuse is a controversial issue and would be concerned about whether the costs of such an approach were justified by the outcomes likely to be achieved. If a model of secure care were to be adopted, it should be court ordered and time limited with a focus on providing acute assessment and de-escalation as part of treatment plan.

Child protection and community service agencies are not best placed to provide this level of treatment, which should be considered within the context of a broader mental health system response, for all children and young people with complex and extreme needs irrespective of whether they are the subject of statutory child protection intervention or not. If this level of treatment response is limited to children in the statutory child protection system there may be a risk that some young people enter the system to access psychiatric and psychological responses not otherwise available to them.

The Commission of Inquiry has also heard evidence about the options of scaling back resources focused on older children in out-of-home care and for these children to instead be established in independent living type arrangements. This type of response may be appropriate for some young people but would not be appropriate for many children in the statutory child protection system. Even high functioning young people in intact families would be likely to lack the developmental skills to live independently without adult supervision and support. For children and young people in out-of-home care, the time during which they transition to independence is a critical period and if an adequate support is not provided at this time young people risk becoming involved in other systems resulting in demand being shifted to other areas across government.

Chapter 6: Young people leaving care

Response to issues

Transition from care

The department's submission discusses a number of issues related to transition from care planning and support and makes a number of proposals (pages 93-96, proposal 22.0). During the 2012 election campaign the Queensland Government made a commitment to extend a child's transition from care period to 21. The department is currently investigating options for enhancing the transition from care and post-care services provided to young people in Queensland to implement this commitment.

Response to Questions

Question 18: To what extent should young people continue to be provided with support on leaving the care system?

The department supports the amendment of the *Child Protection Act 1999* to make it clear that help should be provided to children and young people in out-of-home care to transition to independence until the age of 21 years.

There are approximately 850 young adults, who have left care and are now aged 18 to 20 years, who would comprise the target group, if the scope of the post-care support component of the Transition from Care program is extended to 21 years of age.

The number of 15 to 17 year olds in out-of-home care has increased by 25.0 per cent over the last five years as a result of both increasing numbers of children entering care and because children are spending increasingly longer periods of time in out-of-home care.

Young people in out-of-home care are recovering from abuse and/or neglect experienced prior to entering care, and dealing with issues faced during care, such as broken attachments and loss of cultural or familial identity. As a result, there are a range of life areas for which young people leaving care will require support that include:

- relationships - develop, renegotiate and/or maintain connections with family, community links, significant people, support network, social connections;
- cultural and personal identity - understanding family history and reasons for entering care, develop self belief, identity and sense of belonging to a cultural community;
- placements and housing - identifying and applying for safe and stable long-term housing options, including referral to housing and homelessness services where required;
- education and training - meeting current education/employment needs and thinking how they will take they young person into independent adulthood;
- employment - enabling access to career planning and support, relevant training programs and work experience or supported employment programs to reach the goal of financial independence;
- health - knowledge and skill development to maintain physical health, mental health and sexual health, including relationships and sexuality and planning and engaging with adult health services, counselling services or disability services for any special or ongoing health needs of the young person;
- life skills - provision of opportunities and environments for experiential learning in managing money, social development skills, basic self-care skills and basic practical daily living skills;
- financial resources - identifying the resources and support the young person requires to become financially independent incorporating income from employment, Centrelink and Transition to Independent Living Allowance.

The support offered to children and young people after the age of 18 is voluntary. It is anticipated that not all young people leaving care in Queensland will access post-care support immediately on leaving care. Some young people may discontinue the receipt of post-care support at one point in time and later return for additional

support. There is a shared responsibility across government to meeting the needs of young people transitioning from out-of-home care similar to that discussed in the response to question 17 above.

The Commission of Inquiry has heard evidence about the option for children transitioning to independence moving to a specific placement to support them into adulthood. This may be an option for some young people, but should be considered on an assessment of an individual child's needs. If a young person has a stable placement there would be no value in destabilising this because they have reached a particular age.

Question 19: In an environment of competing fiscal demands on all government agencies, how can support to young people leaving care be improved?

The department's submission acknowledges the need for specialist knowledge and skill for workers involved in transition from care casework (proposal 22.1). A key strategy to enable greater resources to be made available to focus on casework across each of the contact points of Child Safety Services work with children and families is to reduce demand on the system as a whole. A consistent theme throughout the evidence provided by departmental and other witnesses to the Commission of Inquiry, and in numerous submissions, is the need for greater secondary support capacity to help families to keep their children safely at home. If statutory child protection intervention is truly a last resort and is limited to those who have been unable to care safely for their children at home (as it is intended to be), then there would be fewer children and young people in out-of-home care and fewer requiring support leaving care. This ultimately places less demand on all relevant government agencies to provide a specialist or priority access response.

If the department has case management responsibility for providing support to independence for children in out-of-home care after they have reached the age of 18, then these cases should be counted as open cases. This would mean that they are counted in case load allocations.

If the non-government sector is to have responsibility for case managing support for young people after they have left care, then specific funding and service agreements with non-government organisations to enable them to provide this function would be required.

Question 20: Does Queensland have the capacity for the non-government sector to provide transition from care planning?

The department supports non-government organisations having responsibility for providing transitions from care services to children under the age of 18 and having responsibility for case management and service provision for young people between the ages of 18 and 21. However, as the department has a statutory responsibility for meeting the needs of young people under the age of 18 in out-of-home care the department, should retain case management responsibility for this cohort.

If the non-government sector is to have greater responsibility for service delivery for young people transitioning from care and case management responsibility for young people once they reach the age of 18, this will require additional resources and specific funding agreements with individual organisations to provide this service.

To fund a service to deliver post-care case management and practical assistance to young people, the department estimates that it will cost approximately $2.10 million per annum for 350 cases or $2.46 million per annum for 410 cases. This is based on the assumption that a reasonable caseload for such work would be 20 per staff member (for an average of 2 hours per client per week) and that funding a service would cost roughly $120,000 per staff member (for staff costs, on-costs, operating costs, and organisational costs).

These costs do not include brokerage or support funds to assist a young person (for example, to access housing or further education). Options for providing this support may include:

- relying on the non-government post-care support services that are currently assisting young people to access the brokerage funds offered through the Commonwealth funded After Care Services (contingent on the Commonwealth renewing funding to these services);
- allow the clients of the non-government post-care support services to access child related costs through the department , which would have an impact on the department's expenditure in this area; or
- providing additional funding to non-government post-care support services to be used as brokerage funds to provide specific support and assistance to individual young people.

The Queensland Government and the Commonwealth Government currently fund a number of specific services that provide support for young people in transitioning from out-of-home care to independence.

Housing and homelessness services

In 2008-09 the Commonwealth Government provided funding of $4 million over four years for After Care Services (in conjunction with the Youth Housing and Reintegration Service) to deliver state-wide post care services from four locations in Queensland: Inala, Toowoomba, Townsville and Rockhampton. This initiative is being delivered under the National Partnership Agreement on Homelessness (NPAH). The Commonwealth Minister for Housing and Homelessness has announced a one year extension of the current NPAH to June 2014.

It is not yet known whether this will include the continuation of all currently funded initiatives, however, Queensland will be expected to match Commonwealth Government funding for these services.

The Youth Housing and Reintegration Service, including the After Care Services component are currently being evaluated. The evaluation will cover issues such as

whether the services have been implemented as intended, if the services have achieved outcomes as intended, how efficiently the services are operating, and the impact and sustainability of the services. The evaluation will inform decisions about whether and, if so, how the program should be continued.

Disability services
Also under the NPAH, in 2008-09, Disability Services received funding of $6 million over four years ($1.5 million per year from 2008-09 to 2012-13) for transition from care planning and post care support for young people with disability exiting care. The purpose of the funding is to support young people with disability aged 15 to 17 years to plan their transition from care and to provide post-care support for young people with disability aged 18 to 25 years to ensure they achieve safe and stable placements in the community.

Disability Services established the Transition and Post Care Support – Disability Program in 2008-09. There are twelve Transition Officers employed by Disability Services in 11 locations throughout Queensland. The Transition Officers are located within Evolve teams that already have a close working relationship with local Child Safety Service Centres.

Through the COAG NPAH funding, Disability Services also provides funding to two non-government service providers to provide transition from care planning and post-care support. This funding is provided to the Community Living Association (1 Full Time Equivalent position) and to Opens Minds (2 Full Time Equivalent positions).

Disability Services developed a detailed Practice Manual to guide the work of the Transition Officers. Transition from care planning involves working 'hands on' with the young person to develop the skills to successfully transition to adult life, including supporting administrative functions such as housing applications and applying for specialist disability services. Post-care support involves continuing to work directly with the young person to help them develop the skills that will enhance tenancy options and support with increased community linking, to achieve a safe and stable placement.

In 2012, the Transition and Post Care Support Program supported over 312 young people with transition planning and post-care support.

Disability Services also has a funding program, Young Adults Exiting the Care of the State that provides accommodation support and assistance with community living, for young people with disabilities who exit the care of Child Safety. Eligibility for this service is defined under the *Disability Services Act 2006* and the Disability Services' Eligibility Policy. In 2011-12, Disability Services allocated $37.149 million to support 364 young adults who have exited statutory out-of-home care.

Young people with disabilities exiting state care have a broad range of needs. Young people with moderate or severe disabilities and high and complex needs are eligible for specialist disability services upon leaving state care. The Transition Officers link

them into appropriate services that meet their ongoing support needs during that post-care support period.

There are other young people exiting care who have mild intellectual or cognitive disabilities who require support, but do not meet eligibility requirements for specialist disability services. This cohort relies on mainstream community services to meet their needs. Due to their intellectual or cognitive disabilities, they may not have the skills and expertise to access community services in an ongoing way and are vulnerable to exploitation. They may also be reluctant to engage with services post-care. There are particular issues with young women with mild intellectual or cognitive disabilities who experience unplanned pregnancies.

Transition Officers employed by Disability Services work with both cohorts of young people leaving care – those who meet the eligibility criteria for specialist disability services and those who do not.

The Transition Officers employed through the two non-government service providers tend to work primarily with young people who would not be eligible for adult disability support services.

In 2011-12, the department undertook a review of the Transition and Post Care Support – Disability Program. A key finding of the review was that the role of the Transition Officers, who provide support with planning, linking with specialist and mainstream services and assistance with skill development, was the main strength of the program. The combination of government and non-government supports provided to young people exiting care and post-care, flexibility and continuity in transition support and strong links with the regions, were also identified as key success factors of the program

The review also identified areas for improvement including, data collection and reporting, early identification and intervention and the need to increase awareness of the program among frontline staff within the department.

Child Safety funded services

The Life Without Barriers (LWB) Transition from Care program commenced in early 2009, to deliver transition from care services to young people referred from nine child safety service centres in South East Queensland, Brisbane and South West Queensland regions. Initially funded by the department and the Department of Education, Training and Employment, the program is now solely funded by the department. Funding provided to LWB for this program is $300,000 per annum. The program's primary aim is to provide support and practical assistance targeted to meeting the transition from care needs of young people aged 15 to 17 years. Included in the target group are young people aged 18 years for whom a support service case has been opened to facilitate up to 12 months support on unresolved transition needs.

An evaluation of the LWB Transition from Care program, undertaken in March 2011 by Griffith University, indicated that the program was achieving its goal of providing support and practical assistance to meet the transition needs of young people preparing to leave care. The program reached full capacity, equivalent to providing support to 90 young people each year, in August 2010 and has since been working to capacity. Referrals go to a wait list and are prioritised though a monthly panel process.

Chapter 7: Addressing the over-representation of Aboriginal and Torres Strait Islander children

Response to issues

A clear, shared vision underpinned by legislation
The department's submission covers a range of issues in recognition of the urgent needs to address issues relating to the over representation of Aboriginal and Torres Strait Islander children and their families at all points along the continuum of the child protection system and makes a number of proposals (pages 100-108, proposal 24.0).

The approaches adopted in other international jurisdictions, and in other Australian jurisdictions that are currently moving towards greater community responsibility, demonstrate that:

- approaches range across a scale from the participation of Indigenous controlled organisations in decision making on one end, through to delegated responsibility to community controlled organisations, and self-government, to the recognition of cultural lore at the other end;
- jurisdictions adopt delegated responsibility and self-government models for a variety of reasons, not all of which are primarily related to the goal of reducing over-representation; and
- jurisdictions with some level of responsibility for various components of their child protection system delegated to Indigenous controlled organisations tend to also adopt this approach for non-Indigenous children and have built or are building capacity and capability to undertake this role across Indigenous and mainstream organisations in the non-government sector.

The department supports, in principle, the improved outcomes that may be achieved by moving towards community controlled Indigenous organisations having greater responsibility for prevention, early intervention and the provision of intensive family support for families at risk of entering the child protection system and for components of the statutory child protection system.

It is the department's position that there is not the capacity and capability currently within the non-government sector for this kind of approach to be implemented and a staged plan to build capacity over time should be developed. Aboriginal and Torres Strait Islander children and families deserve and should expect high quality services

from both Indigenous and mainstream service providers. There is an inadequate capacity and capability across both Indigenous and mainstream organisations to provide culturally appropriate and specific services for Aboriginal and Torres Strait Islander children and families. A planned and staged approach over at least a ten year time period is required.

It is also the department's position that given the urgency in responding to the increasing number of Aboriginal and Torres Strait Islander children coming to the attention of Child Safety Services each year, the priority should be focused on community responsibility for keeping Indigenous children safely at home.

No other jurisdiction has the same level of investment as Queensland in purchasing cultural advice to inform statutory decision making. In the current fiscal environment, the key issue is whether the highest priority should be the provision of cultural advice or the provision of frontline services to reduce demand.

The department has already made attempts to shift the focus from resources invested in cultural advice towards intensive family services and supports an even greater shift in focus. The department is currently undertaking a review of the Aboriginal and Torres Strait Islander Family Support program with the intent of working with community controlled non-government organisations that are funded to provide intensive family support services to build capacity so they are able to provide the services families need to help them to keep their children safely at home.

The Discussion Paper indicates the Commission's preference for the *Child Protection Act 1999* to be amended to include a separate chapter to govern the protection of Aboriginal and Torres Strait Islander children. While measures such as this may have important symbolic outcomes for the community, it is important that the same expectations about child wellbeing and safety are applied to all children.

Response to Questions

Question 21: What would be the most efficient and cost-effective way to develop Aboriginal and Torres Strait Islander child and family wellbeing services across Queensland?

Intensive family support services and specialist adult services that can provide culturally appropriate and effective services to help keep Aboriginal and Torres Strait Islander children safe at home are required to reduce the over representation of Indigenous children and families in the child protection system.

The most efficient and cost-effective way to develop Aboriginal and Torres Strait Islander intensive family support services is to:

- Build links with existing stable service models including medical services;
- Create partnerships with capable non-government organisations such as the Red Cross; and

- Refocus Recognised Entity expenditure.

Queensland has a growing Aboriginal and Torres Strait Islander population and children and their families are becoming involved in the child protection system for a complex range of reasons related to disadvantage and multiple household risk factors.

Queensland has the second largest number of Indigenous children in Australia. By June 2012, Queensland was projected to have the largest Indigenous youth population in Australia. By June 2016, Queensland is projected to have the largest total Indigenous population in Australia.

Indigenous children are more likely than non-Indigenous children to:

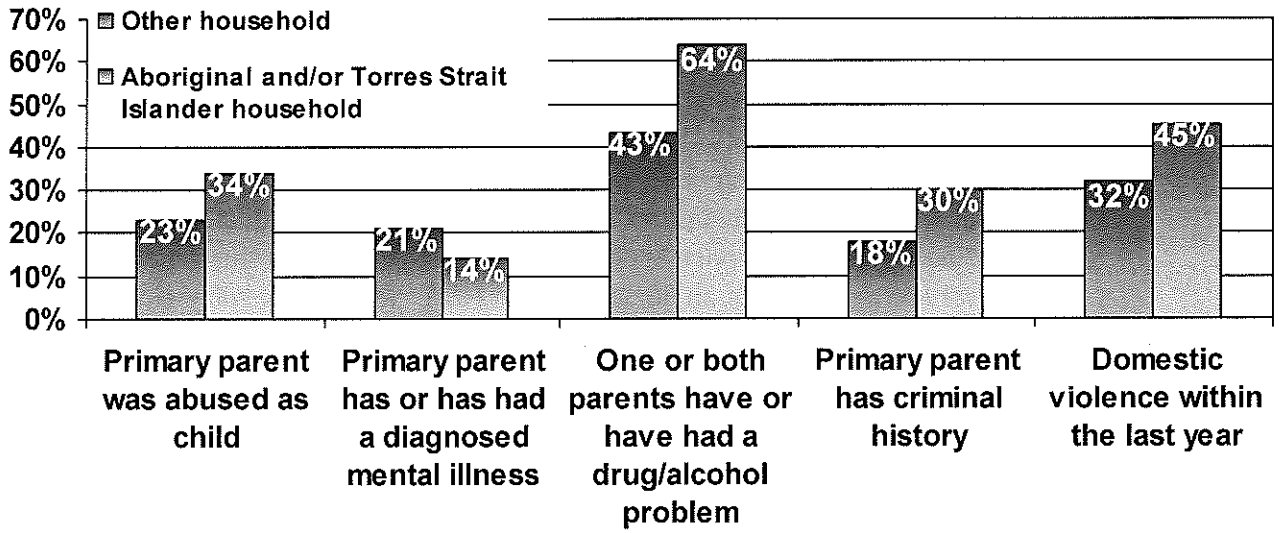
- Live in remote or very remote parts of the state (8 times more likely). 21% of Indigenous children aged 0-14 years live in remote or very remote parts of Qld, compared to 2.7% of non-Indigenous children aged 0-14 years (Source: ABS Cat 3238055001).
- Live in a single-parent family (3 times more likely). Across Australia, 19.2% of Indigenous households were a 'one parent family with dependent children' compared to 5.9% of non-Indigenous households (source: ABS Cat 4704.0).
- Have a larger number of people living in the household (overcrowding) (5 times more likely). Across Australia, overcrowding rates for Indigenous people (28%) were almost five times those for non-Indigenous people (6%). Source: ABS National Aboriginal and Torres Strait Islander Social Survey 2008.
- Come from areas with lower socioeconomic status – lower income, lower educational attainment, greater unemployment (2 times more likely). 50% of Indigenous Queenslanders live in the most disadvantaged areas of Queensland (deciles 1-3 out of 10) compared to 24% of non-Indigenous Queenslanders. Source: Socio-Economic Index for Areas (SEIFA) based on ABS 2006 Census data.

Research conducted by the department identified a range of parent and family risk factors for child abuse and neglect in the Queensland child protection system. The research found that multiple and complex risk factors were present in Indigenous households where at least one person identifies as an Aboriginal and/or Torrs Strait Islander person. For example:

- In nearly two-thirds of Indigenous substantiated households one or both parents had a current or previous drug and/or alcohol problem.
- Nearly half of Indigenous substantiated households had two or more incidents of domestic violence within the past year.
- One third of primary parents in Indigenous substantiated households were abused or neglected as a child.

The table below demonstrates the multiple and complex parental risk factors present in Indigenous and non-Indigenous families.

Table 1.0. Prevalence of parental risk factors within Indigenous and non-Indigenous households.



Further, it was found that Indigenous households with substantiated child protection concerns were more likely to record multiple risk factors (55 per cent compared to 44 per cent overall) and households with multiple risk factors were more than twice as likely to progress to ongoing intervention as households with one risk factor or no risk factors (59 per cent compared to 25 per cent). These findings demonstrate the need for intensive family support services that have the capacity and capability to work engage directly with families with multiple and complex needs are required to help keep children in substantiated Indigenous households safely at home.

The Aboriginal and Torres Strait Islander Family Support Service program funded by the department was implemented in 2010 through the reallocation of $9.787 million from the previous Recognised Entity budget. The program is implemented through grant funding provided to eleven service providers across Queensland. All organisations are community controlled.

The purpose of the Aboriginal and Torres Strait Islander Family Support Service program is to directly assist families with culturally appropriate practical support that results in children not having to enter or re-enter the statutory child protection system.

The delivery of family support to families aims to increase the protective factors of the child by improving the parenting skills of the family members, and improve the attachments between the child and parent whilst building on the strengths within the child's family and support network. The program intends to deliver outcomes including: children feel safe and experience greater security and stability; children are safe from physical and emotional neglect and abuse; parents are able to practice improved parenting and care giving; greater participation by families, children and

young people in decision making; and parents and families have increased knowledge about caring for their children safely and improved parenting skills.

The delivery of these outcomes is dependent on the capacity and professional capability of service providers to provide intensive family support to reduce the need for statutory child protection intervention. Outcomes are also dependent on the availability of other primary (health and education) services, secondary and early intervention services and mainstream adult services (mental health and drug and alcohol).

The department is currently undertaking a review of the Aboriginal and Torres Strait Islander Family Support Service program ahead of the expiry of the majority of the current service agreements on 30 September 2013. The review will include an analysis of available performance data from the service providers and information provided by each service provider and relevant regional departmental officers in writing in a response booklet and during face to face interviews.

Preliminary data indicates that the majority of clients referred to Aboriginal and Torres Strait Islander Family Support Service providers have multiple complex issues but are engaged for short periods of time. The department has some concerns about the expertise and capability of services to engage with complex families and directly provide intensive support to deliver the intended outcomes of the program.

It is clear from the work already undertaken by the department and the information and evidence provided to the Commission of Inquiry that the issues for Aboriginal and Torres Strait Islander children and families in Queensland will not be resolved by the department alone and require significant investment and capacity building across government.

The most effective and cost efficient strategies for the department to focus resources to keep Indigenous children safely at home include:

- Continue to work with local service providers to build capacity and capability to deliver the intended outcomes of the Aboriginal and Torres Strait Islander Family Support Service Program informed by the outcomes of the current review of the program;
- Redirect current investment, focused on purchasing cultural advice, towards more intensive family support services;
- Work with mainstream and Indigenous organisations to broker partnerships and innovative local arrangements to support capacity across the sector;
- Expand the Helping out Families initiative across the state with Aboriginal and Torres Strait Islander Family Support Services forming part of the Alliance of local service providers in each local area that are supported by the Family Support Alliance.

Under a dual community based intake approach, the local lead Family Support Alliance organisation could then refer families to services within the local Alliance, including Aboriginal and Torres Strait Islander Family Support Services.

The Department acknowledges that a number of submissions from Indigenous organisations have advocated for the establishment of Well Being centres. This could be achieved by aggregating the funding currently allocated to the ATSIFSS program, the Recognised Entity services and any Indigenous Foster and Kinship care service under a single provider. As noted above, the department would support the re-direction of a further portion of current investment in obtaining cultural advice into secondary services with the priority being intensive family support.

However, simple aggregation of funds under one provider is no guarantee that the new Well Being service would be more effective than individual services have been in the past.

Question 22: Could Aboriginal and Torres Strait Islander child and family wellbeing services be built into existing service infrastructure, such as Aboriginal and Torres Strait Islander Medical Services?

The department supports approaches that would enable the partnerships to be formed between existing non-government organisations and innovative local solutions to build capacity. The provision of family support services in Indigenous communities and to Indigenous people can be complex and it is important that no one model is imposed state-wide.

The department supports integrated service delivery and models that enable services to vulnerable families in a non-stigmatising way and that people are willing to engage with. However, given the complexity of the issues faced by families known to Child Safety Services, one of the most critical factors impacting on the delivery of better outcomes for children is the qualifications and skills of the workers in a service to provide an intensive service response to engage directly with families to effect change.

The department currently funds six Aboriginal and Torres Strait medical services to provide family support services with varying outcomes. However, funded organisations have been reluctant to consolidate their Commonwealth funded health service with their Child Protection functions. The department has expanded the referral criteria to the ATSIFSS services to enable these Commonwealth funded Indigenous Health services to make direct referrals to the ATSIFSS. However, even in this respect, the take up has been low.

Question 23: How would an expanded peak body be structure and what functions should it have?

Given the views expressed in the department's submission and in the response to question 21 and 22 and comments above, the priority role for a Peak Aboriginal and Torres Strait Islander Child Protection body should be to support non-government organisations to build capacity and capability to provide services to Aboriginal and Torres Strait Islander children and families at risk of or already involved in the

statutory child protection system with the aim of reducing the need for statutory child protection intervention.

The scope of the peak body's role could be extended to building capacity across both Indigenous controlled and mainstream organisations. The current funding provided to the Queensland Aboriginal and Torres Strait Islander Child Protection Peak could be re-prioritised and limited to this function. This role could be similar to the business model of ABSEC in New South Wales, although the ABSEC model is focused towards building capacity to provide services to children who are the subject of child protection intervention, rather than to keeping children out of the system.

Similar to the ABSEC role, the Peak body could play a role in assessing the capacity and capability of an organisation, accrediting those that meet defined benchmarks, supporting others to achieve those standards and assisting to broker and negotiate a range of partnership type arrangements with accredited Indigenous and mainstream organisations to assist organisations.

The Department would support the recasting of the Peak body explicitly as a sector and organisational development body, which is not defined by voluntary membership. It would be a condition of funding in all departmental Service Agreements with Indigenous organisations that they operate within the frameworks set by the Peak body

Question 24: What statutory child protection functions should be included in a trial of a delegation of functions to Aboriginal and Torres Strait Islander agencies?

The department would support the delegation of statutory functions to Aboriginal and Torres Strait Islander community controlled organisations over a period of time with a staged plan as outlined above. The first priority should be to support non-government community controlled organisations to provide effective intensive family support services to help keep children out of the statutory child protection system. Once capacity is built within the sector to provide effective and cost efficient intensive family support services, responsibility for other statutory functions for children the subject of statutory intervention could be delegated.

Statutory functions that could be delegated over time include:

- the development of cultural support plans for Aboriginal and Torres Strait Islander children in the statutory child protection system;
- the recruitment, training, assessment and support of Aboriginal and Torres Strait Islander carers; and
- working with children who are the subject of statutory child protection intervention and their families to help them to return home safely;
- providing support and assistance to young people to help them to transition from out-of-home care to independence.

Aboriginal and Torres Strait Islander community controlled organisations could also play a lead role in driving community ownership and awareness of child protection issues.

Question 25: What processes should be used for accrediting Aboriginal and Torres Strait Islander agencies to take on statutory child protection functions and how would the quality of those services be monitored?

The department is in the process of implementing the Human Service Quality Framework across departmentally funded service providers, including Aboriginal and Torres Strait Islander community controlled organisations. These organisations will be required to meet these quality standards.

The department and the Peak body could work together to develop defined benchmarks and review quality standards to develop a process to certify any additional standards and benchmarks over and above the Human Service Quality Framework. This approach could operate similarly to the current arrangements for licensed care services that will operate in conjunction with the Human Service Quality Framework. The Peak body could play a role in assessing, accrediting, and monitoring the compliance, of Aboriginal and Torres Strait Islander organisations that are funded by Child Safety Services, with the department retaining responsibility for the provision of ongoing funding to organisations.

The implementation of a practice framework within Child Safety Services, such as the Signs of Safety approach, could be extended to funded non-government organisations including Aboriginal and Torres Strait Islander services. This is the approach adopted in Western Australia to provide aligned and integrated ongoing practice support to both statutory and secondary service providers.

The *Child Protection Act 1999* currently regulates all out-of-home care placements through the licensing of residential care services and the approval of family based carers. These requirements should continue to apply across the out-of-home care placement system to provide adequate safeguards to all children in out-of-home care.

Chapter 8: Workforce development

Response to issues

Child protection is a highly challenging, complex and demanding area of work requiring skilled and dedicated professionals across the sector including government and non-government organisations.

The attraction and retention of staff requires an ongoing commitment to providing pathways for workers to gain tertiary qualifications, building diversity in the workforce, and providing professional development and career advancement opportunities. All organisations need to have a framework to create a learning

culture. The successful implementation of an alternative practice culture within Child Safety Services to move towards a child wellbeing and family support focus will require a commitment to a learning environment that includes foundational training and ongoing professional development. To be successful this approach will require a clear practice framework that is embedded across the organisation at every level.

The department's submission discusses a number of issues related to building a sustainable and skilled child protection workforce (pages 97-99) and makes a number of proposals to improve the skill level and capacity of the workforce across the government and non-government workforce (proposals 5.2, 7.0, 8.2, 19.4, 23.0, and 24.5).

Recruitment, retention and qualifications of Child Safety Staff
The recruitment, retention and skill development of staff is critical to the provision of services that respond to the complex needs of children and families in the child protection system. Whilst staff turnover has been a consistent issue in Queensland and many other jurisdictions, in the past four years the department has improved the retention rate of staff with resultant increases in experience levels. The average length of service of Child Safety Services frontline staff is between five to nine years.

Child Safety Officers, Team Leaders and Senior Practitioners are required to have a relevant degree. Most hold a behavioural or social science degree with most holding a degree in Social Work, Psychology or Human Services.

Where children and families have complex needs, the department seeks advice from, and works with, staff from other agencies with specialist skills and knowledge (such as education and health) to develop and support the case plan. A strengthened collaborative approach to case planning would support contributions from specialist staff in responding to the complex needs of families, whilst allowing the department to maintain a workforce with skills particularly relevant to child protection.

Building workforce capacity in the non-government sector
To provide an increased range of services through the non-government sector and to improve the capacity and quality of services, consideration of workforce development across the sector is required. A workforce development strategy that facilitates the staged introduction of minimum qualifications would support increased skill and capacity across the sector.

Response to Questions

Question 26: Should child safety officers be required to hold tertiary qualifications in social work, psychology or human services?

The department prefers that staff recruited to Child Safety Officer (CSO) positions have a tertiary qualification in the behavioural and social sciences, with the most relevant qualifications being Social Work, Psychology and Human Services. These degrees support knowledge and skill in working with children and families and

provide staff with an appropriate framework for their child protection practice. Social Work and Human Services degrees in particular, prepare staff for complex work that involves assessment, intervention, case work and case management with vulnerable children and families, through both theoretical and practical learning. However, the department is also aware of the difficulty in recruiting in some locations and would prefer to maintain some flexibility in the range of qualifications but with a preference for social workers.

The department recognises the increased number of social workers progressing through universities and will seek to increase the number of social workers within the workforce. However, holding a qualification and being competent to undertake a position are different issues. The department needs to be a learning organisation that has a culture of ongoing professional development, supervision and support. This approach should form part of the practice framework and implemented at every level across the organisation.

Other qualifications may be appropriate in non-government agencies. Regardless of the qualifications determined as appropriate for specific services, the department sees value in an increased level of skill and qualifications across secondary and tertiary child protection services provided through the non-government sector. In addition to formal qualifications, ongoing in-service training and professional supervision are required to maintain consistent high quality practice.

Question 27: Should there be an alternative Vocational Education and Training pathway for Aboriginal and Torres Strait Islander workers to progress towards a child safety officer role to increase the number of Aboriginal and Torres Strait Islander child safety officers in the workforce? Or should this pathway be available to all workers?

The department supports there being an alternative Vocational Education and Training pathway for workers, particularly Aboriginal and Torres Strait Islander workers, to progress towards a child safety officer role. This approach would support an increase in the proportion of Aboriginal and Torres Strait Islander workers in the child protection sector. The department's submission provides information about the pilot Child Safety Support Officer to Child Safety Officer career pathway and supports the continuation of this pilot program.

To achieve this, it is recognised that support for achievement of appropriate qualifications, alternative education and training pathways (e.g., cadetships, trainee ships and bonded employment) need to be available that enable progression toward, and articulation into, a relevant tertiary qualification. Whilst alternative pathways should be targeted towards Aboriginal and Torres Strait Islander people, it should not be limited to this group.

Given the complex nature of child protection work, it is important that Aboriginal and Torres Strait Islander workers are properly skilled and equipped to work intensively with families with multiple and complex needs. Alternative pathways are

needed to enable people to achieve relevant degree qualifications, with opportunities for career advancement, rather than limiting access to a smaller range of positions. There is also likely to be benefit in considering the recruitment and retention of Aboriginal and Torres Strait Islander people by universities in the relevant degree courses, in addition to the provision of alternative pathways.

Access to appropriate education and training to support increased levels of qualified Aboriginal and Torres Strait Islander staff employed in the non-government sector would increase the capacity of the secondary support system to provide effective, culturally appropriate and sensitive services to the high proportion of Aboriginal and Torres Strait Islander children and families.

Question 28: Are there specific areas of practice where training could be improved?

To achieve quality practice, maintain currency, and support practice that is informed by current research and evidence, there is a need for ongoing professional development for staff across both government and non-government sectors.

Professional development should continue beyond entry level training and include ongoing learning opportunities, professional supervision, coaching and mentoring, and on the job placements and rotations which facilitate translation of knowledge to practice. The department is concerned that staff are not feeling supported through professional development. Professional supervision should include formal and informal support to staff on a regular basis about their workload, and how their cases are progressing, and the plan for their work with individual families, as well as how they are coping with the stress of the content of the work that they are doing. Professional supervision is critical and should not be overlooked in the cut and thrust of a busy workload or in the midst of operational emergencies. Good leadership of a ongoing professional support are even more critical in these times.

The development of professional supervision skills will form part of the Child Safety specific leadership programs being developed during 2013. These sessions will focus on supervision, decision making, and case management requirements specific to Child Safety Services.

Particular areas requiring additional skill development of staff include court work, therapeutic intervention, cultural competence, and targeted training that contributes to and responds to changes to frameworks, practices and systems.

Both entry level, and ongoing, training and professional development for staff in non-government services are also required, to increase the skill and capacity across the sector. Common areas of training to support practice improvement are: cultural competence; and responding to trauma and disrupted attachment. Particular training is also likely to benefit improved practice in specific programs and services, such as, the provision of training in therapeutic approaches to care for carers and residential care workers.

Question 29: Would the introduction of regional backfill teams be effective in reducing workload demands on child safety officers? If not, what other alternatives should be considered?

The department supports the principle of backfilling staff which may be achieved through a range of strategies. Eliminating a requirement to hold vacancies, and an ability to backfill leave periods greater than 3 weeks, would significantly address current service gaps.

The department trialled regional backfill teams as a Future Directions initiative in 2002-03. This trial achieved positive outcomes in providing backfill and providing casework services when staff took paid leave. The trial also identified issues for backfill teams such as maintaining staff, clarity of role and work undertaken or expected in each backfill position, use of staff to address backlogs, and team cohesion and support.

The department would see greater benefit in any additional staff being allocated to Service Centres as this would reduce case loads and provide additional capacity to support children and families. The permanent allocation of staff to service centres would reduce workload pressure and increase the ability of staff to plan arrangements for casework during periods of leave and the capacity of other staff in the office to provide support during periods of leave.

Annual processes to align child protection service staff numbers with workload pressures should continue consistent, with recommendation 5.4 of the CMC Inquiry report. The impact of any expansion of extended hours or on-call arrangements would need to be considered in any backfill arrangements.

Alternative approaches may also include, a pool of locum staff that have been recruited and placed on a register of staff able and willing to undertake temporary roles.

Question 30: How can Child Safety improve the support for staff working directly with clients and communities with complex needs?

The department has undertaken projects to address caseload pressures and develop strategies that respond to particular client needs. The department currently supports staff working with complex clients and communities by providing a range of ways to support child protection work such as supporting collaborative approaches to intervention and providing access to specialist advice (such as Evolve). Child Safety Services staff also have access to personal counselling through an employee assistance scheme.

The Department would also support exploration and consideration of other support options such as:

- Reviewing the current organisational structure within frontline service areas to identify opportunities for development of positions that are targeted towards

areas of practice requiring a depth of practice experience, such as the first contact with complex families, and engagement with complex young people with complex and extreme support needs.

- Provision of increased levels of skilled and experienced staff through improved career options, by increasing access to senior casework/ CSO positions.
- Further development of collaborative approaches to increase access to services across agencies for clients, and multi-disciplinary, multi-agency, approaches to supporting families.
- Specific skill development in conducting risk and need assessments.
- Developing team leaders and managers to have increased skills in cultivating a 'culture of support' within the organisation, and in providing professional and practice supervision.
- Consideration of an increased ratio of Team Leaders to Child Safety Officers and other staff supervised by them to improve access to supervision and mentoring.
- Developing systems that provide for access to specialist professional supervision within each professional stream and support professional registrations (e.g., Social Work, Psychologist practice leaders similar to the approach used in Disability Services)
- Increased skills and qualifications of non-government sector staff that provide direct services to children and families.
- Review the system of internal staff support and employee assistance to ensure they are accessible and meet the support needs of staff.
- Support the development of specialist expertise through professional development and supporting increased levels of qualification (e.g., improved access to study assistance)
- Specialist allowances for staff who achieve higher levels of qualification and specialist skills similar to systems used in Queensland Health.

Question 31: In line with other jurisdictions in Australia and Closing the Gap initiatives, should there be an increase in Aboriginal and Torres Strait Islander employment targets within Queensland's child protection sector?

The department supports the use of employment targets as a mechanism of focusing attention directly on increasing the number of Aboriginal and Torres Strait Islander people working in the government and non-government sector. The department supports a range of options to increase the recruitment of skilled and qualified Aboriginal and Torres Strait Islander staff and an improved cultural competence of staff across the child protection sector.

However, employment targets alone may not achieve the employment of a skilled workforce or deliver better outcomes for children and families. There is some risk that the use of employment targets, without other supporting strategies could result in the focus being on achieving the employment of the required number of staff with particular cultural or other backgrounds rather than on building a qualified, skilled and experienced workforce and could serve to lower service quality. This applies across the department in areas of service delivery, quality practice, program development and strategic policy. Workforce strategies that build a skilled and

qualified Aboriginal and Torres Strait Islander and non-Indigenous child protection workforce are more likely to deliver better outcomes.

To respond effectively to the overrepresentation of Aboriginal and Torres Strait Islander children and support increased community owned and controlled services, increased numbers of skilled, experienced and qualified Aboriginal and Torres Strait Islander staff and increased professionalisation of the Aboriginal and Torres Strait Islander workforce is required.

Partnership approaches between Indigenous and non-Indigenous agencies may increase the provision of culturally sensitive services to Indigenous children and families particularly in the short to medium term. These approaches may include collaborative approaches to working with families, staff exchange and/or co-location of staff that builds practice skills of Indigenous staff and cultural competency of non-indigenous staff.

Chapter 9:Oversight and complaints mechanisms

Response to Questions

Question 32: Are the department's oversight mechanisms – performance reporting, monitoring and complaints handling – sufficient and robust to provide accountability and public confidence? If not, why not?

Performance reporting and monitoring
The department complies with the Queensland Government Performance Management Framework that measures performance and ensures accountability and value for clients, stakeholders and the community. The department also complies with all State Budget and annual reporting requirements.

Each Queensland Government agency needs to measure and monitor the efficiency and effectiveness of the services it delivers. Each agency sets its service standards and other measures in consultation with the Minister and publishes its expected results in Service Delivery Statements as part of the annual State Budget papers. Actual results are published in each agency's annual report.

By measuring performance, the extent to which those services are creating value can be determined. If areas for improvement are identified, the government may need to adjust its whole of government direction, and in turn, agency business direction and service delivery to improve results and increase value.

When preparing the budget for Child Safety Services, the department considers performance data and information from previous years to anticipate likely service delivery demand across the system and to identify trends. In recent years, the increasing service delivery demand within the tertiary child protection system has fully consumed the budget allocation for tertiary Child Safety Services.

The department regularly monitors the performance of all funded organisations and receives quarterly performance data, which it analyses to inform ongoing discussions with regional staff with responsibility for contract management and with service providers directly.

The analysis of performance data and information enables trends and demand pressures to be monitored and future projections of ongoing demand to be mapped and this informs the consideration of requests to government for additional funding. This process was used during the development of the Helping out Families initiative in South East Queensland.

As well as providing annual service delivery data and information in the department's annual report, Child Safety reports on around 160 separate measures each year to capture performance for each key stage of the statutory child protection system. More than 90 of these measures are reported on a quarterly basis via the *Our Performance* page of the Child Safety website. The performance of the system is also evaluated with the *Tertiary Child Protection Performance Framework*, an outcomes-focused performance framework that has been developed to understand the key objectives and outcomes for the child protection system, as well as the measures by which the department monitors system performance.

Measuring outcomes for vulnerable people in the area of human service delivery is a growing area of expertise. The department has commissioned external evaluation projects and undertaken evaluations of specific programs internally and has an interest in the ongoing evaluation of programs to measure their effectiveness and efficiency at delivering outcomes for children and families.

Evaluation processes
Evaluation projects often use a combination of qualitative and quantitative data analysis, from a range of sources and perspectives, to measure the effectiveness and efficiency of a program and the outcomes for clients. Evaluation forms an essential component of any policy development and program delivery process. However, direct service delivery is often the priority in the delivery of new initiatives and programs and capacity to undertake comprehensive evaluation processes to review the effectiveness of a program is often limited by the availability of resources.

Evaluation processes can be difficult, costly and time consuming. Most programs and initiatives, especially those delivering complex human services, may take many years to deliver outcomes and the ongoing funding of a program may be jeopardised if outcomes cannot be measured within relatively short timeframes. There are moral and ethical issues associated with undertaking evaluation processes that compare the outcomes achieved by one group of families who are not provided with a services with those that do receive a service. The vulnerability of the cohort can make it quite difficult to gain consent at the time a service is provided to their participation in ongoing studies. The priority is the collection of relevant information to inform effective service delivery rather than for other purposes such as future review and evaluation. The complexities of service delivery for families on the cusp

of child protection intervention, and the multiple factors that often impact on the outcomes for children and families, often make the collection of reliable and accurate data difficult.

Child Safety Services participation in academic research projects

The Department of Communities, Child Safety and Disability supports a range of research to inform policy, programs and practice. The department receives applications from researchers who would like financial or in-kind support from the department to undertake specific research projects. Applications are assessed on the basis of the proposed methodology, the impost on the department and impact for the department's clients (including children and young people in out-of-home care), and the relevance of the outcomes sought by the research proposal to the department's priorities. The department often negotiates with individual researchers during the early stages of the development of their proposal to ensure benefit to the department and the department's clients from any research that is supported.

The department is currently supporting 12 research projects through in-kind and / or funding. These projects include local PhD level projects and national projects being conducted with funding and support from the Australian Research Council (ARC). The department identifies research priorities and currently has a dedicated Child Safety research budget of $127,000 per annum to support research projects that align with the identified priorities. In addition to financial support, the department provides in-kind support such as access to data, staff or other resources.

The department also maintains links with Queensland universities and researchers, including participating in and supporting child protection research forums. Where specific issues have emerged the department has at times commissioned, or negotiated cooperative arrangements with universities, to undertake particular research projects such as a research into the recruitment and retention of staff in rural and remote areas which was undertaken by the previous Department of Child Safety.

Under the First Action Plan 2009-2010 to implement the National Framework for Protecting Australia's Children, the Australian Institute of Family Studies was engaged to undertake a research audit, the Protecting Australia's Children Research Audit (1995-2010)7. Following the audit, the department contributed to the development of the National Research Agenda a priority action under the First Action Plan 2009-2012 and is continuing to participate in the workgroup which is overseeing projects funded under the National Research Agenda[8].

The Protecting Australia's children research audit (1995-2010) identified a gap in longitudinal research of children and young people in the child protection and care systems. Comments have been made during the Child Protection Commission of

[7] http://www.aifs.gov.au/nch/pubs/reports/audit/2011/index.html

[8] http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/national-research-agenda-for-protecting-children-2011

Inquiry hearing process about the lack of longitudinal studies and data on the outcomes for children and families who have contact with the child protection system. The department recognises the need for research of this nature and aims to leverage from such studies undertaken in other jurisdictions as far as possible. Studies of this nature have been conducted in other jurisdictions such as the longitudinal Pathways of Care Study of children and young people in out of home care, and the Wards Leaving Care study, both of which were commissioned by the New South Wales Department of Community Services.

The Pathways of Care project is a large-scale representative longitudinal study that will follow approximately 1500 children and young people aged 0–17 years entering out-of-home care (OOHC) on Children's Court orders for the first time[9]. The aim of the study is to provide the knowledge needed to strengthen the OOHC service system in NSW in order to improve the outcomes for children and young people in OOHC. These outcomes include children's and young people's permanency, safety, and wellbeing (including their physical health, socio-emotional and cognitive/learning development). The study will collect baseline information about the children and young people on entry to OOHC as well collect ongoing information on their life experiences and the various factors that influence their overall development.

Funding of $1.5 million per annum over 5 years has been allocated for this project by the New South Wales Department of Family and Community Services. The project is managed by Community Services within the Department of Family and Community Services and is being conducted by a consortium of Australian researchers through the Australian Institute of Family Studies (AIFS) (including the Social Policy Research Centre (SPRC) Associate Professor Judy Cashmore and Associate Professor Paul Delfabbro) and Chapin Hall Centre for Children at the University of Chicago. Papers from this study are expected to be released as the study progresses with the first papers being released late in 2013.

The department recognises the need to build the evidence base to inform policy, procedure and practice in the delivery of child protection services. However, whether or not the department has capacity to provide financial or in-kind support to individual research proposals or to commission specific research is assessed on a case by case basis and the available resources at the time. The department also utilises opportunities to leverage, participate or be informed by research undertaken in other jurisdictions as far as possible.

Complaints handling

The department has a published Complaints Management Policy and Procedure that guides how complaints made to the department are to be handled. The policy and procedure applies when a member of the community, a stakeholder, or a departmental employee expresses dissatisfaction about a service or actions of the department or a funded non-government service provider and underpins the

[9] http://www.community.nsw.gov.au/pathways/index.htm

procedure for how complaints made to the department are to be handled. There is room for improvement in the department's current internal handling of complaints with the response sometimes being overly complicated, overly formal and matters taking too long to be resolved.

Right to information
The department provides access to information to the community under the Queensland Government's approach to the right to information and has a commitment to provide access to information held by the Government, unless on balance it is contrary to the public interest to provide that information.

In addition to the provisions of the *Child Protection Act 1999* about the confidentiality of certain information, the department's capacity to provide information is governed by the *Right to Information Act 2009* and the *Information Privacy Act 2009*. This legislative framework aims to make information available, provide equal access to information across all sectors of the community, and provide appropriate protection for individuals' privacy.

All Queensland government departments are subject to the Information Privacy Principles set out in the *Information Privacy Act 2009* which generally provides that sensitive personal information must only be collected, used and disclosed if the person who the information relates to consents or the use or disclosure is required by law. The principles also require information obtained for a particular purpose must, generally, not be used for another purpose.

Under the *Information Privacy Act 2009*, the Minister of the department who holds the information has an overriding discretion to release information. This is subject to consultation with, and consent of, the person to whom the information relates to and is subject to the *Child Protection Act 1999*.

The *Information Privacy Act 2009* provides a regime of disclosure to individuals; however, this is subject to the confidentiality provisions of the *Child Protection Act 1999*. Information about an individual may still be provided if the confidential information about others is removed.

The *Child Protection Act 1999* contains strict confidentiality provisions to safeguard personal information obtained by the child protection system. There is a general prohibition on disclosing information about a person's affairs that has been acquired in the course of performing functions under the Act.

Amending the confidentiality provisions has previously been considered. Stakeholders expressed the view that strict confidentiality provisions in the Act are essential to ensure families and children will engage with Child Safety Services without fear that sensitive information about very personal matters will be disclosed without their knowledge or consent. As the families the department works with are often dealing with multiple and complex issues, sharing their information may have unintended consequences. This could include jeopardising the safety or wellbeing of

individuals to whom confidential information relates, or undermine the department's investigation of concerns or ongoing casework with the family.

The confidentiality provisions in the Act are subject to exceptions such as:

- If disclosure relates to performing function under the Act; or
- For a purpose directly related to the welfare of any child, such disclosure may not be directly related to the protection of the child the information relates to, but may relate to the welfare of another child or children (eg a sibling)
- Information may be given to a person if it is about them. The situation may become complicated if the department has a large volume of information relating to an individual and that information also relates to the affairs of other individuals

Public confidence

Queensland is no different to other jurisdictions in Australia, New Zealand and overseas in respect to intense media scrutiny. Whilst child protection work involves the consideration of issues and implications for vulnerable children and young people and should include an assessment of the risks to their safety and wellbeing, risk averse decision making by statutory child protection staff is widely referred to in child protection literature.

These two issues have broad implications for public confidence in the system as a whole, despite performance reporting, monitoring and complaints handling and external accountability measures. The problem for society is working out a realistic expectation of professional's ability to predict the future and manage risk of harm to children, given the fact that low probability events happen. It is important to convey to the public a more accurate picture of the work and an understanding that death or serious injury of a child may follow even when the quality of professional practice is high.

Large scale social media campaigns can be expensive and this cost may outweigh their effectiveness in raising community awareness and understanding of the complexities of child protection issues. The department participates in numerous activities to improve community awareness including:

- supporting the annual Child Protection Week,
- Kinship and Foster Care Week, and
- running annual appeals for the donation of Christmas presents for children in out-of-home care.

The confidentiality provisions in the *Child Protection Act 1999* aim to protect vulnerable children and families. These provisions aim to prevent the publication of particulars that identify children who have suffered harm and recognise that a child may experience further emotional trauma if they are publicly identified. Children come into contact with the child protection system as victims of harm, through no fault of their own. The repercussions of public identification of vulnerable children can extend to the attitudes of others the child comes into contact with. For example,

a child may be embarrassed or bullied because their peers have had access to very personal and private information about them through the media.

The provisions in the Act were intended to prevent sensational and explicit media reporting on child protection matters that identify children and their families. Professional child protection workers are acutely aware of the damage that can be done to children when private information is published. This damage may only become apparent years down the track. Whilst it is important to raise awareness of child protection issues generally, there is a need for real caution to prevent the invasive and irresponsible publication of private information.

Nationally, academic researchers have found that using the media to promote what some might perceive to be a child's best interests does not mean that a child victim's identity needs to be revealed. It is also not necessary to identify a child in the pursuit of justice on his or her behalf. In particular cases where child victims of crime and abuse have been identified in the media, researchers have concluded the child's right to privacy has received inadequate attention. As there is evidence suggesting children often blame themselves for their own victimisation, the media must be particularly sensitive to their needs.

Whether or not a general systemic response is provided to the media in relation to a particular case can be a complex decision and needs to be considered in each individual case. Consideration is given to:

- best interests of the individual children concerned;
- whether a general response about child protection issues and Child Safety process should be provided;
- the interests of other people about whom the case relates and the interests of Child Safety staff;
- the possible impact of ongoing media attention may have on the safety and wellbeing of relevant children and their families; and
- any ongoing child protection assessments or criminal investigations.

Employment screening

The Queensland Government has announced, in the January – June 2013 Six Month Action Plan, the streamlining of Blue Card screening processes. The department is currently working with the Commission for Children and Young People and Child Guardian to develop options to implement this commitment.

Child Safety Directors Network

The current role of the Child Safety Directors Network is primarily focused on the identification of systemic trends and issues and the negotiation and implementation of interdepartmental strategic policy and program projects. CSDN has played a critical role in the development and implementation of the Helping out Families initiative, Evolve program and SCAN process review. While CSDN provides an important mechanism for the identification of systemic issues and officers play a role promoting systemic issues within their agencies, its current function is not primarily to provide an external oversight mechanism.

Question 33: Do the quality standards and legislative licensing requirements with independent external assessment provide the right level of external checks on the standard of care provided by non-government organisations?

The 11 minimum service standards were designed to incorporate legislated licensing requirements including those mentioned in section 126(a), (e), and (f) of the *Child Protection Act 1999*. Prior to granting a licence or a licence renewal, an independent external assessment (IEA) of a service's compliance with the standards is undertaken. The IEA provides for rigorous external checks of compliance, and together with a departmental assessment of the legislative requirements informs the consideration of whether an organisation has the capability of meeting the standards of care in the statement of standards.

The department uses quality standards to monitor licensed care services to inform whether the service continues to comply with the department's expectations.

In the January –June 2013 Six Month Action Plan the Queensland Government committed to commence streamlining child safety license applications and processes for non-government organisations. Over the next three years, from February 2013, licensed care services will transition to the Human Services Quality Framework (HSQF). The framework requires services to be externally audited against the Human Services Quality Standards over a three year cycle. These standards have been mapped to the 11 minimum service standards and are considered equivalent.

It is anticipated that all audits undertaken using the new standards will provide the same rigor as the current IEAs. Additionally, as the framework is underpinned by the Joint Accreditation System of Australia and New Zealand and international auditing standards, services will need to demonstrate a high threshold of compliance against the standards in order to achieve certification. This will be monitored by external auditors at a mid cycle maintenance audit conducted at 18 months.

Arrangements to transition to the new HSQF requirements will be negotiated with each licensed care service individually.

Question 34: Are the external oversight mechanisms – community visitors, the Commission for Children and Young People and Child Guardian, the child death review committee process and the Ombudsman – operating effectively? If not, what changes would be appropriate?

The department's submission covers issues relating to the current external oversight mechanisms and makes a number of proposals aimed at reducing duplication and creating efficiency (pages 110-114, proposals 26.0 and 27.0).

It is the department's view that where duplication exists in current external oversight mechanisms, resources should be redirected towards frontline secondary service provision. For example, if families are supported to keep their children safe at home and as a result fewer children enter out-of-home care, Child Safety Officers

would have greater capacity to undertake direct casework with children and the need for community visitors would be reduced. The size and scope of the Community Visitor Program could then be reduced. As proposed in the department's submission, the scope of the Community Visitor Program could be more targeted with visits limited to only those most vulnerable children and young people in out-of-home care and reporting requirements limited to only serious issues.

Some of the Commission for Children and Young People and Child Guardian reporting activities involve the publication of data and information already made available by the department.

Currently the department undertakes a review of all deaths of children known to the Child Safety Services in the three years prior to their death. The department's submission proposes that this period be reduced to 12 months. However, most of these reports are provided to both the Child Death Case Review Committee and to the Coroner. Under the *Coroners Act 2003*, the death of a child in out-of-home care is a reportable death and coroners have the power to make recommendations that prevent deaths in similar circumstances occurring in the future. There is duplication between the role of the external Child Death Case Review Committee and the role of the coroner and an opportunity for resources to be redirected.

Question 35: Does the collection of oversight mechanisms of the child protection system provide accountability and transparency to generate public confidence?

Public confidence in the child protection system is often influenced by media interest in particular cases rather than the current collection of oversight mechanisms. The current collection of mechanisms is complicated and is unlikely to be clearly understood by the general public.

Question 36: Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?

The current external oversight mechanisms can be burdensome for the department and can contribute to the current skewing of the system towards formal statutory child protection interventions and heightened risk aversion in the system as a whole. There is now a level of maturity in the child protection system that was not present at the time many of the external oversight and monitoring mechanisms were established.

Complaints and investigations undertaken by external agencies generate requests and reports that require a departmental response often in short timeframes. This diverts resources from frontline service delivery.

Amongst other things, the monitoring and reporting processes often result in recommendations to develop further policies and procedures. This serves to increase compliance requirements on staff. The current level of scrutiny can result in a fear of

failing to comply with requirements and this in turn contributes to risk averse culture. This process can have an impact upon the exercise of professional discretion and risks reducing the quality of practice, which is counterproductive to the intent of the regime in the first place. The expectation that compliance will always be achieved in an environment of high prescription and in an area as complicated, risky and overburdened as child protection, is unrealistic.

The level of external monitoring and oversight is based on the premise that multiple levels of scrutiny will improve accountability and deliver better outcomes for children and their families. These requirements were put in place in response to very serious concerns about the quality of care provided to children in out-of-home care in the past. However, the level of external oversight and scrutiny of services provided to children and families involved in the system needs to be weighed with the capacity of the broader service system to support child and family wellbeing to keep children and families out of the system.

Queensland's child protection system is one of the most highly monitored and overseen systems in the country. The department acknowledges the need for external accountability and oversight given the department's use of coercive statutory powers and the vulnerability of the children and families that are the subject of the exercise of those powers. However, there is duplication and disproportionate investment in the current approach.

From a whole of system perspective, the current weight of investment in externally monitoring and reviewing, the exercise of administrative powers and functions, and decision making, by the department in response to an increasing number of children and families is disproportionate to the investment in the secondary system to keep those families out of the system in the first place.

Chapter 10: Courts and tribunals

Response to issues

Childrens Court child protection proceedings
The department's submission to the Commission of Inquiry includes a summary of issues relating to Childrens Court child protection proceedings (pages 61-65) and makes a number of proposals to improve court processes (proposals 11.0 and 12.0).

Child protection proceedings are conducted throughout the state in Childrens Courts constituted by a magistrate. Many parents involved in proceedings are not legally represented and proceedings should be accessible and conducted in a manner that enables vulnerable people to participate and understand the process and the information being taken into consideration.

Natural justice and procedural fairness are essential to ensure good decision making and timely decision making can provide clarity and enable the implementation of a case plan to provide stability and security for children the subject of the proceeding.

The Commission of Inquiry has heard evidence and received submissions about a number of issues relating to the Childrens Court child protection jurisdiction. Many of these issues are the result of the current approach being to opt for the use of statutory powers in the first instance and child protection orders for children rather than a more family support oriented approach. These issues could be partially ameliorated by the introduction of multiple diversion points throughout the system to enable families to be more effectively supported to care safely for their children and the implementation of a cultural shift towards ongoing assessment and support for families. Over time, this approach would result in fewer matters requiring a child protection order and a reduction in the number of matters before the court. This would also mean that only those matters where all reasonable efforts to support the family without the aid of a court order would end up before the court.

Response to Questions

Question 37: Should a judge-led case management process be established for child protection proceedings? If so, what should be the key features of such a regime?

In consideration of this question a distinction should be made between the case management of the proceedings in the Childrens Court and the case management of the intervention provided for a family to assist them to meet their child's protective needs.

The department supports a clearer procedure for the conduct of child protection proceedings in the Childrens Court. Proposal 11.5 in the department's submission includes the amendment of the *Child Protection Act 1999* to make it clearer that the Childrens Court may direct parties to do things in relation to the conduct of the proceedings to support the timely resolution of proceedings. This might include directing parties to file documents within a certain timeframe or requiring a response to material that has been filed by a certain date.

The department's submission also notes the distinction between the protective nature of child protection proceedings and private law matters determined in the Commonwealth family courts. The department has concerns about an overly prescriptive case management approach to child protection proceedings that could result in complicated rules and requirements. This could have the unintended consequence of limiting the capacity for unrepresented vulnerable people to participate in the proceedings or have adverse consequences for parties who do not comply with requirements.

A strength of the current system is that the court may inform itself in any way that it considers necessary in order to satisfy its paramount consideration of the best interests of the child. A failure to comply with procedural rules or requirements should not limit the court's capacity to make a decision to keep a child safe.

The department's submission also notes a number of issues in relation to the involvement of the court in the determination of a case plan for a child (pages 61

and 62). The department proposes that it should be made clear that the department ultimately has responsibility for their being a case plan. The preference should remain for case plans to be developed and reviewed through a Family Group Meeting process, but where reasonable attempts to hold a Family Group Meeting have been made there should be no delay in the development of a case plan for a child.

The adjournment of child protection proceedings to enable the child's parents to undertake specific programs or counselling can create uncertainty and have a negative impact on the child. This work should be undertaken, as far as possible, with families before an application for an order is made. Further work to support a child's family to enable the safe return of the child can occur after the order is made. Applications for a child protection order for a child should be determined as soon as possible to provide certainty for children and to enable the implementation of a case plan for the child. The developmental implications for children caused by a delay in the determination of an application can be profound.

The department supports an amendment to the Act to make it clear that before a child protection order can be made for a child all reasonable steps have been undertaken to provide help and assistance to the family in the best interests of the child (proposal 11.3). This approach would encourage the department to only make an application for a child protection order as a last resort and only after all reasonable attempts to support the family without an order for the child had been exhausted. The department would also support amendments to provide greater guidance to Courts about the imperatives of timely decision making in the best interests of children and young people.

Question 38: Should the number of dedicated specialist Childrens Court magistrates be increased? If so, where should they be located?

The department supports that judges and magistrates that sit in the Childrens Court jurisdiction should have specialist skills and expertise. The department understands that judicial officers need to act independently and objectively and make decisions on the basis of the information before them in a particular case. However, ongoing development of expertise can support independent decision making by enabling judicial officers to scrutinise the information in evidence before them and provide a knowledge base to challenge parties in a case in relation to the quality and scope of information provided in support of a particular position. Keeping judicial officers abreast of developments in the law and social issues can help them to perform their role with rigour and maintain community confidence.

Other jurisdictions have implemented mechanisms such as the Judicial College of Victoria and the Judicial Commission of New South Wales that play a role in organising and supervising the continuing education and training of judicial officers. These institutions may also play a role in the development of relevant Bench Books that guide procedure and practice in particular jurisdictions. The establishment of

these types of institutes is costly and their role spans the entire jurisdiction of the court rather than just the role of the Childrens Court in child protection matters.

Other existing mechanisms include the Australian Institute of Judicial Administration which is a research and educational institute associated with Monash University and funded by the Standing Council on Law and Justice. The AIJA led the *Child Protection in Australia and New Zealand – Issues and Challenges for Judicial Administration Conference* in Brisbane in 2011.

Other options that could be explored include providing greater clarity about the leadership of the Childrens Court and the relationship between the Childrens Court of Queensland and Childrens Courts constituted by a magistrate. This could involve enabling the functions of the Chief Magistrate to extend to the Childrens Court including making it clear that the Chief Magistrate can issue practice directions and enabling the Chief Magistrate to require magistrates who sit in the Childrens Court child protection jurisdiction to have specialist qualifications or to participate in ongoing professional development.
Alternatively, it could be made clear that the President of the Childrens Court of Queensland can issue practice directions that extend to the Childrens Court however it is constituted and could include a power to require judges or magistrates who constitute a Childrens Court to have specialist qualifications or to participate in ongoing professional development.

Whether or not additional specialist Childrens Court magistrates should be appointed, and where they should be located, is a matter for consideration by the Department of Justice and Attorney-General and the Court.

Question 39: What sort of expert advice should the Childrens Court have access to, and in what kinds of decisions should the court be seeking advice?

Section 107 of the *Child Protection Act 1999* enables the Childrens Court to appoint a person having special knowledge or skill to help the court. The use of this provision has been limited given that it is not clear how this is intended to be resourced. The provision is drafted broadly to enable the court to seek the kind of expert help required in a particular case.

The department estimates that over the two year period 2010 to 2012 the department has spent approximately $0.783 million in 2011-12 and $0.576 million in 2010-11 on social assessment reports. These are reports prepared primarily by social workers independent from the department to be used in child protection proceedings. In some instances these reports are obtained because the department, as the applicant in the proceedings, has assessed that independent expert opinion is required in the case. However, in some instances pressure has been placed on the department to pay for social assessment reports requested by the court or by other parties to the proceedings because there is no other funding source available.

The department does not currently have an allocated budget for court ordered assessment reports and this expense has been met through limited local "child related costs" allocations. The department would support greater clarity being provided to courts about when social assessment reports may be warranted and how the costs of these assessments can be met.

Whilst the department supports courts being able to obtain any expert advice required to assist in the determination of a particular case, in some instances reports are requested due to concerns about the department's assessment in a particular case or because rationale provided by the department for the need for a particular form of intervention. However, the cost of this approach may not be justified in the current fiscal environment.

If a number of earlier diversion points were provided for families to enable them to care safely for their children, some of the matters were there is uncertainty about the need for an order may not progress to the point of Court proceedings. A focus on supporting family focused practice and good decision making throughout a family's involvement with Child Safety Services would also enable a clearer rationale and a quality assessment to be provided to the Court when an application for an order is made.

Question 40: Should certain applications for child protection orders (such as those seeking guardianship or, at very least, long-term guardianship until a child is 18) be elevated for consideration by a Childrens Court judge or Justice of the Supreme Court of Queensland?

The *Child Protection Act 1999* enables the Childrens Court to be constituted by either a judge or a magistrate when exercising its jurisdiction to determine an application for a child protection order. It is common practice for applications to be filed in and determined by a Childrens Court constituted by a magistrate. The department would support exploring opportunities for more complex proceedings to be held in the Childrens Court of Queensland constituted by a judge.

Children have developmental needs that require decision making within more urgent timeframes than in other jurisdictions. A delay of only a couple of months can have a profound impact for a new born baby forming critical attachments to its carers and a series of adjournments over a six month period can mean that a child misses half a year of stable schooling. These time frames may be reasonable from an adult perspective to enable the parties in a matter to obtain advice and prepare material and participate in negotiations but for a child they can be an unreasonable delay.

This must be weighed with the need for procedural fairness and natural justice. The best interests of a child can only be ensured by enabling their parents and family the opportunity to fully participate in decision making.

Given the need for timely and accessible judicial decision making in child protection proceedings, the department does not support the elevation of certain matters to a

Justice of the Supreme Court of Queensland. A Supreme Court process may also result in a level of complexity being required that may not support the participation of vulnerable self represented parents in the proceedings.

Given the legislative framework currently exists for applications for a child protection order to be determined by a judge sitting in the Childrens Court of Queensland jurisdiction, it is worth considering the current barriers to this occurring. The Childrens Court of Queensland and the Supreme Court of Queensland very rarely exercise child protection related jurisdiction and this could further impact on the issues raised in response to question 38 above about the need for specialist skill and expertise when exercising child protection jurisdiction.

The department supports the comments in the Commission of Inquiry's Discussion Paper about the need for children to be provided with security and stability. Child Safety Services aims to undertake planning for the long term stability and security of a child, the subject of statutory intervention, at the same as working with a child's family to try and return a child safely home. This is discussed earlier in this Discussion Paper response in relation to permanency planning and reunification.

The department also supports the use of long term orders for children rather than successive short term orders whenever possible in the best interests of a child. The elevation of decisions about the making of long term orders to another court could have the unintended consequence of complicating this type of proceeding and result in long term orders being applied for less often. This could be because the court sits less frequently in a particular area or the parties to the proceeding would be required to travel a greater distance to participate in the proceedings. It could also be a result of the proceedings being more formal and more time consuming for Child Safety Services staff.

Question 41: What, if any, changes should be made to the family group meeting process to ensure that it is an effective mechanism for encouraging children, young people and families to participate in decision-making?

The department's submission highlights a number of issues relating to the Family Group Meeting process to develop a case plan for a child (pages 57-58) and proposes that the *Child Protection Act 1999* be amended to require the court on an application for a child protection order to be satisfied that a case plan has been developed for a child in accordance with the requirements under the Act (proposal 11.2).

The submission also proposes that the Act be amended to provide greater guidance about when a private convenor should be engaged to facilitate a Family Group Meeting (proposal 9.1) and that both internal and private convenor should be appropriately qualified (proposal 9.2). The department also proposes that, to avoid delay in the provision of services and support for a child, when all reasonable steps have been taken to convene a Family Group Meeting to develop a case plan for a child, the department should have ultimate responsibility for the development of the case plan (proposal 9.3).

The department would not support a requirement for all Family Group Meetings to be convened by a private convenor as this would be expensive and would be likely to cause delays in some areas with limited qualified external convenors.

The Signs of Safety practice framework places families at the forefront of the planning processes from the first contact with the child protection agency. The planning process commences very soon after a decision is made that a child is in need of protection and it involves the family actively identifying risks for the child as well as planning for the ongoing safety of the child. This process recognises that families know themselves and their issues best and given the opportunity, can often be best placed to recognise what is required, and achievable to keep their child safe. Case plans identify how best to meet the child's safety needs and are practical and realistic and focus on the underlying safety issues rather than a list of requirements for the parents to attend programs or counselling. In some cases, this may also result in children being returned home on the basis of the plan that has been developed.

Feedback from Western Australia indicates that families feel more empowered and engaged in the process and have a far greater understanding of the reasons for the concerns about their child.

Question 42: What, if any, changes should be made to court ordered conferences to ensure that this is an effective mechanism for discussing possible settlement in child protection litigation?

The department has commenced preliminary discussions with the Department of Justice and Attorney-General about the development of guidelines to support the use of Court Ordered Conferences as an alternative dispute resolution process in child protection proceedings to enable the identification of the issues in dispute and to try and resolve those issues. This work is noted in proposal 11.4 in the department's submission.

The process of reporting back to the Court after a Court Ordered Conference has been held could be improved if the chairperson was required to clearly outline the issues in dispute. If a conference is held early in the proceedings in a contested matter this could assist to inform the parties about what material should be prepared to support their case. If the conference was held later in the proceeding prior to a hearing after material has been filed by the parties this would enable the Court to limit the scope and time required for the final hearing of the matter and support in a more rigorous court managed hearing process.

Court Ordered Conferences should be viewed as a serious alternative dispute resolution process and chairpersons should have specialist mediation qualifications and expertise. As far as possible the chairperson should be physically present to meditate the conference effectively.

Conferences should be attended by a Child Safety Services representative with clear decision making delegations in relation to the case. The representative should be able to articulate a clear rationale for the department's "bottom line" and an understanding of issues upon which the department may be willing to compromise. This mediation plan should be discussed and developed before the Conference is held.

Question 43: What, if any, changes should be made to the compulsory conference process to ensure that it is an effective dispute resolution process in the Queensland Civil and Administrative Tribunal proceedings?

The department notes that in proceedings on an application for review in the Queensland Civil and Administrative Tribunal, there are often multiple Compulsory Conferences held. A large proportion of matters are resolved and do not progress onto a hearing and compulsory conferences provide an important process to enable applicants to express their concerns and have then considered. However, there may be an opportunity for a more active attempt to resolve matters earlier. In some instances it may also be difficult for a thorough conference process to take place because the applicant has not filed material outlining their concerns before hand.

Question 44: Should the Childrens Court be empowered to deal with review applications about placement and contact instead of the Queensland Civil and Administrative Review Tribunal, and without reference to the tribunal where there are ongoing proceedings in the Childrens Court to which the review decision relates?

The department's submission outlines the department's position in relation to the necessary distinction between the exercise of substantive judicial powers and the review of administrative decisions (page 62). The current legislative framework enables some flexibility for review applications to be held off while proceedings are finalised in the Childrens Court. This approach enables some matters to be wholly determined following the outcome of the matters before the Court.

Any amalgamation of these matters risks blurring and complicating the decisions that can be made in each jurisdiction which could heighten the conflict between the parties. This approach should not be adopted to resolve the difficulties of one jurisdiction exercising timely decision making in the interests of vulnerable people.

A case plan for a child should be reviewed regularly to enable flexible and response case work to support the changing needs of a child and their family. The department is concerned that Court involvement in the development or review of decisions made in the development of a case plan for a child may result in expectations that a particular response will be enduring, despite changes in circumstances over time.

The *Child Protection Act 1999* currently enables for the suspension of proceedings in the QCAT while substantive matters are determined in the Childrens Court in cases where there are proceedings on foot in both jurisdictions at the same time.

The number of matters requiring review could be reduced if Child Safety Services capacity to engage directly with families, children and carers was improved and decision making supported by a practice framework. Informing affected persons that a decision has been made and the rationale for the decision and their rights of review may result in some people applying for the review of that decision, however, if decisions have been made on the basis of a clearly documented set of facts using a logical rationale, the review process should involve the meaningful re-consideration of whether the decision was in fact in the best interests of the child.

Question 45: What other changes do you think are needed to improve the effectiveness of the court and tribunal processes in child protection matters?

Consent orders
Section 59 currently requires the Court to be satisfied of a number of matters before a child protection order can be made for a child. This requirement applies regardless of whether the respondents to the application agree or 'consent' to the making of the order or not. This recognises the need for a court to oversee the use of coercive administrative powers and the intrusive nature of child protection intervention, the power imbalance between the State as applicant and the parents of the child as the respondents, and the role of the Court to ensure that the order made is likely to actually meet the child's protection and care needs. The department would not support the making of a child protection order for a child by consent without a requirement for the Court to turn its mind to the material before it and be satisfied of the matters currently outlined in the Act.

Specialist training and accreditation for lawyers
The department's submission includes proposals for the development of an accreditation process for lawyers representing parties in child protection proceedings (proposal 12.0). This should include lawyers representing Child Safety Services.

Material filed in proceedings on behalf of the department
In response to the CMC Inquiry report recommendation for court preparation work to be undertaken by staff within the department with specialist skills (recommendation 5.11) the department created Court Coordinator positions within each Child Safety Service Centre. The Commission of Inquiry has heard evidence (Ms Margaret Allison, 26 February 2013) that as at September 2011 there were 48.63 full time equivalent Court Coordinator positions currently across the state and approximately one quarter of the people currently in those positions has a legal qualification.

The 2008 Workload Analysis Project showed that at that time seeking a child protection order comprised nearly half (47 per cent) of the total work undertaken by Child Safety Officers. This includes time spent preparing material for court and time spent attending court including waiting time. The department supports that the ultimate goal should be to support families to care safely for their children at home to reduce the need for court ordered interventions to enable better outcomes for

children and their families and also to reduce the amount of time spent by Child Safety Officers undertaking court related work.

Strategies that could be undertaken by the department to improve the quality of information provided to the Court on behalf of the department could include:

- Recognising that Court Coordinators or other representatives that appear on behalf of the department in Court proceedings represent the decision making and casework that have been implemented by Child Safety Services throughout the involvement of a child and their family with the department and implementing a practice framework that supports good decision making and ongoing assessment and case work with families to enable clear a rationale and logical argument to be presented to the Court;
- Preferring all staff in Court Coordinator positions to be legally qualified and implementing specific strategies to attract legally qualified people to these positions particularly in regional and remote areas;
- Requiring material to be filed in Court proceedings to be prepared by a Court Coordinator or other lawyer on behalf of the Child Safety Services' applicant;
- Enabling Court Coordinators to be able to provide more objective advice about the preparation of Court material on behalf of the department including by continuing to ensure that the Court Coordinator role forms part of the management structure within a Child Safety Service Centre;
- Including Court Coordinator roles within the scope of the annual alignment of organisational structures and staffing numbers in line with workload pressures;
- Placing greater emphasis on the preparation of material filed early in the proceedings to enable the 'best evidence' to be provided to support an application to assist in the early resolution of a matter;
- Reviewing the organisation structure to enable legal supervision and professional support for Court Coordinators; and
- Recognising the potential of the existing networks, child protection practice, and legal expertise within the Court Services Unit by expanding their role to provide in-house legal representation and advocacy.

The department has provided information to the Commission of Inquiry throughout its hearing processes, including in this response to the Discussion Paper and in the department's December 2012 submission, and the key priority being the re-orientation of the child protection system away from a focus on statutory child protection interventions and a more balanced focus on secondary and statutory responses. This paradigm shift could be implemented by an expansion in the capacity and capability of secondary family support services, the introduction of a dual reporting pathway, and a shift in focus away from the unnecessary use of statutory powers and interventions to ongoing assessment and support for families. If these reforms were introduced, the result would be more families being assisted to support their children safely at home and a reduced reliance on statutory interventions. There would also be a reduced need for matters to come before the Court. In other jurisdictions, such as Victoria and Western Australia, a greater emphasis is placed on assessment and support work with families and the provision

of secondary family supports. In these jurisdictions there is less demand on Court processes.

Chapter 11: Funding for the child protection system

Response to Questions

Question 46: Where in the child protection system can savings or efficiencies be identified?

The department's submission highlights a number of areas were improved efficiency could be achieved over the short, medium, and longer term (proposals 2.0, 3.0, 6.0, 8.0, 10.0, 14.0, 17.0, 20.0, 24.1, 24.2, 24.3, 26.0, 27.0, 28.0).

Strategies to improve efficiency across the system are unlikely to deliver savings in the short term that can be immediately redirected to other purposes. Any savings are likely to take some time to realise.

To implement the recommendations of the Commission of Inquiry, existing investment could be reallocated or re-prioritised, by reducing or ceasing services in some areas to enable savings to be directed towards priority reforms.

Identified opportunities for savings include:

- The reallocation of Recognised Entity expenditure towards an expanded intensive family support program to support Aboriginal and Torres Strait Islander families to care safely for their children at home; and
- The reduction of current duplication in external oversight mechanisms.

It is the department's view that the priority, based on the projected ongoing increase in demand on the statutory child protection system and the lessons learnt following past inquiry processes, should be the expansion of the secondary support system. This would enable families to be supported to keep their children safely at home and lead to a reduction in demand on the statutory child protection system over time. The Helping out Families initiative in South East Queensland, demonstrates the level of capacity required in the secondary support system elsewhere in the State, to start to tip demand away of the statutory end.

If the secondary service system is strengthened to the level required, a reduction in demand on the statutory child protection system is likely to take at least five years to realise. During that period, the level of investment in the statutory system would need to be maintained to meet the continued demand and to maintain the standards of care required to meet the needs of children and their families involved in the system.

A more short term option may be to limit or reduce the scope of public system by increasing the threshold for State child protection intervention or by reducing the role of the department to provide a statutory child protection response to only

certain types of harm to a child. However, without support, the issues for families on the cusp of the threshold of statutory child protection intervention are likely to escalate to the level that ultimately requires statutory intervention in any case. If timely interventions are not provided, the risk to children is likely to be increased, which could result in tragic outcomes for children. If intervention is delayed, children may be more significantly harmed and require a greater level of statutory intervention and support over a longer period of time. The threshold for statutory child protection intervention should reflect community standards and expectations about the protection of children from harm. If the threshold was raised, demand pressures are likely to be shifted elsewhere across the system and across government and would not translate as an overall saving for government. Another option may be to continue to monitor the demands on the statutory child protection system and to increase funding as demand continues to rise.

It is clear from the modelling undertaken by the department in recent years, and the lessons learnt following previous inquiries, that if the capacity and capability of the secondary support system is not strengthened, or not strengthened sufficiently, demand will continue to grow at an increasing rate. Demand is also likely to increase during the interim period while secondary system improvements are implemented.

Savings from reallocated current investment and efficiencies are unlikely to generate the level of investment required to make a real difference. Some additional investment is also likely to be required. From a longer term perspective, additional investment in the secondary service system in the short term is likely to deliver longer term benefits. The consideration of the capacity for any new investment is a matter for government taking into consideration its priorities across government for Queensland's future and the current fiscal position of the State.

It is the department's view that the priority for any additional investment should be to build the capacity and capability of the secondary service system across Queensland. This should be delivered through the state wide implementation of an enhanced secondary family support services model, such as the Helping out Families initiative. The Helping out Families approach provides a model that can be adapted and scaled in response to the size and needs of individual communities across Queensland. The opportunity for the Commission of Inquiry, given the broad systemic focus of its terms of reference and mandate to develop a road map for child protection for the next decade, is to be the first inquiry in Queensland to take a truly system wide perspective.

During the Commission of Inquiry process a range of practice, training and professional development and supervision issues within Child Safety Services have been raised. Given the urgent need to address these issues, and subject to the implications of the recommendations of the Commission of Inquiry and the Queensland Government's response to them, the department could commit to implement a practice framework, such as the Signs of Safety approach.

Chapter 12: Conclusion

Response to Questions

Question 47: What other changes might improve the effectiveness of Queensland's child protection system?

The department's December 2012 submission to the Child Protection Commission of Inquiry includes a number of other issues and makes a number of proposals. This response to the Commission's Discussion Paper is in addition to the proposals and information provided in the department's submission.

Subject to the policy and resource implications of the recommendations of the Commission of Inquiry report, the department would support the comprehensive review of the *Child Protection Act 1999*. The Act has now been in operation for well over ten years and it is timely that it is reviewed to ensure it aligns with the broad strategic direction of Commission's recommendations. This process would also update the Act to reflect contemporary drafting style and to more fully and consistently align the number of amendments that have been made during recent years.

Children and young people should be safely cared for by their families. Queensland should be recognised as a state where children's wellbeing is a priority and children have the opportunity to reach their full potential, are able to participate in school, and are healthy and well. This should be supported by a shared commitment across government agencies and with the non-government sector to improving child wellbeing and family functioning.

The system should be reoriented towards providing support and assistance to families with multiple opportunities for families to be supported to care safely for their children. Removing children from their family's care to ensure their safety should be a last resort. When children are removed, support should be provided to return them safely to their family's care as soon as possible. When children cannot be returned safely, they should be cared for in a way that meets their individual needs and best interests, and be provided high quality out-of-home care.

The reform of the child protection system, in the department's view, should be based on the following overarching themes:

- The **shared responsibility and accountability across government** for improving child and family wellbeing and keeping children safely at home;
- A **broad community effort for family friendly communities and organisations**, particularly focusing on the needs of vulnerable children and families;
- The major enhancement of a **secondary family support service system** with sufficient capacity and capability to effectively and efficiently keep children safely at home;

- A focus on working with families through **ongoing support and assessment** and enabling within the system **multiple points for families to be diverted** from requiring a statutory child protection response ;
- Providing effective culturally appropriate and sensitive intensive family support to **reduce the over-representation of Aboriginal and Torres Strait Islander children and families** in the child protection system;
- Providing **high quality care to children and young people** in out-of-home care, and support for them to transition to independence, that is focused on supporting children and young people achieving the best possible outcomes;
- A commitment to **consistent high quality practice** supported a culture of ongoing learning, development and professional support;
- **Building competent and capable workforce** across the government and non-government sectors; and
- **Reducing duplication and improving efficiency and effectiveness** whilst maintaining accountability.