

Date: 23.10.2012Exhibit number: 93

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

STATEMENT OF BERNADETTE HARVEY

I, **BERNADETTE HARVEY**, of c/- Level 3, 209 Bolsover Street in the State of Queensland, Acting Regional Executive Director, solemnly and sincerely affirm and declare:

ROLE

1. I am the Acting Regional Executive Director, Central Queensland Region, Child Safety Services, Department of Communities, Child Safety and Disability Services.
2. I hold a Bachelor of Arts (Psychology and Welfare studies); Bachelor of Applied Science (Psychology) and Bachelor of Laws
3. My substantive position is Regional Director, Child Safety Services, Central Queensland Region. I was appointed to this position in June 2011. Prior to this appointment I acted as the Assistant Regional Director, Child Safety Youth and Families, Central Queensland Region from August 2009.
4. I have been employed in various iterations of the department since commencing as a Child Safety Officer in 1992. I held a number of positions in Child Safety Services such as Senior Resource Officer, Team Leader and Acting Manager. In 2004 I was appointed as the Manager, Rockhampton Youth Justice Service with Department of Communities.
5. As Acting Regional Executive Director, I am responsible for leading, facilitating, coordinating and managing the delivery of Community, Child Safety and Disability Services in the Central Queensland region. The role of the Regional Executive Director includes articulating and integrating departmental policy within the region and providing a point of liaison with other departmental instrumentalities and other government agencies in relation to regional issues, services and activities.

INTRODUCTION

6. The following statement provided is in response to the summons requesting written information which was issued to the Director-General, Margaret Allison, by the Honourable Timothy Francis Carmody of the Queensland Child Protection Commission of Inquiry, reference number 1998563.
7. The information provided has been done so on the advice from the relevant business units responsible for management of the applicable areas.

QUESTIONS

Heading 1 - Services

What is the current model for service delivery by the CSSCs?

8. The Bundaberg Child Safety Service Centre (CSSC) consists of a Manager and Senior Practitioner; four teams including Investigation and Assessment (I&A) Team, Interim Child

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Protection Orders (CPO) Team, Intervention with Parental Agreement (IPA) Team, and two Child Protection Order (CPO) Teams; a Family Group Meeting Convenor, Court Co-ordinator and Business Support team.

The Kingaroy CSSC consists of a Manager and Senior Practitioner, four teams including I&A, IPA, and two CPO Teams; a Family Group Meeting Convenor, Court Co-ordinator and a Business Support team.

10. The Maryborough CSSC consists of a Manager and Senior Practitioner, four teams including I&A Team, IPA Team and two CPO Teams; a Family Group Meeting Convenor, Court Co-ordinator and a Business Support team.

What is the breakdown of boundaries of each CSSCs service delivery area?

11. The Bundaberg CSSC boundaries include the Bundaberg Regional Council area together with the Statistical Local Areas (SLA) of Monto and Perry that are in the northern part of the North Burnett Regional Council Area.
12. The Maryborough CSSC boundaries include all of the Fraser Coast Regional Council area together with the SLAs of Eidsvold, Gayndah, Biggenden and Mundubbera that are in the southern part of the North Burnett Regional Council area. The Maryborough CSSC also provides a service in the northern part of the Gympie Regional Council area as far south as the locality of Curra and including the village of Gunalda.
13. The Kingaroy CSSC boundaries include the South Burnett Regional Council area and the Cherbourg Shire Council area. Kingaroy CSSC also provides a service into the western part of the Gympie Regional Council area corresponding to the statistical area of Kilkivan taking in the villages of Goomeri and Kilkiven.

What non-government services are funded by the Department for each of the relevant regions (eg Recognised Entity, Safe Houses, Out-of-Home Care and other support services); including the amount they are currently being funded?

14. Attached is a listing of all funded non-government agencies in Central Queensland (CQ) region (Attachment 1).

What type of services do they provide eg early intervention, family support and specialised care?

15. The services provided to Kingaroy, Bundaberg and Maryborough CSSCs include:

- Referral for Active Intervention
- Referral for Active Intervention Ancillary
- Safe Haven
- Targeted Family Support
- Aboriginal and Torres Strait Islander Family Support
- Recognised Entity
- Foster and Kinship Care
- Intensive Foster Care
- Residential Care
- Supported Independent Living
- Counselling and Intervention Services
- Family Intervention Services

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- Sexual Abuse Counselling

16. Attached is a listing of all Child Safety Services non-government grant funding service descriptions for the CQ region (Attachment 2).

How many referrals have been made by the CSSC to external agencies for services in the last 12 months?

17. CSSCs (and RISs) make multiple referrals to other government and non-government agencies to assist families to address their assessed needs. The department is able to report on the level of funded capacity for each of the listed non-government services (where available). This information is available in the additional columns in Attachment 1 which represents a proxy measure of the level of annual referrals.
18. In respect of placement services, support services (excluding Sexual Abuse Counselling) and Indigenous Child Protection services (excluding the Aboriginal and Torres Strait Islander Family Support services), Child Safety Services is the sole referrer. The department aims to maintain referrals at a level that keeps these funded services at full capacity, even to the extent of maintaining waiting lists where they are at full capacity. In respect of placement services, the intent is to utilise these services to the maximum extent possible. In practice, children enter and leave placements for various reasons; the department monitors occupancy but does not track the overall numbers of discrete children or young people placed in each service.
19. In respect of the Recognised Entities, the department does not have a concept of a target number of clients because child protection functions involving all Indigenous clients require the active involvement of the RE.
20. As detailed in Attachment 2, other agencies can and are encouraged to make direct referrals to sexual abuse counselling services, Aboriginal and Torres Strait Islander Family Support services and all of the services in the category of secondary family support. The agencies include the Department of Education, Training and Employment; Queensland Health and the Commonwealth funded Aboriginal Medical Services. Child Safety Services direct referrals take priority.
21. In respect of the Referral for Active Intervention (RAI) Services, data provided in Attachment 1 represents the actual throughput for families in the 2011-12 year. In respect of the RAI Ancillary services, the Targeted Family Support program and Safe Havens, the data on referral is not sufficiently reliable to be reported.

Heading 2 – Staffing/Workforce and Caseloads

How many staff members are allocated to the CSSCs and what are their positions?

22. Bundaberg CSSC had 34.1 actual full time equivalent (FTE) staff as at 30 June 2012. This includes one Manager, four Team Leaders, one Senior Practitioner, one Court Co-ordinator, 0.8 Family Group Meeting Convenor, 15.3 Child Safety Officers, 3.4 Child Safety Support Officers, one Business Support Officer, 1.9 Administrative Officers, two Information and Administration Officers, one Records Officer, 0.7 SCAN Team Administration Officer and one Graduate Officer.
23. Kingaroy CSSC had 35.6 actual FTE staff as at 30 June 2012. This includes one Manager, 4.5 Team Leaders, one Senior Practitioner, one Court Co-ordinator, 0.5 Family Group

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Meeting Convenor, 16.7 Child Safety Officers, four Child Safety Support Officers, 1.5 Business Support Officer, 2.4 Administrative Officers, one Information and Administration Officers, one Records Officer and one Graduate Officer.

24. Maryborough CSSC had 38.5 actual FTE staff as at 30 June 2012. This includes one Manager, 3.8 Team Leaders, one Senior Practitioner, two Court Co-ordinators, one Family Group Meeting Convenor, 18.7 Child Safety Officers, five Child Safety Support Officers, one Business Support Officer, two Administrative Officers, two Information and Administration Officers, and one Records Officer.

Details of any position vacancies including the length of time each position has been vacant and the reason for the vacancy?

25. The current frontline position vacancies across the CSSCs are detailed below.
26. There are no current vacancies in the Maryborough CSSC.
27. Bundaberg CSSC has one vacancy.
- One Child Safety Support Officer. This became vacant in April 2012. Multiple recruitment processes have been unsuccessful and a final process is currently underway which may see the position filled permanently.
28. Kingaroy CSSC has two vacancies.
- One Child Safety Support Officer. This became vacant in June 2012 and is about to be filled permanently.
 - One Child Safety Officer. This became vacant in January 2012 and is temporarily filled. The permanent vacancy is waiting to be filled with the officer backfilling the position pending the outcome of their visa application.

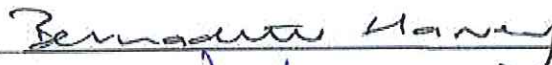
Are there any positions identified to be filled by Aboriginal and Torres Strait Islander people?

29. The Child Safety Support Officers at the following locations are identified positions:
- One in Bundaberg CSSC
 - One in Kingaroy CSSC
 - One in Maryborough CSSC

What are the current caseloads for child safety officers (CSOs) in each of the nominated service centres? How do the current caseloads compare with caseloads for CSOs over the last three years?

30. The average case load for CSOs in the Bundaberg CSSC was 18.3 as at 31 March 2012. Over the last three years the average case load for CSOs in the Bundaberg CSSC was:
- 17.6 as at 30 June 2011.
 - 22.2 as at 30 June 2010.
 - 18.4 as at 30 June 2009.
31. The average case load for CSOs in the Kingaroy CSSC was 19 as at 31 March 2012. Over the last three years the average case load for CSOs in the Kingaroy CSSC was:
- 26 as at 30 June 2011.
 - 28.3 as at 30 June 2010.
 - 35.8 as at 30 June 2009.

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32. The average case load for CSOs in the Maryborough CSSC was 27.8 as at 31 March 2012. Over the last three years the average case load for CSOs in the Maryborough CSSC was:
- 20 as at 30 June 2011.
 - 24.6 as at 30 June 2010.
 - 22.3 as at 30 June 2009.

How many of the current CSO's and team leaders (including those in acting capacity) have received the relevant CSO and Team Leader training?

33. There are five phases to the Child Safety Officer Entry Level Training Program. Completion of Phase 1 and 2 training is required before a case load can be allocated. Phase 3 is workplace learning (five months in Child Safety Service Centre); Phase 4 is Consolidation (one week training); Phase 5: workplace learning (six months in a Child Safety Service Centre) and includes academic requirements.
34. If a CSO completes all five phases within 72 weeks then a Vocation Graduate Certificate in Community Services Practice (Statutory child protection) and the Vocational Graduate Certificate (VGC) in Community Services Practice (Client assessment and case management) is awarded. There are currently 365 CSOs in Phase 5 of the Entry Level Training Program which includes the academic component.
35. The following table outlines the number of current CSOs who have completed the mandatory Child Safety Entry Level Training (Vocational Graduate Certificate).

Service Centre	Total No of CSOs	Total No. of CSOs - completed training	Percentage
Bundaberg	16	7	44%
Kingaroy	17	7	41%
Maryborough	22	6	27%

* Information regarding current staff positions has been provided by HR Reporting & Systems

36. The following table outlines the number of current team leaders who have participated in Team Leader Training during the period 2005 – 2010.

Service Centre	Total No of TLs	Total No. of TLs - completed training	Percentage
Bundaberg	4	2	50%
Kingaroy	4	0	0%
Maryborough	4	2	50%

* Information regarding current staff positions has been provided by HR Reporting & Systems

Are there any local practices in place that you consider are having a positive impact on the level of service delivery being provided by the CSSCs?

37. The Bundaberg CSSC has a dedicated Transition from Care Child Safety Officer (CSO); a dedicated 0 – 4 years CSO; intensive reunification focus by teams and strong engagement with other government agencies (Queensland Health and Department of Education, Training and Employment). A practice panel has increased the CSOs focus and broader learning for all involved. A collaborative interagency forum allows all out-of-home care agencies to share ideas, training and resources and provides a forum for resolving placement issues.

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38. The framework of the Maryborough CSSC is a family focussed approach which is based in the values of family preservation, family reunification and family connectedness.

39. The Kingaroy CSSC has:

- Strong partnerships with local service providers including government, non-government, churches, schools, local government and businesses. This ensures coordinated service delivery and a high level of collaboration. This is facilitated through transparent case planning, regular sector meetings between Child Safety Services and other stakeholders and an open and robust attitude to partnership.
- A community development and relationship-based approach to working with Cherbourg, which is a discrete Aboriginal community near Murgon. Over a number of years the CSSC has developed close, respectful working relationships with services and the Cherbourg council. Family networks are engaged in problem solving by using genograms (family trees) to map possible kinship placement options; using cultural adoption; and welcoming extended family into the case planning process. The success of this approach is demonstrated statistically by no increase in the representation rates of Indigenous children for more than 5 years.
- Increased support for young people exiting the care system through a dedicated program called "Tranzitions" involving both group work and individual case planning for all young people 14-17 years of age.
- Increased staff retention through proactive strategies to manage burnout and vicarious trauma. This includes reflective practice support from the Senior Practitioner; a focus on values and aspirations rather than deficits; use of Rural and Remote incentives to promote an integrated lifestyle rather than just a "job".

Heading 3 - Children

How many notifications have been received in relation to children in the service delivery area in the last 12 months? What is the breakdown of notifications received from QPS, Queensland Health and Education for this period?

40. I am advised that following the introduction of Regional Intake Services from August 2010, corporate data about notifications and the CSSC receiving the concerns at the intake phase is not available. Data is available by departmental region, and this information is provided.

41. During the year ending 31 March 2012, the CQ region recorded 2,553 notifications. This included 801 notifications from QPS, 302 notifications from health sources, and 439 notifications from school personnel.

How many children and young people are currently receiving services from each of the CSSC's? How many of these children and young people identify as being Aboriginal and/or Torres Strait Islander?

42. As at 31 March 2012, the Bundaberg, Maryborough and Kingaroy CSSCs were providing case management services to 843 children subject to ongoing intervention. This included 269 Aboriginal and/or Torres Strait Islander children and 574 non-Indigenous children.

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43. Ongoing intervention includes children subject to a Child Protection Order (CPO) and children subject to Intervention with Parental Agreement (IPA).

44. A breakdown of this data is provided below:

	Child protection order			Intervention with parental agreement ^(b)			Total		
	Indigenous	Non-Indigenous ^(a)	Total	Indigenous	Non-Indigenous ^(a)	Total	Indigenous	Non-Indigenous ^(a)	Total
Bundaberg	53	130	183	2	26	28	55	156	211
Kingaroy	90	119	209	42	34	76	132	153	285
Maryborough	67	195	262	15	70	85	82	265	347
Total	210	444	654	59	130	189	269	574	843

For each CSSC, how many of the children and young people currently are:

- On child protection orders (please provide breakdown on those on temporary, short and long term orders);
- In out-of-home care;
- In foster care;
- In kinship care;
- Subject to an Intervention with Parental Agreement.

45. In the Bundaberg, Maryborough and Kingaroy CSSCs as at 31 March 2012 there were:

- 654 children subject to CPOs, including 311 children subject to a short-term CPO and 343 subject to a long-term CPO.
- 607 children living away from home, including 191 children placed with kin, 327 children placed with other home based carers, 49 children placed with a residential care service and 40 children in other locations such as hospitals, Queensland youth detention centres and independent living.
- 189 children were subject to IPA.
- A breakdown of this data is provided below:

	Child protection order								Intervention with parental agreement ^(a)	Total
	Short Term				Long term					
	Chief Executive	Other suitable person (including relatives)	No custody or guardianship	Total	Chief Executive	Other suitable person (including relatives)	Total	Total		
Bundaberg	45	0	2	47	110	26	136	183	28	211
Kingaroy	104	0	17	121	72	16	88	209	76	285
Maryborough	121	0	22	143	78	41	119	262	85	347
Total	270	0	41	311	260	83	343	654	189	843

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	Placement type				Total
	Foster Care ^(a)	Kinship Care ^(b)	Residential care services	Other ^(c)	
Bundaberg	101	58	15	11	185
Kingaroy	93	60	21	13	187
Maryborough	133	73	13	16	235
Total	327	191	49	40	607

How many children on child protection orders have:

- A current case plan;
- A cultural support plan (where applicable);
- A child health passport;
- An education support plan (where of school age);
- A transition from care plan (where 15 years and over).

46. Of the 183 children subject to a CPO in the Bundaberg CSSC as at 31 March 2012:
- 157 children required a regular case plan review, with 150 children (or 95.54 per cent) having a current case plan.
 - 53 were Indigenous, with 50 Indigenous children (or 94.33 per cent) having a cultural support plan recorded on the system.
 - 31 children were aged 15 years or over and subject to a CPO granting custody or guardianship to the Chief Executive. For 27 of these children (or 87.09 per cent) transition from planning had occurred.
47. Of the 209 children subject to a CPO in the Kingaroy CSSC as at 31 March 2012:
- 193 children required a regular case plan review, with 183 children (or 94.8 per cent) having a current case plan.
 - 90 were Indigenous, with 90 Indigenous children (or 100 per cent) having a cultural support plan recorded on the system.
 - 22 children were aged 15 years or over and subject to a CPO granting custody or guardianship to the Chief Executive. For 15 of these children (or 68.18 per cent) transition from planning had occurred.
48. Of the 262 children subject to a CPO in the Maryborough CSSC as at 31 March 2012:
- 216 children required a regular case plan review, with 191 children (or 88.42 per cent) having a current case plan.
 - 67 were Indigenous, with 65 Indigenous children (or 97 per cent) having a cultural support plan recorded on the system.
 - 39 children were aged 15 years or over and subject to a CPO granting custody or guardianship to the Chief Executive. For 23 of these children (or 58.97 per cent) transition from planning had occurred.

49. A breakdown of this data is provided below:

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	Current caseplan - Created or reviewed within the past 6 months	Case Plan required	Case Plan Recorded ^(a)	All children subject to child protection orders
Bundaberg	150	157	183	183
Kingaroy	183	193	209	209
Maryborough	191	216	257	262
Total	524	566	649	654

	Cultural Support Plan recorded ^(a)	All Indigenous children subject to a Child protection order
Bundaberg	50	53
Kingaroy	90	90
Maryborough	65	67
Total	205	210

	Transition from care planning occurred	All young people aged 15 years and over subject to a child protection order granting custody/guardianship to the Chief Executive.
Bundaberg	27	31
Kingaroy	15	22
Maryborough	23	39
Total	102	162

50. I am advised that data about children with an Education Support Plan is provided annually by the Department of Education, Training and Employment. The data is reported for all Queensland children in care, and is not readily available by departmental region or service centre.

51. A child health passport is required for a child in out-of-home care who is subject to:

- a child protection care agreement that has been extended beyond 30 days
- a Court Assessment Order that has been extended beyond 30 days
- an interim order granting custody to the chief executive
- a child protection order granting custody or guardianship to the chief executive.

52. I am advised that corporate data about the number of children with a child health passport is not readily available. Data has been sourced from a manual collection from regions about the proportion of eligible children who had a child health passport commenced. The data is provided below:

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Child Safety Service Centre	Proportion with child health passport commenced
Bundaberg CSSC	100.0%
Kingaroy CSSC	98.3%
Maryborough CSSC	97.8%

What do you consider to be the biggest issue (eg abuse and neglect, mental health, alcohol and substance misuse; homelessness; exposure to domestic violence) being experienced by children and young people receiving service delivery by the CSSCs?

53. The Bundaberg CSSC has identified domestic violence exposure, substance abuse and parental mental health as significant issues.
54. The Maryborough CSSC identified emotional harm as the highest area of substantiation over the past three months. The significant areas of concern relate to domestic violence, alcohol and substance misuse which leads to mental health as another significant area of concern.
55. The Kingaroy CSSC has undertaken research in their community which indicates that many families are experiencing complex problems across many domains. These problems tend to stem from common underlying causes, namely the experience of trauma and the unresolved impact of childhood abuse experiences. This is also impacted upon by social isolation for people who cannot access public transport and services. Furthermore the area has a lack of therapeutic supports and specialist health services.

How many current children for each service centre are in care as a result of an unborn child notification?

56. Recording of notifications for unborn children commenced in September 2004.
57. I am advised that data about the notification history of children currently subject to ongoing intervention are not part of the department's corporate reporting datasets and are not readily available.

Heading 4 - Issues

What are the main service delivery issues (including any emerging trends) for the CSSC?

58. The Bundaberg CSSC has identified a lack of quality placement options and a lack of understanding of the business of Child Safety Services by other government agencies.
59. The Kingaroy CSSC has identified a need to address the underlying issues that result in family dysfunction. These issues need to be worked through rather than just pushing families through a system.
60. The Maryborough CSSC has identified that as a coastal region with lower rents not only does the region encourage an ageing population but also a transient population. Anecdotal information suggests people are moving from interstate and intrastate into an area that is predominantly poorly resourced with support services. The aging carer population who are caring for significant numbers of children with complex needs and the inability to recruit carers impacts on placement pressures for the area.

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What do you consider to be the key systemic issues that may be impacting upon the provision of services to children and young people currently known to the CSSC?

61. The Bundaberg CSSC has identified the following systemic issues:
- a lack of regional services to support children and families,
 - inability to attract qualified staff to regional areas in both government and non-government agencies,
 - a lack of health funded services (i.e. speech and occupational therapy) and
 - lack of early intervention services for children and families within the community.
62. The Kingaroy CSSC has identified difficulty in accessing therapeutic support for children, young people and their families. Even with improvements in resources over the last few years, case loads are still too high to move beyond a reactive/administrative model to a genuine therapeutic model of practice. In addition, the high demand placed on carers and placement services is also having an impact.
63. The Maryborough CSSC catchment area is identified as a low socioeconomic area which has limited community resources to support vulnerable families and children increasing the pressure to provide services from the CSSC.

How many complaints have been made in relation to the CSSC for the period 1 July 2009 to 30 June 2012?

64. The Bundaberg CSSC received 122 complaints for the period 1 July 2009 to 30 June 2012.
65. The Kingaroy CSSC received 64 complaints for the period 1 July 2009 to 30 June 2012.
66. The Maryborough CSSC received 136 complaints for the period 1 July 2009 to 30 June 2012.

What were the top 5 issues identified as giving rise to complaints received about the CSSC for the same period?

67. The top five issues for the Bundaberg CSSC were:
- Child Protection Order (82)
 - Officer Conduct / Employment (25)
 - Investigation and Assessment (22)
 - Foster / Kinship Carer (17)
 - Complaint Handling (6)
68. The top five issues for the Kingaroy CSSC were:
- Child Protection Order (41)
 - Officer conduct / Employment (17)
 - Investigation and Assessment (7)
 - Child Protection (2)
 - Complaint Handling (2)
69. The top five issues for the Maryborough CSSC were:
- Child Protection Order (82)

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- Officer Conduct / Employment (33)
- Investigation and Assessment (25)
- Foster / Kinship Carer (13)
- Child Protection (6)

Heading 5 – Placement of children in out-of-home care

How many of the children in out-of-home care in each of the relevant service centre areas are placed outside of their immediate service centre area?

70. There are a total of 607 children in out of home care for the Bundaberg (185) Kingaroy (187) and Maryborough (235) CSSCs.
71. Of the 185 children in out of home care in Bundaberg, 14 of these children reside outside of the immediate Bundaberg region. Two reside in NSW; one with kinship carers and another has been reunified with her mother (and this CPO is being revoked). Three children have been reunified with their parents in the Gympie / Caboolture region. One child resides in Agnes Waters with a kinship carer and one child resides in Toowoomba where a Directive Order is in place to allow the mother contact. One child resides in Hervey Bay with carers, and her sister attends boarding school in Cairns. A family of three reside with foster carers on the boundary of Bundaberg/Gladstone regions and one child resides in Pine Rivers (transfer of case management from Bundaberg to Pine Rivers currently in progress).
72. Of the 187 children in out of home care in Kingaroy, ten of these children reside outside the immediate Kingaroy region. Three children are placed with kinship carers who are located at Caboolture, Longreach and Brisbane and three are placed with general approved carers, who reside outside the area (Caboolture and Hervey Bay). Three children attend boarding school (two are indigenous scholarship holders) in Toowoomba and Brisbane and one young person is currently in the Brisbane Youth Detention Centre.
73. Of the 235 children in out of home care in Maryborough, fifteen of these children reside outside the immediate Maryborough region as their carers reside in other locations. Three children placed with kin in San Remo, New South Wales; one child placed with foster carers in Boambee East, New South Wales; one child placed with foster carers in Queanbeyan West, New South Wales; two children placed with kin in Lockhart, New South Wales; three children placed with their Guardian in Werribee Victoria; one child placed with kin in Macleod, Victoria; one child placed with kin in Clontarf; one child placed with foster carers in Griffin; one child placed with kin in Bli Bli and one child placed with kin in Yeppoon.

What is the most frequent location (city/town) where children are placed?

74. For children managed by the Bundaberg CSSC the primary placement location is Bundaberg City and the surrounding coastal areas.
75. For children managed by Kingaroy CSSC the primary placement location is Kingaroy.
76. For children managed by Maryborough CSSC the primary placement location is Hervey Bay and Maryborough.

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What is the current adherence to the Indigenous Child Placement Principle?

77. Adherence with the Indigenous Child Placement Principle is reported as the proportion of Aboriginal and Torres Strait Islander children in out-of-home care who were placed with kin, other Indigenous carers,
78. In the Bundaberg Service Centre as at 31 March 2012, 44.9 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers,
79. In the Kingaroy Service Centre as at 31 March 2012, 47.9 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers, or
80. In the Maryborough Service Centre as at 31 March 2012, 53.1 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers,

How many foster and kinship carers provide out-of-home care to those children and young people currently receiving service delivery by the CSSC? How many of these are specialist foster carers and approved indigenous carers?

81. In the Bundaberg, Maryborough and Kingaroy CSSCs as at 31 March 2012 there were 295 carer families, including 38 Indigenous carer families. Carer families include foster carers, kinship carers and provisionally approved carers. A breakdown of the data is provided below:

	Foster carer			Kinship carer			Provisionally approved carer			Total		
	Indigenous ^(a)	Non-Indigenous	Total	Indigenous ^(a)	Non-Indigenous	Total	Indigenous ^(a)	Non-Indigenous	Total	Indigenous ^(a)	Non-Indigenous	Total
Bundaberg	3	70	73	7	16	23	0	3	3	10	89	99
Kingaroy	4	46	50	11	12	23	1	0	1	16	58	74
Maryborough	8	77	85	4	28	32	0	5	5	12	110	122
Total	15	193	208	22	56	78	1	8	9	38	257	295

82. As at 19 September 2012 there were eight specialist foster carers in the Bundaberg CSSC; three specialist foster carers in the Kingaroy CSSC and six specialist foster carers in the Maryborough CSSC.

How many children and young people are currently placed with providers other than foster and kinship carers? How many of these are residential care providers?

83. In the Bundaberg CSSC as at 31 March 2012, there were:
- 15 children placed with a residential care service, and
 - 11 children in other locations such as hospitals, Queensland youth detention centres, and independent living.

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84. In the Kingaroy CSSC as at 31 March 2012, there were:
- 21 children placed with a residential care service, and
 - 13 children in other locations such as hospitals, Queensland youth detention centres, and independent living.
85. In the Maryborough CSSC as at 31 March 2012, there were:
- 13 children placed with a residential care service, and
 - 16 children in other locations such as hospitals, Queensland youth detention centres, and independent living.

As at 30 June 2012 how many foster carers had four or more children placed with them?

86. I am advised that the latest available corporate data relates to 31 March 2012.

87. In the Bundaberg, Kingaroy and Maryborough CSSCs as at 31 March 2012, 39 carer families had four or more children placed in their care. Carer families include foster carers, kinship carers and provisionally approved carers. A breakdown of this data is provided below:

	Foster carer			Kinship carer			Provisionally approved carer			Total		
	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total	Less than 4 children placed	4 or more children placed	Total
Bundaberg	62	11	73	22	1	23	3	0	3	87	12	99
Kingaroy	43	7	50	18	5	23	1	0	1	62	12	74
Maryborough	71	14	85	31	1	32	5	0	5	107	16	122
Total	176	32	208	71	7	78	9	0	9	256	39	295

Does the CSSC have its own approved foster carers or area foster care agencies used when placing children and young people in out-of-home care?

88. In the Bundaberg CSSC as at 31 March 2012 there were 99 carer families, including 60 who were agency supported and 39 who were departmentally supported. Carer families include foster carers, kinship carers and provisionally approved carers.
89. In the Kingaroy CSSC as at 31 March 2012 there were 74 carer families, including 57 who were agency supported and 17 who were departmentally supported. Carer families include foster carers, kinship carers and provisionally approved carers.
90. In the Maryborough CSSC as at 31 March 2012 there were 122 carer families, including 82 who were agency supported and 40 who were departmentally supported. Carer families include foster carers, kinship carers and provisionally approved carers.

Heading 6 – Inter-agency Collaboration

To what extent does the local CSSC collaborate with other agencies in the delivery of services to children and young people?

91. The Bundaberg CSSC has provided the Suspected Child Abuse and Neglect (SCAN) Team and EVOLVE Services as two examples of collaboration with other agencies. The CSSC also

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Bernadette Hanley

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has liaison meetings with residential, intensive foster care agencies, and other funded providers. Cross training also occurs between the agencies and the CSSC has regular contact with the Child Protection Liaison Officer employed by Qld Health.

92. The Kingaroy CSSC has a very high level of interagency collaboration. Extensive collaboration is required to effectively deliver child protection services in a rural setting.
93. The Maryborough CSSC has a good relationship with key partners including funded services. They involve key partners in regular stakeholder meetings including the Recognised Entity. There is a good working relationship with key government and non-government agencies including Queensland Police, Qld Health, Department of Education, Training and Employment, Lifeline and the local youth service. The EVOLVE therapeutic team are based within the CSSC and work collaboratively on complex matters.

Do you consider the current means of collaboration is effective or can it be improved?

94. Bundaberg CSSC considers their current means of collaboration to be working effectively. This is demonstrated by strong relationships due to involvement at meetings and attendance at quarterly service meetings.
95. Kingaroy CSSC considers there is always room for improvement given meaningful partnerships require an ongoing investment.
96. Maryborough CSSC reports that collaboration can always be improved as it involves relationships which are fluid and change often within a high turnover industry.

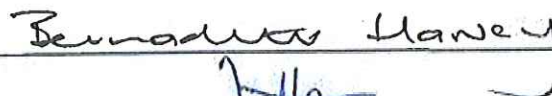
Are there any current Memorandums of Understanding or like agreements in place in respect of the CSSCs collaboration with other agencies (government and non-government)?

97. All of the CSSCs have limited local memorandums of understanding, however statewide memorandums of understanding exist.
98. Kingaroy CSSC does have a local memorandum of understanding between the CSSC and local residential services.

Details of those agencies/stakeholders who participate on the local SCAN team(s).

99. Child Safety Services is recognised within legislation as the lead agency for the SCAN team system. Core member agencies are the Queensland Police Service, Queensland Health, the Department of Education, Training and Employment and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited representing recognised entities when an Aboriginal or Torres Strait Islander child is being discussed.
100. Promoting the participation of invited stakeholders with knowledge, experience or access to resources to participate in SCAN team meeting case discussions, assessments and recommendations is integral to meeting SCAN team system principles. A key responsibility of all core member representatives is to invite and facilitate contributions from other agencies to enhance positive outcomes for the referred child and family.
101. Agency participation includes drug and alcohol services, mental health, and domestic and family violence services, correlating with the most significant risk factors identified for

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children. Attendance by private school personnel, youth hostel and accommodation service staff, and disability services and youth justice staff may also occur.

Heading 7 - Reporting

Could you please provide a copy of any report written by a child safety service centre manager, a regional planning and partnership officer (or equivalent departmental officers), compiled between 1 July 2009 and 30 June 2012 that identifies critical issues in relation to the delivery of child protection services in each of the relevant regions.

102. There are no reports to provide.

Declared before me at Rockhampton this 21 day of September 2012.

JAMIE MACMASTER c. dec
Jtt 21/9/2012



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Bernadette Hanley

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Jtt

JAMIE MACMASTER

Request No. 1998563

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Attachments

Attachment 1 – All funded non-government agencies in Central Queensland Region

Attachment 2 – Child Safety Services non-government grant funding service descriptions

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Bernadette Haney

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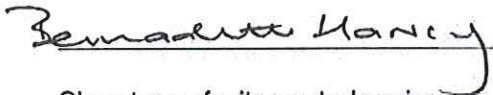
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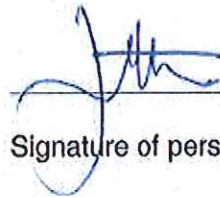
JAMIE MCMASTER

Request No. 1998563

Attachment Marking

The preceding 1 page is the annexure mentioned and referred to as ATTACHMENT 1
in the statement of Ms Bernadette Harvey taken on 21/09/2012


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JAMIE MACMASTER

Key Funding Area	Service Type	Description
Indigenous Child Protection Services	Indigenous Child Protection Services include Recognised Entities, Indigenous Family Support (IFSS), and funding for the Indigenous Child Protection Peak, QATSICPP.	Recognised Entities are funded to actively participate in significant decisions made by Child Safety Services regarding Aboriginal and Torres Strait Islander children including intake; investigation and assessment Suspected Child Abuse and Neglect (SCAN) teams; court; case planning; and placement, and also provide information to Indigenous families throughout these phases of the statutory child protection system. The recognised entity role also assists Child Safety Services to comply with the Indigenous Child Placement Principle.
Secondary Family Support	Recognised Entities Aboriginal and Torres Strait Islander Family Support	<p>Recognised Entities are funded to actively participate in significant decisions made by Child Safety Services regarding Aboriginal and Torres Strait Islander children including intake; investigation and assessment Suspected Child Abuse and Neglect (SCAN) teams; court; case planning; and placement, and also provide information to Indigenous families throughout these phases of the statutory child protection system. The recognised entity role also assists Child Safety Services to comply with the Indigenous Child Placement Principle.</p> <p>ATSIFFS is a new service type which commenced from 30 August 2010 which will fund eleven services to cover the State. These services will provide a range of family support services to both statutory and non-statutory families. Around 90% of clients will be non-statutory and will be referred from the Department (Child Concern Reports); Education; Health; and the Indigenous Medical Services. Limited self-referrals are also permitted. The other 10% of clients will be statutory referrals from Child Safety Service Centres. Family support is expected to range from intensive to practical in-home support.</p>
	The primary aim of the Department's prevention and early intervention funding is to improve the safety and wellbeing of children, young people and their families in order to prevent entry or re-entry into the statutory child protection system. Services funded through Family Support are largely early intervention services; they target identified vulnerable children, young people and families and respond to a known risk or problem. Within this context, the early intervention activities delivered by Family Support's services, seek to address risks and resolve problems at an early stage. Services meet unmet needs, build capacity and resilience and enhance the wellbeing and safety of children, young people and their families. Some services funded through Family Support have a prevention component, particularly those which seek to build the capacity of families in the wider community through education programs and universal support programs.	
	Referral for Active Intervention (RAI)	The Referral for Active Intervention program responds to vulnerable families with children and young people (unborn to 18) who are at risk of involvement in the statutory child protection system. RAI is a consent based program which provides case management for clients who agree to engage with the service. All individuals who identify as being family members of the referred child and consent to engage are eligible for a service. Case managers work collaboratively with families to identify and prioritise their presenting needs and provide intensive support interventions and engagement with specialist services.
	RAI Ancillary	The RAI initiative includes ancillary funds linked to each service. The purpose of this funding is to address prevention and early intervention service delivery gaps and priorities determined by the ANT within the RAI catchment area. This includes the establishment of new services or the enhancement of existing services to increase the capacity to provide specialised and ongoing support for clients of the funded RAI service. RAI Ancillary services must deliver direct client service and prioritise RAI clients. Depending on regionally identified needs, funding may be used to boost specialist services required for RAI clients (eg Domestic and Family Violence counselling, Indigenous Family Support) or to build less intensive services that are able to provide "step down" support for families exiting a RAI service. Where capacity allows, RAI Ancillary services may accept clients from other referral pathways.
	Targeted Family Support	Services funded under this initiative deliver services to support children, young people (unborn to 18 years) and there families who find themselves in vulnerable situations to improve the wellbeing and safety of children young people and families, help preserve families and prevent entry or re-entry in to the statutory child protection system.
	Safe Havens	Safe Haven services operate in the communities of Mornington Island, Coen, Cherbourg and Palm Island to provide culturally appropriate, integrated services to respond to the safety needs of children, young people and families who are affected by domestic and family violence, strengthening their capacity to deal with the issues that might impact upon their safety, wellbeing and resilience. Safe Haven services contribute to secondary child protection, providing early intervention responses which aim to reduce the demand on the statutory child protection system.

CHILD SAFETY NGO GRANT FUNDING SERVICE DESCRIPTIONS

Key Funding Area	Service Type	Description
<p>Placement Services</p>	<p>Placement services, also known as alternative care or out-of-home care services, provide places (accommodation and support) for children and young people who are unable to live at home. A range of services are required to respond to the different levels of support needs of the child or young person and provide stable, quality care within the Child Safety Services' case management framework.</p>	<p>Foster and kinship care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services. Foster and kinship care is provided to a child or young person with moderate to high support needs in a carer's home. Carers should have access to regular and emergency respite, facilitated by the service. (It should be noted that approx 65% of all Foster & Kinship care is provided through the NGO sector, and that the other 35% is provided through departmentally supported carers)</p> <p>Intensive foster care services are responsible for recruiting, training, assessing and supporting carers who have been approved by Child Safety Services to provide care to a child or young person with complex to extreme support needs in a carer's home. Carers should have access to regular and emergency respite, facilitated by the service. Typically, these carers only care for one child at a time, unless small sibling groups are involved.</p> <p>Residential care services are provided by paid, contracted or volunteer workers to a young person in residential premises. These workers may include rostered or live-in staff. Residential care usually involves small group care (up to six places) though may also include individual care. Residential care is primarily for young people aged 12-17 years and mainly with complex and extreme support needs, though may also accommodate sibling groups or other young people with moderate to high needs.</p> <p>Supported independent living services are provided by paid, contracted or volunteer workers to a child or young person in residential premises. These employees or workers do not usually live at the premises or provide overnight care but provide external support through regular visiting. Supported independent living is usually for young people aged 15-17 years with moderate to high support needs who are transitioning to independent living. Supported independent living may involve small group or individual care.</p>
<p>Support Services</p>	<p>Support services provide assistance to children, young people and families who are referred by Child Safety Services for a range of interventions that focus on the Child Safety Services' assessed needs of children and families. Support services and individual interventions provided by non-government organisations are coordinated by Child Safety Service Centre staff based on case plan goals.</p> <p>Support services are available to families and children where Child Safety Services has assessed that ongoing statutory intervention is required for a child and where case plan goals developed by Child Safety Services require external service coordination to assist Child Safety Services' decision making responsibilities and meet specific individual therapeutic and personal support needs</p> <p>Family Intervention Services</p> <p>The aim of Family Intervention Services (FIS) is to support clients of Child Safety Service Centres (CSSC) where ongoing intervention with a family is required. The principal aims are to preserve families where a child remains living at home under ongoing intervention and monitoring by the CSSC, and to assist in the reunification of the child with their family from out-of-home care where it is determined to be in the best interests of the child. The FIS support is aimed at the family exiting the child protection system with improved skills and parenting ability. FIS also aims to prevent families from re-entering the child protection system by strengthening the caring and parenting skills of the caregiver and their positive participation in community life.</p> <p>Counselling and Intervention Services</p> <p>Counselling and intervention services aim to assist the therapeutic and behavioural support needs of children and young people using evidence-based and contemporary intervention methods and models of practice that help in the recovery from a range of personal, physical and emotional impacts arising from an experience of abuse or neglect. Counselling and intervention services may also contribute to the overall stability of a child in their out-of-home care placement through direct counselling support and may also include counselling support to carers within the child or young person's support network.</p> <p>Sexual Abuse Counselling</p> <p>Sexual abuse counselling services provide specialist counselling to children and young people in out-of-home care placements who are not able to access an appropriate service from Queensland Health or Child Safety departmentally operated Sexual Abuse Counselling Service (SACS) in Brisbane (Woolloongabba).</p>	<p>Support services provide assistance to children, young people and families who are referred by Child Safety Services for a range of interventions that focus on the Child Safety Services' assessed needs of children and families. Support services and individual interventions provided by non-government organisations are coordinated by Child Safety Service Centre staff based on case plan goals.</p> <p>Support services are available to families and children where Child Safety Services has assessed that ongoing statutory intervention is required for a child and where case plan goals developed by Child Safety Services require external service coordination to assist Child Safety Services' decision making responsibilities and meet specific individual therapeutic and personal support needs</p> <p>The aim of Family Intervention Services (FIS) is to support clients of Child Safety Service Centres (CSSC) where ongoing intervention with a family is required. The principal aims are to preserve families where a child remains living at home under ongoing intervention and monitoring by the CSSC, and to assist in the reunification of the child with their family from out-of-home care where it is determined to be in the best interests of the child. The FIS support is aimed at the family exiting the child protection system with improved skills and parenting ability. FIS also aims to prevent families from re-entering the child protection system by strengthening the caring and parenting skills of the caregiver and their positive participation in community life.</p> <p>Counselling and intervention services aim to assist the therapeutic and behavioural support needs of children and young people using evidence-based and contemporary intervention methods and models of practice that help in the recovery from a range of personal, physical and emotional impacts arising from an experience of abuse or neglect. Counselling and intervention services may also contribute to the overall stability of a child in their out-of-home care placement through direct counselling support and may also include counselling support to carers within the child or young person's support network.</p> <p>Sexual abuse counselling services provide specialist counselling to children and young people in out-of-home care placements who are not able to access an appropriate service from Queensland Health or Child Safety departmentally operated Sexual Abuse Counselling Service (SACS) in Brisbane (Woolloongabba).</p>

Attachment Marking

The preceding 2 pages is the annexure mentioned and referred to as ATTACHMENT 2
in the statement of Ms Bernadette Harvey taken on 21/09/2012

Bernadette Harvey

Signature of witness to Inquiry

J. McMaster JAMIE MCMASTER
Signature of person witnessing statement

QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

STATEMENT OF BERNADETTE HARVEY

I, **BERNADETTE HARVEY**, of c/- Level 3, 209 Bolsover Street, Rockhampton in the State of Queensland, Regional Executive Director, Central Queensland Region, Child Safety Services, Department of Communities, Child Safety and Disability Services solemnly and sincerely affirm and declare:

ROLE

1. I am the Acting Regional Executive Director, Central Queensland Region, Child Safety Services, Department of Communities, Child Safety and Disability Services (the department).
1. I hold a Bachelor of Arts (Psychology and Welfare studies); Bachelor of Applied Science (Psychology) and Bachelor of Laws.
2. My substantive position is Regional Director, Child Safety Services, Department of Communities, Child Safety and Disability Services. Prior to this appointment, I acted as Assistant Regional Director, Child Safety Youth and Families (August 2009 – June 2011).
3. As Acting Regional Executive Director, I am responsible for leading, facilitating, coordinating and managing the delivery of Community, Child Safety and Disability Services in the Central Queensland region. The role of the Regional Executive Director includes articulating and integrating departmental policy within the region and providing a point of liaison with other departmental instrumentalities and other government agencies in relation to regional issues, services and activities.

INTRODUCTION

4. The following statement is provided as a supplementary statement in response to the summons issued to the Director-General, Margaret Allison, by the Honourable Timothy Francis Carmody of the Queensland Child Protection Commission of Inquiry requesting written information, summons number 1998563.
5. The information provided has been done so on the advice from the relevant business units responsible for management of the applicable areas.

QUESTIONS

Heading 3 - Children

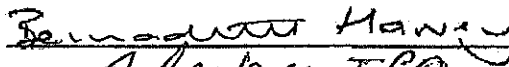

How many notifications have been received in relation to children in the service delivery area in the last 12 months? What is the breakdown of notifications received from QPS, Qld Health and Education for this period?

6. In addition to the table providing details of notifications, by region and selected primary sources for the year ending 31 March 2012 (provided in the statement by Bernadette Harvey, Acting Regional Executive Director, dated 21 September 2012), I am able to provide the following additional information.
7. Most intakes for the region are received by the Regional Intake Service (RIS), located in Hervey Bay.

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8. Following an assessment of the information received at intake, an intake may be recorded as a notification (requiring an investigation and assessment), a child concern report, or a general inquiry.
9. This differs from notification count as, if the intake is assessed and recorded as a child concern report, it will not be allocated to a child safety service centre (CSSC). This data can only be reported at the regional level.
10. If the intake is assessed and recorded as a notification, it will be allocated by the RIS to a CSSC for investigation and assessment.
11. Once a notification has an approved investigation and assessment outcome, corporate data is able to report on the CSSC that conducted the investigation and recorded the approved assessment outcome. This is in accordance with national counting rules.
12. There are three types of approved assessment outcomes – substantiated, unsubstantiated and no investigation and assessment outcome.
13. As there are always some investigations and assessments underway (that is, not yet finalised) the total number of notifications with an approved assessment outcome is lower than the total number of notifications.
14. Data for the Central Queensland region on notifications with a finalised investigation, by assessment outcome, region and CSSC for the year ending 31 March 2012 is provided below:

Service centre ^(a)	Substantiated	Unsubstantiated	No investigation and assessment outcome ^(b)	Total
Bundaberg	92	361	25	478
Central Queensland Regional Office	18	110	11	139
Emerald	55	86	5	146
Gladstone	109	152	8	269
Kingaroy	115	188	16	319
Maryborough	195	293	16	504
Rockhampton North	103	213	12	328
Rockhampton South	84	138	13	235
Total for Central Queensland Region	771	1,541	106	2,418

Notes:

- (a) Service centre responsible for the assessment of concerns at the investigation and assessment phase.
- (b) Includes investigations that were unable to be commenced or completed due to insufficient information or inability to locate a child or family, and the investigation has therefore been finalised and closed. This may occur in circumstances where a family has moved and actions taken to locate them have been unsuccessful.
- (c) Where a report relates to more than one child, a notification is counted for each child. If a child was subject to more than one report of alleged harm or risk of harm during the reference period, a notification is counted for each instance.
- (d) It should be noted that data in relation to Bundaberg CSSC and Central Queensland Regional Office may be slightly skewed as a result of an IA Backlog team that began operating within the region from 06/02/2012. Outstanding IA's from various service centres throughout the region were transferred to both Bundaberg and

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Request No. 1998563 (supplementary)

Bernadette Manning
A Hedger JPC

- the Regional Office as part of this project. This will have the effect of it appearing that these 2 centres received more incoming IA's than they actually did.
- (e) Further, it can be assumed that the substantiation rates for these 2 centres will be affected by the transfer of backlog IA's. Generally matters in the IA backlog have a lower substantiation rate due to the nature of backlog. Team Leaders regularly prioritise IA's and those not able to be commenced are those assessed as the least urgent.

15. The same data, further disaggregated by primary source (police, health, education and all other sources) is provided in attachment 1.
16. CSSCs are able to track the number of notifications received, as well as the status of each investigation and assessment as part of their management of work tasks at the CSSC level.

Declared before me at Rockhampton on this 4th day of October 2012.

A Sledge JPP



Signature of witness to Inquiry

Bernadette Harvey

Signature of person witnessing statement

A Sledge JPP

Attachment List

Attachment 1 Data for the Central Queensland region on notifications with a finalise investigation, by assessment outcome, region and CSSC disaggregated by primary source (police, health, education and all other sources)

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Bernadette Mansy

Signature of person witnessing statement

A. Redden JPC

Request No. 1998563 (supplementary)

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Table 2. Notifications with a finalised investigation^(a), by region, service centre, source, and investigation and assessment outcome, Queensland, year ending 31 March 2012

Region and service centre ^(b)	Substantiated						Unsubstantiated						No investigation & assessment outcome ^(c)						Total			
	Police	School personnel	Health sources ^(d)	Other sources	Total	Police	School personnel	Health sources ^(d)	Other sources	Total	Police	School personnel	Health sources ^(d)	Other sources	Total	Police	School personnel	Health sources ^(d)	Other sources	Total		
Central Queensland	35	5	13	2	55	205	45	58	155	367	2	2	3	15	23	147	54	10	192	476		
Bundaberg	7	7	6	1	21	22	36	9	57	118	18	0	4	3	31	29	35	17	55	159		
Central Queensland Regional Office	36	15	10	3	64	37	20	25	56	107	2	2	0	0	5	30	37	25	45	168		
Emerald	40	14	17	4	75	37	28	20	45	122	4	8	1	1	14	95	48	34	37	209		
Gaillard	38	22	16	4	80	60	30	17	107	187	4	1	1	1	7	102	44	34	139	338		
Kingaroy	56	36	42	12	146	35	39	49	123	209	3	5	1	1	10	134	20	20	185	304		
Maribyrnong	39	13	13	3	68	90	14	25	79	213	4	0	2	6	12	118	37	10	118	328		
Rochampton North	27	4	16	1	48	46	13	16	61	107	4	4	0	1	9	37	19	35	104	215		
Rochampton South																						
Central Queensland Total	258	205	232	22	717	498	223	232	604	1,544	38	19	13	13	73	752	242	370	345	2,419		

Source: Department of Communities, Child Safety and Disability Services

Notes:

- (a) Counts notifications recorded during the reference period, where an assessment has been finalised and the investigation outcome was recorded within two months after the end of the reference period.
- (b) Includes investigations that were unable to be commenced or completed due to insufficient information or inability to locate a child or family, and the investigation has therefore been finalised and closed. This may occur in circumstances where a family has moved and actions taken to locate them have been unsuccessful.
- (c) Other can include units such as the Child Safety After Hours Service Centre and interstate cases.
- (d) Includes medical practitioners, hospital/health centre and other health professionals. This category also includes all mandatory health notifications. This may include notifications made by doctors and registered nurses.
- (e) Region and service centre responsible for the assessment of concerns at the investigation and assessment phase.

Where a report relates to more than one child, a notification is counted for each child. If a child was subject to more than one report of alleged harm or risk of harm during the reference period, a notification is counted for each instance.

Refer to the glossary and table notes on the 'Our Performance' website for definitions and changes to <http://www.comunities.qld.gov.au/childprotection/ourperformance>



**QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY**

STATEMENT OF BERNADETTE HARVEY

I, **BERNADETTE HARVEY**, of c/- Level 3, 209 Bolsover Street in the State of Queensland, Acting Regional Executive Director, solemnly and sincerely affirm and declare:

ROLE

1. I am acting in the position of Regional Executive Director, Central Queensland Region, Department of Communities, Child Safety and Disability Services (the department) from 1 October to 14 October 2012.
2. I hold a Bachelor of Arts (Psychology and Welfare studies); Bachelor of Applied Science (Psychology) and Bachelor of Laws.
3. My substantive position is Regional Director, Child Safety Services, Central Queensland Region. I was appointed to this position in June 2011. Prior to this appointment I acted as the Assistant Regional Director, Child Safety Youth and Families, Central Queensland Region from August 2009.
4. I have been employed in various iterations of the department since commencing as a Child Safety Officer in 1992. I held a number of positions in Child Safety Services such as Senior Resource Officer, Team Leader and Acting Manager. In 2004 I was appointed as the Manager, Rockhampton Youth Justice Service with the former Department of Communities.
5. The purpose of my role, as Regional Director is to oversee the provision of child protection services in the Central Queensland region.
6. My duties and activities include:
 - overseeing the operations of nine work units - seven Child Safety Service Centres, a regional intake service and a placement services unit;
 - participating in overall leadership of the Central Queensland region; and
 - engaging with government and non-government stakeholders in the provision of child protection services within the region.

INTRODUCTION

7. The following statement has been prepared in response to a request (file reference 1998563) to inform the Queensland Child Protection Commission of Inquiry during the Rockhampton hearing dates of 22 October to 25 October 2012.
8. The information provided has been done so on the advice from the relevant business units responsible for management of the applicable areas.

QUESTIONS

Service Delivery – How well is child protection functioning?

9. The Central Queensland region comprises seven Child Safety Service Centres (CSSCs), a regional intake service (RIS), and a placement services unit (PSU).

Signature of witness to Inquiry Bernadette Harvey

Signature of person witnessing statement A. Ledger JPO

10. CSSCs assess and investigate notifications where children are reported to be in need of protection. CSSCs are also responsible for providing ongoing intervention with children and their families where children have been assessed to be in need of protection. This intervention can be in the form of family support and monitoring in the home or where a child is subject to a custodial or guardianship Child Protection Order (CPO) through the Childrens Court, the child may be placed in an out-of-home care placement.
11. For the year ending 31 March 2012, the Central Queensland region recorded notifications in relation to 2,553 children.
12. For this same period, the region provided the following case management services:
 - 1272 children were subject to a child protection order, including 640 children subject to a short-term child protection order and 632 children subject to a long-term child protection order.
 - 1192 children were living away from home, including 341 children placed with kin, 684 children placed with other home-based carers, 104 children placed with a residential care service and 63 children in other locations such as hospitals, Queensland youth detention centres, and independent living.
 - 298 children were subject to intervention with parental agreement.

Key regional examples of service delivery and the identification of any other key persons able to speak to the initiatives

13. In October 2010 the Central Queensland RIS was established. The service is located in Hervey Bay and is staffed by a Manager, two Team Leaders and 12 Child Safety Officer's (CSOs). In the year ending 31 March 2012, the service received 14,491 intakes, which resulted in 11,938 child concern reports and 2,553 child protection notifications being recorded. The removal of intake services from CSSCs is seen as a positive initiative, relieving them of this responsibility and enabling an increased focus on investigation and assessment duties and ongoing intervention to children assessed as being in need of protection. Similarly, a stand alone RIS promotes the development of expertise in the gathering and screening of information. The RIS makes referrals to a range of government and non-government organisations including direct referrals to Referral for Active Intervention Services (RAI). Ms Lyn Healy, Manager Central Queensland Regional Intake Service, Department of Communities, Child Safety and Disability Services, is available to speak to this initiative.
14. The Central Queensland PSU has been operational since April 2009. Prior to this time each CSSC negotiated their own out of home care arrangements and supported a small number of kinship and foster carers.

The establishment of a regional unit has streamlined processes and is a more efficient system for managing placements, particularly given the increasing number of children and young people in the system and the greater complexity of the service system.
15. The functions of the PSU include:
 - co-ordinating and negotiating out-of-home care placements in the region;
 - recruiting, assessing, supporting and training foster and kinship carers (a joint function with the non-government sector);
 - providing specialist support for complex and extreme placements (including the oversight of the Highly Complex Placements Program); and

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Bernadette Haney

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A. Hedges J.P.P.

- administering the foster and kinship carer approval process for the region.
16. Over a number of years the region has experienced difficulties in recruiting professional staff in a range of positions. Specifically some CSSCs in rural and regional areas have had difficulties recruiting CSOs. The Central Queensland region considers that strategies such as the Remote and Regional incentive scheme have assisted to better attract and retain qualified staff in the region. Additionally the region's partnership with the central CSO Recruitment Team has assisted considerably and the region currently has only a very small number of unfilled CSO positions. CSO retention figures for Central Queensland for the period 18/07/2010 to 03/07/2011 indicate that 70 per cent of commencing CSOs were retained as a CSO within the 12 month time period. Stability of the CSO workforce is a key factor in the delivery of quality child protection services.

Agencies, government and non-government who partner with the Department of Communities, Child Safety and Disability Services in providing child protection services or support services

17. The Central Queensland region works closely with a number of key government and non-government agencies within the region.
18. These government agencies include:
- Evolve Interagency Services (Evolve) - provides therapeutic and behaviour support services to children and young people in the custody or guardianship of the department and who have severe and complex psychological problems
 - Suspected Child Abuse And Neglect (SCAN) team core members - the purpose of the SCAN team is to enable a coordinated, multi-agency response to children where statutory intervention is required to assess and meet their protective needs
 - Queensland Health (QH)
 - Queensland Police Service (QPS)
 - Commission for Children and Young People and Child Guardian (CCYPCG)
 - Department of Education, Training and Employment (DETE)
 - Youth Justice (YJ) services
 - Centrelink.
19. The non-government, grant funded agencies include:
- Indigenous child protection agencies - Recognised Entities (REs) and Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS)
 - Placement services - foster and kinship care, specialist foster care, residential care, supported independent living services
 - Support services - counselling and intervention services, sexual abuse counselling services (SACS), Youth Housing and Reintegration Services (YHARS)

Current challenges – what needs to be fixed and what if any policies and procedures may be negatively impacting on the way services are delivered?

20. Consistent with other evidence already before the Commission, the Central Queensland region experiences significant issues in meeting the placement needs of children and young people. The traditional placement option of foster care is increasingly becoming difficult to sustain. This is due to a combination of factors including the decline in volunteerism and the rise in two parent working families. However, the needs of children and young people requiring placements continue to become more complex and challenging. Generally children are entering care with a range of more challenging behaviours linked to their trauma histories

Signature of witness to Inquiry Bernadine Haney

Signature of person witnessing statement A. Hedger JPO

than ever before. For some children it simply is not possible for them to be placed in a family type environment, even if such a placement was available.

21. The challenge of sourcing a suite of placement options that are flexible and able to readily adapt to the needs of children and young people entering care is an issue faced by every CSSC in this region on a daily basis.
22. The region is well supported in regards to the training and development program for CSOs through Workforce Capability. However, there is a lack of co-ordinated central training and development for other key service centre occupational groups, such as Team Leaders, Senior Practitioners and Managers. Central Queensland Region has co-ordinated its own initiatives to address this need including annual Team Leader forums. Implementing such programs in a diverse geographic location has its challenges.
23. Central Queensland region covers a total area of 495,055.1 km², or 28.5 per cent of the total area of the state of Queensland. As a result, Child Safety Services staff are required to travel long distances in delivering services to the communities of Central Queensland.
24. The region is also experiencing unprecedented industrial expansion, particularly in Gladstone, with the development of four Liquefied Natural Gas (LNG) plants, and several major industry projects. This rapid growth is already starting to present the community and the department with a number of challenges including increasing demand for housing, non government organisation service sector funding and increased demand for departmental services. This requires continual review and flexibility in the delivery of child protection services.

Declared before me at Rockhampton this 10 day of October 2012.

A Hedger J P Q



Signature of witness to Inquiry

Bernadette Haway

Signature of person witnessing statement

A Hedger J P Q