Queensland Child Protection Commission of Inquiry

Taking Responsibility:

A Roadmap for Queensland Child Protection

June 2013

The above artwork was presented to Commissioner Carmody during a visit to a residential care facility in Cairns. It was painted by three children who lived at the facility, with the assistance of North Queensland artist 'Malla'.

Published by the

Queensland Child Protection Commission of Inquiry
www.childprotectioninquiry.qld.gov.au

This publication is available for download from the Commission's website

© State of Queensland (Queensland Child Protection Commission of Inquiry) 2013

Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act 1698 (Cth), no part of this publication may be reproduced, stored in a retrieval system or transmitted by any process without prior permission.

Disclaimer

This paper is not intended to provide legal advice, and has been prepared by the Commission only to respond to the terms of reference issued to it by the Premier of Queensland. While all reasonable care has been taken in the preparation of this publication, no liability is assumed for any errors or omissions.

The Honourable Campbell Newman, MP
Premier
The Executive Building
100 George Street
BRISBANE Q 4000

28 June 2013

Dear Premier

In accordance with the *Commissions of Inquiry Order (No 1) 2012*, as amended, I have the honour to present the final report of the Queensland Child Protection Commission of Inquiry.

Yours sincerely

Hon Tim Carmody, QC
Commissioner

PO Box 12196 George Street QLD 4003
Telephone 1300 505 903
Facsimile (07) 3405 9780
Email info@childprotectioninquiry.qld.gov.au

Table of contents

Commissioner's Foreword xi

Executive Summary xvii

List of recommendations xxvii

Chapter 1: The case for reform

1.1 Terms of reference 1
Scope 3
Limitations 3

1.2 A system under stress 4

1.3 Why child protection matters 5

1.4 Why child protection is difficult 6
Policy versus practice 6
Education is key 7
Investing in children 9

1.5 The road ahead 9

1.6 Summary 11

Chapter 2: The current statutory child protection system in Queensland

2.1 Child Protection Act 15

2.2	**Responsibility for child protection in Queensland**	**16**
	United Nations Convention on the Rights of the Child	16
	The National Framework	17
2.3	**The statutory child protection system in operation**	**19**
2.4	**What the intake and notification data tell us**	**22**
	Unsustainable increase in reports of child harm or risk of harm	22
	Less than a quarter of all intakes reach the threshold for notification	23
	Almost all notifications are investigated	25
	Notifications less likely to be substantiated	30
2.5	**Chief executive's response**	**30**
	Intervention with parental agreement	30
	Coercive intervention	31
	Directive orders and supervision orders	32
	Custody and guardianship orders	34
	Dual orders	36
2.6	**Children in out-of-home care**	**36**
	Length of time spent in out-of-home care	38
	Placement stability	40
2.7	**Oversight of the child protection system**	**41**
2.8	**Drivers of demand and risk factors**	**42**
	Drivers of demand	42
	Risk factors for child abuse and neglect	47
2.9	**Summary**	**50**

Chapter 3: Funding the child protection system

3.1	**Funding service delivery**	**57**
	National spending on child protection	57
	Queensland child protection system	58
	Queensland Commission of Audit	59
	Queensland's child protection budget	59
3.2	**Assessment of adequacy of current budget**	**64**
	Adequacy of child protection, prevention and early intervention services	65
3.3	**Efficiency**	**67**
	A national comparison of costs	67
	Referrals from mandatory reporters	68
	Outsourcing child protection services to non-government organisations	69
	Functions of the Children's Commission	70
3.4	**Performance monitoring**	**71**

3.5 Economic impacts of child abuse and neglect: downstream costs 72
3.6 A whole-of-government approach to child protection 73
3.7 Effective future investment in child protection 74
3.8 Summary 77

Chapter 4: Diverting families from the statutory system

4.1 Reducing the demand on the statutory system 83
High number of intakes (reporting stage) 83
High number of investigations (notification stage) 96
4.2 Other causes of rising demand 106
An over-inclusive gatekeeping system 106
Broadening the scope for notifications to include 'emotional harm' 108
4.3 The reformed system 113
4.4 Oversight of the reform process 115
4.5 Summary 116

Chapter 5: Designing a new family support system for children and families

5.1 Why a new family support system? 125
Types of services 126
5.2 What services are currently available to families? 127
Need for a stocktake 127
Intensive services 128
Early intervention and family support services 133
Universal services 135
5.3 A new system 138
Setting priorities 139
Place-based planning for coordinated service delivery 146
The need for a collaborative approach 141
5.4 Summary 156

Chapter 6: Child protection and the non-government service sector in Queensland

6.1 Overview **163**

6.2 The non-government community service sector in Queensland **165**
Funding 167
Regulation 168
Services provided 168

6.3 The role of the non-government sector in the reformed child protection system **171**

6.4 Impediments to service delivery **172**
Relationship with government 172
Ability to cope with regulatory and administrative demands 179
Capacity to deliver high-quality services across the state 186

6.5 Summary **192**

Chapter 7 – A new practice framework for Queensland

7.1 Overview **199**

7.2 Current approaches to decision-making **201**

7.3 Strengthening casework and practice **205**

7.4 Signs of Safety practice framework **206**
Integration of Signs of Safety with Structured Decision Making 211
Implementation of Signs of Safety (or similar) 212

7.5 Case planning **213**

7.6 Family group meetings **215**
Improving family group meetings 216
Improving family group meetings for Aboriginal and Torre Strait Islander Families 220

7.7 Planning for stability for children in the child protection system **221**
Conceptual framework for permanency 221
Permanency for children in Queensland 222
Reunification 223
Achieving timely legal permanency 224
Adoption as a permanency option 226
Maintaining contact with family and community as part of the case plan 229

7.8 **Planning for the education and health needs of children in out-of-home care** 234
Meeting a child's educational needs 234
Meeting a child's health needs 238

7.9 **Summary** 242

Chapter 8 – Options for children in out-of-home care

8.1 **Assessing children for out-of-home care** 251
Placement types and funding arrangements 253

8.2 **Family-based care** 256
Kinship care 257
Foster care 260

8.3 **Residential care** 263
Residential care as a specific therapeutic response 265
Queensland's current pilot of therapeutic residential care facilities 267

8.4 **Secure care** 269
Secure care in other jurisdictions 269
The need for secure care 270
Secure care for Queensland 273
What the department should consider in developing a secure-care model 276

8.5 **Alternative out-of-home placement options** 278
Professional carers 278
Boarding schools 281

8.6 **Summary** 283

Chapter 9 – Transition from care

9.1 **The importance of transition planning and support** 291

9.2 **Current practice in Queensland** 292
The target group for transition-from-care planning 293
Funding transition from care 293
Young people's involvement in planning 294

9.3 **The nature and level of post-care support** 296
Access to stable accommodation 297
Education and employment planning 301
Support for complex needs 302

9.4 To what age should supports continue? 304

9.5 The role of the non-government sector in transition from care 307

9.6 Coordination of post-care support 309
Transition-from-care programs in other jurisdictions 309

9.7 Summary 311

Chapter 10: Building capacity in the child protection workforce

10.1 Why the workforce matters 317

10.2 The government sector workforce 318
Child Safety Services 318
Ongoing challenges for Child Safety officers 320

10.3 The non-government sector workforce 329
Characteristics of the non-government workforce 330
Attracting and retaining employees 330

10.4 Workforce planning and development — government and non-government 329

10.5 Summary 341

Chapter 11 –Aboriginal and Torres Strait children and the child protection system

11.1 What is over-representation? 349
What is causing over-representation? 351

11.2 Strategies to reduce over-representation 352

11.3 Delivering preventive and early intervention services 354
Gaps and shortcomings in universal and secondary services 354
Making universal and secondary services more accessible 356
Extending access to Aboriginal and Torres Strait Islander Family Support Services 358
Service Reform Project 359

11.4 Improving practice in the statutory system 361
A more meaningful role for recognised entities 361
Recognised entities and the court system 365
Maximising placements with kin or carers 366

11.5 **Strengthening Aboriginal and Torres Strait Islander child protection agencies** 369
Creating integrated Aboriginal and Torres Strait Islander Child and Family Services 371
Enhancing peak body support 373

11.6 **Meeting the needs of children in the discrete communities** 376
Reducing family and community violence 378
Reducing alcohol misuse 379
Restoring community authority and responsibility in child protection 381
Safe houses as a placement option 384

11.7 **Summary** 386

Chapter 12 – Improving public confidence in the child protection system

12.1 **Performance of the child protection system since 2006** 395

12.2 **Current oversight system and accountability** 400
Whole-of-government mechanisms 400
Departmental mechanisms 400
Independent specialist oversight 401
Performance reporting requirements 402

12.3 **Identified concerns and proposals for reform** 403
Systemic accountability 404
External oversight of the whole child protection system 407
Regional leadership for service delivery and operational outcomes 409
Responsibility for quality of child protection practice 410
Individual advocacy 412
Complaints — internal and external 418
Investigations and review 422
External engagement 425
Stronger evidence base for making decisions 428
Change in culture 432
Reduced red tape 436

12.4 **Overview** 446

Chapter 13: Children and the legal system

13.1	**Overview**	**455**
13.2	**New case-management processes in the Childrens Court**	**456**
	Introduce a departmental duty of disclosure	461
	Alternative dispute-resolution processes	462
13.3	**Specialisation among the judiciary**	**464**
	Improved resources	466
	Judicial education	467
	Expert advice for the judiciary	468
	Kinds of expertise	469
13.4	**Adequate legal representation for all**	**470**
	Legal aid for children and families	470
	Representation for children and young people	472
	Legal advice and representation for parents	475
	Legal advice and representation for the department	476
13.5	**Additional issues relevant to the Childrens Court**	**483**
	Who can be a party	484
	Demonstrating reasonable efforts	486
	Enforcement of supervision and directive orders	487
	Costs	490
	Placement and contact decisions	491
	Revocation of long-term guardianship	492
13.5	**A more robust function by the review of the Queensland Civil and Administrative Tribunal**	**494**
	Role of the department as decision-maker	495
	Role of the Queensland Civil and Administrative Tribunal as a review Mechanism	495
13.7	**Summary**	**497**

Chapter 14: Legislative review

14.1	**Discord between policy and practice**	**503**
14.2	**Legislative amendments required**	**504**

Chapter 4 — Diverting families from the statutory system 504

Chapter 9 — Transition from care 505

Chapter 12 — Improving public confidence in the child protection system 505

Chapter 13 — Courts and tribunals 507

14.3 **Other matters** 509
Information exchange and confidentiality 509
Confidentiality obligations 510
The meaning of 'best interests' in decision-making 511
Principles for administration of the Child Protection Act 514
Parental orders 514

Ch 15 – Implementing the Child Protection Reform Roadmap

15.1 **The case for reform** 517
The 'no change' option 518

15.2 **The intent of the reform** 519
Helping families care for their children 524
Tracking progress 524

15.3 **The Child Protection Reform Roadmap** 525
Strategic direction 525
Getting started 527

15.4 **Challenges of implementation** 534
After 2019 535

15.5 **Alternative options** 535

15.6 **Conclusion** 535
What will the reformed system look like? 537

Appendix A

Progress of implementation of the recommendations of the Forde Inquiry and the CMC Inquiry 541

Appendix B

The Commission 579

Appendix C
The Commission's approach 583

Appendix D
Data methods and definitions 599

Appendix E
Helping Out Families 603

Appendix F
Where to Invest to Reduce Child Maltreatment – A Decision Framework and Evidence from the International Literature 619

Appendix G
Glossary 643

References 653

Foreword from the Commissioner

Child abuse and neglect are distressing and intractable social problems, made worse by avoidable failures in the very systems set up to protect children at risk of harm. Unsurprisingly, therefore, child protection is one of the most vexing areas of public policy. Queensland has twice before in recent history, and with debatable success, sought to tackle the problem head on: firstly in 1998–99 in relation to institutional abuse (the Forde Inquiry) and again in 2003–04 in relation to abuse in foster care (the Crime and Misconduct Commission Inquiry).

This Child Protection Commission of Inquiry was tasked with doing something no previous similar inquiry has ever done in this state: it was tasked with reviewing the entire child protection system root and branch to find out whether it is still failing our children, and, if so, why. More than this, we were asked to deliver a roadmap for the way forward, one that will take us, within a decade, to the best possible system for supporting families and protecting children that our state can afford.

After 12 months of careful deliberation, the Commission has concluded that the current child protection system — despite the hard work and good intentions of many and the large amounts of money invested in it since 2000 — is not ensuring the safety, wellbeing and best interests of children as well as it should or could. We have identified three main causes of systemic failure: too little money spent on early intervention to support vulnerable families; a widespread risk-averse culture that focuses too heavily on coercive instead of supportive strategies and overreacts to (or overcompensates for) hostile media and community scrutiny; and, linked with this, a tendency from all parts of society to shift responsibility onto Child Safety.

There is a critical need for an accessible and adequately resourced family support system in Queensland and a clear imperative for everyone involved in child welfare — starting with parents — to take responsibility for their own role.

If anyone is in any doubt about the need to refocus our attention away from coercion and on to early preventive intervention *before* families reach crisis point, then consider these few, salient facts:

- While overall grants to non-government providers across all service types has increased by 569.1 per cent since 2003–04, actual spending on pre-harm measures such as intensive family support has counted for only 4 per cent of all expenditure, which is substantially less than in both New South Wales and Victoria.
- Of the total departmental budget in 2011–12 of $2.6 billion, $773 million was expended on child protection and care services. Despite the clear statutory preference for pre-emptive responses and family support as the preferred way of ensuring child safety, only $90 million (or 11.6%) was allocated to preventive or

supportive interventions compared with $396.1 million to out-of-home care. (See Fig. 15.1.)

- As a predictable and inevitable consequence, intake numbers grew by 185 per cent from 40,202 in 2002–03 to 114,503 in 2011–12. (See Fig. 2.4.) During the same period, the number of children living in out-of-home care grew 111 per cent from 3,787 to 7,999. (See Fig. 2.14.)
- From 2003–04 to 2011–12, alternative public placement costs grew by 179 per cent and intensive family support services by 86 per cent but still only amounted to 11 per cent of overall child protection expenditure. (See Fig. 3.1)
- Indigenous children are now five times more likely than non-Indigenous children to be notified, six times more likely to have harm substantiated and nine times more likely to be living in out-of-home care. Not only are more children being investigated but more are being removed and being retained by the state for longer.
- On current trends, the number of children known to Child Safety Services (1 in 4.2 of all Queensland children and 1 in 1.6 Aboriginal and Torres Strait Islander children according to 2012–13 data) and the number of children in care of the state are likely to continue to grow at an unsustainable rate.
- Total expenditure on child protection, if there is no change to 2020, is estimated at just under $1.18 billion. (See Fig. 15.4)

Continuing in this way is not only unsustainable but contrary to both policy intent and reasonable community expectations. As this report comprehensively demonstrates, without changing risk-averse reporting rates and behaviours, curtailing over-inclusive risk and harm assessments, reducing over-servicing and overspending on high cost–low yield outcomes, altering errant funding policy and resource allocation, and finding viable safe alternatives to removal and retention, the statutory system is in jeopardy of collapsing under the weight of excess demand for reactive tertiary services and spiralling delivery costs.

I have no doubt at all that if the Forde and CMC recommendations about the importance of early intervention had been heeded and the provisions of the *Child Protection Act 1999* faithfully adhered to, the child protection resources of the department would have been able to meet both the family support and child safety service demands more effectively and more efficiently than they currently do.

In my opinion, the symbiotic link between supporting families and having fewer children in the system is irrefutable and has been ignored or underestimated by government for too long. I am also firmly of the view that better rehabilitative and therapeutic family support for parents under stress — especially in Aboriginal and Torres Strait Islander communities plagued with chronic neglect — is the key to stronger Queensland families and safer children.

It may seem simplistic to say 'prevention is better than cure', but it is an undoubted reality that without preventive strategies the cycle of intergenerational abuse will continue to infect successive generations. Indeed, the apparent deterioration in cultural norms — especially the high tolerance of violence and conflict within overcrowded families and some communities, the growing rates of impaired parenting, rising levels of prolonged family dysfunction and the spread of social disadvantage due to such stressors as poverty, addiction, mental illness, unemployment, passive welfare dependence and social isolation and exclusion — is seriously concerning. I have been deeply moved by the situation for many children, particularly in some discrete Aboriginal

and Torres Strait Islander communities, whose lives and futures are dominated by adult alcohol consumption and violence, and who too often lose connection with their communities when taken into a child protection system that dislocates them from their roots.

There is little point in tearing a family apart just to try to put it back together again later. To children, a loved parent is much more than the worst thing the parent has ever done them: most children are better off being cared for haphazardly by a loved parent than in someone else's family or a state-run facility.

The title of this report — 'taking responsibility' — was chosen with care and purpose. It is our strong contention that children will thrive only in a society where everyone concerned with child welfare takes responsibility for their own particular role. The need for everyone to do their bit for the greater good is easily overlooked or ignored in an egocentric world. If we want a better system, then a much greater commitment and communal effort is required from everyone: politicians, bureaucrats, departmental staff, police, allied agencies and sectors, the community and — most of all — families themselves.

The risk-averse 'better safe than sorry' culture that has sprung up over the last 10 years has been only too evident during this inquiry. This overly timorous attitude pervades child protection decision-making at all levels of government and across the entire system. It is the root cause of over-reporting, resource wastage, workforce stress and an overcrowded out-of-home care system struggling to provide safe and stable placements for children with multiple and complex needs who could, with proper support, be cared for safely at home by a still-loved parent.

The reasons for risk aversion are understandable: no-one wants to be the one who overlooks a child in need. But it has resulted in a culture of shifting risk and responsibility down the line to the statutory system. One of the 'take-home messages' of this report is that merely reporting a concern to the department will not always discharge personal responsibility for a particular child. The department has no legitimate role until 'significant harm' (a legally defined term) is reasonably suspected. The reality is that 80 per cent of current reports do not reach that threshold, which means a lot of time and effort is being spent on investigating to see if a child has been harmed (described by some as 'looking for a needle in a haystack of referrals') when those efforts could be more productively directed to family support services.

As well as being more productive, such services are also less stigmatising and traumatising than investigative intervention.

Role of the state

Keeping Queensland children safe is a shared, but not equal, responsibility. The state is not a co-parent. In a democratic, non-Orwellian society, it can only step in when a family is unwilling or unable to care for its own. So, in most cases the best way for government to help children is to support their parents and communities. It does not (and cannot) intervene to remove all risk. Families, teachers, doctors, police and others have to carry acceptable risk when it is their turn, and not pass it on down the line.

State intervention is premised on the notion of 'unacceptable' risk.

The public rightly expects a high standard of public child protection and care services for children who need them. Its confidence is understandably shaken by revelations or allegations of preventable harm to children at home or in care. But, short of state-

sponsored surveillance and policing of home life to enforce minimum standards of parenting, the publicly funded system cannot guarantee that every child will always be harm free. The state ordinarily only does for people what they cannot adequately do for themselves.

What we *can* expect from the state is that it fulfils its statutory responsibility to help parents care for their own children and so decrease the likelihood of them ever becoming in need of state protection. The state has the general role of reducing the incidence and impact of child abuse and neglect within society and to protect particular children from unacceptable safety risks, but it steps in only when, and to the extent that families cannot, will not, or do not fulfil their primary responsibility.

The state has limited legal authority to interfere with domestic relationships. Its child protection role is a distinctly residual one, tightly controlled by legal rules designed to reflect and preserve important social values such as parental autonomy, family unity, self-determination and privacy. Legal rules affecting families should not contradict these deeply held and widely shared social values.

The state can, and should, only intervene in personal relationships in the least intrusive way possible. Thus, in taking responsibility for other people's children the state is expressly directed by the principles underpinning the statute to *prefer* voluntary take-up of services over invasive and coercive directives. The system, somehow, has to make sure that it doesn't intervene too early or too late, nor too little or too much, without risking child safety or infringing parental rights. This balancing act, of course, places a heavy, sometimes impossible, burden on the state.

How much will reform cost?

To be of any good to anybody, a systemic reform package has to be both achievable and affordable. More money alone is not the answer, nor is spending as much of it as government is prepared to provide out of fear of being accused of skimping in the event of a tragedy. Buying a costly service that does not work wastes money that can never be recouped, and it may even be counterproductive.

Practical and fiscal realities have to be fully considered and accommodated. For this reason, we have made no proposal for change where we do not think it has a realistic chance of being both achievable and affordable, or where we consider it unlikely to result in a measurable net gain for Queensland children, families and society in general.

The department's budgetary commitment and cultural focus has to radically shift away from a bias towards *after the fact* protective services towards early pre-harm preventive and supportive strategies. By identifying and intervening earlier (to reduce root causes or risk factors for harm to children sooner) we can reasonably expect to stop preventable harm from occurring, or recurring, put downward pressure on the level of extra demand for costly tertiary services, lower delivery costs and conserve scarce resources.

How long will reform take?

We are not saying that the reforms have to be introduced and funded *in toto* within the next couple of years. In a climate of fiscal restraint, the government can only do what it can with what it has to meet rival priorities and demands. The systemic changes proposed in this report are designed, therefore, to be phased in over time as the State of Queensland is in a position to afford them. Some improvements can be made within the next 12 months; others will take a number of years to properly design, evaluate and pay for. From the Commission's perspective, late is still better than never. After all, more

than a dozen years have already been lost through gross public under-spending on early intervention and voluntary support services for families. We have charted a roadmap, not a fixed timetable or inflexible funding schedule.

Nonetheless, sooner is generally better and cheaper in the long run. Childhood is short and every moment counts.

The cost of doing nothing

The alternative 'no change' option based on the growth in the last 10 years is likely to see an increase of more than 40 per cent of children entering the system on protection orders and a rise in the number of children in public care of 18 per cent.

The Commission is reasonably satisfied that spending some 'new' money now on expanding the family support base will save more later, but it may also be feasible for the department to redirect more of the total 2013–14 departmental budget of $2.6 billion to Child Safety for family support services on top of the $819.8 million already allotted but not yet expended.

Opting not to build and maintain an effective family support sector within the state, as and when government priorities and finances reasonably allow, would not only be a false economy in the long run but would mean that Queensland will not have the best child protection system it can afford within a decade.

The outlook

On the 2011–12 figures, the Commission expects that, if its assumptions are correct, in a decade or so from now the number of children being protected or cared for in the statutory system will have fallen by more than 25 per cent.

Within 10 years of implementation of the reforms we will have recouped the new money that was spent in the first five years, plus we will be $578 million better off. Also, the budget within five years of implementation of the roadmap will track in line with population and cost-of-living increases only.

More importantly, the population of Queensland children suffering or at probable risk of preventable harm will reduce overall and more of them will be cared for adequately and safely at home with or without government support.

In our reformed system, all government and non-government agencies that deliver human services will take responsibility for child protection outcomes — this responsibility will not be left solely with Child Safety Services.

We cannot guarantee our reforms will mean the end of all abuse and suffering — some families will never rise to the challenge or have the capacity or commitment needed to take responsibility for the children they bring into the world. Some children will inevitably pay the price for parental failings from birth to death. Others will pass these deficits onto their own children and grandchildren, who will be a perpetual drain on the public purse without making any positive contribution to society.

Nor can we guarantee that halting the drivers of excess demand and reducing related spending will be quick or cheap.

But we can guarantee that the total cost of child protection will always be cheaper than the human toll of child abuse and neglect. Child protection is about more than economics. It is an ethical imperative. The cost of repair may not be cheap — but the

cost of doing nothing would be much more, measured both in dollars and human suffering.

Finally ...

Let me take this opportunity to thank the many people who assisted with this inquiry. As Commissioner I was aided greatly by a comprehensive team of legal practitioners, seconded public servants, and other persons from various backgrounds over the course of 12 months. I take this opportunity to express my appreciation to the officers and staff of the Commission for their perseverance, dedication and commitment to the Commission's work. I also thank the many members of the public and stakeholders in Queensland's child protection system for contributing to the public discussion on how to improve the child protection system.

I commend this government for establishing this inquiry and for placing such a focus on a system that is in dire need of change. I am convinced that investment in support services is the key to reducing stress in the system to enable parents and families to provide loving and nurturing homes for their children.

I would like to conclude by paraphrasing a famous saying: failure to learn the lessons of history will guarantee that they are repeated. It is time for us to break the cycle of intergenerational abuse by addressing the drivers of abuse and refocusing our attention on parents and families. The new child protection system must be one that encourages and enables everyone to take responsibility for protecting children.

Tim Carmody, QC
Commissioner

Executive summary

The case for reform

Owing to a widespread perception that the current child protection system in Queensland is failing vulnerable children and their families, the Queensland Government established the Queensland Child Protection Commission of Inquiry on 1 July 2012, led by the Honourable Tim Carmody, QC.

The inquiry has found that the perception of a system under stress is justified. Over the last decade, child protection intakes have tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled, the number of children in out-of-home care has more than doubled, and children in care are staying there for longer periods.

The Queensland *Child Protection Act 1999* upholds the principle that all children have a right to be protected from harm. It also respects the right of families to privacy. The state should only interfere when a child's family is unable or unwilling to fulfil its duties by the child. The preferred way to protect a child, therefore, is by supporting the child's family, with coercive interference restricted to legally authorised interventions when a child's safety is at risk.

The Commission is convinced that wherever possible it is better for the child to stay safely at home — better for the child, better for the family and better for society as a whole. Queensland has long aspired to a preventive/collaborative child protection model, as endorsed by the *National Framework for Protecting Australia's Children 2009–2020*, but in practice the system currently operates mainly at the tertiary level, providing for investigation and assessment of abuse and neglect, court processes, case management and out-of-home care.

The Commission was tasked with making affordable, sustainable, deliverable and effective recommendations for legislative and operational reform, as well as strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system. It was also asked to chart a roadmap for achieving a new child protection system over the coming decade, taking into account the fiscal position of the state identified by the Queensland Commission of Audit.

In total, over the last decade, the budget for child protection services has more than tripled, going from $182.3 million in 2003–04 to $773 million in 2012–13. The real driver of the department's budget is the growth in demand for out-of-home care services. If the department can reduce the costs of out-of-home care, the entire cost of the child protection system would become more sustainable. Many stakeholders have pointed to specific areas in the secondary sector where investment needs to be increased to reduce the escalation of funding for tertiary and out-of-home care services.

While funding has been generous overall, investment in family support and other secondary services has not been sufficient, despite the recommendations of previous inquiries, the clearly articulated provisions in section 7 of the Child Protection Act, and the widespread community belief that major benefits can be achieved by investing in assisting families earlier. Indeed, increasing demand for statutory child protection services, as well as the urgency to maintain adequacy of funding for those services, has reduced the funding allocated for family support.

The pressures facing the child protection system cannot be dealt with by increasing and shifting funding alone. This report details recommendations and a plan to reform the child protection system over the next decade. It outlines the way towards a sustainable child protection system for the future — one that will not only adequately care for children in need but, importantly, develop a statewide system to support and encourage families to take responsibility for the safe care of their children.

Establishing and adequately resourcing an effective family support sector is the unfinished business of the 1998–99 Forde Inquiry and the 2003–04 CMC Inquiry. Both inquiries set firm foundations for the statutory system itself, which is performing relatively well, considering the strains it is experiencing. However, the funding recommended by the Forde Inquiry, which included resources to establish support services to avoid entry into the system, has not been forthcoming. Similarly, the CMC Inquiry advised that to control child abuse, the government should maintain its commitment to developing primary and secondary child services. The failure to evaluate the child protection system as a whole after the reforms of the previous inquiries can be described as a false saving, given the cost of conducting this inquiry.

Diverting families from the statutory system

The key contributors to the overwhelming workload of Queensland's child protection system are the rising number of intakes received by Child Safety and Child Safety's practice of investigating all notifications. Only 20 per cent of reports meet the threshold for a notification, which means that 80 per cent of matters reported to Child Safety go no further. Many of these reports are the result of inflexible and inconsistent reporting policies of other government agencies, especially the police.

The Commission's view is that the development of a coherent legislative framework for mandatory reporting across agencies is the first step towards achieving greater consistency and reducing workload on the system. **A single legislative provision in the Child Protection Act outlining all mandatory reporting requirements and use of the child protection reporting guide** should form a central part of this new reporting framework, together with training about the key thresholds, definitions and concepts. The **Queensland Police Service should also repeal its blanket policy of reporting domestic violence** incidents where at least one of the parties has a child residing with them.

Child Safety's policy of investigating almost all intakes that reach the threshold means that investigations are increasing along with the increase in intakes. The policy has been adopted because of two factors: the scarcity of alternative services to offer a family at the intake stage and the 'better safe than sorry' culture of Child Safety.

The Commission proposes that there be two points established through which families can be diverted from the statutory system: at the reporting stage and at the notification stage. At the reporting stage, there should be a **dual-reporting pathway** whereby concerns may be reported either to Child Safety or to a community-based non-

government broker. Under this model, many families will be referred quickly to the services they need without ever coming to the attention of the statutory system.

At the notification stage, suitable families may be diverted to a non-government broker for an appropriate support service rather than undergoing an invasive investigation and assessment process. Under this **differential response** model, there will be far fewer investigations. Where investigations are still warranted, the Commission recommends the establishment of specialist **investigation roles within Child Safety** so that the investigation teams are separate from the casework teams and Child Safety investigators can improve their investigative skills.

Another cause of over-inclusiveness in the system occurs when children with a disability are relinquished to child protection by parents who can no longer cope. The Commission has called for a **full audit of children in the care system** to assess whether, or to what extent, the system is retaining children longer than necessary, and has called for Disability Services to be resourced sufficiently to help parents of children with a disability to care for their children at home.

Designing a new family support system for children and families

The Commission's dual reporting pathway and differential response models will allow families to be referred to services without any need for them to come into contact with the statutory child protection system. However, for this to work, there needs to be a robust and coordinated service system to refer families to. Despite the improvements in family support services over recent years, there are still many gaps.

The Commission has recommended that the department do **a stocktake of current family intervention and support services** in order to identify what services are out there and what is missing. The Commission is also recommending a **statewide roll-out of the Helping Out Families initiative**.

The Commission recognises a need to ensure that secondary services are provided to Queenslanders in a way that is conscious of the role of clients as parents and that understands the needs of children. **Priority access should be given to adults whose children are at risk**.

As with any major reform that crosses departmental boundaries, success depends on collaboration, and the success of collaboration relies on having a shared vision, a common practice framework, a willingness to share information and a demonstrated commitment to the partnership. The Commission is proposing to establish **Regional Child Protection Service Committees** to undertake local multi-agency planning and coordination of family support services.

A mechanism is also required to ensure that a similar multi-agency approach is taken to identifying which services are to be provided to which families. This coordination could be achieved by using **a single case plan and a lead professional for a family across a number of government and non-government services**. There is evidence that inter-agency collaboration is most effective for vulnerable and at-risk children and families at the high end of the continuum of need, whose needs cannot be met by a single agency operating in isolation.

The role of the non-government sector in child protection

The role of the non-government service sector in delivering human services has grown rapidly in recent years with governments in all Australian jurisdictions relying more and

more on non-government agencies to deliver specific programs to particular groups and communities in an effort to deal with social problems. In Queensland, the non-government service sector is already playing an important role in the delivery of family support and child protection services.

The Commission views the non-government sector as playing a critical role in the reformed child protection system. The sector will expand further if the reforms proposed in this report are implemented: the sector can expect to provide more services and assume more responsibilities. For this to occur, a number of challenges facing the sector need to be addressed. These relate to its relationship with government; its ability to cope with increasing regulatory and administrative demands; and its capacity to deliver high-quality services to all parts of the state. To help in this, the Commission has made a number of recommendations including the establishment of a **Family and Child Council** to work with the sector and government to enhance the delivery of high-quality community services to Queenslanders. The Commission views the development of strong collaborative partnerships between the government and the non-government sector as an essential component of the implementation of the Child Protection Reform Roadmap.

A new statutory practice framework

The child protection system exists to protect at-risk children from abuse and neglect. In most cases, it can do this best by helping parents give their children the right environment for growing to healthy, responsible adulthood. The Commission believes that a new child protection practice framework is needed for Queensland — one that is largely focused on engaging with families and keeping children safely at home, rather than mitigating risk at all costs.

The Commission is convinced that frontline child protection workers need more opportunity to demonstrate the excellent casework skills that they have been, in many ways, impeded from demonstrating to date. The Commission is proposing that the department adopt the **Signs of Safety** (or similar) framework, to be used in conjunction with the current Structured Decision Making Tools. This will help Child Safety officers better engage with families in order to arrive at timely decisions based on the individual needs of children and families. A **more independent process for conducting family group meetings** should also be implemented.

Signs of Safety aims to keep children safely at home with their families wherever possible. The Signs of Safety approach extends beyond individual casework to inspire the whole organisation to showcase good practice; that is, to focus on what works. This should be supported by workforce strategies to provide Child Safety officers with the skills and tools they need to return children who have been removed as quickly as possible.

When children and young people are removed into out-of-home care, the government takes on the onerous responsibility of ensuring they have access to services and are provided with opportunities to achieve better life outcomes than if they had been left with their family. The Department of Communities, Child Safety and Disability Services in conjunction with Queensland Health should ensure that **every child in out-of-home care is given a Comprehensive Health and Development Assessment** to be completed within three months of placement. A model should be developed for **providing early access to specialist services** for children in the child protection system.

Out-of-home care placements

Out-of-home care placements are a central feature of child protection services and one of the biggest challenges facing the sustainability of Queensland's child protection system. Queensland uses a range of placement types for children who are unable to remain with their families. These include family-based care (kinship and foster), residential care, therapeutic residential care, and supported independent living.

The most cost-effective placement option is family-based care, with foster care being the most common. Research clearly shows that foster and kinship care afford many benefits to children, but recruiting and retaining suitable carers remain ongoing challenges. The Commission has recommended **improving the training and respite options for carers, especially kinship carers and those caring for children with complex needs**. There is also much to be gained by treating foster and kinship carers as part of the care team.

Residential care is a growing component of the out-of-home care system. There are 105 'generic' (non-therapeutic) residential care facilities in Queensland and four therapeutic residential care facilities. The Commission is of the view that **all residential care facilities require a therapeutic framework within which to deliver their services** and recommends that Child Safety partner with peak agencies and non-government residential care service providers to implement a suitable framework.

In response to some concerns expressed during the inquiry, the Commission has looked at a proposal for introducing secure-care facilities into Queensland as a placement option for high-risk young people who may self-harm or harm others. The Commission recommends that if and when the state's financial position is strong enough to fund it, **a secure-care option** should be introduced to provide a therapeutic model of care for children as an option of last resort.

The Commission has explored additional options to existing placement types and believes that **professional carers, adoption, safe houses and boarding schools warrant further exploration**. They could go a long way towards meeting the needs of those children and young people with complex and extreme problems; for example, children with difficult and complex home lives might benefit from the stability and routine that a boarding school environment can offer.

Supporting children in their transition from care

The transition to adulthood can be a difficult period for any young person, particularly so for those with a care history. As the substitute parent of such young people, the state needs to see that young people have the support they need to enter the world as responsible and balanced adults and potential parents. A successful transition is more likely when it is gradual, well planned, and where young people have access to secure housing and are linked into educational and employment opportunities.

The Commission has found disconcerting gaps both in transition planning and in the targeted provision of post-care support. There is also confusion over how long post-care support should last after a child leaves care. Queensland is the only state where legislation, policy and practice are unclear as to how long the state must continue to deliver support once young people leave the care system at 18 years of age.

If the overall aim of reducing demand on the system, and ultimately reducing the number of children in out-of-home-care, is achieved, then Child Safety officers will have more time to dedicate to planning for young people's transition. The Commission's view is that **post-care support for young people should be provided until at least the age**

of 21, including priority access to state government services in the areas of education, health, disability services, housing and employment.

The non-government sector could be playing a much greater role in transition planning and post-care support for young people. The Commission is recommending that **non-government agencies be funded to provide each young person leaving care with a continuum of transition-from-care services**, including transition planning and post-care case management and support. Relevant government agencies have a responsibility to fund and contribute to these plans.

Supporting the child protection workforce

Successful implementation of the recommendations in this report will depend in large measure on the capacity of the government and non-government child protection workforces to deliver services to children and families. Families cannot be supported, nor children protected, unless the child protection workforce has the necessary skills, ability, knowledge and aptitude for the task. In addition, workers need to feel valued.

To support the changes being recommended across this report, the Commission is recommending that its proposed Family and Child Council lead the development of a **workforce planning and development strategy across the government and non-government sectors**. This should be a collaborative effort of government and non-government sectors, the vocational education and training sector, and universities.

High workloads are often cited by Child Safety officers as a major impediment to working effectively with children and families in the statutory system. The Commission recommends that **caseloads of frontline Child Safety officers should not exceed an average of 15 for each officer**.

A vexed issue for the non-government sector is the lack of pay equity and associated benefits (such as portable superannuation) with the government sector, making it hard for them to fill professional positions. Wages are slowly improving in the sector, and as they improve, funding levels for the sector will need to reflect corresponding increases in wage costs.

There are concerns that the professionalism and specialisation of child protection workers have been down-valued in recent years with a broadening of qualifications for Child Safety officers in 2008 to address workforce shortages. The Commission supports **a return to core human service qualifications for Child Safety workers**. Linked to this, the Commission has called for enhancement of the **Child Safety Service Centre Manager role to include professional casework supervision**.

Given the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system, the Commission also recommends that **a new senior-level leadership position called 'Aboriginal and Torres Strait Islander Practice Leader' be introduced in each region**. The Commission believes that such positions could drive an improved cultural competence through all levels of the organisation and improve the quality of statutory practice for Aboriginal and Torres Strait Islander children and families.

Reducing the over-representation of Aboriginal and Torres Strait Islander children in the child protection system

The number of Aboriginal and Torres Strait Islander children in Queensland's child protection system is alarming with about half of these children now known to Child

Safety. Reducing over-representation needs to start with addressing the high rates of parental, family and community risk factors for child maltreatment among Aboriginal and Torres Strait Islander families.

Improving access to universal and secondary services including health, housing, family violence prevention, and other social services is central. The Commission is recommending that an **Aboriginal and Torres Strait Islander Child Protection Service Reform Project** be established to identify and address gaps in child protection and related universal and secondary services for families. **Improving access to Aboriginal and Torres Strait Islander Family Support Services** and mainstream services is also being recommended.

The Commission believes there is greater room for collaboration between Child Safety and Aboriginal and Torres Strait Islander–controlled agencies in statutory practice. The Commission is recommending that the department **develop and implement a 'shared practice model'** allowing these agencies to work together with departmental officers to facilitate family group meetings, develop and implement cultural plans and case plans, and develop transitions plans. A stronger foundation is needed to enable such agencies to take on more responsibility for family support and statutory protection over time. The Commission is recommending that **an integrated model** for Aboriginal and Torres Strait Islander Child and Family services be developed to bring together family support, family intervention, placement and statutory services into regional providers. These services would be supported by development plans implemented by a peak body working with the department and Family and Child Council.

The growing number of Aboriginal and Torres Strait Islander children in out-of-home care has severely out-paced the number of Aboriginal and Torres Strait Islander carers. In an effort to maximise placements with kin, **the level of support provided to potential carers should be reviewed**.

Keeping children safe in discrete communities is of particular importance. The Commission is concerned about the impact of removing alcohol restrictions on children's safety. The Commission is recommending that **alcohol restrictions only be relaxed where there have been demonstrated improvements in child safety indicators**. Community leaders should also be supported to take greater ownership of child protection issues. The Commission is therefore recommending that one or more models of **community-based referral be developed and trialled specifically for discrete communities**.

Improving public confidence

There is strong support for the external oversight mechanisms that were established during the first few years after the 2003–04 CMC Inquiry. However, an overlay of external monitoring has caused duplication and complexity to the child protection system and added costs to government and non-government service providers without any discernible accountability enhancement. Moreover, too much emphasis on monitoring compliance and measuring countable processes has diverted attention from measuring results for children.

The Commission is recommending a new structure for oversight that places more responsibility for performance and outcomes with each lead agency. This should begin at the highest levels, by **specifying responsibilities and outcomes for child protection in Ministerial Charter Letters and senior executive performance**

agreements. Each department with child protection responsibilities should establish its own quality assurance and monitoring mechanisms.

Although there is evidence of inter-agency cooperation, there is still an absence of a shared strategic direction supported by a whole-of-government structure. Overall responsibility for reforming the child protection system should rest with the collective of agencies. The Commission is recommending that a **Child Protection Reform Leaders Group** and **Child Protection Senior Officers Group** (the existing Child Safety Directors Network) be established to provide cross-agency leadership. At the regional level, **Child Protection Service Committees** should be established to implement the Child Protection Reform Roadmap.

The Commission considers there is no longer a need for the **Commission for Children and Young People and Child Guardian** to be retained in its current form. In its place the proposed **Family and Child Council** should monitor and report on the overall performance of the child protection system and provide authoritative advice on child protection research and practice. The council should use its cross-agency status and strengthened research and policy expertise to build the capacity of the whole sector.

The existing investigations, complaints, operational monitoring and child death review work of the Children's Commission should be performed by relevant departments, with oversight from the Ombudsman and other generalist oversight bodies. This should include a **specialist team within Child Safety to investigate child deaths and serious incidents**.

The role of Child Guardian should be combined with the office of Adult Guardian to form the proposed office of **Public Guardian of Queensland**. The new Public Guardian of Queensland should assume responsibility for the Community Visitor program, re-focusing it on vulnerable young people. It should operate principally through **regional child and youth advocacy hubs** that also include legal advocates and mediation support.

Restrictions on the disclosure of information can undermine public awareness and confidence in the child protection system. Some change in current confidentiality provisions would be in the interests of greater accountability. The chief executive and the proposed **Director of Child Protection** should have limited legal authority to disclose information about child protection matters where it is in the public interest.

Children and the legal system

The decisions made by the Childrens Court of Queensland and the Queensland Civil and Administrative Tribunal are of critical importance because they can have far-reaching effects on a child's life. Court and tribunal processes dealing with the protection of children must not delay in reaching decisions. More than this, they must, as far as possible, allow children to have an audible voice in the decisions that will profoundly affect their lives.

The Commission has recommended a **new case-management process for the Childrens Court to expedite child protection matters**. This should be supported by necessary Practice Directions and a legislative, policy and a practice framework to strengthen court-order conferences. Amendments should also be made to the Child Protection Act to **forbid the making short-term orders that together extend beyond two years**, unless it is in the best interests of the child.

All parties need to be legally represented in key stages of the pre-court and court processes. Because child protection matters deal predominantly with vulnerable and socially disadvantaged families, legal aid funding should be available to ensure representation for those parties who do not have the means to be privately represented. The government should **review Legal Aid funding to ensure the representation of vulnerable children, parents and other parties**.

There needs to be appropriate avenues for the voice of children and young people to be heard in child protection proceedings. Their views are not consistently being heard. The Commission is recommending that amendments be made to the Child Protection Act to **require the views of children and young people be provided to the court either directly or indirectly**.

There is a need for greater professional separation between the delivery of frontline child protection services and the provision of advice on child protection proceedings. The Commission is recommending **establishing an internal Office of the Official Solicitor within the Department of Communities, Child Safety and Disability Services** to provide more independent legal advice to frontline departmental officers. This office should provide a brief of evidence to a **new Director of Child Protection within the Department of Justice and Attorney-General** who will decide whether a child protection order should be sought.

Legislative review

The Commission shares the view expressed in many submissions that legislative amendment is not always the most effective or desirable way to solve operational problems or influence practice change. There are, however, a range of legislative amendments that will be required if the recommendations in this report are accepted. There are also other matters for the consideration of the Department of Communities, Child Safety and Disability Services in reviewing the legislation.

There is a need to improve information exchange between the department and other agencies to support a number of recommendations in the report, particularly proposals for a dual intake system and differential responses. Enhanced information exchange will need to be balanced with confidentiality to ensure that privacy of children and families is protected. The Commission recommends that the **information exchange and confidentiality provisions of the Child Protection Act be amended** in line with the objectives of the Commission's recommendations.

The Child Protection Act empowers departmental officers and the judiciary to make a wide range of decisions about children and families. In making these decisions the 'best interests' of the child are paramount, but there is not a definition of the term best interests to guide decision-makers. The Commission is recommending that the Child Protection Act be amended to **set out the matters to be considered when determining the best interests of a child**.

A parent of a child is identified in the Child Protection Act as their mother or father or someone else (other than the chief executive) having or exercising 'parental responsibility' for the child. The term 'parental responsibility' is not defined. The Commission is of the view that it would be useful for the department in its review of the Act, to incorporate the concept of **'parental responsibility'** in care and protection orders.

Implementing the road map

With full implementation of the **Child Protection Reform Roadmap**, the child protection landscape in Queensland will be considerably different by 2019. A much greater emphasis will be placed on supporting vulnerable families to take proper care of their children. It is reasonable to estimate that full implementation of the roadmap could reduce the number of children entering the system on orders by over 30 per cent within five years.

This goal and associated savings to the tertiary child protection system are predicated on full implementation of the roadmap. This will involve a substantial investment over the next several years, much of it within the family support and intervention streams of the system. Without these investments, some savings to the system may be achieved, through efficiencies and reduced duplication, but the largest driver of long-term costs to the system — demand for out-of-home care — is likely to continue increasing unabated.

Taking into account the Commission's obligation to consider the state's fiscal position, the roadmap proposes **a significant increase in outsourced services, once time has been allowed for the non-government sector to build its capacity**. While non-government services are being ramped up, the staffing levels in the department need to continue to match increased demand over the short term.

Implementing the roadmap should not be the responsibility of Child Safety alone. **All agencies providing human services must take responsibility for child protection outcomes**. The roadmap includes designated activities to be performed by other government agencies and the non-government sector. Its implementation should be led by the inter-agency Child Protection Reform Leaders Group and Child Protection Senior Officers Group.

The reforms and recommendations outlined in this report are inter-dependent. Selection and prioritisation of strategies will need to consider the effects on other strategies. Implementation should begin with well considered planning process including preparation for necessary trials. During this time, new structures, legislation, systems and budgets also need to be put in place. This process should ideally occur over a one-year period with a gradual roll out of strategies occurring over the subsequent five years. This period should see strategies rolled out in three tracks:

- reducing the number of children in the child protection system
- revitalising frontline services and family support, breaking the intergenerational cycle of abuse and neglect
- refocusing oversight on learning.

The last five years should be focused on consolidating reforms and making any structural adjustments based on a thorough review of progress. **A progress review should be conducted after five years and again after ten years**.

Recommendations of the Queensland Child Protection Commission of Inquiry

The Commission recommends that:

The case for reform

1.1
the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children.

Diverting families from the statutory system

4.1
the Minister for Communities, Child Safety and Disability Services propose that section 10 of the *Child Protection Act 1999* be amended to state that 'a child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm'.

4.2
the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services lead a whole-of-government process to:

- review and consolidate all existing legislative reporting obligations into the *Child Protection Act 1999*
- develop a single 'standard' to govern reporting policies across core Queensland Government agencies
- provide support through joint training in the understanding of key threshold definitions to help professionals decide when they should report significant harm to Child Safety Services and encourage a shared understanding across government.

4.3
the Queensland Police Service revoke its administrative policy that mandates reporting to Child Safety Services all domestic violence incidents where at least one of the parties has a child residing with them to Child Safety Services, replacing it with a policy reflecting the standard recommended in rec. 4.2.

4.4
as part of the review proposed in rec. 4.2, the Queensland Police Service and the Department of Communities, Child Safety and Disability Services develop an approach to the exchange of information about domestic and family violence incidents that ensures it is productive and not a risk-shifting strategy.

4.5
the Department of Communities, Child Safety and Disability Services establish a dual pathway with a community-based intake gateway that includes an out-posted Child Safety officer as an alternative to the existing Child Safety intake process.

4.6
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act* 1999 to:

- allow mandatory reporters to discharge their legal reporting obligations by referring a family to the community-based intake gateway, and afford them the same legal and confidentiality protections currently afforded to reporters
- provide that reporters only have protection from civil and criminal liability if in making their report they are acting not only honestly but also reasonably
- provide appropriate information sharing and confidentiality provisions to support community-based intake.

4.7
the Department of Communities, Child Safety and Disability Services establish differential responses that include alternatives to a Child Safety investigation to respond to concerns that are currently categorised as notifications. This would provide three separate response pathways:

- an investigation response by government of the most serious cases of child maltreatment
- a family service assessment response by a non-government organisation where there is a low to moderate risk
- a family violence response by a non-government organisation where a child has been exposed to violence.

For the latter two responses to be employed, there is no need for a formal finding that a child is in need of protection.

4.8
the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999* consider amending section 14(1) to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation'.

4.9
the Department of Communities, Child Safety and Disability Services establish specialist investigation roles for some Child Safety officers to improve assessment and investigation work. These officers would work closely with the new departmental legal advisors (see Recommendation 13.16) and police.

4.10
the Department of Communities, Child Safety and Disability Services review the cases of all children on long-term guardianship orders to the chief executive and those who have been in out-of-home care for less than six months (over a two-year period), with a view to determining whether the order is still in the best interests of the child or whether the order should be varied or revoked.

4.11
the Department of Communities, Child Safety and Disability Services review its data-recording methods so that the categories of harm and the categories of abuse or neglect accord with the legislative provisions of the *Child Protection Act 1999*.

4.12
Child Safety, within the Department of Communities, Child Safety and Disability Services, cease the practice of progressing notifications relating to the relinquishment of children with a disability, and that Disability Services allocate sufficient resources to families who have children with a disability to ensure they are adequately supported to continue to care for their children.

4.13
the Premier establish a Child Protection Reform Leaders Group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet, to have responsibility for leading the reform of the child protection system outlined in this report and for reporting to the Premier on implementation. The group would comprise senior executives of:

- Department of Communities, Child Safety and Disability Services
- Queensland Health
- Department of Education, Training and Employment
- Department of Justice and the Attorney-General
- Queensland Police Service
- Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
- Department of Housing
- Queensland Treasury and Trade
- a non-government organisation.

Designing a new family support system for children and families

5.1
the Department of Communities, Child Safety and Disability Services, in conjunction with relevant departments and the non-government service sector, conduct a stocktake of current family support services to identify gaps, overlaps or duplications in order to inform the department's development of an integrated suite of services within an overarching Child and Family support program. (This suite of services should take account of rec. 4.7.)

5.2
the Department of Communities, Child Safety and Disability Services and Queensland Government agencies work collaboratively with the Australian Government to ensure that services to adults who are parents are cognisant of the impacts on a child and give priority access to high-risk adults.

5.3
in developing the integrated suite of services, proposed in Recommendation 5.1, the Department of Communities, Child Safety and Disability Services ensure all selected services demonstrate good outcomes for children and deliver value for money.

5.4
the Department of Communities, Child Safety and Disability Services roll out the Helping Out Families initiative across the state progressively, and evaluate the program regularly to ensure it is achieving its aims cost-effectively.

5.5
the Child Protection Reform Leaders, through their departmental Reform Roadmap strategies and Australian Government service agreements, support regional Child Protection Service Committees in building the range and mix of services that address the parental risk factors associated with child abuse and neglect.

5.6
planning for future service delivery and investment occur within a three-tiered governance system:

- Department of Communities, Child Safety and Disability Services working with other departments, the non-government service providers, local councils and Australian Government service providers, to develop local 'family-support needs plans' and 'family-support services plans' to identify which services are required and to monitor the demand for services
- Regional Child Protection Service Committees to ensure services are available to implement the local plans
- Child Protection Reform Leaders Group to oversee development and operation of the place-based planning and service-delivery process, and report on outcomes.

5.7
Family Support Alliances, along with relevant government departments, develop a collaborative case-management approach for high-end families that includes a single case plan and a lead professional.

Child protection and the non-government service sector in Queensland

6.1
the Family and Child Council (proposed in rec. 12.3) ensure the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.

6.2
the Queensland Government forge a strong partnership between the government and non-government sectors by:

- including a non-government representative at all levels of the governance structure outlined in the Child Protection Reform Roadmap
- establishing a stakeholder advisory group (comprising government and non-government organisations) within the Department of Communities, Child Safety and Disability Services to implement policy and programs required by the Child Protection Reform Roadmap.

6.3
the Family and Child Council (proposed in rec. 12.3) support the development of collaborative partnerships across government and non-government service sectors, and regularly monitor the effectiveness and practical value of these partnerships.

6.4
the Department of Communities, Child Safety and Disability Services work collaboratively with non-government organisations in a spirit of flexible service delivery, mutual understanding and respect, and efficient business processes, including to develop realistic and affordable service-delivery costings.

6.5
the Department of Communities, Child Safety and Disability Services review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory child protection system.

6.6
the Family and Child Council (proposed in 12.3) lead the development of a capacity-building and governance strategy for non-government agencies, especially those with limited resources, that will:

- improve relationships between government and non-government agencies
- facilitate the establishment of a community services industry body, which will champion the non-government service sector in its delivery of high-quality community services.

A new practice framework for Queensland

7.1
the Department of Communities, Child Safety and Disability Services implement the Signs of Safety practice framework (or similar) throughout Queensland.

7.2
the Department of Communities, Child Safety and Disability Services improve the family group meeting process by ensuring that:

- meetings are conducted by qualified and experienced independent convenors within the department who report to a senior officer outside the Child Safety service centre
- the department retain the capacity to appoint external convenors, where appropriate, to address power imbalances and better cater to the needs of particular parties
- meetings are held at a location suitable to the family, such as the family's home or at a proposed child and youth advocacy hub
- convenors ensure that appropriate private family time is provided during the meeting, consistent with the intent of the family group meeting model.

7.3
the Department of Communities, Child Safety and Disability Services develop and implement a pilot project to trial the Aboriginal Family Decision Making model for family group meetings in Aboriginal and Torres Strait Islander families.

7.4
the Department of Communities, Child Safety and Disability Services routinely consider and pursue adoption (particularly for children aged under 3 years) in cases where reunification is no longer a feasible case-plan goal.

7.5
the Department of Communities, Child Safety and Disability Services include in the cultural support plans for Aboriginal and Torres Strait Islander children a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background.

7.6
the Department of Communities, Child Safety and Disability Services include in the local family-support needs plans information on the different cultural and linguistic groups in their local communities, engage in consultation with those communities to determine what cultural support they can provide to children in care and ensure that their frontline workers, foster and kinship carers and non-government service providers are given appropriate cultural training, and that the cultural support plans specify arrangements for regular contact with at least one person who shares the child's cultural background.

7.7
in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the Department of Communities, Child Safety and Disability Services, in conjunction with Queensland Health, ensure that every child in out-of-home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.

7.8
the Department of Communities, Child Safety and Disability Services negotiate with Queensland Health and other partner agencies to develop a service model for earlier intervention specialist services for children in the statutory child protection system, including those still at home. This may require the expansion of the Evolve program or the development of other services to meet their needs, or a combination of both approaches.

Options for children in out-of-home care

8.1
the Department of Communities, Child Safety and Disability Services identify the number of children in its care at each level of need — moderate, high, complex, extreme — to determine whether the capacity of current placement types matches the assessed needs of children in care. This should be done on a regional basis.

8.2
the Department of Communities, Child Safety and Disability Services ensure transitionally funded residential placements are subject to the same level of oversight as grant-funded residential placements.

8.3
the Department of Communities, Child Safety and Disability Services build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of-home care placement option so that kinship carers feel they are part of the care team.

8.4
the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.

8.5
the Department of Communities, Child Safety and Disability Services transfer the provision of all foster and kinship carer services to non-government agencies, including:

- responsibility for identifying, assessing and supporting foster and kinship carers
- developing recruitment and retention strategies
- managing matters of concern.

The department will retain responsibility for foster care certification and for overseeing the response to matters of concern.

8.6
the Department of Communities, Child Safety and Disability Services provide foster and kinship carers in receipt of a high-support needs allowance or complex-support needs allowance with training related to the specific needs of the child.

8.7
the Department of Communities, Child Safety and Disability Services partner with non-government service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives.

8.8
the Department of Communities, Child Safety and Disability Services complete, and report to government about, the evaluation of the pilot therapeutic residential care program that was begun in 2011.

8.9
if and when the Queensland Government's finances permit, the Department of Communities, Child Safety and Disability Services develop a model for providing therapeutic secure care as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service.

8.10
the Department of Communities, Child Safety and Disability Services investigate the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.

8.11
the Department of Communities, Child Safety and Disability Services increase the use of boarding schools as an educational option for children in care and consult with boarding school associations about some schools becoming carers (under s. 82 of the Child Protection Act).

Transition from care

9.1
the Child Protection Reform Leaders Group develop a coordinated program of post-care support for young people until at least the age of 21, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with non-government organisations to ensure the program's delivery.

9.2
the Department of Communities, Child Safety and Disability Services fund non-government agencies (including with necessary brokerage funds) to provide each young person leaving care with a continuum of transition-from-care services, including transition planning and post-care case management and support.

9.3
the Child Protection Reform Leaders Group include in the coordinated program of post-care support, access and referrals to relevant Australian Government programs, negotiating for priority access to those programs.

Child protection workforce

10.1
the Department of Communities, Child Safety and Disability Services require Child Safety officers and team leaders to have tertiary qualifications demonstrating the core competencies required for the work — with a preference for a practical component of working with children and families, demonstrating a capacity to exercise professional judgement in complex environments.

10.2
the Department of Communities, Child Safety and Disability Services refocus professional development and training towards embedding across the organisation the Signs of Safety model (or similar) including a practice of 'appreciative inquiry'.

10.3
the Department of Communities, Child Safety and Disability Services:

- review the role description for Child Safety Service Centre Manager to include professional casework supervision as an important component, and
- make this role subject to the same prerequisite qualifications as those for the Child Safety officer and team leader roles as recommended above.

10.4
the Department of Communities, Child Safety and Disability Services reduce the caseloads of frontline Child Safety officers down to an average of 15 cases each.

10.5
the Department of Communities, Child Safety and Disability Services implement a program to support Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become Child Safety officers.

10.6
the Department of Communities, Child Safety and Disability Services ensure training in the Signs of Safety (or similar) model for relevant officers in partner agencies, with an option for joint training if appropriate.

10.7
the Family and Child Council (proposed in rec. 12.3) lead the development of a workforce planning and development strategy as a collaboration between government, the non-government sectors and the vocational education and training sector and universities. The strategy should consider:

- shared practice frameworks across family support, child protection and out-of-home care services
- the delivery of joint training
- opportunities for workplace learning including practicum placements, mentoring, and internship models of learning
- enhanced career pathways, for example, through considering senior practitioner roles for the non-government sector and creating opportunities for secondments across agencies including between government and non-government agencies
- staged approach to the introduction of mandatory minimum qualifications for the non-government sector, with particular focus on the residential care workforce
- a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework

- the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications, particularly for the Child Safety support officer role
- working with universities to investigate the feasibility of developing a Bachelor degree in child protection studies and/or a Masters level or Graduate Diploma level qualification in child protection.

10.8

the Department of Communities, Child Safety and Disability Services introduce 10 Aboriginal and Torres Strait Islander Practice Leader positions (at a senior level) to drive culturally responsive practice through all levels of the organisation.

Aboriginal and Torres Strait Islander families

11.1

the Department of Communities, Child Safety and Disability Services extend eligibility for Aboriginal and Torres Strait Islander Family Support Services to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the proposed dual intake pathways. Building the capability of these services should be a major priority over the next 10 years.

11.2

the Child Protection Reform Leaders Group establish an Aboriginal and Torres Strait Islander Child Protection Service Reform Project to:

- assess the adequacy of all existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies
- develop and implement strategies and service delivery models that would enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers, and
- incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families.

The project should include a particular focus on the delivery of services in the discrete communities. The project should be time-limited and be carried out by a committee comprising Child Protection Senior Officers. The committee should be jointly chaired by the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.

11.3

the Department of Communities, Child Safety and Disability Services develop a 'shared practice' model to allow recognised entities to work more closely with departmental officers to:

- coordinate and facilitate family group meetings
- identify and assess potential carers
- develop and implement cultural support plans
- prepare transition-from-care plans.

11.4
the Department of Communities, Child Safety and Disability Services review training needs of recognised entities and develop a program that includes training in child protection processes, court procedures, and preparing and giving evidence.

11.5
the Department of Communities, Child Safety and Disability Services review:

- review the level of financial and practical support available to potential Aboriginal and Torres Strait Islander kinship and foster carers to see whether additional support could be provided to enable carers to provide more placements for Aboriginal and Torres Strait Islander children
- consider introducing simplified kin-care assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.

11.6
the Department of Communities, Child Safety and Disability Services develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of:

- Aboriginal and Torres Strait Islander Family Support
- Family Intervention Services
- Foster and Kinship Care Services
- recognised entities.

These services should be affiliated with Aboriginal Community Controlled Health Services or with an alternative, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.

11.7
the Department of Communities, Child Safety and Disability Services fund a peak body to plan and develop the capacity of Aboriginal and Torres Strait Islander–controlled agencies to provide regional Aboriginal and Torres Strait Islander Child and Family Services. The capacity development plan should promote partnerships, mentoring and secondments with other agencies and address:

- service delivery standards
- workforce development
- appropriate governance and management arrangements.

11.8
the Queensland Police Service in consultation with local community organisations review current arrangements for the enforcement of domestic violence orders in discrete communities with respect to the adequacy of assistance being given to parties to seek orders, the adequacy of enforcement of orders and support for parties to keep orders in place.

11.9
the Queensland Government, in taking into account the safety of women and children in determining whether an Alcohol Management Plan should be withdrawn or have alcohol carriage limits reduced should:

- give particular consideration to the potential implications for the safety, health and wellbeing of children on that community, including the potential harm to unborn children of consumption of alcohol during pregnancy

- require 'transition plans' to have specific harm-reduction targets in relation to child protection to be achieved before the transition from an AMP can occur
- following any transition from an AMP, a mechanism be established to trigger a review of alcohol availability on a community if harm levels exceed agreed levels as stated in the transition plan.

11.10

the providers of family, health, policing and other services on discrete Aboriginal or Torres Strait Islander communities be made aware of the option for residents to initiate dry place declarations under the *Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984* and to advise and, if appropriate recommend, the option to clients if they become aware that alcohol consumption in the household is adversely affecting their client or other members of the household.

11.11

the Aboriginal and Torres Strait Islander Child Protection Service Reform Project:

- work with individual communities and assist them to develop appropriate community-based referral processes on the discrete communities — this could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the project should assist communities to develop them
- explicitly address the delivery of services to support differential responses in discrete communities, including services necessary to provide family assessment or family violence responses as alternatives to investigation of notifications.

11.12

the Aboriginal and Torres Strait Islander Child Protection Service Reform Project assess and provide advice to the government on the following matters:

- the extent to which safe houses are operating in accordance with the intended model of co-locating intensive family support services and whether links to these services could be improved
- whether there is a case for extending existing safe houses and establishing new safe houses, based on an assessment of community desire or on the benefits, demand and relative cost of alternative placements
- whether there is a case for establishing safe houses as a long-term placement option to keep children connected to their community.

Oversight and complaints

12.1

the Premier specify the child protection responsibilities of each department through Administrative Arrangements and Ministerial Charter Letters, and include outcomes for each department in senior executive performance agreements.

12.2

the Child Protection Senior Officers (formerly the Child Protection Directors Network) support the Child Protection Reform Leaders Group, facilitate and influence change across their departments, and implement strategies to achieve departmental outcomes.

12.3
the Premier establish the Family and Child Council to:

- monitor, review and report on the performance of the child protection system in line with the *National Framework for Protecting Australia's Children 2009–2020*
- provide cross-sectoral leadership and advice for the protection and care of children and young people to drive achievement of the child protection system
- provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland's child protection system
- build the capacity of the non-government sector and the child protection workforce.

The council should have two chairpersons, one of whom is an Aboriginal person or Torres Strait Islander.

12.4
Regional Child Protection Service Committees, incorporating regional directors from each department responsible for child protection outcomes implement the Child Protection Reform Roadmap and achieve outcomes in their region.

12.5
each department with responsibility for child protection outcomes establish:

- quality assurance and performance monitoring mechanisms to provide sufficient internal oversight
- a schedule of internal audit and review linked to strategic risk plans and informed by findings of investigations and complaints management.

12.6
the Department of Communities, Child Safety and Disability Services ensure that all managers of Child Safety service centres implement a quality-assurance approach to monitoring Signs of Safety–based casework practice — one that uses a range of techniques to involve staff in reflecting on practice, mentoring and using multidisciplinary professional expertise.

12.7
the role of the Child Guardian be refocused on providing individual advocacy for children and young people in the child protection system. The role could be combined with the existing Adult Guardian to form the Public Guardian of Queensland, an independent statutory body reporting to the Attorney-General and Minister for Justice.

12.8
the role of Child Guardian — operating primarily from statewide 'advocacy hubs' that are readily accessible to children and young people — assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.

12.9
complaints about departmental actions or inactions, which are currently directed to the Children's Commission, be investigated by the relevant department through its accredited complaints-management process, with oversight by the Ombudsman.

12.10
each department with responsibility for child protection improve public confidence in their responsiveness to complaints by:

- regularly surveying complainants
- publishing a complaints report annually
- working with the Child Guardian to provide child-friendly complaints processes.

12.11
the Department of Communities, Child Safety and Disability Services:

- establish a specialist investigation team to investigate cases where children in care have died or sustained serious injuries (and other cases requested by the Minister for Communities, Child Safety and Disability Services)
- set the timeframe for such a child 'being known' to the department at one year
- provide for reports of investigations to be reviewed by a multidisciplinary independent panel appointed for two years.

12.12
Regional Child Protection Service Committees develop and support inter-agency, cross-sectoral working groups, including local government, to facilitate strong collaboration and coordination of services to achieve regional goals and outcomes for children and young people.

12.13
the Family and Child Council develop a rolling three-year research schedule with research institutions and practitioners to build the evidence base for child protection practice.

12.14
each department with child protection responsibilities:

- develop an evaluation framework in the initial stages of program design to ensure the inputs needed for success are in place, theory of change is well understood and supported by an implementation plan, and to provide milestones for monitoring the quality of outputs, the achievement of outcomes and the assessment of impacts
- undertake and source research to inform policy and service delivery, identify service gaps and better understand the interface between children, young people and the service system.

12.15
the Child Protection Reform Leaders Group and the Family and Child Council lead a change process to develop a positive culture in the practice of child protection in government and the community, including setting benchmarks and targets for improvement of organisational culture, staff satisfaction and stakeholder engagement, and report this in the Child Protection Partnership report.

12.16
each department that funds community services to deliver child protection and related services work with the Office of Best Practice Regulation within the Queensland Competition Authority to identify and reduce costs of duplicate reporting and regulation. These departments should aim to adopt standardised and streamlined reporting requirements and, where possible, access information from one source rather than requiring it more than once.

12.17
the Department of Communities, Child Safety and Disability Services progress and evaluate red-tape reduction reforms, including:

- transferring employment screening to the Queensland Police Service and streamlining it further
- considering ceasing the licensing of care services
- streamlining the carer certification process including a review of the legislative basis for determining that carers and care service personnel do not pose a risk to children.

Courts and tribunals

13.1
the Department of Justice and Attorney-General establish the Court Case Management Committee to develop a case management framework for child protection matters in the Childrens Court.

The committee should be chaired by the Childrens Court President and include the Chief Magistrate and representatives of the Department of Justice and Attorney-General, Legal Aid Queensland and the Queensland Law Society, the proposed Official Solicitor (or other senior officer) of the Department of Communities, Child Safety and Disability Services (see Rec. 13.16) and the proposed Director of Child Protection (see Rec. 13.17)

13.2
the proposed case management framework include:

- the stages, timeframes and required actions for the progress of matters, including any necessary special provisions to apply to complex matters (for example, those in which there may be multiple children the subject of orders)
- the ability for the Court to give directions to a parent to undertake testing, treatments or programs or to refrain from living at a particular address. The extent to which the parent complies should be considered by the Court in deciding whether to make a child protection order.

The Chief Magistrate and the President of the Childrens Court should support the case-management framework and develop necessary Practice Directions.

13.3
the Attorney-General and Minister for Justice propose amendments to the *Childrens Court Act 1992* and the *Magistrates Act 1991* to clarify the respective roles of the President of the Childrens Court and the Chief Magistrate to:

- give the Chief Magistrate responsibility for the orderly and expeditious exercise of the jurisdiction of the Childrens Court when constituted by Childrens Court magistrates and magistrates and for issuing practice directions with respect to the procedures of the Childrens Court when constituted by magistrates, to the extent that any matter is not provided for by the Childrens Court Rules - this should be done in consultation with the President of the Childrens Court
- ensure that the powers and functions of the Chief Magistrate extend to the work of Childrens Court magistrates and magistrates.

13.4
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to:

- forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application unless it is in the best interests of the child to make the order (subject to any proposed legislative amendment to the best interests principle arising from rec. 14.4)
- allow the Court to transfer and join proceedings relating to siblings if the court considers that having the matters dealt with together will be in the interests of justice.

13.5
the Court Case Management Committee review the disclosure obligations on the department and propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to introduce a continuing duty of disclosure on the department with appropriate safeguards.

13.6
the Court Case Management Committee propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to provide a legislative framework for court-ordered conferencing at critical and optimal stages during child protection proceedings.

13.7
the Department of Communities, Child Safety and Disability Services and the proposed Director of Child Protection develop appropriate policies and procedures to ensure that court-ordered conferences are attended by officers with the requisite authority to make binding concessions in the matter.

13.8
the Attorney-General and Minister for Justice, in consultation with the Chief Magistrate appoint existing magistrates as Childrens Court magistrates in key locations in Queensland (subject to rec. 13.3)

13.9
the Department of Justice and Attorney-General fund the Magistrates Court to finalise the review of the child protection benchbook and make it publicly available.

13.10
the Department of Justice and Attorney-General and the Chief Magistrate collaborate to develop and fund a pilot project in at least two sites, in which the Childrens Court can access expert assistance under s 107 of the *Child Protection Act 1999*. The pilot project is to be evaluated to determine the extent to which it improves the decision-making of the court and to assess its cost-effectiveness.

13.11
the State Government review the priority funding it provides to Legal Aid Queensland with a view to ensuring that increased funding is applied for the representation of vulnerable children, parents and other parties in child protection court and tribunal proceedings.

13.12
Legal Aid Queensland review the use of Australian Government funding received for legal aid grants to identify where funding can be used for child protection matters.

13.13
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to require the views of children and young people to be provided to the court either directly, that is personally (through an independent child advocate or direct representative) or through a separate legal representative where children and young people are of an age and are willing and able to express their views.

13.14
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide clarity about when the Childrens Court should exercise its discretion to appoint a separate legal representative and also about what the separate legal representative is required to do. These amendments might require separate legal representatives to:

- interview the child or young person after becoming their separate legal representative and explain their role and the court process
- present direct evidence to the Childrens Court about the child or young person and matters relevant to their safety, wellbeing and best interests
- cross-examine the parties and their witnesses
- make application to the Childrens Court for orders (whether interim or final) considered to be in the best interests of the child or young person.

13.15
parents be supported through child protection proceedings by:

- the Department of Communities, Child Safety and Disability Services ensuring they are provided with information about how to access and apply for legal advice or representation, and that parents are provided with reasonable time within which to seek such advice
- the Childrens Court considering, at the earliest possible point in proceedings, the position of parents to determine whether they are adequately represented before the matter progresses
- Legal Aid Queensland amending its policies with a view to providing legal representation to those families where the court has directed the family be legally represented, but where the family are unable to secure representation without legal aid assistance
- where a consent order is being sought in the absence of parental legal representation, the Childrens Court reasonably satisfying itself that parents understand the implications and effect of the order before it can be ratified by the court.

13.16
the Department of Communities, Child Safety and Disability Services enhance its in-house legal service provision by establishing an internal Office of the Official Solicitor within the department which shall have responsibility for:

- providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders
- working closely with the proposed specialist investigation teams so that legal advice is provided at the earliest opportunity
- preparing briefs of evidence to be provided to the proposed Director of Child Protection in matters where the department considers a child protection order should be sought.

13.17
the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought, as well as litigate the applications.

Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.

13.18
the Department of Communities, Child Safety and Disability Services move progressively towards requiring all court coordinators to be legally qualified and for their role to be recast to provide legal advice (within the Office of the Official Solicitor) or to transfer the role to the independent Director of Child Protection office.

13.19
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to permit the Childrens Court discretion to allow members of the child's family or another significant person in the child's life to be joined as a party to the proceedings where the court agrees the person has a sufficient interest in the outcome of the proceedings. These parties should also have the right to be legally represented.

13.20
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide that:

- before granting a child protection order, the Childrens Court must be satisfied that the department has taken all reasonable efforts to provide support services to the child and family
- participation by a parent in a family group meeting and their agreement to a case plan cannot be used as evidence of an admission by them of any of the matters alleged against them.

13.21
the Department of Communities, Child Safety and Disability Services ensure, when filing an application for a child protection order, its supporting affidavit material attests to the reasonable steps taken to offer support and other services to a child's family and to work with them to keep their child safely at home.

13.22
the Department of Communities, Child Safety and Disability Services increase its capacity to work with families under an intervention with parental agreement or a directive or supervisory order with appropriate support services and develop a proposal for legislative amendment to provide for effective sanctions for non-compliance with supervisory or directive orders.

13.23
the Minister for Communities, Child Safety and Disability Services propose amendments to section 116 of the *Child Protection Act 1999* to allow the Childrens Court discretion to make an order for costs in exceptional circumstances.

13.24
the Court Case Management Committee examine whether the Childrens Court in making a long-term guardianship order can feasibly make an order for the placement and contact arrangements for the child. In this examination, the Committee should take account of the impact of such a proposal on the court case management system and the departmental case management processes.

13.25
the Minister for Communities, Child Safety and Disability Services propose an amendment to Schedule 2 of the *Child Protection Act 1999* to include a reviewable decision where the department refuses a request to review a long-term guardianship order by a child's parent or the child.

13.26
the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options in response to child protection interventions.

13.27
the Queensland Civil and Administrative Tribunal consider, as part of its current review, improved practices and processes in the following areas:

- child inclusive and age-appropriate processes, for example increased use of child and youth advocates
- more timely consideration to reduce unnecessary delays and the dismissal of matters
- enable publication of outcomes of matters being resolved as part of the compulsory conference process.

13.28
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to allow the Childrens Court to deal with an application for a review of a contact or placement decision made to the Queensland Civil and Administrative Tribunal if it relates to a proceeding before the Childrens Court.

Legislative review

14.1
the Department of Communities, Child Safety and Disability Services review the *Child Protection Act 1999*.

14.2
the Department of Communities, Child Safety and Disability Services review the existing information exchange and confidentiality provisions in the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services the amendments necessary to implement the Commission's recommendations.

14.3
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* so that the chief executive administering the Act and the Director of Child Protection have limited legal authority to make public or disclose information that would otherwise be confidential (including, in rare cases, identifying particulars) to correct misinformation, protect legitimate reputational interests or for any other public interest

purpose. In particular, it should be considered whether some of the confidentiality obligations should not apply when the child in question is deceased.

14.4
the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to:

- clarify that the best interests of the child is to guide all administrative and judicial decision-making under the Act
- include a provision based on section 349 of the *Children and Young People Act 2008* (ACT) setting out the relevant matters to be considered in determining the best interests of a child.

14.5
the Department of Communities, Child Safety and Disability Services rationalise the principles for the administration of the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services amendments that rationalise and consolidate all the principles in one place, for example section 5B or section 159B.

14.6
the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999*, incorporate the concept of 'parental responsibility' in child protection orders.

Implementing the Child Protection Reform Roadmap

15.1
That the Queensland Government commit to the Child Protection Reform Roadmap with the intention of significantly reducing the number of children in the child protection system, and improving outcomes for children in out-of-home care.

Chapter 1
The case for reform

Over the last 15 years, services designed to protect vulnerable Queensland children and support their families have been subject to almost continual review and change. Yet, despite this — and a marked increase since 2000 in the level of state government expenditure — there is a perception that too many of our children are still not receiving the help they need when they need it most. Accordingly, the State Government set up the Queensland Child Protection Commission of Inquiry in July 2012, led by the Honourable Tim Carmody, QC, to review the current child protection system. In presenting its final report, the Commission is satisfied that the widespread perception of systemic failure is justified.

This chapter sets out the terms of reference for the Child Protection Commission of Inquiry, outlines its scope (and limitations) and gives an overview of why child protection is so important. It concludes with a view of the road ahead. While every attempt has been made during this inquiry to propose reforms that will not place a further strain on the state's finances, it must be said that the cost of doing nothing, or not doing enough, to meet the safety needs of Queensland children will always exceed the cost of doing the right thing at the right time.

1.1 Terms of reference

Under the *Commissions of Inquiry Act 1950*, the Child Protection Commission was required to make 'full and careful inquiry in an open and independent manner of Queensland's child protection system with respect to':

a) reviewing the progress of implementation of the recommendations of the Commission of Inquiry into Abuse of Children in Queensland institutions (the Forde Inquiry), apart from recommendation 39 of that Inquiry, and Protecting Children: An Inquiry into Abuse of Children in Foster Care (Crime and Misconduct Commission Inquiry).

b) reviewing the Queensland legislation about the protection of children, including the *Child Protection Act 1999* and relevant parts of the Commission for *Children and Young People and Child Guardian Act 2000*.

c) reviewing the effectiveness of Queensland's current child protection system in the following areas:

    i whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;

ii the current Queensland Government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing;

iii tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes; and

iv the transition of children through, and exiting, the child protection system;

d) reviewing the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system and identification of ways to improve oversight of and public confidence in the child protection system; and

e) reviewing the adequacy and appropriateness of any response of, and action taken by, government to allegations, including any allegations of criminal conduct associated with government responses, into historic child sexual abuse in youth detention centres.

Note: This report relates only to the work the Commission has been asked to do in relation to items (a) to (d) above, and not to item (e), which is the subject of a separate report.

The terms of reference also required the Commission to:

- chart a new roadmap for Queensland's child protection system over the next decade, taking into account the Interim Report of the Queensland Commission of Audit and the fiscal position of the state to ensure affordable, deliverable, effective and efficient outcomes (see Chapter 15)
- include reforms to ensure that Queensland's child protection system achieves the best possible outcomes for vulnerable children and their families (see Chapters 4 to 13)
- include strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system, particularly in out-of-home care (see Chapter 11)
- include legislative reforms required to improve the current oversight, monitoring and complaints mechanisms of the child protection system.[1] (See Chapter 14 for a summation of the legislative reform proposed throughout this report.)

This is not the first time the State Government has tried to reform Queensland's child protection system. It is the state's third executive review of child protection since 1999, the other two being the 1998–99 Forde Inquiry into the abuse of children in institutions and the 2003–04 Crime and Misconduct Inquiry into the abuse of children in foster care. One of the terms of reference of the Child Protection Commission of Inquiry is to examine the progress of the implementation of the recommendations of those two inquiries. Our review is given in Appendix A of this report.

The enduring net effect of the implementation of recommendations from previous inquiries has been a systemic shift towards statutory child protection. This shift has been reinforced by a growing risk-averse culture in the department that promotes a forensic, rather than therapeutic, approach to child protection. Instead of investing in family support and other secondary services, departmental funds since 2000 have been directed to meeting the ever-increasing demand on the tertiary system. Consequently,

early intervention and prevention programs continue to be underdeveloped and underfunded in Queensland.

Scope

In considering the requirement to 'review the effectiveness of the child protection system', the Commission has defined the child protection system as being the statutory system described in the *Child Protection Act 1999* (Qld). Under that Act, the threshold for entry to the statutory system is when it is suspected that a child is at risk of significant harm. This concept will be further explored in later chapters of this report.

The terms of reference require a systemic inquiry rather than an examination of specific incidents, or an investigation to attribute blame for individual cases.

Major issues marked out for consideration are:

- the adequacy and efficiency of the use of available resources
- tertiary interventions (including entering, transitioning and exiting the system)
- oversight of, and public confidence in, the system
- strategies to reduce Aboriginal and Torres Strait Islander over-representation, particularly in out-of-home care.

Limitations

Early in the life of the Commission it became clear that many stakeholders had an expectation that the inquiry would report on issues arising when the child protection system interacts with the criminal justice system. For example:

- the Youth Affairs Network Qld and the Commission for Children and Young People and Child Guardian raised the matter of 17-year-old child offenders falling within the adult criminal jurisdiction (the Children's Commission submission also recommended the development of an outcomes framework for the *Youth Justice Act 1992* and the extension of the Commission's jurisdiction to cover 17-year-olds in adult prisons)
- the Griffith Youth Forensic Service pointed out that two-thirds of the referrals from the juvenile justice system to their service are children from long-term state care backgrounds, and that about a third of their clients were on dual orders[2]
- Sisters Inside commented on children in residential care facilities coming under increased scrutiny of police due to their living arrangements, resulting in contact with the juvenile justice system
- the Queensland Law Society commented that children in care are at increased risk of becoming involved in criminal behaviour. The Law Society advocated for the Commission to recommend that the Department of Communities, Child Safety and Disability Services continue to provide services to children who enter the juvenile justice system.

The Commission acknowledges that children in the care system share many characteristics with children in the juvenile justice system. Both groups have similar backgrounds of disadvantage and are likely to have families experiencing problems associated with family violence, parental alcohol and drug abuse, and higher than average rates of mental illness. However, while the impact of the Commission's recommendations may have good outcomes for children in the juvenile justice system,

the advice of Senior Counsel for the Commission on this issue (and the Commissioner's own interpretation of the terms of reference) is that criminal offending by children and the response of the criminal justice system to offences against children are outside the scope of the Commission's work.

A list of people who worked on the inquiry is provided in Appendix B of this report, and details on how the Commission conducted the inquiry are given in Appendix C.

1.2 A system under stress

According to most of the indicators currently used by policy makers to measure activities designed to safeguard vulnerable children, Queensland's child protection system is under mounting stress. Over the last decade:

- the number of child protection intakes has tripled (from 33,697 in 2001–02 to 114,503 in 2011–12)[3]
- the number of children in out-of-home care has more than doubled (from 3,257 in 2002 to 7,999 in 2012)[4]
- the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled (from 12 children per 1,000 population in care in 2002 to 42 per 1,000 in care in 2012)[5]
- children in care are staying there for longer periods (with an increase in the proportion of children exiting care after one year or more from 38 per cent in 2001–02 to 64 per cent in 2011–12).[6]

In addition, while caseloads for child protection workers have fallen in recent years, they are still exceeding a manageable and sustainable level, and lifetime prospects for children leaving the care system continue to be poor.

Community concern about this unsatisfactory state of affairs led to the current government making an election commitment to review the child protection system with a view to finding the best possible outcomes for our most vulnerable children and their families.

Added impetus for a full-scale systems analysis was given by the Commission of Audit's warning that the current range and level of public services are unsustainable, and that unless the child protection budget is reined in it will jeopardise the future financial position of the state. The Commission of Audit also noted that, without policy change, the ability to meet increasing costs is limited, given that the number of children coming into contact with the system is increasing exponentially.[7]

It was against this background that this inquiry was commissioned to assess the overall performance of the state's current child protection system and to chart a new roadmap for the coming decade.

In recognition of these stressors, the Commission has reviewed the effectiveness of the system with a view to achieving three goals. These are:

- Parents and families protect and care for their children.
- Children in care are protected and cared for.
- Young people leaving care are ready to take on the responsibilities of adulthood.

The objectives of the reform are to:

- reduce the number of children and young people in the child protection system
- revitalise child protection frontline and family support services, breaking the intergenerational cycle of abuse and neglect
- refocus oversight on learning, improving and taking responsibility.

1.3 Why child protection matters

Protecting children is, at its most basic, an investment in the future. Child maltreatment (encompassing abuse and neglect) is a serious public health problem. It is estimated by the World Health Organisation that between a quarter and a half of children worldwide experience physical abuse, and that about 20 per cent of women and between 5 and 10 per cent of men report being sexually abused as children. Children who are abused are at increased risk of a range of behavioural, physical and mental health problems in later life.[8]

Child protection services attempt to avert or reduce the heavy personal toll on victims of child abuse. One study has shown that children who reported six or more abusive experiences as a child could be faced with up to a 20-year reduction in life expectancy compared with those reporting none.[9] Other quality-of-life and wider social repercussions are:

- **family disintegration** through community disengagement and isolation, unemployment, alcohol and drug addiction, poor educational outcomes and career prospects, cyclical conflict and domestic violence, a pervasive sense of guilt, and lifelong feelings of hopelessness, self-recrimination and despair
- **social deterioration** because of increased crime rates, increased hospital admissions and cyclical contact with social welfare agencies
- **adverse economic consequences**, including reduced productivity, increased public funding for welfare programs and benefits, and growing demand for expensive human services.

The effects of harm in childhood are also detrimental to future parenting capacities, leading to a continuation of the cycle of childhood disadvantage for the next generation. These impacts are seen throughout Australia and in countries such as the United Kingdom, the United States, Canada and New Zealand.[10]

Finally, preventing harm to children matters because of the high cost to government of providing services to deal with the effects of child abuse. The total cost of child abuse including the provision of public protection services in Australia was estimated in 2007 to be about $10.7 billion.

Queensland itself has seen a marked increase in spending on child protection services since 2000. Direct expenditure on child protection services has almost quadrupled in the eight years from 2003–04 (from $182.2 million to $726.8 million), at an average annual rate of increase of 22 per cent.

These figures show a system that appears to be working at maximum capacity to keep up with mounting demand. However, despite the apparent dedication and energy expended by departmental Child Safety officers in fulfilling a demanding role, the question remains: is this investment producing demonstrable benefits for children, their families and the broader community?

Even if future funding needs could be met and it were possible for services to expand to accommodate increasing demand, it is clear that the problem cannot be solved by increased funding alone.

1.4 Why child protection is difficult

Child maltreatment has no single, simple or definitive cause or solution. Child abuse and neglect are perplexing and intractable social phenomena with high human, social and financial costs and consequences. There is no 'solution' or end point. There is no quick fix. Sadly, some children will be hurt and even killed by the criminal recklessness or careless conduct of irresponsible or callous adults.

Child maltreatment occurs against a background of broader disadvantage, including poverty, social isolation and exclusion. It has been likened to public health problems such as cigarette smoking, obesity and diabetes, sharing with them characteristics such as these:

- It arises from multiple factors.
- There is wide disagreement about the best way to solve or tackle it.
- It is beyond the ability of a single public agency to understand and address it.[11]

Generally speaking, Queensland Child Safety officers are highly qualified, competent, dedicated and experienced people who do the best they can with the resources they have. Unfortunately, it is extremely difficult for them to predict whether the level of risk of harm to a child is unacceptably high because, even with the help of sophisticated tools, such predictions cannot be conclusive or objectively verified. The same body of evidence may support equally reasonable but opposite conclusions, depending on the assumptions made.

Given the complexity of the factors involved and the subjective quality of much risk assessment, keeping every child safe in their family home at all times is an unachievable aspiration. This is particularly so given that child protection systems are restricted in a liberal democracy by the deference traditionally shown to family privacy and parental autonomy. Official intrusion into the private realm has to be justified by law, and parents must be given the resources they need to make sustainable change over time to ensure that their children remain safe at home.

Policy versus practice

Although the obligation to provide family support services is embedded in the legal framework of the Child Protection Act, the extent to which it is offered in practice, and on what terms, is solely at the discretion of the Director-General of the Department of Communities, Child Safety and Disability Services (the 'chief executive' referred to in the Act).

Unintended outcomes and unexpected cost increases are classic symptoms of a breakdown in the system, suggesting that some aspects of the overall intent of the Act are being overridden and unfulfilled.

The recent increase in demand for protective services may also be the result of:

- a rise in the prevalence of child abuse, as risk factors go unidentified or unaddressed
- over-reporting or increased mandatory reporting requirements

- over-inclusion of children because of human error in the assessment process
- population increases
- effective public education programs leading to increased reporting by members of the public, and a generally heightened level of public awareness and safety consciousness
- changes to internal policies in government agencies that have reporting responsibilities, such as police
- general deterioration in parenting capacity
- media-driven risk aversion
- unrealistic community expectations and misunderstanding of the limited role and capacity of Child Safety to help.

Education is key

A central message of this inquiry is that the care and protection of children is first and foremost the responsibility of parents and families, with a shared responsibility belonging to the broader community. The role of the state is to ensure families have the resources they need to raise their children well. Statutory intervention in a family by government must only be used as an option of last resort, when a family has refused all offers of assistance.

Over the last few decades the community has come to have increasing expectations about what the state can, and should, do for families. As discussed above, these expectations are driven by hostile media attention whenever a child is injured. Phrases such as 'the department should have done something' or 'they should have done better' are commonplace.

The Commission has considered the role of social marketing as a way of educating members of the public about the role of child protection and the responsibility of parents and families, in order to reduce the unreasonable expectation that departmental officers are able to save the lives of all children in every dangerous family situation. One writer who has commented at length about the demands on government says:[12]

> We expect government to provide easily accessible hospital services, and good schools and childcare and roads and public transport. We expect it to protect little children when their families won't. We expect to be protected from violence and crime. We expect to be protected from our bad decisions about shonky investments made in the name of chasing a high return … our expectations and our sense of entitlement are confused and this makes us angry.

Social marketing applies commercial marketing techniques to 'influence the voluntary behaviour of target audiences to improve their personal welfare and that of society'.[13] Public health and law enforcement have been the main subjects for social marketing campaigns in Australia to date — for example, hygiene, family planning, drink driving, heart disease prevention, use of seatbelts, anti-smoking and HIV/AIDS.

Media-based social marketing campaigns have the potential to reduce child maltreatment by raising community awareness of it and fostering pro-social behaviour within families. They may be targeted at a whole community (universal level) or to particular target groups (secondary level), and most aim to increase help-seeking behaviour.

An analysis of 21 social marketing campaigns directed toward preventing child maltreatment found that most were mainly directed toward parents, with the whole of the community as a secondary target group.[14] However, relatively little evidence was gleaned regarding the effectiveness of these campaigns. This study reported that a social marketing campaign on its own is unlikely to reduce the prevalence of child maltreatment. However, if combined with an intensive program that incorporates a media campaign and a range of other activities — implemented over an extended period — it may well prove successful.

The study identified six key areas for optimising any social marketing campaign aimed at preventing child maltreatment:

- comprehensive evaluation — to determine whether the campaign has had any effect on behaviour
- pairing mass media with a community-level strategy — in recognition that attitudes and behaviours are complex and a campaign is unlikely to produce long-term change without broader social reinforcement
- issues relating to reliance on television advertising — in light of a recent shift from television viewing to the use of other forms of media, especially by younger people
- aligning campaigns with support services — to ensure that the target audience have access to further information and support, tailored to their needs
- assessing the attitudes and beliefs of the target audience — to find out what needs to be understood by the target audience
- using a suitable theoretical framework — to understand the determinants of behaviour and the social influence that lead to desirable behaviour, and to inform the appropriate message required to influence the behaviour.

Their analysis showed that future Australian social marketing campaigns that aim to prevent child maltreatment need to be empirically informed, designed with a theoretical foundation, be rigorously evaluated and embedded in a wider community strategy.

The Commission has fallen short of making any specific recommendation about social marketing, but notes that any communication strategy associated with a reformed child protection system will need to take account of all available evidence on how to successfully re-set community expectations.

The unprecedented demand for long-term care services suggests that the system may be overusing statutory intervention, contrary to the requirement of the guiding principles and the original intent of the Act. Conversely, under-spending on prevention and early intervention appears to be a feature of Queensland's response to child maltreatment. For example, while overall grants to non-government providers across all service types have increased by 510 per cent since 2003–04, actual spending on preventive measures such as intensive family support accounted for only 4 per cent of all expenditure: substantially less than in New South Wales and Victoria.

Arguably, if the principles outlined in the Act were being adopted faithfully by the Child Safety arm of the department, with equal weight being given to both the protective and the preventive aspects of the legislative framework, Queensland might not be experiencing the critical increase in demand documented in this report.

Investing in children

There is no clear consensus within the professional child protection community about which interventions consistently outperform rival options and represent the best outcomes for investment. According to Segal and Dalziel: [15]

> Understanding what works, and what doesn't, and what represents good value is challenging. Further, as successful implementation will require cross-portfolio budget negotiations and the involvement of central agencies, the optimal mix of services will be difficult to realise.

Preventing harm from occurring in the first place by reducing known risk factors, mitigating the effects of past harm, and reducing the likelihood of recurrence, are the orthodox practical responses of all Australian jurisdictions to child abuse and neglect.

The impacts of the care system itself must also be considered when thinking about how best to protect vulnerable children. The documented long-term outcomes for children in the care system can be serious: scholastic under-achievement, unemployment, personality and behavioural disorders, psychological and emotional scarring, and problems forming and maintaining trusting, stable and intimate relationships. Although these outcomes may be the result of the abuse or neglect suffered before coming into the care system, a child protection system must be sure that the harm that might be caused by removing a child from their family is less than the harm that might result from leaving the child in the family.

Arguably, the most successful intervention is the one that prevents harm or its effects both now and in the future by helping children to avoid intergenerational risk factors and to develop into responsible and more protective adults than their own parents might have been.

Comparisons of apparent outcomes and the relative performance of competing interventions are particularly difficult, given that goals, consequences, causal linkages, measures and methodologies all differ. Delay between an intervention and its long-term result is another hurdle for researchers when attempting to judge the results of a program or service. A further challenge for policy makers is the cross-portfolio nature of many interventions and the fragmentation of results. For instance, the contribution of mental health funding or domestic violence programs to a child's welfare is difficult to trace and quantify. On the other hand, it might take decades before the physiological damage of early childhood trauma re-emerges.[16]

Despite these challenges, it is crucial to determine which interventions result in the best outcomes. The importance of research for providing an evidence base for child protection work must be acknowledged, and research must be appropriately funded to ensure that our investment in vulnerable children and families is not misplaced.

1.5 The road ahead

This report has been shaped by two principles:

- Parents, families, the community, government and non-government entities all must take responsibility for achieving good outcomes for children.
- The state is the last resort for protecting and caring for children.

Every community has a responsibility to care for and protect its children. This is enshrined in the Convention on the Rights of Children, which asserts that all children have a right to be raised by his or her parents within a family or cultural grouping and

obliges states to allow parents to exercise their parental responsibilities. Children also have the right to be protected from abuse or exploitation — and hence the state has an obligation to step in when parents fail.

Queensland is not alone with the dilemma of how to protect children while respecting the role of the parent. It is the fourth Australian state in recent times that has attempted to find a sustainable solution.

In a democracy, there are limits to state intervention. It is not acceptable for the state to carry out the surveillance or restrictions that would guarantee safety of children. We trust that parents are the best advocates for their children and are able and willing to protect them. But, sadly, this is not always so. Health, poverty, ignorance and human frailty intervene, and children are powerless to find for themselves the basics of shelter, food, safety and love, all of which they need to develop into confident, competent adults.

But what can and should the state do? The settings of the state's three primary instruments will directly influence the outcomes: policy, services and legislation.

In some inquiries, child protection has been interpreted broadly to reflect all aspects of safety for all children. This inquiry is limited to the child protection system required by the state when the parent is not able or willing to take on that role. So, while recognising the importance of universal and early intervention services, we have set the boundary at the statutory end of the spectrum and at the secondary services that are necessary to prevent a child from entering the statutory system.

The Convention on the Rights of the Child speaks of acting in the 'best interests' of the child. How does the state determine what is in the child's best interests when there are so many competing factors to consider — culture, siblings, stability, to name just a few? The state, in fact, has to determine the *least detrimental* options for the child and for society as a whole. It does not have the authority to ensure that every child is kept safe at all times.

Throughout the inquiry, we have been privileged to see the outstanding work of dedicated carers — and there are many children in the child protection system for whom the system has helped find stable, loving families. However, the outcome for many other children is that they are further subject to systems abuse and never receive the opportunities that are the right of all children. Given that the state cannot be a good parent for each child, it makes more sense that it spend its resources on building the skills and confidence of parents to take up their responsibilities as parents.

The terms of reference for this inquiry required the Commission to propose a 'roadmap' for the child protection system, within financial restraints. What has become clear is that the current policy settings are unsustainable. Without a concerted effort, the number of children in care based on the growth over the last decade will increase by 25 per cent in five years — well surpassing the forecast budget — and it is quite possible that the system as a whole will collapse. Spending more and more state resources at this end of the spectrum has no winners.

The Commission has been convinced by the compelling argument, backed up by evidence, that wherever possible it is better for the child to stay at home — better for the child, better for the family and better for society as a whole. By supporting parents and addressing their underlying problems, we not only meet the public policy goal of keeping families together but reduce the drain on the public purse and give parents an opportunity to contribute to their communities in many other ways.

The challenge for the Commission has been to make reform recommendations that, if adopted by government and properly implemented over time, will not only ensure that the statutory system is 'fit for purpose' but also can operate in a stronger, broader, cohesive and collaborative manner consistent with the vision of the National Framework for Protecting Australia's Children 2009–2020.

Recommendation 1.1

That the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children.

1.6 Summary

Owing to a widespread perception that the current child protection system in Queensland is failing vulnerable children and their families, the Queensland Government established the Queensland Child Protection Commission of Inquiry on 1 July 2012.

The Commission was tasked with making affordable, sustainable, deliverable and effective recommendations for legislative and operational reform, as well as strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system. Importantly, it was also asked to chart a roadmap for achieving a new child protection system over the coming decade, taking into account the fiscal position of the state identified by the Commission of Audit.

Led by the Honourable Tim Carmody, QC, the inquiry has found that the perception of a system under stress is justified. Over the last decade, child protection intakes have tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled, the number of children in out-of-home care has more than doubled, and children in care are staying there for longer periods. Even if future funding needs could be met and it were possible for services to expand to accommodate increasing demand, it is clear that the problem cannot be solved by increased funding alone.

This chapter has explained why child protection is so important and why child abuse is a serious public health problem. It has highlighted the continuous drain on child protection resources caused by the unprecedented demand for long-term care services and pointed out that under-spending on prevention and early intervention appears to be a feature of Queensland's current response to child maltreatment. Subsequent chapters will examine the reasons for this and suggest solutions. This chapter has also outlined the philosophy behind the Commission's roadmap for reform (the roadmap is explained in full in Chapter 15). Essentially, the Commission is convinced by the argument (backed up by evidence) that wherever possible it is better for the child to stay at home — better for the child, better for the family and better for society as a whole. By supporting parents, we not only keep families together but we give parents an opportunity to contribute to their community.

Queensland's situation is not unique. Similar problems can be found throughout Australia and across the western world. However, Queensland's fiscal situation has made it imperative that it find out what is causing the system to malfunction, and to identify an affordable remedy.

The specific areas examined by this Child Protection Commission of Inquiry are:

- performance of the current system in responding to the incidents and impact of child abuse and neglect (Chapter 2)
- adequacy and efficient use of available resources (Chapter 3)
- statutory interventions and decision-making (Chapters 4–5)
- role of non-government organisations in the child protection system (Chapter 6)
- child protection casework (Chapter 7)
- out-of-home care (Chapter 8)
- leaving care and transitioning to adulthood (Chapter 9)
- workforce levels and frontline supports (Chapter 10)
- over-representation of Aboriginal and Torres Strait Islander children compared with non-Indigenous children (Chapter 11)
- oversight, accountability and public confidence (Chapter 12)
- court and tribunal processes in relation to child protection (Chapter 13).

Endnotes

[1] The terms of reference specifically exclude: Any matter that is currently the subject of a judicial proceeding, or a proceeding before an administrative tribunal or commission (including, but not limited to, a tribunal or commission established under Commonwealth law), or was, as at 1 July 2012, the subject of police, coronial, misconduct or disciplinary investigation or disciplinary action.

The appropriateness or adequacy of:

- any settlement to a claim arising from any event or omission
- the rights to damages or compensation by any individual or group arising from any event or omission, or any decision made by any court, tribunal or commission in relation to a matter that was previously the subject of a judicial proceeding, or a proceeding before a tribunal or commission, or
- any Queensland Government redress scheme including its scope, eligibility criteria, claims and/or payments of any kind made to any individual or group arising from any event or omission
- for any past event that, as of 1 July 2012, is settled, compromised or resolved by the State of Queensland or any of its agencies or instrumentalities; and
- the operation generally of youth detention centres, including but not limited to the progress of implementation of recommendations 5 to 15 of the Forde Inquiry relating to the operation of youth detention centres.

[2] When a child subject to a child protection order commits a criminal offence, this may result in the child being made subject to a dual order with child protection and youth justice.

[3] Department of Communities, Child Safety and Disability Services 2012, *Our performance,* Table SS.2. 2001–02 data was obtained from the 2011 release of Table SS.2.

[4] Steering Committee for the Review of Government Service Provision 2012, *Report on government services 2012,* Productivity Commission, Canberra, Table 15A.74; Steering Committee for the Review of Government Service Provisions 2013, *Report on government services 2013,* Productivity Commission, Canberra, Table 15A.78.

[5] Steering Committee for the Review of Government Service Provision 2012, *Report on government services 2012,* Productivity Commission, Canberra, Table 15A.74; Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013,* Productivity Commission, Canberra, Table 15A.78.

[6] Steering Committee for the Review of Government Service Provision 2012, *Report on government services 2012,* Productivity Commission, Canberra, Table 15A.78; Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013,* Productivity Commission, Canberra, Table 15A.82.

[7] Queensland Commission of Audit 2012, *Queensland Commission of Audit — interim report*, Queensland Government, Brisbane.

[8] World Health Organisation 2010, *Child maltreatment*, fact sheet 150, World Health Organisation, viewed 15 January 2013, ‹http://www.who.int/mediacentre/factsheets/fs150/en/index.html›.

[9] Segal, J & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence–based strategy', *Child Abuse Review*, vol. 20, no. 4, p. 274.

[10] Waldfogel, J 1998, *The future of child protection: how to solve the cycle of abuse and neglect*, Harvard University Press, Cambridge.

[11] Australian Public Service Commission 2007, *Tackling wicked problems: a public policy perspective*, Australian Government, Barton.

[12] Tingle, L 2012, *Great expectations: government, entitlement and an angry nation*, Quarterly Essay 46, Black Inc. Books, Collingwood.

[13] Horsfall, B, Bromfield, L & McDonald, M 2010, *Are social marketing campaigns effective in preventing child abuse and neglect?*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

[14] Horsfall, B, Bromfield, L & McDonald, M 2010, *Are social marketing campaigns effective in preventing child abuse and neglect?*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

[15] Segal, J & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence-based strategy', *Child Abuse Review*, vol. 20, no. 4, p. 274.

[16] Segal, J & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence-based strategy', *Child Abuse Review*, vol. 20, no. 4, p. 274.

Chapter 2
The current statutory child protection system in Queensland

Before explaining how the statutory child protection system currently operates in Queensland (including how many children enter the system and what happens to them once they are there), this chapter describes the philosophical values that underpin the Child Protection Act. Later sections outline how the system is overseen, and considers the drivers of demand on the system as well as the chief parental risk factors leading to child abuse and neglect. The next chapter examines how the system is currently funded and how resources could be put to more effective and efficient use.

2.1 Child Protection Act

The Queensland *Child Protection Act 1999* upholds the principle that all children have a right to be protected from harm or risk of harm. At the same time, it holds fast to the traditional liberal-democratic principle that the state should only do for people what they cannot properly do for themselves; that is, that it should not needlessly intrude on parental autonomy or a family's privacy. It is the child's family that has the primary responsibility for the child's upbringing, protection and development. The state should only interfere when, for whatever reason, a child's family is unable or unwilling to fulfil this function.

With this in mind, the preferred way to protect a child is through supporting the child's family, with coercive interference restricted to legally authorised interventions when a child's primary need is state protection. The statutory child protection system, therefore, may sometimes act as a substitute parent, but never a co-parent. It was never intended, designed or equipped to make every Queensland child's life risk-free or provide a support service to every vulnerable family or child in the state. It is a safety net, not a drag net, operating within the context of a liberal democracy and the strict confines of the law.

Section 10 of the Act clearly states:

> A child in need of protection is a child who—
>
> (a) has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; and
>
> (b) does not have a parent able and willing to protect the child from the harm.

Harm is defined as 'any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing'. It is immaterial how the harm is caused but causes may include 'physical, psychological, or emotional abuse or neglect' and 'sexual abuse or exploitation'.[1]

A series of principles guide the administration of the Act,[2] all of which are subject to the fundamental principle laid down in section 5A, 'that the safety, wellbeing and best interests of a child are paramount'.[3]

2.2 Responsibility for child protection in Queensland

Constitutionally, child protection services in Queensland are a state government responsibility. The Department of Communities, Child Safety and Disability Services (the department) is the lead agency. The Minister for Communities, Child Safety and Disability Services jointly administers the Child Protection Act along with the Attorney-General and Minister for Justice. The director-general of the department is the 'chief executive' under the Act.

As chief executive, the director-general has overall responsibility for the operation of the child protection system, and the corresponding duty to ensure the system does what it is intended to do. The chief executive has the powers, authority, functions, and ultimate responsibility for ensuring the system delivers the right mix of services to children and families to promote and protect their overall wellbeing.[4]

Although child protection is a state area of responsibility, there are national and international policies that are directly relevant to state government child protection policy and service provision, chief among these being the United Nations Convention on the Rights of the Child (UNICEF 2012) and the *National Framework for Protecting Australia's Children 2009–2020*.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child is the principal international instrument setting out the human rights of children. In 1990 the Australian Government ratified the convention, agreeing to be bound by its standards and obligations. The Australian Government's compliance with the convention is monitored by the United Nations Committee on the Rights of the Child.

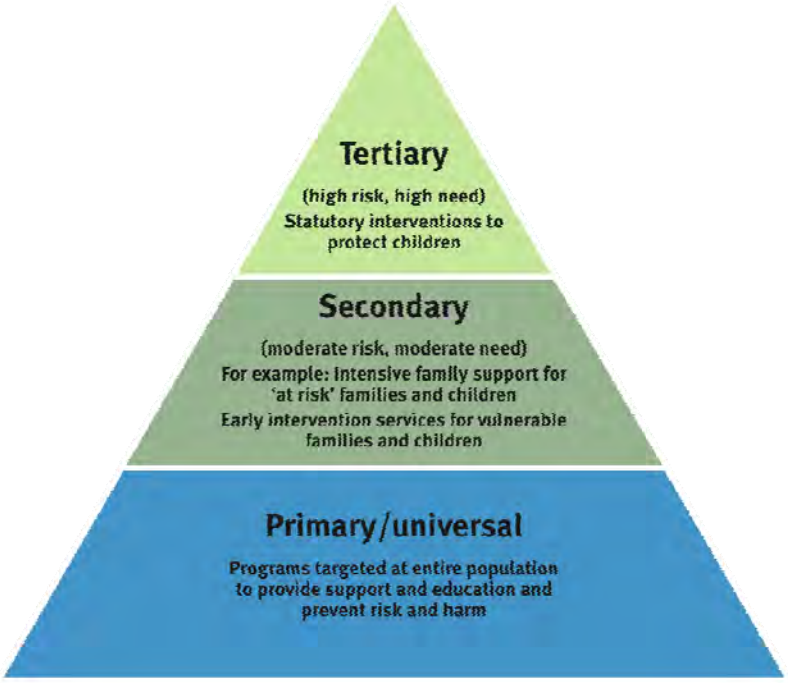
After the Australian Government's last report to the committee in 2012, the committee expressed concern about the 51 per cent increase nationally in the number of children in out-of-home care between 2005 and 2010, commenting that the Australian Government had failed to provide adequate explanation for the increase, and did not have the necessary data-collection mechanisms to measure the change accurately. In particular, the committee expressed concern about the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. The committee recommended that the Australian Government collect and examine data on the root causes of child abuse and neglect. Finally, it expressed concern about widespread reports of abuse and inadequacy in the out-of-home care system.

The Australian Government is due to submit its next report to the committee in January 2018.[5]

The National Framework

In 2009, Queensland, as a member of the Council of Australian Governments, endorsed the *National Framework for Protecting Australia's Children 2009–2020*. The framework adopts a **public health model** for the child protection system, as outlined in Figure 2.1. The model, if implemented, would shift the focus of child protection systems toward prevention and collaboration.

Figure 2.1: The public health model as applied to the child protection system



Primary services, at the base of the pyramid, are strategies that target whole communities and families to minimise risk factors in the general population. Some examples are early education and care services, and maternal and child health services. This inquiry is not concerned with primary services.

Secondary services are targeted at vulnerable families or children and young people at risk of maltreatment — that is, families who have additional needs that, if unmet, are likely to lead to tertiary intervention.[6] In Queensland, early intervention services provide vulnerable families with general support, for example through parenting and anger-management programs, counselling, and other specialist services dealing with family violence and substance abuse. Families identified as being at risk, often through reports to Child Safety, may be referred to a more intensive program, for example Helping Out Families and Referral for Active Intervention, which are both administered by Child Safety (see Chapter 5 and Appendix D for a detailed description).These programs are designed to support families with a range of complex problems.

At the pyramid's apex, **tertiary services** intervene when a child has suffered harm or when a child is at unacceptable risk of suffering harm. Tertiary interventions seek to reduce the long-term effects of the harm and to prevent its recurrence. Queensland's statutory system currently operates mainly at the tertiary level, providing for investigation and assessment of abuse and neglect, court processes, case management

and out-of-home care. The two defining factors in the classification of services are the target and timing of the services and their purpose. See Table 2.1.

The Child Protection Act focuses on high-end secondary and tertiary services.

Table 2.1: Classifying child protection intervention services

Child protection intervention services	Target and timing	Purpose
Primary	Whole communities or all families — before problems arise	To prevent child maltreatment through support and education
Secondary	Families and/or children and young people at risk of maltreatment occurring	To address risk factors, alleviate problems and prevent escalation, with a focus on early intervention
Tertiary	Families and/or children and young people where maltreatment has occurred	To reduce long-term implications of maltreatment and prevent maltreatment re-occurring

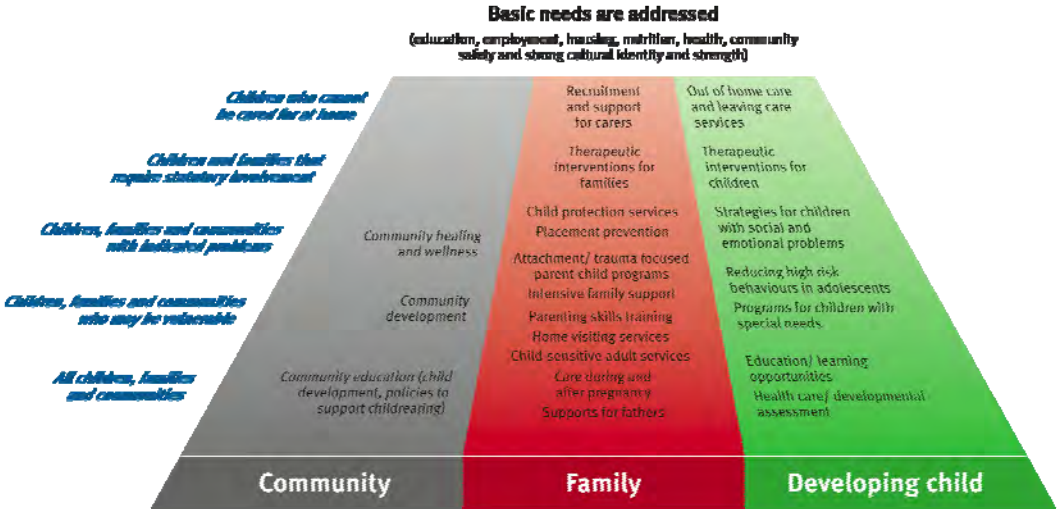
Source: The Allen Consulting Group 2009, *Inverting the pyramid: enhancing systems for protecting children*, p. 4

The public health model is widely used in child protection and can be useful in categorising the various services needed and provided. However, it does have limitations in that not all services will fall neatly into one or other of the categories. Boundaries are often blurred and some services may provide interventions at the primary, secondary and tertiary levels. For example, a maternal and child health service may promote health activities to all families (primary), work with parents with an identified risk factor such as those experiencing family violence (secondary), and may also treat serious child neglect such as failure to thrive (tertiary). Furthermore, prevention strategies are broader than just services and might include community-wide measures such as social marketing campaigns and policy initiatives such as parental leave.[7]

An alternative conceptual model is presented in Figure 2.2. This model identifies potential supports that may be needed across the spectrum of families, from all families to those requiring statutory involvement and out-of-home care services. This approach has three areas of focus:

- the communities and neighbourhoods in which people live and which may confer high risk for abuse or neglect
- the family environments in which children are raised, including the quality of parent–child relationships and the parenting that children experience, and other factors (such as family violence, parental mental health and substance abuse) that may directly or indirectly affect children
- the children themselves.

Figure 2.2: An integrated framework of services and supports for promoting child safety and wellbeing



Source: Adapted from Bamblett, M, Bath, H & Roseby, R 2010, Growing them strong, together: Promoting the safety and wellbeing of the Northern Territory's children, p. 188

The following sections will show that, while it may aspire to operate under the public health model, the system is heavily skewed towards the tertiary system. This model in practice has been described by some as an 'inverted pyramid' or 'hourglass' and is the predominant model in other Australian jurisdictions as well as Queensland.[8] Strategies to correct this 'inversion' are discussed throughout this report.

2.3 The statutory child protection system in operation

The protective tertiary responses prescribed under the Act are:

- how to respond to reports of harm and risk of harm
- investigation and assessment
- assessment orders
- case planning
- care agreements and child protection orders including custody orders, and short-term and long-term guardianship
- placing a child in care
- tribunal and court proceedings
- regulation of care
- service delivery coordination
- information exchange.

The out-of-home care system is prescribed under sections 82 to 91 of the Act, and is further supported by the Child Safety practice manual[9] and other practice resources underpinning the Act. The 'Charter of rights for a child in care' (Schedule 1 of the Act) also establishes a series of rights for a child in the custody or under the guardianship of the chief executive.

The director-general's responsibilities are delivered by the Child Safety arm of the department by:

- funding non-government agencies to provide prevention and early intervention support services designed to reduce the risk of children and young people entering the child protection system
- receiving, investigating and assessing concerns that a child or young person has been harmed or is at risk of harm
- providing and funding intensive support services to families to address concerns while children remain in the family home
- delivering out-of-home care services for children who cannot safely remain at home and meeting the care and wellbeing needs of children in out-of-home care
- providing adoption services.

Child Safety delivers child protection services across seven regions:

- Far North Queensland Region
- North Queensland Region
- Central Queensland Region
- North Coast Region
- Brisbane Region
- South West Region
- South East Region.

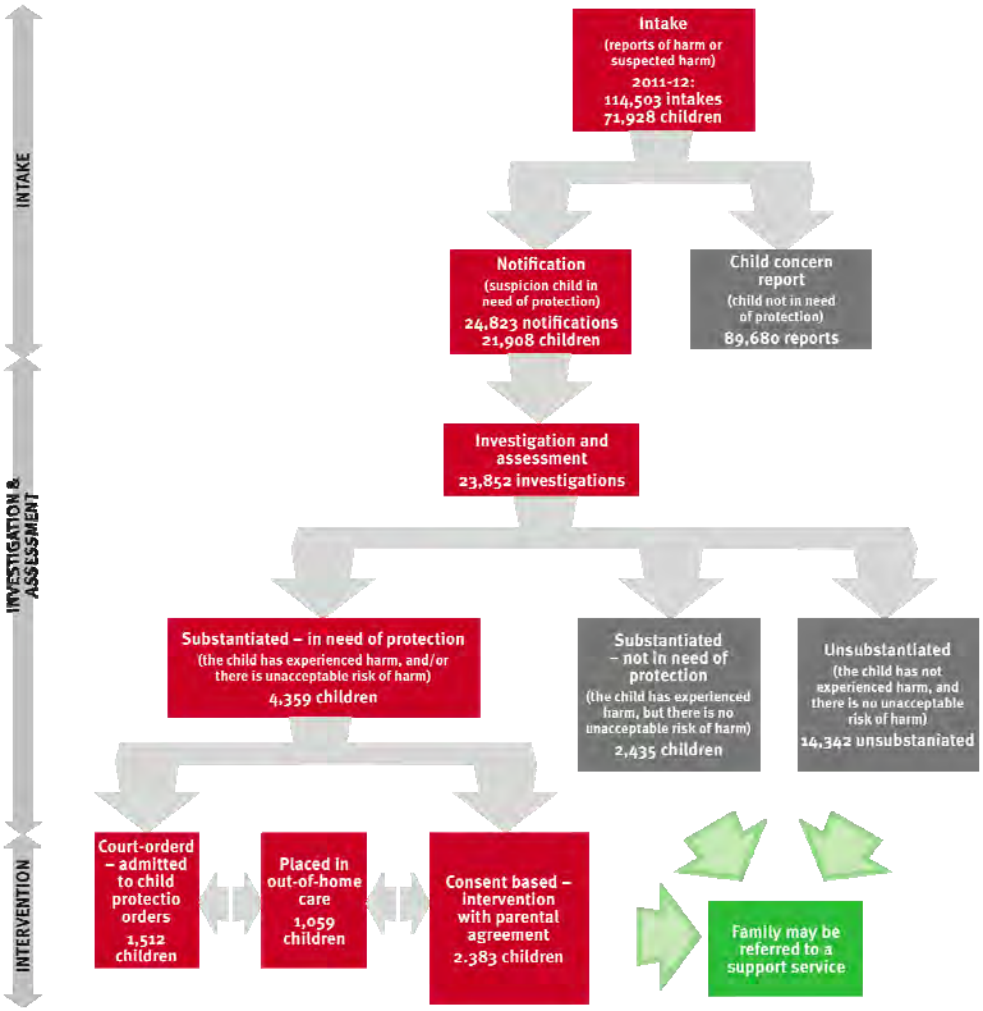
Each region has a Regional Intake Service, which receives concerns about children. There are a total of 56 Child Safety service centres providing ongoing child protection services to children and families. Regional service delivery is supported by central office functions including Child Safety Strategic Policy and Programs, Corporate and Executive Services, Complaints and Reviews, and Internal Audit and Compliance Services.

As well as providing child protection services the department provides support to vulnerable and disadvantaged Queenslanders through:

- **disability services:** The department leads disability policy and programs across the government and non-government sector, and provides and funds disability and community care services to support people with a disability, their families and carers.
- **social inclusion services:** The department coordinates volunteering, carers, seniors, youth and women's policy and community recovery efforts across government. It funds community services for individuals, families and communities including those who are homeless, experiencing domestic and family violence, and requiring community recovery services.[10]

The elements of the government's statutory response to protect children from harm are outlined in the Child Protection System framework.[11] The statutory response is organised into three broad phases: intake, investigation and assessment, and intervention. Figure 2.3 depicts the three phases and the flow of processes within the phases. (Further description of the specific child protection responses are provided in the following sections.)

Figure 2.3: The tertiary child protection system: Intakes to children placed in out-of-home care, 2011–12



The figure also shows the number of children at each stage in the statutory system. It illustrates the funnelling down through the system of a large number of reported concerns about the safety and welfare of children, the lesser number of children where harm or risk of harm has been substantiated, down to a much lower number of children in need of protection and admitted to orders or placed in state care. From the 114,503 intakes in 2011–12, the following numbers of children were identified at each stage:

- 71,928 distinct children in intakes (reported concerns about safety or welfare)
- 21,908 children in intakes reaching the threshold for a notification
- 4,359 children who had harm or risk of harm substantiated and were in need of protection
- 2,383 children where an intervention with parental agreement was commenced
- 1,512 children admitted to child protection orders
- 1,059 children placed in out-of-home care.

Of the 4,389 children with harm substantiated and in need of protection, a further 89 children were already on an intervention that continued and 375 children did not

have an intervention recorded during the period for various reasons (these groups are not shown in Figure 2.3).

2.4 What the intake and notification data tell us

The following sections provide a description of the statutory child protection system using data from the Child Safety information system (called the Integrated Client Management System) to indicate numbers of children in the system. It should be noted that the information does not provide an accurate representation of the true extent of child maltreatment in the community. Many cases of child abuse and neglect are not reported and remain undetected. Child protection data also include children who have not been harmed but are assessed as being at risk of harm. In addition, the data are affected by changes in legislation, policy, practice, definitions, data management, community awareness and willingness to report.[12] The key child protection data sources, concepts and approaches to data analysis are described further in Appendix D.

Unsustainable increase in reports of child harm or risk of harm

Concerns reported to Child Safety are processed at **intake**. Reports come from a range of sources, including the public, non-government organisations and families. But the largest group of reporters are public sector workers who are required by law or operational policy to report suspected abuse and neglect. The impact of this level of reporting, and proposals to address the demand they place on the system, will be discussed in Chapter 4.

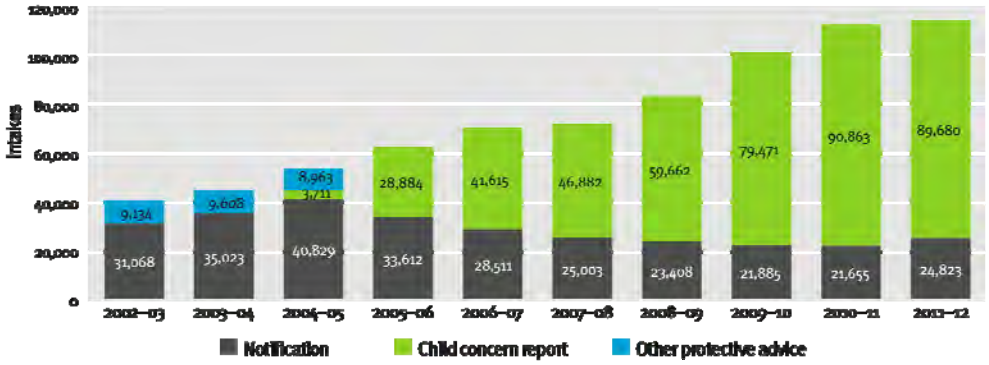
A set of screening criteria assists Child Safety staff to determine whether a report indicates a child may be in need of protection (refer to a description of the Structured Decision Making tools in Chapter 7). A **child concern report** is recorded when the information received does not suggest the child is in need of protection. No further departmental action is required in response to a child concern report, but Child Safety may provide information to the reporter, the police, or another state authority and may make a referral to another agency. A **notification** is recorded when the department reasonably suspects the child is in need of protection.

Changes in legislation, policy, practice and data-collection systems over the last decade have had the following effects:

- increased reporting obligations for professionals working with children (discussed in Chapter 4)
- introduction of the child concern report mechanism, mentioned above, in March 2005, which reduced the scope of matters recorded as notifications
- statewide implementation of the Structured Decision Making tools in April 2006
- notifications and substantiations relating to children in the custody or guardianship of the chief executive (known as 'matters of concern') being recorded separately from July 2007, reducing the scope of matters recorded as notifications and substantiations
- establishment of Regional Intake Services between August and October 2010, centralising the recording of intakes for each region
- greater community awareness about child protection in the wake of the 2003–04 Crime and Misconduct Commission Inquiry into Abuse of Children in Foster Care.

Figure 2.4 shows the level of intakes by response types as recorded by Child Safety over the last 10 years. Between 2002–03 and 2011–12 total intakes increased from 40,202 to 114,503. The large increases in intakes over the period were predominantly recorded as child concern reports (since their introduction in March 2005), which generally elicit no response from Child Safety. However, it is notable that 17 per cent of children subject to a child concern report in 2010–11 were subject to a subsequent notification within 12 months.[13]

Figure 2.4: Child protection intakes by response type, Queensland, 2002–03 to 2011–12



Source: Department of Communities, Child Safety and Disability Services, *Our performance,* Table SS.2

Notes: If an intake report relates to more than one child, an intake is counted for each child. If a child was subject to more than one report during the period, an intake is counted for each instance. Recording of child concern reports commenced began in 2005. Previously, protective advice responses were recorded as notifications or as 'other protective advice'.

In contrast to the trend in child concern reports, the number of intakes recorded as notifications has generally decreased since 2004–05 (apart from a 15 per cent increase from 2010–11 to 2011–12). In 2011–12, 24,823 notifications were recorded, representing only 22 per cent of intakes. This means that 78 per cent of intakes received no follow-up action.

The Commission is acutely aware of the increasing pressure on the child protection system caused by the growth in the number of intakes, and the arguable inefficiencies of processing reports that do not meet the threshold of a notification. Strategies to deal with this problem, including changes to the reporting policies of mandatory reporters and developing an efficient approach to information sharing, are discussed in Chapter 4.

Less than a quarter of all intakes reach the threshold for notification

If an intake is assessed as raising a reasonable suspicion that a child is in need of protection — that is, the child has suffered or is likely to suffer harm and no parent is able and willing to protect the child — it has met the threshold for notification and is recorded as such. Of the 114,503 intakes in 2011–12, 24,823 met the threshold for notification, with these relating to 21,909 distinct children, a rate of 20.5 children notified per 1,000 population aged 0 to 17 years. Some children have repeat notifications. From the 19,353 children with notifications in 2010–11, 22 per cent (4,210) were re-notified within 12 months.

Children aged under 1 year comprised the largest group of children in notifications (1,957); see Figure 2.5. For children between the ages of 1 and 14, notifications generally decreased with increasing age, with about 1,500 children aged 1 to about 1,000 children aged 14. The number of children in notifications aged 15, 16 and 17 progressively drop

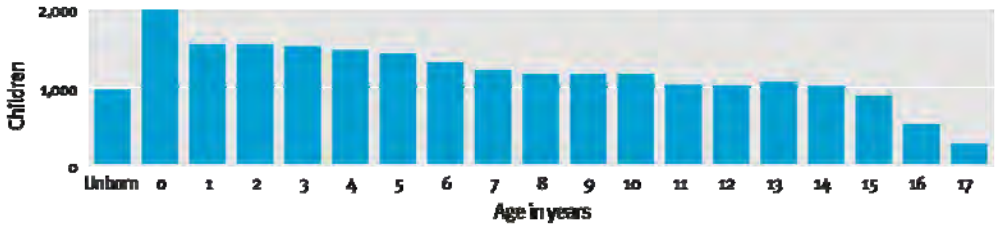
away. There were also 950 child notifications made prior to birth in the period, comprising 4 per cent of all children with notifications.

Of the children with notifications:

- 8,875 were aged 0 to 4 years (41%)
- 6,164 were aged 5 to 9 years (28%)
- 5,163 were aged 10 to 14 years (24%)
- 1,640 were aged 15 to 17 years (8%).

This means that one of the major challenges for the child protection system is to ensure that parents of young children have the skills and abilities to provide a protective environment for their children at home. If this could be achieved, then the work of child protection services in the later years should steadily reduce. This has implications for the availability and accessibility of universal and early intervention services (see Chapter 5).

Figure 2.5: Children in notifications by age, Queensland, 2011–12



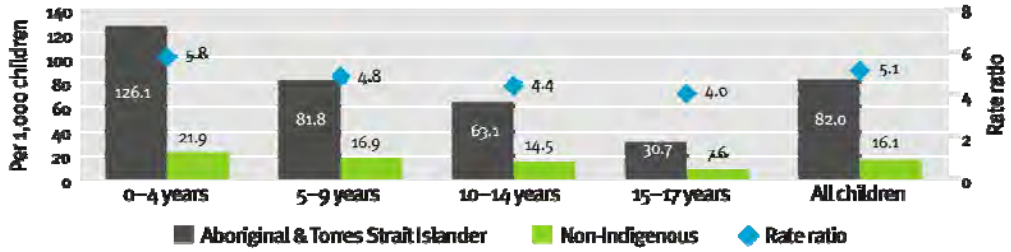
Source: Department of Communities, Child Safety and Disability Services (unpublished)

Notes: The analysis is based on a count of discrete children in notifications during the reference period. If a child was the subject of more than one notification, the child is counted only once (N = 21,842). The analysis excludes 67 children whose age was unknown or not recorded.

Of particular concern to the Commission is the over-representation of Aboriginal and Torres Strait Islander children in the system. In 2011–12 there were 5,820 such children and 16,089 non-Indigenous children in notifications, which (taking into account population differences) translates into 82 children per 1,000 in notifications compared with 16.1 per 1,000 for non-Indigenous children, across all age groups. See Figure 2.6.

The high number of Aboriginal and Torres Strait Islander children in notifications (compared with their number in the population) is somewhat higher for young children, with the rate of children aged 0 to 4 in notifications (126.1 per 1,000) being 5.8 times higher than the rate for non-Indigenous children (21.9 per 1,000). The disparity was also evident, but less, for the older age groups. Once again the data show the need for intervention services targeted at families with babies and young children. Strategies to redress this situation are discussed in Chapter 11.

Figure 2.6: Children in notifications by age by Indigenous status (rate per 1,000 children), Queensland, 2011–12



Source: Queensland Child Protection Commission of Inquiry analysis of data provided by Department of Communities, Child Safety and Disability Services

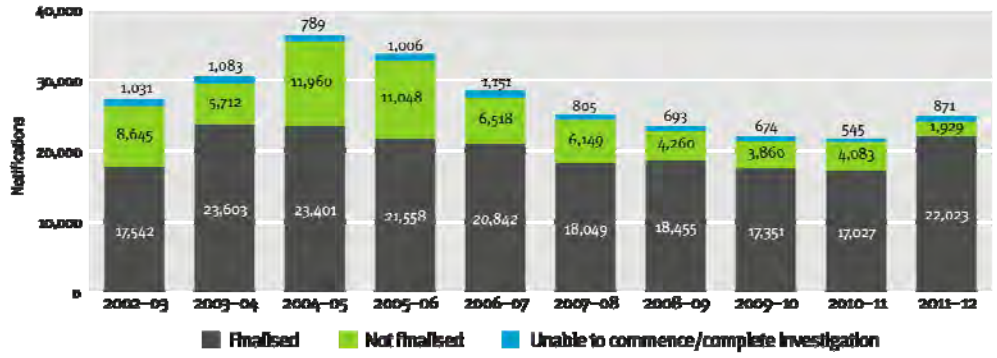
Notes: The analysis is based on a count of discrete children with notifications during the reference period (N = 21,909). If a child was the subject of more than one notification, the child is counted only once. *Non-Indigenous* includes children whose Indigenous status was unknown or not stated. Unborn children with notifications are included in notifications for children aged 0–4 years.

Almost all notifications are investigated

The Child Protection Act requires the chief executive to investigate allegations of harm or alleged risk of harm, or take other appropriate action such as referral to a support service.[14] As a matter of internal policy and practice, Child Safety investigates virtually all allegations that meet the threshold of notification, despite the Act allowing for, indeed preferring, other less intrusive but nonetheless appropriate action to be taken.

As indicated in Figure 2.7, only a small proportion of notifications are not investigated each year and only in cases where there is insufficient information to commence or complete the investigation. In 2011–12, 22,023 notifications had been investigated (89%) and for 1,929 investigations were still in progress two months after the end of the period (8%). Only 3.5 per cent (871 notifications) were not investigated.

Figure 2.7: Notifications by status of investigation, Queensland, 2002–03 to 2011–12



Source: Department of Communities, Child Safety and Disability Services, *Our performance*, Table SS.2

Notes: *Not finalised* includes investigations that were still in progress at the cut-off date for national data collection (31 August). Investigations were not commenced or completed where there was insufficient information or an inability to locate a child or family (recorded by the department as 'no I&A outcome').

The purpose of investigation and assessment is (a) to investigate alleged harm and alleged risk of harm and (b) to assess the child's need of protection. As part of investigation and assessment, authorised officers undertake a holistic assessment of

the family and the child, and identify support that Child Safety or other agencies could provide.[15]

In carrying out investigation and assessment, authorised officers and police officers are empowered under sections 16 to 18 of the Child Protection Act to have contact with a child at immediate risk of harm, take the child into custody and arrange a medical examination of, or treatment for, the child. If it is in a child's best interests, they may also have contact with the child in school. When an investigation relates to an Aboriginal or Torres Strait Islander child, authorised officers must consult with a recognised entity.[16] Also, under section 95 of the Act the chief executive may obtain a person's criminal or domestic violence history and traffic history.

Chapter 4 provides a more detailed explanation of the investigation and assessment process, including recommendations for its reform.

Assessment orders and agreements

When it is necessary to provide interim protection for a child while an investigation is being carried out, the child's parents can enter voluntarily into an **assessment care agreement** with the chief executive for the short-term placement of the child.[17] Assessment care agreements operate for a maximum of 30 days and cannot be extended. The parents retain custody of the child and agree to:

- have the child placed by the department with an approved carer, licensed care service or another entity
- authorise the department to act in all day-to-day matters including decisions about urgent medical attention
- have contact with the child at such times and in such a manner as is mutually acceptable to themselves, the carer and the department.

Child Safety is not able to provide the Commission with the number of children placed on assessment care agreements.

If a parent does not consent to the chief executive providing interim protection for a child during investigation and assessment, Child Safety can apply to the Childrens Court for a **temporary assessment order** for up to three days or a **court assessment order** for up to 28 days with the possibility of an extension for a further 28 days.[18]

An assessment order may empower an authorised officer or a police officer to do any or all of the following: have contact with a child, take a child into the chief executive's custody, or enter and search any place to find a child. It may also authorise a child's medical examination or treatment, or direct a parent not to have contact with a child.

During 2011–12 there were 941 temporary assessment orders and 1,035 court assessment orders granted.[19] In comparison to the 23,952 notifications that were investigated during the same period, this suggests a relatively low level of use of assessment orders for investigations. There have been variations from year to year, but the number of orders granted in 2011–12 is similar to the number in 2003–04.

Where further investigation and assessment are unnecessary to establish that a child is at unacceptable risk of suffering harm, an authorised officer may apply for a **temporary custody order**. This order authorises the action necessary to ensure the immediate safety of a child while the chief executive decides the most appropriate action to meet

the child's ongoing protection and care needs[20] — for example, when a child or the child's parent is already known to the department.[21]

Finalised investigations result in the alleged harm being substantiated or unsubstantiated. Where the allegation is substantiated, there are three possible outcomes outlined in the practice manual:

- **substantiated — child in need of protection:**
  - a child has experienced harm and there is unacceptable risk of future harm because the child does not have a parent able and willing to offer protection
  - a child is at unacceptable risk of harm because the child does not have a parent able and willing to offer protection, although no actual harm has occurred
  - an unborn child will be at unacceptable risk of harm after birth
- **substantiated — ongoing intervention continues:** a child is already subject to ongoing intervention at the time of the investigation and
  - the child has suffered actual harm but no unacceptable risk has been identified as part of the current investigation
  - the child has suffered actual harm and there is unacceptable risk of future harm because the child does not have a parent able and willing to offer protection
  - the child has not suffered actual harm but unacceptable risk of harm is present because the child does not have a parent able and willing to offer protection
  - an unborn child will be at unacceptable risk of harm after its birth.
- **substantiated — child not in need of protection:** a child has suffered significant harm but the child is not at an unacceptable risk of harm because there is a parent willing and able to offer protection.

Where the investigation results in an unsubstantiation, there are two possible outcomes outlined in the practice manual:

- **unsubstantiated — child not in need of protection:** the child is not at unacceptable risk of harm as the child has a parent able and willing to offer protection; an unborn child will not be at unacceptable risk of harm after birth
- **unsubstantiated — ongoing intervention continues:** a child is already subject to ongoing intervention at the time of the investigation but no actual harm has occurred and an unacceptable risk of harm has not been indentified during the current investigation; an unborn child has been assessed as not at an unacceptable risk of harm after birth.

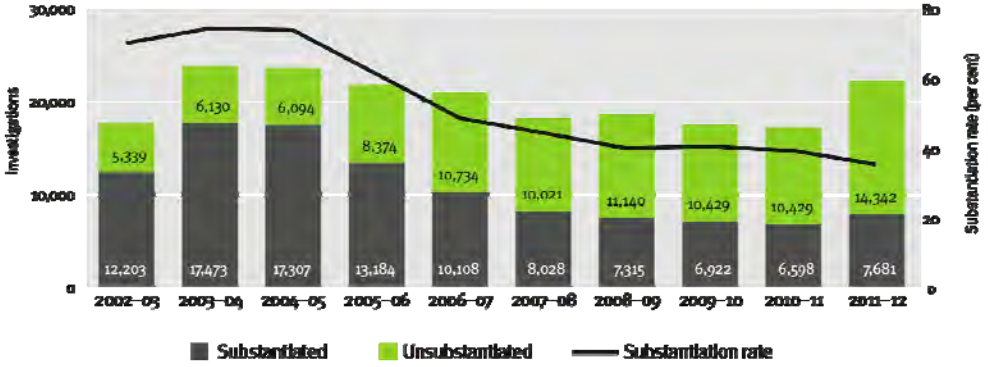
Figure 2.8 indicates the trends in investigation outcomes over the last decade. Some of the trends would appear to reflect the impact of various changes in legislation, policy and practice, mentioned earlier.

Substantiations of child harm or risk of harm have decreased from a high of 17,473 in 2003–04 to a low of 6,598 in 2010–11, followed by an increase in 2011–12 to 7,681. The introduction of Structured Decision Making tools in 2006 may have affected the application of thresholds and enhanced consistency in decision-making across the state.

The substantiation rate over the period has dropped from a high of 74 per cent of investigations in 2004–05 substantiating harm to only 35 per cent in 2011–12. With only just over a third of investigations substantiating harm, this calls into question whether

the high number of investigations is warranted or whether other less extreme and time-intensive actions should be considered at notification stage.

Figure 2.8: Finalised investigations by outcome, Queensland, 2002–03 to 2011–12



Source: Department of Communities, Child Safety and Disability Services, *Our performance*, Table SS.2

Notes: The substantiation rate is the proportion of finalised investigations that result in a substantiation of harm or risk of harm.

The 7,681 substantiations in 2011–12 related to 6,974 children (a rate of 6.5 children per 1,000). Of these children, 2,002 were Aboriginal and Torres Strait Islander and 4,792 were non-Indigenous (rates of 28.2 and 5.0 per 1,000 respectively), showing that Aboriginal and Torres Strait Islander children were in substantiations at nearly six times the rate of non-Indigenous children. The apparent over-representation of Aboriginal and Torres Strait Islander children in the child protection system is discussed further in Chapter 11.

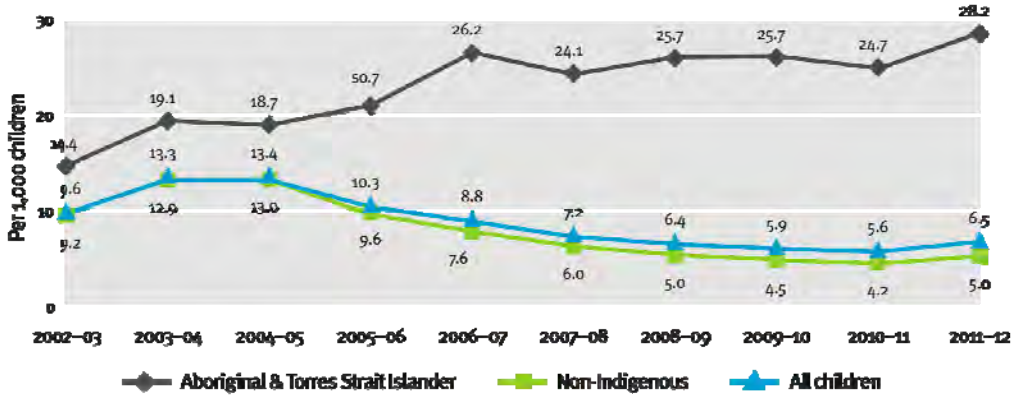
Figure 2.9 illustrates the trends in rates of children in substantiations by Indigenous status. While over-representation of Aboriginal and Torres Strait Islander children was apparent in the first part of the 2000s, the disparity increased noticeably in 2005–06 and 2006–07, where rates for Aboriginal and Torres Strait Islander children in substantiations increased while rates for non-Indigenous children decreased. Factors that may have influenced trends in recorded notifications and substantiations, in addition to the factors mentioned in the previous section, are:

- changes to the Child Protection Act in May 2006 to involve Aboriginal and Torres Strait Islander-recognised entities in decision-making, which may have resulted in improved identification of a child's Indigenous status and consequently a higher number of Aboriginal and Torres Strait Islander children being recorded
- statewide implementation in March 2007 of Child Safety's Integrated Client Management System, which included new fields to record a child's Indigenous status, including prompts reminding officers to check and update this information.

Therefore it is likely that, to some extent, increased detection and improvements in recording Indigenous status have together contributed to observed increases in the rate of children in substantiations for Aboriginal and Torres Strait Islander children around the middle of the decade.

Between 2006–07 and 2010–11 per population rates for Aboriginal and Torres Strait Islander and non-Indigenous children levelled or decreased marginally, with an increase for both groups in 2011–12. The large gap between per population substantiation rates for Aboriginal and Torres Strait Islander and non-Indigenous children has continued.

Figure 2.9: Children in substantiations by Indigenous status (rate per 1,000 children), Queensland, 2002–03 to 2011–12



Source: Queensland Child Protection Commission of Inquiry analysis of data provided by the Department of Communities, Child Safety and Disability Services

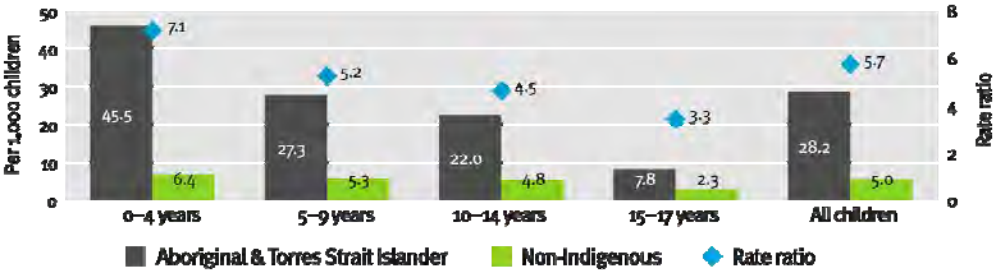
Notes: If a child was subject to more than one substantiation in the period, the child is counted only once. Rates per 1,000 children were calculated using the estimated resident population aged 0–17 years at the beginning of each period.

As with notifications, younger children are more likely to be subject to substantiations, and substantiations decrease with increasing age. Of the 6,974 substantiations in 2011–12:

- 2,785 children were under 5 (including 399 unborn children) representing 40 per cent of children with substantiations
- just over a quarter of children were aged 5 to 9 (1,958 children or 28%)
- 25 per cent were aged 10 to 14 (1,747 children)
- 7 per cent were aged 15 to 17 (484 children).

The likelihood of Aboriginal and Torres Strait Islander notifications being substantiated is higher for younger age groups (Figure 2.10). While the rate per 1,000 children is highest in the 0–4 year age group, this rate drops over the age categories.

Figure 2.10: Children in substantiations by age by Indigenous status (rate per 1,000 children), Queensland, 2011–12



Source: Queensland Child Protection Commission of Inquiry analysis of data provided by the Department of Communities, Child Safety and Disability Services

Notes: The analysis is based on a count of discrete children who were the subject of substantiations during the reference period (N = 6,974). If a child was subject to more than one substantiation, the child is counted only once. *Non-Indigenous* includes children whose Indigenous status was unknown or not stated. Unborn children with substantiations are included in 0–4 years. Rates per 1,000 children were calculated using estimated resident population at June 2011. The *rate ratio* is the rate of children in substantiations for Aboriginal or Torres Strait Islander children, as a ratio to the rate for non-Indigenous children.

Notifications less likely to be substantiated

Of the 6,974 children subject to substantiations in 2011–12, 4,359 (or 62.5%) were assessed as being in need of protection and 2,615 (37.5%) were assessed as not being in need of protection, because there was a parent willing and able enough to provide protection from harm.

One-third of the children substantiated and in need of protection were either Aboriginals or Torres Strait Islanders (1,441 or 33%), the rate being 20.3 per 1,000 compared with 2.9 non-Indigenous children in need of protection per 1,000 (2,918).

2.5 Chief executive's response

When Child Safety assesses a child as being in need of protection, the chief executive will intervene under the Child Protection Act. One of the foundation principles of the Act is that the state should only take the action that is warranted in the circumstances to protect the child.[22] In practice, therefore, the least intrusive intervention option should be used to secure the child's safety. The following interventions are available to the chief executive:[23]

- intervention with parental agreement where the chief executive intervenes with the consent of the parents[24]
- coercive intervention where the chief executive applies to the Childrens Court for a child protection order to ensure the protection of the child.[25]

Intervention with parental agreement

When an investigation determines that a child is in need of protection, the chief executive may enter into an agreement with the child's parent. There is no maximum timeframe for an intervention with parental agreement to remain open but 12 months is generally seen as an appropriate length of time in which to address the concern. This tends to be a short-term intervention and is aimed at building the parents' capacity to meet the protection and care needs of the child.[26] To open an intervention with parental agreement, it must be safe for the child to remain at home for all or most of the intervention, the parents must be able and willing to work with the department, and it must be likely that the parents will be able to meet the child's protection and care needs by the end of the proposed intervention. Children, typically, remain at home during an intervention with parental agreement, unless there is a 'child protection care agreement' in place.

If necessary, a child protection care agreement[27] may be used for the short-term placement of the child with an approved carer for an initial period of up to 30 days. The agreement may be extended more than once for a maximum of 30 days at a time, and may only be used to place a child for a total of six months in any 12-month period. The agreement grants custody of the child to the chief executive while the agreement is in force, while at the same time enabling the parent to retain all rights and responsibilities associated with the guardianship of the child — including the opportunity to be involved in decisions about the child's care. The agreement can be ended by the parent (whether a signatory to the agreement or not) or by Child Safety by giving two days' notice.

The department indicated that interventions with parental agreement were commenced for 2,383 children with harm substantiated and in need of protection in 2011–12 (or 61%

of those commencing interventions), while 1,512 were admitted to orders (3%) — see Figure 2.2 earlier.

Figure 2.11 below shows trends in the number of children subject to child protection interventions at 30 June, comparing those subject to voluntary interventions with those on orders (these are discussed further below). The cohort of children on interventions at any one time includes children whose interventions started in previous years as well as those who commenced interventions during the year. The longer period of time that children are on interventions the more likely it is that they will be in the 'point in time' analysis. On 30 June 2012, 8,814 children (80%) were on the longer duration child protection orders — which may last up to 18 years for long-term orders and up to 2 years for short-term orders. There were 2,149 children on the shorter duration intervention with parental agreement making up 20 per cent of children on interventions.

Figure 2.11: Children in ongoing interventions by type of intervention at 30 June, Queensland, 2004 to 2012

Source: Department of Communities, Child Safety and Disability Services, *Our performance*, Table SS.2; Department of Child Safety 2009, *Child Protection Queensland 2007–08 Performance Report,* Table 1

Notes: If a child is subject to both intervention with parental agreement and a child protection order (such as an order directing a parent's actions), the child is counted only once as a child protection order. An audit identified that data on *Intervention with parental agreement* prior to 2011 included historical records that had not been closed when the agreement ceased. Data reported from 2011 are therefore not comparable to data prior to 2011. Interventions with parental agreement were introduced in 2007.

Coercive intervention

If a parent does not agree to departmental intervention, there are several types of child protection orders or 'court orders' the Childrens Court may make.[28] Such orders cannot be granted unless:

- a case plan has been developed, *or*
- if the making of the order has been contested, a conference has been held, or reasonable attempts have been made to hold one, *and*
- the child's views have been made known to the court where possible.[29]

The court may only make an order if it is satisfied the order is appropriate and desirable for the child's protection and that the child's protection is unlikely to be achieved by less intrusive means.[30] In exercising its jurisdiction, the Childrens Court must have regard to the principles stated in sections 5A to 5C of the Act, and state reasons for its decisions.[31]

Of the 4,359 children subject to substantiations and in need of protection who entered statutory interventions during 2001–12, 1,512 were later admitted to a child protection order during the same period. Short-term orders are used for almost all children when

they first need a departmental intervention. However, 11 children newly admitted in 2011–12 were placed on long-term orders.

Child Safety indicates that a child in need of protection might not be admitted to a child protection order during the reference period where:

- the parent or parents are able and willing to work actively with Child Safety to meet the protection and care needs of the child and an intervention with parental agreement case was opened (see above)
- the child is already subject to ongoing intervention, including an order, when the substantiation was recorded
- the investigation and assessment was completed at the end of the reference period and the admission to a child protection order will be recorded in a future reference period.

Directive orders and supervision orders

Directive orders, which can be made up to a year, are the least intrusive type of child protection order. There are two types of directive orders. The first type directs a parent to do or refrain from doing something directly related to a child's protection.[32] The second type, called a contact order, restricts a parent's contact with a child by directing that either no contact occur or that it occur only in the presence of a specific person or category of person, such as a Child Safety officer.[33] A directive order may be applied for in conjunction with a supervision order or other child protection order and can be in place during an intervention with parental agreement, in limited circumstances.

The Child Safety practice manual states that a directive order may be applied for when all of the following circumstances are present:

- the parents will not take the action required on a voluntary basis
- the child can safely remain at home, as long as the parents take certain actions or precautions
- the action is able to be clearly defined, and what is required of parents is easily understood by them
- a specific order is able to be made by the court
- failure on the parents' part to comply with the order will not place the child at unacceptable risk of harm
- the parents are likely to adhere to the recommended order.

The practice manual further states that a directive order placing conditions on parental contact with a child may be applied for in one of the following circumstances:

- the child could remain at home with a protective parent if the other parent who may be at risk of harming the child was subject to restricted or no contact
- a protective parent consents to the child being cared for by another person (for example, a relative), and the parent to whom the child protection concerns apply was subject to restricted or no contact
- there is a Family Court of Australia parenting order that needs to be overridden for child protection reasons, allowing the protective parent to apply for variation of the Family Court of Australia order

- there is a need to prevent a parent from harassing the child in a significantly harmful way (for example, by making telephone threats), and prosecution may be required to enforce the contact order — in this case, the order may be made in conjunction with any other child protection order
- the child's safety could be secured through the supervision of the parent to whom the child protection concerns apply, and there is a person assessed as able and willing to provide the supervision.

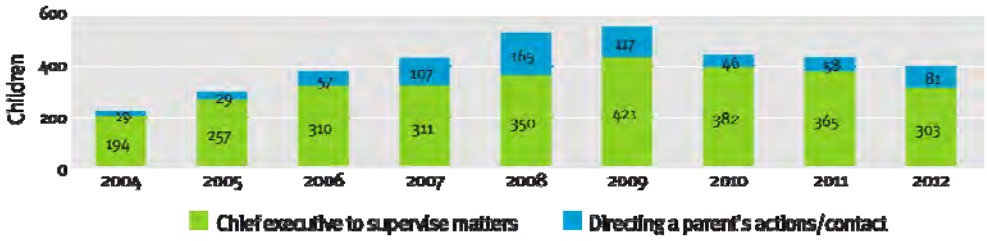
A supervision order requires the chief executive to supervise a child's protection in relation to the matters stated in the order.[34] The practice manual states that a supervision order may be applied for when all of the following circumstances are present:

- The child is in need of protection, but supervision and direction by Child Safety will enable:
  - the child to safely remain at home
  - Child Safety to monitor the situation to ensure that the matters specified in the order are addressed by the parents.
- It is possible to specify the areas relating to the child's care that are to be supervised by Child Safety.
- Failure on the parents' part to comply with Child Safety requirements will not place the child at immediate risk of harm.
- The intervention needed, with the child residing in the home, will not be accepted by the parents on a voluntary basis.
- It is appropriate for the parents to retain their custody and guardianship rights and responsibilities.

As with intervention with parental agreement, a child or young person may be placed in out-of-home care using a child protection care agreement while the child's parents are subject to a supervision order.

Figure 2.12 shows that children were more likely to be on supervision orders (303 children) compared with directive orders (81 children). However, of the 8,814 children on orders at 30 June 2012, only 4 per cent were on directive or supervisory orders overall.

Figure 2.12: Children subject to directive or supervisory short-term orders by order purpose at 30 June, Queensland, 2004 to 2012



Source: Department of Communities, Child Safety and Disability Services (unpublished)

Notes: If a child is subject to more than one type of order, the child is counted once according to the most serious order/directive.

Custody and guardianship orders

A custody order may grant custody of a child to a suitable member of the child's family or to the chief executive.[35] Preference is given to family members. The practice manual outlines the following strict conditions relating to an application for a custody order:

- the child cannot remain at home under a less intrusive order
- Child Safety is working towards the reunification of the child and family
- there is a suitable relative able and willing to assume short-term custody for the purpose of protecting the child and is also willing to work with Child Safety in planning for the child to return to the care of the parents
- there is no significant conflict between the parents and the relative, and the relative will facilitate appropriate family contact between the child and the parents
- it is not necessary to impose a 'no contact' decision on a parent
- the member of the child's family is able and willing to assume full financial responsibility for the care of the child.

If there is uncertainty about one of the above factors, it may be appropriate to seek an order granting custody to the chief executive while still placing the child with the relative. If it is necessary to restrict a parent from all contact with the child, or to remove guardianship from a parent due to the very serious nature of the harm, an order granting short-term guardianship to the chief executive will be sought.

A short-term guardianship order can only be granted to the chief executive and only for up to two years.[36]

The practice manual instructs staff that it is preferable to allow parents to retain guardianship unless there are reasons this is not in the child's best interests. The manual goes on to say that an application for a short-term guardianship order to the chief executive should be made when:

- the child cannot be safely left at home using a lesser order
- Child Safety is working towards the reunification of the child with the family, and one of the following circumstances apply:
  - there is no available parent to exercise guardianship and be involved in case planning
  - it is necessary to actively remove guardianship from the parents, due to the very serious nature of the harm, or because of the current incapacity of parents to exercise guardianship
  - it is assessed that the parent will fail to make appropriate guardianship decisions, such as schooling and health care, and therefore it is in the child's best interests for guardianship to be vested in the chief executive.

A long-term guardianship order can be granted to the chief executive or to someone other than the chief executive, up until the child turns 18 years.[37] The court must not grant long-term guardianship to the chief executive if there is some other suitable person available.[38] Section 59(6) of the Child Protection Act provides that before making a long-term guardianship order, the court must be satisfied that:

- there is no parent able and willing to protect the child within the foreseeable future

- the child's need for emotional security will be best met in the long term by making the order.

The Explanatory Notes to the Child Protection Bill 1998 provide an example of circumstances that might meet the child's need for emotional security:

> If an older child in care has been with the same care provider family for many years, it may best meet the child's emotional needs in the long term to remain with the care providers, even though the child may now have a parent able to provide adequate care. To move the child now may cause lasting emotional damage to the child.

A long-term guardianship order is sought only after a period of case planning, and active intervention with the family to resolve the child's protection and care needs:

> Once a decision is made to pursue an alternative long-term stable living arrangement, it is not appropriate for a child to remain on a short-term custody or short-term guardianship order.

The practice manual establishes that a long-term guardianship order granted to a suitable person gives that person:

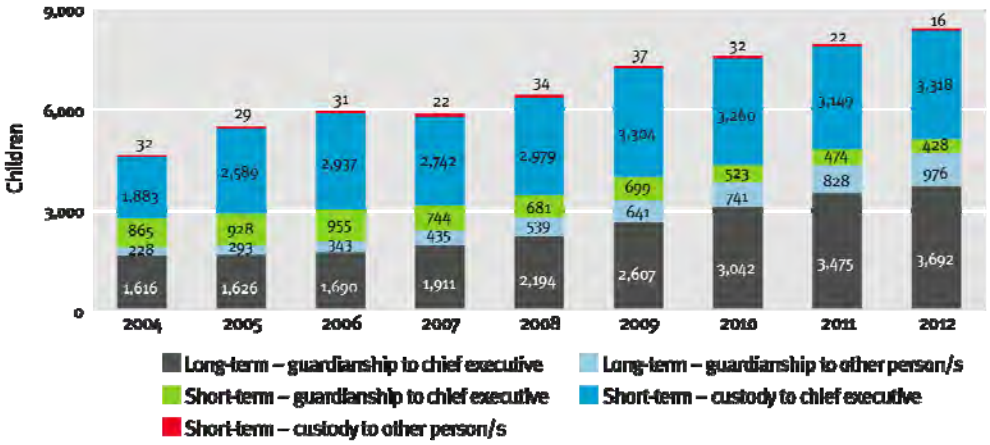
- the right to care for the child on a daily basis
- the right and responsibility to make decisions about the child's daily care
- all the powers, rights and responsibilities in relation to the child that would otherwise have been vested in the person having parental responsibility for making decisions about the long-term care, welfare and development of the child.

The long-term guardian must inform the child's parents of where the child is living and provide opportunity for contact between the child and the parents. The long-term guardian must also notify the department immediately should the child no longer reside in their direct care.

The data show that children were much more likely to be on guardianship and custody orders compared with voluntary agreements or supervisory and directive orders. In total there were 8,430 children on guardianship and custody orders at 30 June 2012 (96% of all children on orders).

Figure 2.13 shows the steady increase in the numbers of children on guardianship and custody orders from 4,624 in 2004 to 8430 in 2012. Guardianship is predominantly granted to the chief executive (3,692 on long-term and 428 on short-term at 30 June 2012), although children on long-term guardianship granted to relatives or others has increased from 228 in 2004 to 976 in 2012. Only a small number of children are on short-term orders granting custody to relatives or others.

Figure 2.13: Children subject to orders granting guardianship/custody by type and purpose of order at 30 June, Queensland, 2004 to 2012



Source: Department of Communities, Child Safety and Disability Services (unpublished)

Notes: If a child is subject to more than one type of order, the child is counted once according to the most serious order/directive.

Dual orders

When a child subject to a child protection order commits a criminal offence, this may result in the child being made subject to a dual order consisting of a child protection order and a youth justice order.[39] In practice, the person who has been granted custody or guardianship of the child will be required to participate in all youth justice processes for the child. In the case of guardianship to the chief executive this will be the responsible Child Safety officer.

In 2011–12, 194 children subject to a finalised child protection order for more than 12 months were admitted to a supervised youth justice order at some time during the year, indicating that 5 per cent of 10 to 17-year-olds on orders had been on dual orders at some time.[40] Child maltreatment has been linked to an increased risk of youth offending, and as at 30 June 2012, 72 per cent of children and young people in the youth justice system were known to the child protection system.[41]

2.6 Children in out-of-home care

Child Safety uses a range of placement options for children who are unable to remain with their families. These options are: foster care, kinship care, intensive foster care, residential care, supported independent living, safe houses and therapeutic residential care (see a description of these in Chapter 8.

All out-of-home care placement options are funded out of the Child Safety budget allocated by the department. Coordination and support for out-of-home care placements are provided by non-government organisations, with the exception of foster and kinship care, which are coordinated and supported by either a non-government organisation or Child Safety.

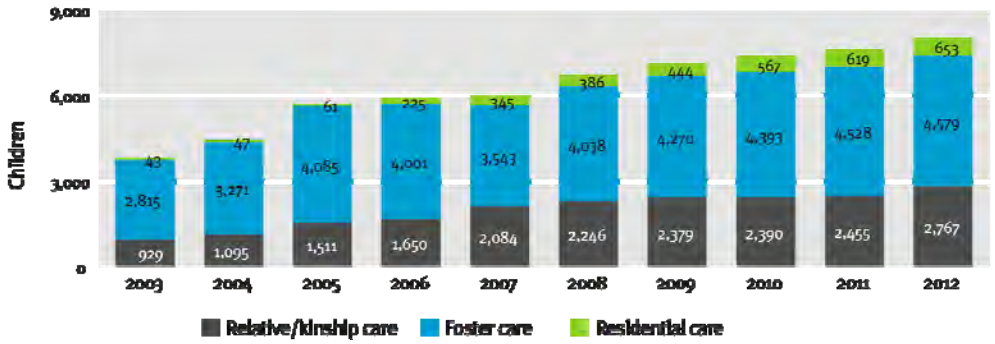
The number of children in out-of-home care increased from 3,787 at 30 June 2003 to 7,999 in June 2012. This represents an increase from 4.0 per 1,000 children under the age of 18 in 2003 to 7.4 per 1,000 children in 2012 — an average increase of 12 per cent each year (Figure 2.14). The increase in out-of-home care numbers is due in part to the

disproportionate increase in the number of Aboriginal and Torres Strait Islander children in care.

Family-based care, particularly with kin, is preferred for children placed in out-of home care, with 57 per cent of children in foster care placements in 2012 and 34 per cent placed with kin. The proportion of care provided by foster carers declined from 74 per cent to 57 per cent over the period while the proportion provided by relative or kin carers increased from 25 per cent to 34 per cent of placements, although numbers in all types of placements increased overall.

Residential care is used to a much lesser extent than family-based care, although there has been a shift to greater use of residential care since the low levels following the Forde and Crime and Misconduct Commission inquiries. Numbers in residential placements increased from 43 children (1%) in 2003 to 653 (8%) in 2012. These figures include Aboriginal and Torres Strait Islander children requiring out-of-home care in remote communities, who may be placed in funded safe houses to avoid removing them from the community in situations where local foster carers or kinship carers are not available. The increasing demand for foster and kinship carers and the growing use of residential care for those children and young people whose needs cannot be met in family-based care suggest the need to look for alternatives (see Chapter 8).

Figure 2.14: Children in out-of-home care by type of placement at 30 June, Queensland, 2003 to 2012



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.79

Notes: The data exclude children in placements solely funded by disability services, medical or psychiatric services, juvenile justice facilities, overnight child care services or supported accommodation assistance placements, and children in placements with parents where the jurisdiction makes a financial payment.

Of the 1,059 children who were admitted to out-of-home care during 2011–12 as a result of substantiations within the period:

- more than half (584) were aged under 5 years (including 118 in pre-birth notifications where the children were placed in care immediately after birth), 231 were aged 5 to 9 and 244 were aged 10 to 17
- 352 (or 33.2%) were Aboriginal or Torres Strait Islander and 707 (or 66.8%) were non-Indigenous.

The majority of children needing protection and entering out-of-home care because of substantiated harm were identified (as recorded at the time of substantiation) as being at most risk of neglect (605 or 57%), while 238 (22%) were at risk of harm from emotional abuse, 169 for physical abuse (16%) and 47 (4%) for sexual abuse. There were

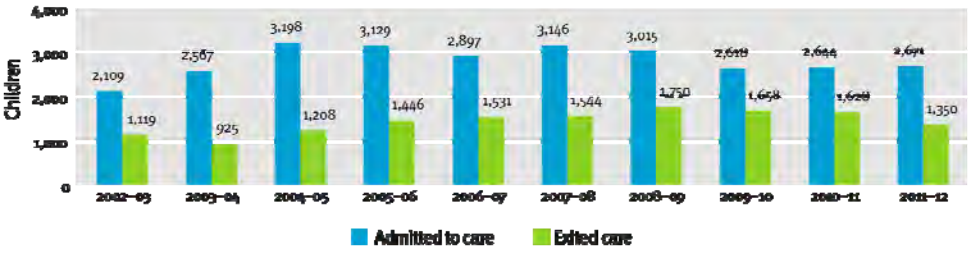
some marginal differences in the proportions of substantiated harm types between Aboriginal and Torres Strait Islander and non-Indigenous children entering out-of-home care, with the exception of emotional abuse, which was substantiated for 26 per cent of non-Indigenous children compared with 15 per cent of Aboriginal and Torres Strait Islander children entering out-of-home care.[42]

Length of time spent in out-of-home care

Figure 2.15 illustrates trends in numbers of children entering and exiting out-of-home care over the last nine financial years. Some children may enter and exit care more than once over the period, although they are only counted once in each category in each year. During 2011–12 a total of 2,671 children entered out-of-home care either following substantiation, during the investigation and assessment phase, or voluntarily.

It is clear that overall numbers of children in care have been steadily increasing (see Figure 2.14 above). The numbers of children entering out-of-home care each year was highest in 2004–05 (3,198) and has been relatively stable each year, decreasing to 2,671 in 2011–12. The increasing numbers of children in care is being driven by the fact that more children are entering each year than are exiting care. This means they are staying in care for longer periods.

Figure 2.15: Children admitted to and exiting out-of-home care, Queensland, 2002–03 to 2011–12



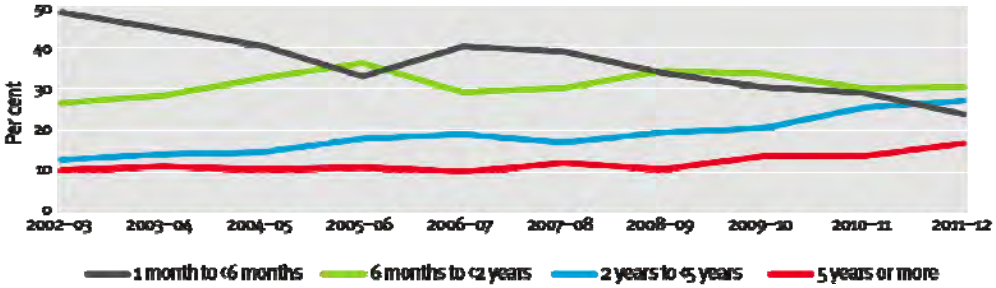
Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.82; Australian Institute of Health and Welfare 2013, *Child protection Australia 2011–12*, Table 4.5

Notes: The data include all children admitted to out-of-home care for the first time in the period, as well as those children returning to care who had exited care 60 days or more previously. Children admitted to out-of-home care more than once during the year were only counted at the first admission. Children who returned home for less than seven days are not included in the data.

The length of time children spend in out-of-home care has been increasing over the last decade with a shift to more children staying in care for over two years. As can be seen in Figure 2.16, of the children exiting care the proportion who had been in care:

- for five or more years increased from 10 per cent (2002–03) to 17 per cent (2011–12)
- for two to less than five years increased from 13 per cent (2002–03) to 28 per cent (2011–12)
- for six months to less than two years had increased marginally from 27 per cent (2002–03) to 31 per cent (2011–12)
- for less than six months decreased from 50 per cent of all exits (2002–03) to 24 per cent (2011–12).

Figure 2.16: Children exiting out-of-home care by length of time spent in care (proportions), Queensland, 2002–03 to 2011–12



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.82

Notes: A return home of less than seven days is not counted as a break in placement.

One of the witnesses to the inquiry, Professor Clare Tilbury of Griffith University, commented that: [43]

> … it's not that the entry rate to care is increasing, it's that the length of time children spend in care is increasing. So in other words, children are going in and then there's a big ballooning effect going on because children are exiting at this lower rate and staying longer.

Children usually exit from care by either reunifying with their family before reaching 18 or by transitioning to independence on their 18th birthday (see Table 2.2).

The Act provides that:

- support should be given to the child and the child's family for the purposes of allowing the child to return to the child's family, if this is in the child's best interests.[44] This is discussed further in Chapter 7
- the chief executive must ensure a child is provided with help in the transition from being a child in care to independence,[45] including financial assistance.[46] This is discussed further in Chapter 9.

Table 2.2: Children exiting out-of-home care by placement type after exit, Queensland, 2011–12

Placement type	Number	Per cent
Reunified with parents	765	56.7
Turned 18 years	207	15.3
Living independently	47	3.5
Absconded	43	3.2
Reunified with other family	26	1.9
Boarding school	22	1.6
Incarcerated	19	1.4
Other	221	16.4
Total	**1,350**	**100.0**

Source: Department of Communities, Child Safety and Disability Services (unpublished)

Notes: 'Other' included adoption, deceased, transferred to another state, residing in medical facilities and self-placement. The department cautions that the data have been extracted from various records and have not been subject to the full validation and quality assurance processes typically performed on corporate data.

Not all children will be able to be reunified safely with their families. There may be increasingly complex family problems (such as parental substance abuse, mental illness and family violence) that contribute to children staying longer in out-of-home care.[47] However, a significant proportion of children are returned to their families at some time. If more effort was made to shorten the time these children spend away from their families, by providing intensive supports to resolve the problems that led to their removal, the increase in overall numbers of children in out-of-home care should be significantly reduced. Professor Tilbury makes this point strongly: [48]

> Since duration in care is the main driver of current out-of-home care population dynamics, then policy and practice efforts need to be put into improving the quality of care provided, and good casework with children and families. This requires greater focus on intensive work with parents as soon as children enter care, to ensure short-term or voluntary out-of-home care does not necessarily become long-term out-of-home care.

The need for more intensive family support services and a greater emphasis on casework by Child Safety officers and some recommendations on how to effect these changes are made in Chapters 5 and 7.

Placement stability

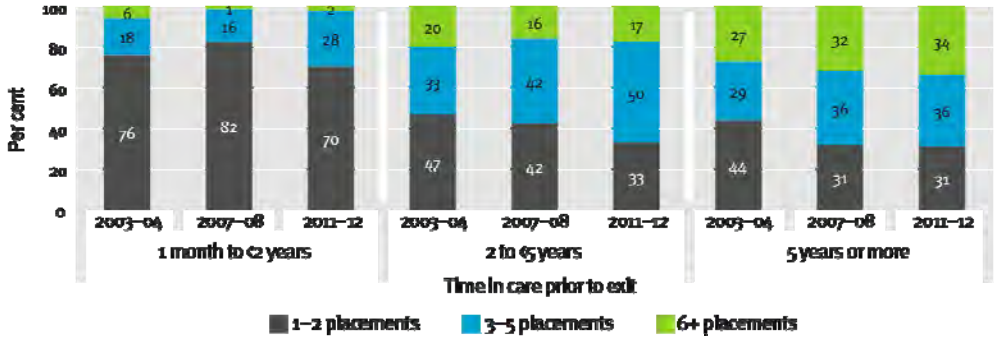
Minimising the number of placements for each child in out-of-home care improves the experiences of children who have been removed from their family by allowing better stability in schooling and for stronger relationships with carers to develop. However, the doubling of the numbers of children in out-of-home care over the last decade has placed additional pressure on Child Safety officers to match children to carers. The challenge is that the pool of available carers has not risen with the number of children requiring care.

As indicated in Figure 2.17, since 2003–04 there have been increases in the proportion of children who have been placed in three or more placements while in out-of-home care. For example between 2003–04 and 2011–12, of the children who exited care after five or more years:

- the proportion with six or more placements increased from 27 per cent to 34 per cent
- the proportion with three to five placements increased from 29 per cent to 36 per cent
- the proportion who had had only one to two placements decreased from 44 per cent to 31 per cent.

Information on the 7,999 children in out-of-home care as at 30 June 2012 indicates that 36 per cent (2,860) had been in their current placement for five or more years, 29 per cent (2,330) were in the same placement for between two and five years and 14 per cent for between one and two years.[49]

Figure 2.17: Children exiting out-of-home care by length of time spent in care by number of placements (proportions), Queensland, 2003–04, 2007–08 and 2011–12



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.86

Notes: Includes all children exiting care who had been in care for one month or more and who had been on a child protection order at some point in the six months before exiting care. As the data include only children exiting care who had been on orders, this is a smaller group than all children exiting care. Numbers of children included in each period are: 2003–04 (n = 767); 2007–08 (n = 1,339); and 2011–12 (n = 1,237). Percentages may not add to 100 due to rounding.

2.7 Oversight of the child protection system

The data presented above show that a large number of children are placed in the care of the state for long periods. This is a grave responsibility for the chief executive and officers of the department. To ensure accountability, a range of internal, external and judicial review mechanisms are in place to monitor the child protection system. These mechanisms comprise three tiers of oversight.

Tier 1 is the internal oversight of the department, and covers:

- performance monitoring and reporting
- licensing and quality standards of care services and criminal history screening of carers and staff
- complaints management
- child death reviews.

Tier 2 is external oversight of the child protection system, involving:

- the Commission for Children and Young People and Child Guardian, an independent statutory body established under the *Commission for Children and Young People and Child Guardian Act 2000* which: [50]
  - regularly visits children in out-of-home care (the Community Visitor program)
  - responds to complaints and conducts investigations
  - monitors and reviews systems, policies and practices of the department and other service providers
  - undertakes policy and research activities
  - leads child death case reviews
  - checks criminal histories for people who work with children (Blue Card system)

- the Queensland Ombudsman, also an independent statutory body, which can review decisions or actions of the department and oversee the department's internal complaints functions
- inter-agency committees that coordinate child protection responses across government
- the Office of the State Coroner, which conducts inquests into the deaths of children in the care of the department.[51]

Tier 3 is judicial oversight by:

- the Childrens Court of Queensland, which determines applications for assessment and child protection orders, and
- the Queensland Civil and Administrative Tribunal, which reviews administrative decisions made by the department under the Child Protection Act, particularly decisions about a child's placement and contact with the child's family.

Oversight of the child protection system has increased considerably since the 2004 Crime and Misconduct Commission inquiry into abuse of children in foster care. Chapter 12 discusses whether the right balance and level of oversight has been achieved. Chapter 13 discusses the role of the courts and tribunals.

2.8 Drivers of demand and risk factors

Drivers of demand

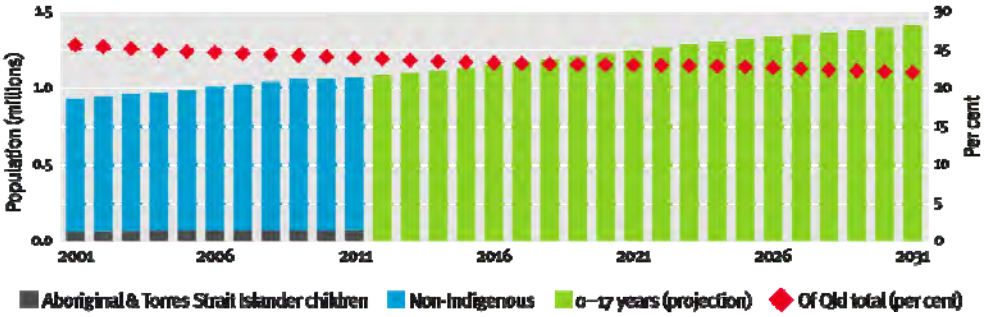
The data above show historical and current trends in the system that have led to an unsustainable level of growth in tertiary interventions and placements in out-of-home care. This is most marked in the Aboriginal and Torres Strait Islander populations. Of concern for the Commission in developing its roadmap is the number of children projected to be caught in the net of the system within the next 10 years. This part of the chapter attempts to project the future demand on the child protection system in Queensland and identify the drivers of this demand so that these can be taken into consideration when developing and implementing the roadmap.

Population growth

It is estimated that the population of children aged 0 to 17 will grow by 17 per cent over the next decade. Children aged 0 to 17 are effectively the potential 'client base' of the child protection system. Therefore any substantial changes in population will affect demand in the system. As a proportion of Queensland's population, however, those aged 0 to 17 years have declined steadily over time, from 25.6 per cent in 2001 to 23.8 per cent in 2012 (totalling 1,084,451 aged 0 to 17 in 2012). It is projected that the proportion will continue to decline to 22 per cent by 2031, while the number of 0 to 17-year-olds is projected to grow to an estimated 1,407,100 people.

At 30 June 2006, there were an estimated 144,885 Aboriginal and Torres Strait Islander people in Queensland, comprising 3.5 per cent of Queensland's total population. This increased to an estimated 188,892 at 30 June 2011, or 4.2 per cent. In 2011, 6.6 per cent of 0 to 17-year-olds were Aboriginals and Torres Strait Islanders; however, population projections for 0 to 17-year-olds by Indigenous status are not available beyond 2011. See Figure 2.18.

Figure 2.18: Population growth of children aged 0–17 years by Indigenous status, Queensland, 2001 to 2031



Source: Australian Bureau of Statistics 2013, *Australian Demographic Statistics, September Quarter 2012,* cat. no. 3101.0; *Queensland Treasury and Trade 2011,* Queensland Government Population Projections to 2056: Queensland and Statistical Divisions, 2011 edition

Notes: Estimated resident populations as at 30 June

Regional estimates of the Queensland Aboriginal and Torres Strait Islander population based on Census 2011 are not yet available, nor are regional or statewide projections. However, according to the most recently available estimates:[52]

- 33 per cent lived in the Brisbane region in 2011 (covering Brisbane and the Gold and Sunshine Coasts), and this population was projected to have the second largest increase from 2011 and 2021 of any of the eight Indigenous regions in Queensland (increasing 37%)
- 16 per cent lived in the Townsville region in 2011, and this population was projected to have the largest increase from 2011 and 2021 (increasing 38%)
- the next largest populations were in the Cairns (15%) and Rockhampton (12%) regions, where populations were projected to increase 31 per cent and 30 per cent respectively
- increases were projected to be smaller in the other less populated regions of Roma (up 24%), Cape York (up 20%), Mount Isa (up 10%) and Torres Strait (up 4%) (Australian Bureau of Statistics 2009).

Age profile

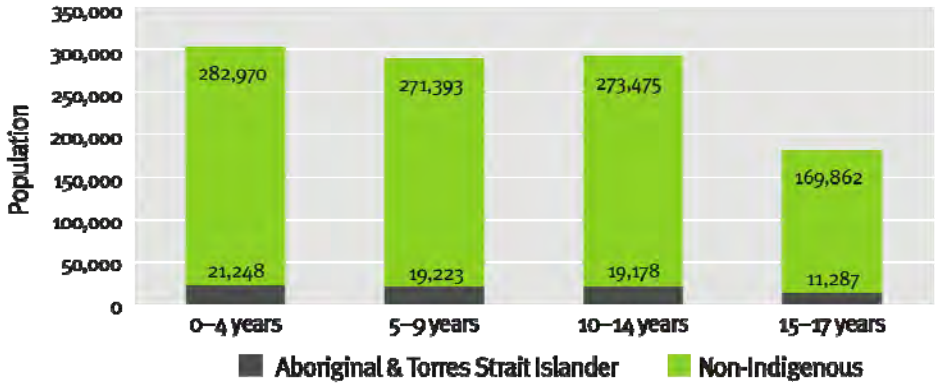
Almost a quarter of the state's population (1,068,636 or 24%) comprise children aged 0 to 17 years.[53] As at June 2011 there were:

- 304,218 children aged 0 to 4 (28% of children)
- 290,616 aged 5 to 9 (27% of children)
- 292,653 aged 10 to 14 (27% of children)
- 181,149 aged 15 to17 years (17% of children).

Figure 2.19 shows that almost 7 per cent of 0 to 17-year-olds in Queensland were Aboriginal and Torres Strait Islander children (70,936 or 6.6%), with:

- 21,248 (30%) Aboriginal and Torres Strait Islanders aged 0 to 4
- 19,223 (27%) aged 5 to 9
- 19,178 (27%) aged 10 to 14
- 11,287 (27%) aged 15 to 17.

Figure 2.19: Population of children aged 0–17 years by age by Indigenous status, Queensland, 2011



Source: Queensland Treasury and Trade 2013, *Synthetically Estimated Indigenous ERPs*

Notes: Populations have been estimated and should be used with caution.

While about a quarter of Queensland's population are children, with roughly three adults for each child, Aboriginal and Torres Strait Islander children form a much larger (43%) proportion of the total Aboriginal and Torres Strait Islander population, with just over one adult for each child. The marked difference reflects higher fertility rates and much shorter life expectancy compared with non-Indigenous Queenslanders, the latter a clear reminder of the stark difference in health outcomes for the Indigenous people of Australia. This has obvious challenges in relation to the availability of Aboriginal and Torres Strait Islander carers and this is discussed further in Chapter 11.

Social disadvantage

The most recent annual report on the health and wellbeing of Queensland's children and young people, *Snapshot 2012*, indicates that children and young people are faring well overall: they are generally healthy, educational participation and retention is improving, mortality rates continue to decline, and youth offending rates for certain offences have decreased in the past decade.[54] However, the increasing rate of children coming into contact with the child protection system and the increasing numbers needing to be placed away from home indicate that some families are struggling and that there are more and more children at risk and needing protection.

Many studies have shown strong links between social disadvantage and child abuse and neglect. O'Donnell, Scott and Stanley refer to these links in supporting the need for a public health approach to child protection: [55]

> We already know from the literature about many of the risk factors for child abuse and neglect in communities, families and children. US research has found communities that are more vulnerable have greater poverty and unemployment, higher residential mobility and a low adult to child ratio. A low adult to child ratio is true of many Aboriginal communities and is associated with an increased burden for caregivers. Family characteristics that increase risk include parents with mental health problems, substance abuse issues, domestic violence, poor family functioning, young mothers, single parents and mothers who have little social support or contact.

The following sections look at underlying social problems which, while they should not be interpreted as being predictive of child abuse and neglect, will place additional stress on families, reduce parenting capacity, and potentially increase the risk of child

abuse or neglect. For many of the issues described, the data sources are from administrative systems or self-reported surveys, and so the information might not provide an entirely accurate representation of the extent of the issue. Nonetheless, it constitutes the best estimate based on available information.

The Socio-Economic Indexes for Areas rank areas in Australia according to relative socio-economic advantage and disadvantage.[56] Areas found to be most disadvantaged will be those that have higher proportions of:

- households with low incomes
- children who live with jobless parents
- people with low levels of educational attainment
- people in unskilled occupations
- people who have a long-term health condition or a disability.

Analysis of the 2011 Census identified 'pockets of disadvantage' within Queensland based on the Index of Disadvantage ranking.[57] Yarrabah, Cherbourg, Aurukun, Woorabinda, Napranum and Doomadgee were ranked the six 'most disadvantaged' areas, and discrete Aboriginal and Torres Strait Islander areas made up all of the 31 lowest-ranked areas in Queensland.[58] Most of the 40 areas ranked most disadvantaged were also discrete Aboriginal and Torres Strait Islander communities, with the Brisbane and Logan suburbs of Inala and Woodridge appearing in places 32 and 34.

Homelessness. Homelessness is often caused by interrelated factors. The population experiencing homelessness and the populations experiencing substance misuse, mental illness and domestic violence frequently overlap. Links between homelessness and involvement with child protection services have been shown, but it is under-researched in Australia:[59]

> In a 2011 longitudinal study conducted by Micah Projects with families accessing crisis and planned support from agencies based in inner Brisbane, the numbers of parents who reported recent or current contact with child safety services ranged from over 10% to just over 25%. Furthermore, it is possible that this is an under-report due to the stigma attached to involvement. Connecting housing with family support is an effective intervention for vulnerable families with involvement, or at risk of involvement, in the child protection system.[60]

Research, particularly from the United States, has shown that housing difficulties often precipitate admission to foster care and delay family reunification.[61]

Homelessness is a significant problem facing families with children and young people, with almost half of those seeking emergency housing being families with children (see Figure 2.20). National reporting on the 42,930 clients accessing specialist homelessness services in 2011–12 in Queensland reveals that:

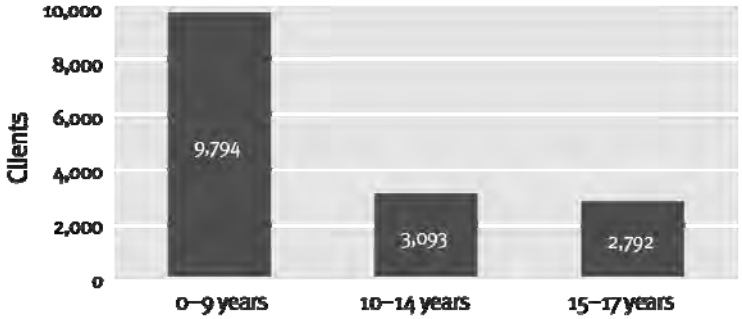
- 14,710 clients were single adults with their children (34% of all clients)
- 4,763 clients were couples with their children (11%).[62]

In addition, just over a third (37%) of all Queensland clients were aged under 18, with:

- 9,794 aged under 10 years
- 3,093 aged 10 to 14 years
- 2,792 aged 15 to 17 years.

Almost a third (5,021 or 32%) of clients aged under 18 were Aboriginal and Torres Strait Islanders.

Figure 2.20: Children aged 0–17 years accessing homelessness services by age, Queensland, 2011–12



Source: Australian Institute of Health and Welfare 2012, *Specialist Homelessness Services 2011–12*, Table Qld2.1

The main reasons for Queenslanders seeking homelessness services in 2011–12 were financial difficulties (19%) and domestic and family violence (15%). Domestic violence was more likely to be the main reason for seeking assistance for female clients (21% of female clients).

Nationally, there were increases of 5 to 7 per cent each year in people using specialist homelessness services between 2008–09 and 2010–11. However, the Australian Institute of Health and Welfare notes that the relatively large increase recorded between 2010–11 and 2011–12 (18%) might not necessarily reflect an increase in homelessness.[63] These need to be considered in the context of recent policy and service delivery changes and increased investment in homelessness support.[64]

Young parents. Evidence linking young parenting and the risk of child abuse and neglect is inconsistent.65 However, as noted in the next section, the median age of parents with children in the child protection system was younger than the median age of all parents.

In 2011 there were 63,253 births in Queensland, of which 5,256 were Aboriginal and Torres Strait Islander births (8%) and 57,997 were non-Indigenous births (92%).[66] Of these:

- 952 Aboriginal and Torres Strait Islander births were to mothers aged under 20 years (18% of all Aboriginal and Torres Strait Islander births)
- 2,344 non-Indigenous births were to mothers aged under 20 years (4% of all non-Indigenous births).

Over the last five years, age-specific fertility rates for 15–19-year-olds for Aboriginal and Torres Strait Islander females (84.6 births per 1,000 females in 2011) have been three to four times higher than the rate for all females 15–19 years (24.7 births per 1,000 females). Queensland and Tasmania have teenage fertility rates that are the second highest in Australia, although these are well below the rate in the Northern Territory. Queensland is also the only state with increases in teenage fertility rates over the last five years.

Risk factors for child abuse and neglect

The former Department of Child Safety analysed the characteristics of parents with children in the child protection system in 2007.[67] Demographic characteristics identified for parents in substantiated households included:

- **Younger parents:** The median age for parents at the time of giving birth was younger than that of the general population, by around five years on average. However, while teenage parents were over-represented to some extent, they comprised just 6 per cent of mothers and 2 per cent of fathers at the time of the substantiation. Young households (with at least one parent aged 21 years or less) were assessed as vulnerable.
- **Aboriginal and Torres Strait Islander parents:** Aboriginal and Torres Strait Islander parents were significantly over-represented in the child protection system with 21 per cent compared with 3 per cent in the Queensland population.
- **Single parents:** There was a higher propensity for children from single-parent households to be assessed as vulnerable and in need of ongoing departmental intervention.

The analysis identified parental risk factors associated with child abuse and neglect, and 71 per cent of households had at least one of these factors:

- drug or alcohol problem: in nearly half of all substantiated households (47%) one or both parents had a current or previous drug and/or alcohol problem
- domestic violence: over one-third of substantiated households (35%) had two or more incidents of domestic violence within the past year
- mental illness: about one-fifth of primary parents (19%) had a current or previously diagnosed mental illness
- intergenerational abuse: one-quarter of primary parents (25%) were abused or neglected as a child
- criminal history: about one-fifth of primary parents (21%) had a criminal history.

The analysis also showed that nearly half (44%) of substantiated households had more than one of the five risk factors, and these households were more than twice as likely to progress to ongoing intervention compared with households with one or no risk factors (59% compared with 25%). Parental risk factors were more prevalent in Aboriginal and Torres Strait Islander households and young households with the vast majority in both cases having at least one of the five risk factors (86% and 93% respectively). These households were also most likely to have multiple risk factors (over 55% and 63% respectively).

While having one or more of the risk factors was common across most of the causes of harm listed in the Act (physical, psychological, emotional abuse, neglect, sexual abuse/exploitation), the notable exception was for sexual abuse/exploitation.[68] Over one-third (37%) of households substantiated for sexual abuse and in need of ongoing intervention did not display any of the five parental risk factors.

Alcohol and drug abuse

The 2008 Child Safety study on the characteristics of parents who had children in substantiations found some groups were more likely to have drug and/or alcohol problems:

- just over half (55%) of single-mother households with substantiations
- 62 per cent of young households (at least one parent aged 21 years or less) with substantiations
- nearly two-thirds (64%) of substantiated households with at least one Aboriginal or Torres Strait Islander parent.

Alcohol was the most common substance misused by parents with children in the child protection system. Further information collected by the department suggested that 51 per cent misused alcohol and 23 per cent misused marijuana. Smaller proportions were also reported to be misusing heroin, prescription drugs and other substances. The study cautions that actual rates of substance misuse among parents are likely to be higher than reported.

The Australian Institute of Health and Welfare found in its national drug and alcohol use survey that the proportion of daily drinkers in Australia aged 14 and over remained largely unchanged from 1993 to 2007 at around 8 per cent.[69] However, between 2007 and 2010 there was a decrease in daily drinkers in all jurisdictions except for Queensland where the proportion remained at 8 per cent. The National Health Survey found there appeared to be little change in the proportion of adults drinking at risky or high-risk levels between 2004–05 and 2011–12.[70]

Other findings at a national level were that:

- males were far more likely to drink at levels considered risky than females (20% compared with 7%)
- Aboriginal and Torres Strait Islander people were 1.4 times as likely as non-Indigenous Australians to abstain from drinking alcohol, but were also about 1.5 times as likely to drink alcohol at risky levels
- people living in remote or very remote areas were more likely to drink at risky levels than those living in other areas.

Of those with dependant children, 17 per cent of single parents and 14 per cent in couple households had more than four standard drinks on one occasion at least once a week. According to the 2009 National Health and Medical Research Council guidelines about alcohol consumption, more than four drinks on one occasion is a risk for an alcohol-related injury, with the risk increasing with the amount consumed.[71]

Illicit drug use includes illegal drugs such as cannabis and illicit or inappropriate use of pharmaceuticals and other substances such as inhalants. The 2010 national survey found:

- the proportion of Australians aged 14 years and older who had used an illicit drug in the last 12 months had increased between 2007 and 2010 from 13.4 per cent to 14.7 per cent
- statistically significant increases in recent illicit drug use by females and those aged 30 to 39 and 50 to 59

- illicit drug users (whether used in previous 12 months or previous month) were more likely to be diagnosed or treated for a mental illness
- a higher proportion of Aboriginal and Torres Strait Islander people had recent use of illicit drugs (25%).

Maternal drug and alcohol use during pregnancy. Further to the elevated risks of child maltreatment stemming from parental drug and alcohol abuse are the potential effects on an unborn child from maternal substance misuse during pregnancy. Almost all drugs are known to have some effect on the developing foetus. Cigarette smoking and illicit drugs have been associated with a range of problems including increased risk of spontaneous abortions, perinatal death, preterm delivery and low birth weight. Longer-term effects on behaviour, cognition and language are also apparent from prenatal exposure to nicotine, marijuana and cocaine.[72]

The most serious neurobehavioral effects on the foetus are from exposure to alcohol. This can result in permanent and irreversible brain damage. Foetal alcohol spectrum disorder (FASD) is the overarching term for a range of conditions with symptoms that can include: brain damage, developmental delay, poor growth, problems with vision and hearing, memory problems, and social and behavioural problems.[73] Although the risk of birth defects is greatest with high, frequent maternal alcohol intake during the first trimester, alcohol exposure throughout pregnancy can have consequences for the foetal brain.[74] For that reason, the national guidelines recommend not drinking at all as the safest option for pregnant and breastfeeding women.

Evidence from international studies presented to the recent parliamentary Inquiry into Foetal Alcohol Spectrum Disorders indicates that children with FASD are over-represented in the child protection system. The national FASD inquiry heard from a number of foster carers who outlined the serious long-term effects of FASD on the children in their care.[75]

The inquiry recommended the development of a national strategy to prevent, identify and manage FASD that would operate across all sectors — health, education, criminal justice and social support.

The implications of alcohol misuse, and concerns about the high prevalence of FASD in Aboriginal and Torres Strait Islander communities, are explored further in Chapter 11.

Domestic violence

The department's analysis of parents with children in the child protection system found that over one-third of substantiated households (35%) had two or more incidents of domestic violence within the past year.

Data on domestic violence are limited and the available information can only give an indication rather than an accurate measure of prevalence. The 2005 Personal Safety Survey found that:

- 2.1 per cent of women and 0.9 per cent of men had experienced violence from their current partner, and half of these (49%) had children in their care at some time during the relationship. An estimated 27 per cent said that children had witnessed the violence
- Women (15%) and men (4.9%) reported higher levels of violence from previous partners. Of these, 61 per cent had children in their care at the time and 36 per cent said that children had witnessed the violence.[76]

Evidence provided to the Commission indicates that in 2011–12 the Queensland Police Service recorded approximately 44,800 children associated with or exposed to domestic violence (that is, children were present or lived in the residence).[77] Some children were involved in repeat incidents and overall the domestic violence reports related to 31,700 distinct children. Police policy mandates that police refer a child resident at domestic violence locations to Child Safety Services. Between the introduction of the policy in 2005 and 2011, the number of recorded child victims at domestic violence incidents doubled from approximately 21,700 to 43,300. These reports and the implications of the reporting policy are discussed in Chapter 4.

Mental illness

The 2011–12 Australian Health Survey found there had been an increase in the proportion of people reporting they had a mental or behavioural condition.[78] In 2001, 9 per cent of Queenslanders reported having a mental or behavioural condition, which increased to 14 per cent in the 2011–12 survey. These proportions were similar to the Australian averages. Nationally, these sorts of conditions were more common among women than men (15% compared with 12%).

Higher levels of psychological distress (an indicator of mental health problems) have been found in Aboriginal and Torres Strait Islander people, with 29 per cent of adults reporting high or very high levels of psychological distress compared with 12 per cent of non-Indigenous adults.[79] The Longitudinal Study of Australian Children found that of parents in the study:

- 11–17 per cent of mothers and 9–12 per cent of fathers experienced moderate/high levels of psychological distress
- lone mothers experienced psychological distress (one in four) at double the rate for coupled mothers
- psychological distress in both parents in couple families was rare (1–3%)
- mothers and fathers in jobless households had about twice the rate of psychological distress compared to parents with living in jobless households.[80]

Of parents with children with substantiated abuse or neglect, single mothers were most likely to have a diagnosed mental health problem: 32 per cent compared with 19 per cent of parents in substantiations overall.[81]

2.9 Summary

The Queensland Child Protection Act upholds the principle that all children have a right to be protected from harm. It also respects the right of families to privacy. The state should only interfere when a child's family is unable or unwilling to fulfil its duties by the child. The preferred way to protect a child, therefore, is by supporting the child's family, with coercive interference restricted to legally authorised interventions when a child is in clear need.

Queensland has long aspired to a preventive/collaborative child protection model, as endorsed by the *National Framework for Protecting Australia's Children 2009–2020*, but in practice the state's child protection system has become skewed towards a more coercive model. The system currently operates mainly at the tertiary level, providing for investigation and assessment of abuse and neglect, court processes, case management and out-of-home care.

Child protection in Queensland is a state government responsibility, delegated to the Child Safety arm of the Department of Communities, Child Safety and Disability Services. The director-general of the department is the chief executive under the Act and has overall responsibility for the operation of the child protection system. The Minister for Communities, Child Safety and Disability Services administers the Act along with the Attorney-General and Minister for Justice.

The tertiary response is organised into three broad phases — intake, investigation and assessment, and intervention. This chapter provides data on these phases, but it should be noted that the data do not tell the full story. Many cases of child abuse and neglect are not reported and remain undetected. The data also capture children who have not been harmed but are assessed as being at risk of harm. In addition, changes in legislation, policy, practice, definitions, data management, community awareness and willingness to report have all had an impact on the data.

Concerns reported to Child Safety are processed at **intake**. Most of these come from public sector workers who are required by law or operational policy to report suspected abuse and neglect. Child Safety officers use a set of screening criteria to help them determine whether a report indicates a child is in need of protection — i.e. whether it reaches 'the threshold for notification'. In 2011–12, only 22 per cent of intakes met the threshold for a notification. This means that 78 per cent of intakes received no follow-up action and that the system is processing reports that do not meet the threshold for investigation. Strategies to solve this problem are discussed in Chapter 4.

When a matter does not meet the threshold, a **child concern report** is recorded and no further action is taken; if it does meet the threshold, a **notification** is recorded and the matter may be **investigated** and the child's risk of harm **assessed**. Child Safety investigates virtually all allegations that meet the threshold of notification, despite the Act allowing for other appropriate action to be taken.

Investigations may either be **substantiated** or **unsubstantiated**. The substantiation rate of investigations has dropped from a high of 74 per cent in 2004–05 to only 35 per cent in 2011–12. With only just over a third of investigations substantiating harm, this calls into question whether the high number of investigations are warranted or whether other actions should be considered at notification stage. See Chapter 4 for more on this.

Even if the matter is substantiated, the child may be assessed to be at no risk of future harm and the matter ends there, apart from a referral to a family support service. If the child is assessed as being at an unacceptable risk of harm, the state steps in, either with the parents' agreement or with a court order, and the child is placed in care. Voluntary arrangements are used in more than half of new interventions for children in need of protection, with 2,383 children with interventions with parental agreement commencing in 2011–12 (61%) compared with 1,513 children who were admitted to child protection orders (39%).

Child protection orders, issued by the Childrens Court, may be **directive** orders, **supervision** orders, **custody** orders and **guardianship** orders, with directive orders being the least intrusive and guardianship orders the most intrusive. Almost all (96%) children on orders were on guardianship and custody orders at 30 June 2012.

When a child subject to a child protection order commits a criminal offence, this may result in the child being made subject to a **dual order** with child protection and youth justice. Child maltreatment has been linked to an increased risk of youth offending, and as at 30 June 2012, 72 per cent of children and young people in the youth justice system were known to the child protection system.

Children under a year old form the largest group of children that receive notifications and have those notifications substantiated. This indicates another major challenge: how to ensure that parents of young children have the skills and abilities to provide a protective environment for their children at home. If this could be achieved, then the work of child protection services in the later years could steadily be reduced. Chapter 5 discusses the implications for the availability and accessibility of universal and early intervention services.

Of particular concern is the over-representation of Aboriginal and Torres Strait Islander children in the system at every stage. Across all age groups in 2011–12, there were 82 Aboriginal and Torres Strait Islander children per 1,000 in notifications compared with 16.1 per 1,000 for non-Indigenous children. Aboriginal and Torres Strait Islander children are in substantiations at nearly six times the rate of non-Indigenous children. This over-representation is discussed further in Chapter 11. The 111 per cent increase in the number of children in out-of-home care since 2003 is due in part to the disproportionate increase in the number of Aboriginal and Torres Strait Islander children in care. The increasing demand for foster and kinship carers and the growing use of residential care for those children and young people whose needs cannot be met in family-based care suggest the need to look for alternatives (see Chapter 8).

Children are staying in care for longer periods, and many are moving from placement to placement. Minimising the number of placements for each child in out-of-home care would improve the experiences of children who have been removed from their family by allowing stronger relationships with carers and less instability in schooling. The need for more intensive family support services and a greater emphasis on casework by Child Safety officers and some recommendations on how to effect these changes are made in Chapters 5 and 7.

Oversight of the child protection system has increased considerably since the 2003–04 CMC Inquiry. Chapter 12 discusses whether the right balance and level of oversight has been achieved. Chapter 13 discusses the role of the courts and tribunals.

The drivers of future demand in the child protection system are: the growing population of children aged 0 to 17 years and social disadvantage. The parental risk factors associated with child maltreatment are drug or alcohol problems (including the effects of foetal alcohol spectrum disorder), domestic violence, mental illness, criminal history, and a parent being a victim of child abuse (i.e. intergenerational effects). The increasing rate of children coming into contact with the child protection system and the increasing numbers needing to be placed away from home indicate that there are more and more children needing protection.

Chapter 3 will now examine how current resources in the child protection system could be used more efficiently to deal with these problems.

Endnotes

[1] *Child Protection Act 1999* (Qld) s. 9(1).

[2] *Child Protection Act 1999* (Qld) ss. 5B–6.

[3] *Child Protection Act 1999* (Qld) s. 5A.

[4] *Child Protection Act 1999* (Qld) s. 7.

5 Information and links can be found at: ‹http://www.ag.gov.au/RightsAndProtections/HumanRights/TreatyBodyReporting/Pages/default.aspx›.

[6] Council of Australian Governments 2009, *Protecting children is everyone's business: National Framework for Protecting Australia's Children 2009–2020*, Commonwealth of Australia, Canberra.

[7] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children*, Australian Research Alliance for Children & Youth, viewed 15 May 2013, ‹http://www.allenconsult.com.au/resources/acgprotectingchildren2009.pdf›, p. 4.

[8] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children*, Australian Research Alliance for Children & Youth, viewed 15 May 2013, ‹http://www.allenconsult.com.au/resources/acgprotectingchildren2009.pdf›, p. 5.

[9] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

[10] DCCSDS 2012, *2012–16 Strategic Plan*, Queensland Government, viewed 15 May 2013, ‹http://www.communities.qld.gov.au/gateway/about-us/corporate-publications/strategic-plan/2012-2016-strategic-plan›.

[11] DCCSDS 2012, *Our performance*, Queensland Government, viewed 15 February 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance›.

12 Further details of effects on child protection data can be found on relevant data tables on the Child Safety website: ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance/summary-statistics›.

13 Statement of Brad Swan, 28 February 2013, Attachment 1 (unpublished).

[14] *Child Protection Act 1999* (Qld) s. 14(1).

[15] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

16 *Child Protection Act 1999* (Qld) s. 6. A recognised entity is an individual who is, or an agency which includes an Aboriginal or Torres Strait Islander person with appropriate knowledge of or expertise in child protection. Recognised entities are discussed in more detail in Chapters 11 and 12.

[17] *Child Protection Act 1999* (Qld) ss. 51Z(a), 51ZD–51ZI.

18 The Childrens Court has jurisdiction to determine applications for assessment and child protection orders. The majority of these applications are heard by a magistrate with an avenue of appeal to a District Court judge (see Chapter 13).

[19] DCCSDS 2012, *Our performance*, Queensland Government, viewed 15 February 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance›.

20 If the chief executive becomes aware (whether because of a report made to the chief executive or otherwise) of alleged harm or risk of harm to a child and reasonably suspects that the child is in need of protection, the chief executive must immediately:

have an authorised officer investigate the allegation and assess the child's need of protection; or

take other action the chief executive considers appropriate: *Child Protection Act 1999* (Qld) s. 14(1).

[21] *Child Protection Act 1999* (Qld) s. 51AB(2).

[22] *Child Protection Act 1999* (Qld) s. 5B(e).

[23] *Child Protection Act 1999* (Qld) s. 51ZA.

24 *Child Protection Act 1999* (Qld) ch. 2, pt. 3B.

25 *Child Protection Act 1999* (Qld) ch. 2, pt. 2, 3, 3AA, 4.

[26] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

[27] *Child Protection Act 1999* (Qld) ss. 51ZD–51ZI.

[28] *Child Protection Act 1999* (Qld) s. 61. The Childrens Court has jurisdiction to determine applications for assessment and child protection orders. The majority of these applications are heard by a magistrate with an avenue of appeal to a District Court judge (see Chapter 13).

[29] *Child Protection Act 1999* (Qld) s. 59.

30 Additional requirements apply to the making of custody or guardianship orders: *Child Protection Act 1999* ss. 59(5)–(8).

31 *Child Protection Act 1999* (Qld) s. 104.

32 *Child Protection Act 1999* (Qld) s. 61(a).

33 *Child Protection Act 1999* (Qld) s. 61(b).

34 *Child Protection Act 1999* (Qld) s. 61(c).

35 *Child Protection Act 1999* (Qld) s. 61(d).

36 *Child Protection Act 1999* (Qld) s. 61(e).

37 *Child Protection Act 1999* (Qld) s. 61(f).

38 *Child Protection Act 1999* (Qld) s. 59(7).

39 DCCSDS, *Child safety practice manual, Chapter 3*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

40 Queensland Government, *2011–12 Child protection partnerships report* (draft).

41 A child is 'known' to the child protection system if they have been subject to a protective advice (prior to 2005–06), child concern report, notification or substantiation at any time.

42 Of children entering out-of-home care in 2011–12: 60% of Aboriginal and Torres Strait Islander children and 56% of non-Indigenous children were substantiated for neglect; 15% of Aboriginal and Torres Strait Islander children and 26% of non-Indigenous children were substantiated for emotional abuse; 18% of Aboriginal and Torres Strait Islander children and 15% of non-Indigenous children were substantiated for physical abuse; and 7% of Aboriginal and Torres Strait Islander children and 3% of non-Indigenous children were substantiated for sexual abuse.

43 Transcript, Clare Tilbury, 27 August 2012, Brisbane [p93: line 48]. Professor Clare Tilbury of Griffith University School of Human Services and Social Work holds the Carol Peltola Research Chair and leads child-focused research into effective support of vulnerable children and families from the child's perspective.

44 *Child Protection Act 1999* (Qld) s. 5B(f).

45 *Child Protection Act 1999* (Qld) s. 75.

46 *Child Protection Act 1999* (Qld) s. 159.

47 Australian Institute of Health and Welfare 2013, *Child protection Australia: 2011–12*, Child Welfare series no. 55, Cat. no. CWS 43, Canberra.

48 Exhibit 40, Statement of Clare Tilbury, 20 August 2012 [p4: para 12].

49 Australian Institute of Health and Welfare 2013, *Child protection Australia: 2011–12*, Child Welfare series no. 55, Cat. no. CWS 43, Canberra.

50 *Commission for Children and Young People and Child Guardian Act 2000* (Qld) ss. 17–18.

51 *Coroners Act 2003* (Qld) s. 11.

52 The regional estimates relate to the eight Indigenous regions as defined in the Australian Indigenous Geographical Classification at ‹http://www.abs.gov.au/ausstats/abs@.nsf/mf/4706.0.30.001›.

53 Queensland Treasury and Trade 2013, *Synthetically estimated Indigenous ERPs*, Queensland Government, viewed 18 April 2013, ‹http://www.oesr.qld.gov.au/products/qld-regional-database/qld-regional-database/index.php›.

54 Children's Commission 2012, *Snapshot 2012: children and young people in Queensland*, Brisbane.

55 O'Donnell, M, Scott, D & Stanley, F 2008, 'Child abuse and neglect — is it time for a public health approach?', *Australian and New Zealand Journal of Public Health*, vol. 32, no. 4, p. 327.

56 Australian Bureau of Statistics 2013, *Census of population and housing: socio-economic indexes for areas (SEIFA), Australia, 2011, 2011–12*, cat. no. 2033.0.55.001, Commonwealth of Australia, Canberra.

57 Australian Bureau of Statistics 2013, *Australian social trends, April 2013*, cat. no. 4102.0, Commonwealth of Australia, Canberra.

58 Queensland is divided into 456 statistical local areas, which are spatial units used to collect statistics that are smaller than the 74 local government areas within the state.

59 Healey, K 2012, *A study of crisis intervention and planned family support with vulnerable families*, Micah Projects, viewed 10 May 2013, ‹http://www.micahprojects.org.au/resource_files/micah/A-study-of-crisis-intervention-and-planned-family-support-with-vulnerable-families.pdf›.

60 Submission of Micah Projects Inc., April 2013 [p22].

61 Healey, K 2012, *A study of crisis intervention and planned family support with vulnerable families*, Micah Projects, viewed 10 May 2013, ‹http://www.micahprojects.org.au/resource_files/micah/A-study-of-crisis-intervention-and-planned-family-support-with-vulnerable-families.pdf›.

62 Australian Institute of Health and Welfare 2012, *Specialist homelessness services 2011–12*, cat. no. HOU 267, Canberra.

63 Australian Institute of Health and Welfare 2012, *Specialist homelessness services 2011–12*, cat. no. HOU 267, Canberra.

64 See *National affordable housing agreement* (2012) and *National partnership agreement on homelessness* (2012).

65 Goldman, J, Salus, M, Wolcott, D & Kennedy, K 2003, *A coordinated response to child abuse and neglect: the foundation for practice*, US Department of Health and Human Services, Washington.

66 Australian Bureau of Statistics 2012, *Births, Australia, 2011*, cat. no. 3301.0, Commonwealth of Australia, Canberra.

67 Department of Child Safety 2009, *Characteristics of parents involved in the Queensland child protection system report 6: summary of key findings*, Queensland Government, Brisbane.

68 Department of Child Safety 2008, *Characteristics of parents involved in the Queensland child protection system report 2*: p*arental risk factors for abuse and neglect*, Queensland Government, Brisbane.

69 Australian Institute of Health and Welfare 2011, *2010 National drug strategy household survey report*, Drug statistics series no. 25, cat. no. PHE 145, Canberra.

70 Australian Bureau of Statistics 2012, *Australian health survey: first results, 2011–12*, cat. no. 4364.0.55.001, Commonwealth of Australia, Canberra.

71 Australian Institute of Health and Welfare 2011, *2010 National drug strategy household survey report*, Drug statistics series no. 25, cat. no. PHE 145, Canberra.

72 Behnke, M & Smith, V 2013, *Prenatal substance abuse: short- and long-term effects on the exposed fetus*, Pediatrics, vol. 131, no. 3, e1009.

73 Standing Committee on Social Policy and Legal Affairs 2012, *FASD: the hidden harm – inquiry into the prevention, diagnosis and management of fetal alcohol spectrum disorders*.

74 National Health and Medical Research Council 2009, *Australian guidelines to reduce health risks from drinking alcohol*.

75 Standing Committee on Social Policy and Legal Affairs 2012, *FASD: the hidden harm – inquiry into the prevention, diagnosis and management of fetal alcohol spectrum disorders*.

76 Australian Bureau of Statistics 2006, *Personal safety, Australia, 2005 (reissue)*, cat. no. 4906.0, Commonwealth of Australia, Canberra.

77 Statement of Ian Stewart, 4 April March 2013 [p1].

78 Includes organic mental problems, alcohol and drug problems, mood (affective) problems and other mental and behavioural problems. Australian Bureau of Statistics 2012, *Australian health survey: first results, 2011–12*, cat. no. 4364.0.55.001, Commonwealth of Australia, Canberra.

79 Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013, Indigenous compendium*, Productivity Commission, Canberra.

80 Australian Institute of Family Studies 2012, *The longitudinal study of Australian children: annual statistical report 2011*, Australian Institute of Family Studies, Melbourne.

81 Department of Child Safety 2008, *Characteristics of parents involved in the Queensland child protection system report 2: parental risk factors for abuse and neglect*, Queensland Government, Brisbane.

Chapter 3
Funding the child protection system

This chapter examines historical factors that have led to the current funding distribution across the child protection system. It reviews child protection budgets in the context of Queensland's current fiscal position. It then discusses whether the resources allocated to the child protection system are adequate and are being used efficiently. It proposes a whole-of-government approach to child protection in Queensland and, importantly, provides projections of future funding should the reforms recommended in this report not occur. (Note: In this chapter, the 2011–12 financial year figures are referred to as 'current funding' as it is not possible to fully interrogate the 2012–13 financial year figures without complete data, which will not be available until after 30 June 2013.) Chapter 4 will make suggestions for reducing demand on tertiary child protection services.

3.1 Funding service delivery

Public child protection agencies have a responsibility to deliver a range of protective and supportive child welfare services that best fit the needs of children and families within the context of their respective communities.[1] Planning, identifying, managing and sustaining funding are critical to providing effective services and good outcomes for children, young people and families.[2] However, funding of child protection systems throughout Australia and the developed world is a topic of intense debate. This can be attributed to the substantial direct economic costs governments bear in preventing and responding to child abuse and neglect and the astronomical costs associated with the long-term effects of child abuse and neglect.[3]

National spending on child protection

To put Queensland into national perspective, most funding for child protection across all states and territories is used to provide tertiary child protection services. The weighting of investment in the Australian context remains at the statutory intervention level, particularly for out-of-home care — typically, the most expensive component.[4] Approximately $2.8 billion was spent nationally on child protection in 2010–11, with out-of-home care accounting for 65 per cent of all expenditure. Since 2006–07 national spending has shown an average annual increase of 10.2 per cent. In 2010–11, the data indicate that for every child aged 0–17 years in the Australian population, real recurrent spending on child protection services was approximately $607 per child.[5]

Despite this substantial investment, a study conducted in 2007 found that the lifetime costs for the population of children reportedly abused for the first time that year was in the order of $6 billion due to losses in productivity, increased crime, government expenditure on care and protection, health expenditure and additional education expenses, with a further cost of $7.7 billion due to the burden of disease.[6]

Expenditure on secondary level services across Australia has been significantly lower than that on tertiary services, despite the recommendations of the 1999 Forde and 2004 CMC inquiries and consistent with representations in submissions to the Commission that major benefits can be achieved by investing in assisting families earlier with prevention and early intervention services.[7] In 2011–12, $847.5 million was spent on intensive family support and family support services, comprising only 28 per cent of all funding on child protection in Australia.[8]

The Queensland child protection system

In Queensland, the chief executive's functions, as outlined in section 7(1) of the Child Protection Act, are secondary-focused functions such as:

> a) providing, or helping provide, preventative and support services to strengthen and support families and to reduce the incidence of harm to children [This function is further outlined in the *Family Services Act 1987*]

and tertiary-focused functions such as:

> b) providing, or helping provide, services for the protection of children and responding to allegations of harm to children

It is noteworthy that while the functions of the chief executive outlined in the Act have become more detailed in some respects since the Act came into effect in March 2000, the overall responsibilities have remained largely unchanged. The functions and outputs identified in the annual reports of the government department responsible for child protection, however, have changed substantially since 2004–05.

In 2004–05, the former Department of Child Safety (at that time a stand-alone department with responsibility for child protection and adoption services) outlined its functions as 'working with children and young people at risk of harm, the provision of support and counselling to children and families during times of separation and training and supporting foster carers'.[9] Its key outputs included early intervention, immediate response, and support services for children and families subject to statutory intervention. It catered for families at risk of entering the tertiary child protection system through to those subject to statutory intervention.

Over time, the Department of Child Safety narrowed its focus to the provision of services to children and young people who had been harmed. Its 2005–06 annual report described its key outputs as the provision of services to children at risk (investigation of allegations of harm and short-term ongoing intervention), service provision to children in care, and adoption services.[10] This was a shift away from the broad outputs of the previous year that included early intervention. In 2006–07, its functions shifted further towards the protection of children who were suffering significant harm.[11] In 2008–09, following machinery of government changes, the Department of Child Safety amalgamated with other government departments to form the larger Department of Communities, which in 2012 (following more machinery of government changes) became the Department of Communities, Child Safety and Disability Services (the department).

In the 2008–09 annual report of the department, Child Safety Services is identified as the lead agency in the provision of services to children who had been harmed, were at risk of harm or were in out-of-home care. Community and Youth Justice Services, also within the amalgamated department, was identified as being responsible for providing services to vulnerable families, thus continuing the separation of the arms of service delivery.[12] This situation has remained largely unchanged since 2008–09.

Queensland Commission of Audit

In June 2012, the Queensland Commission of Audit's interim report stated that the Queensland Government in recent years had embarked on an unsustainable level of spending, jeopardising the financial position of the state. It specified that, in its view, the Queensland Government: [13]

> … cannot continue to provide services to the same level or in the same way as at present. There is a need to:
>
> - review the range of services which should be provided by government
> - reprioritise and rationalise core service delivery functions; and
> - evaluate whether there may be better ways of delivering some services.

The report went further: it identified the state's child safety budget as a major funding pressure posing a risk to the state's fiscal position. If the current child protection system and associated funding model were to continue, it asserted, this would constitute an unacceptable level of ongoing liability for the state. It concluded:[14]

> In the absence of any policy change, the ability to meet the increasing costs internally would appear to be limited given the increase in the number of children currently entering care is greater than population growth. The budget and policy issues influencing the increase in child protection cases are expected to be considered in the proposed Child Protection Inquiry.

Since then, the final report has been released, confirming that the current funding trajectory for Child Safety Services poses a potential risk to the state's fiscal position due to the likelihood of a budget over-run. While the final report did not recommend anything specific for Child Safety Services, it reiterated the state's poor fiscal position and the need to change the level of services provided by the Queensland Government and the way in which those services are delivered. Specifically, Queensland must find ways to reduce costs while maintaining results through improved productivity.

The report further states that the recognition of a service as being the responsibility of government does not necessarily mean that government itself should deliver that service. It asserts that greater use of existing outsourcing models is likely to drive more innovative and cost-effective outcomes for other functions such as disability services, child safety, corrective services, social inclusion, and public housing. It acknowledged that this will require some investment in building capacity and strengthening governance structures of non-government providers, especially smaller ones with fewer resources.

Queensland's child protection budget

The Commission has considered whether the current funding for child protection services in Queensland is sufficient to meet the obligations outlined in the Act and what has been achieved with that funding.

In Queensland, funding for services related to child protection is provided through the Department of Communities, Child Safety and Disability Services, as appropriated funding under the Queensland state budget process. Departmental budgets are: [15]

> … prepared in consideration of individual departmental strategic plans, service delivery requirements, commitments made under national partnership agreements, and ongoing commitments under existing service delivery agreements with other organisations.

The main source for government budget figures is the annual service delivery statements and budget papers. Where available, this chapter refers to the figures in those documents. However, those sources do not always break down budgets and expenditures to the same extent as other sources including internal departmental financial information received by this Commission in response to summonses. The Commission, therefore, has had to rely on a range of sources, and any apparent inconsistencies in the data are due to different reporting requirements across government.

In 2012–13 the total budget for the department is $2.564 billion, of which Child Safety Services has received 30 per cent or $773 million. The remainder of the department's budget funding allocated by government is for disability services ($1.367 billion) and social inclusion ($422 million) to fulfil their legislated roles and responsibilities.[16]

The Commission has heard from other government agencies that contribute funding for secondary and primary child protection services — namely, the departments of Education, Employment and Training; Aboriginal and Torres Strait Islander Services and Multicultural Affairs; Justice and Attorney-General; Queensland Health, and the Queensland Police Service.

Queensland Health provides funding to Community Child Health Services and the Universal Postnatal Contact Service, and also participates in SCAN (Suspected Child Abuse and Neglect).[17] It has been unable to stipulate the exact amount of funding it contributes because, as the Director-General of Queensland Health stated, 'there is no dedicated budget. It is within the child health budget.'[18]

The Department of Education, Employment and Training gave the Commission details of the types of services related to child protection that it provides, such as youth support workers (paid for jointly with the department), school chaplains, school police officers and guidance officers. As mentioned in Chapter 8, the Department of Education, Employment and Training also receives funding from the department for education support plans.

The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs provided a detailed list of services it provides relating to child protection including the Cape York Welfare Reform, Queensland Urban and Regional Aboriginal and Torres Strait Islander Strategy – Learning Earning Active Places and Alcohol Management Plans.[19]

The Department of Justice and Attorney-General told the Commission that it has a prevention and early intervention program in Queensland, providing after-hours services for young people coming into contact with the law and linking them with services. This program has been allocated $2.3 million in 2012–13.[20]

The Queensland Police Service told the Commission that the services it provides are predominately tertiary related and performed by the Child Protection Investigation Unit,[21] but that it also provides some secondary support programs such as 'Who's Chatting to Your Kids?'[22]

In short, due to the complex nature of child protection it has proven extremely difficult to determine exactly what amount of government resources is directed to achieving child protection objectives, or which of these services produce child protection outcomes. For instance, money spent in the Department of Education and Training on guidance counselling and support could contribute to prevention of child abuse and neglect. Similarly, funds in Queensland Health and the Queensland Police Service could potentially be contributing to the prevention of abuse and neglect. The funding for Aboriginal and Torres Strait Islander child protection is even more complex because most of it is invested by the state and federal governments in various programs aimed at addressing the wider social disadvantage in those communities, a major contributor to child abuse and neglect.

Expenditure on child protection services is broken into four expense items, as defined in the *Report on government services*:

1. **child protection services** (includes receiving and assessing allegations of child abuse and neglect and/or harm; intervention to provide services; and referral to other relevant services)
2. **out-of-home care services** (care for children placed away from home for protection reasons)
3. **intensive family support services** (specialist services provided to families to prevent a child being placed in the care of the state or to re-unify a family where the separation has already occurred)
4. **family support services** (includes assessment of a family's needs, referral to support services and some support and diversionary service).

Intensive family support services and family support services aim, where practicable, to keep children united with family and out of the child protection system.[23]

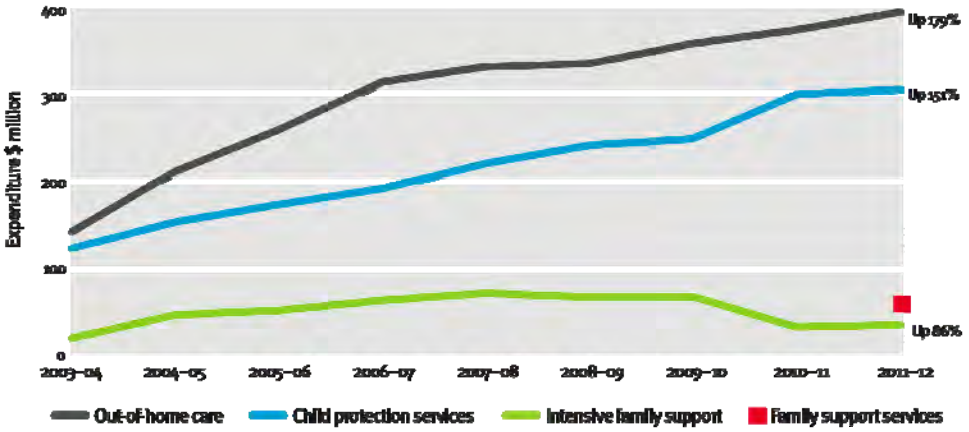
The data presented in Figure 3.1 from 2003–04 to 2011–12 indicate that expenditure on child protection services has increased by 150 per cent. Out-of-home care expenditure has increased 167 per cent and intensive family support services expenditure has increased 73.5 per cent. (Data on family support services are not available.) Despite the increases, in 2011–12 intensive family support services amounted to only 11 per cent of all expenditure on child protection.[24]

Funding for child protection increased substantially as a result of recommendations made by the 1998–99 Commission of Inquiry into the Abuse of Children in Queensland Institutions (Forde Inquiry) and the 2004 Crime and Misconduct Commission Inquiry into Abuse of Children in Foster Care (CMC Inquiry). Both inquiries raised the issue of adequacy of funding for child protection services in Queensland. Forde noted that:[25]

> Child welfare in Queensland has for many years been underfunded in comparison to the rest of Australia.

Forde recommended the allocation of an additional '$103 million to permit it [child welfare] to meet the national average per capita welfare spending for children, and agree to maintain the increase in line with the national average'.

Figure 3.1: Child protection expenditure by type of service — provision of child protection, out-of-home care and intensive family support services, Queensland, 2003–04 to 2011–12



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.1

Notes: Expenditure on family support services is only available for 2011–12.

The Crime and Misconduct Commission noted:[26]

> While acknowledging that many of the problems identified cannot be solved merely through additional funding, the Commission is convinced that the historical level of under-resourcing of child protection in Queensland must be remedied. A government commitment to improved resourcing levels allowing for a substantial increase in child protection staff is essential.

After the release of the Crime and Misconduct Commission report, expenditure on tertiary child protection services increased from $333.6 million in 2004–05 to $506.2 million in 2006–07.[27] From 2006–07 to 2011–12 the Queensland child protection services budget increased on average by 14.2 per cent per year[28] to a total $735.5 million in 2011–12. In total, from 2003–04 to 2011–12, the budget increased by 303 per cent from $182.3 million to $735.5 million.[29]

The most marked increase in funding has been in grants and subsidies, including grants to non-government organisations, foster care allowances, child-related costs and the Evolve program. Grants and subsidies increased from $65.9 million in 2003–04 to $441 million in 2011–12, an increase of 569 per cent. Over the same period, employee expenses grew by 131.7 per cent from $100.7 million to $233.3 million.[30]

The growth in the Child Safety Services budget includes increases for population growth,[31] enterprise bargaining and general inflation.[32] Despite these regular increases in funding, the budget for Child Safety Services is also a result of injections of new funding by government for demand-driven services such as funding for additional placements, which has received an additional $283.6 million since 2008–09.[33] In the 2012–13 Budget, Queensland Treasury noted that the additional funding went: [34]

> … towards the ongoing cost of current usage of transitional placements for children with highly complex needs in out of home placements.

Challenges evident in matching funding and demand are reflected in Table 3.1. For example, from 2003–04 to 2011–12 the numbers of children in out-of-home care increased at an average of 7.7 per cent per annum while the 0–17-year-old population increased at only 1.3 per cent per annum. Most recently, for the years 2010–11 and

2011–12, the increase in the number of children in out-of-home care increased 6.9 and 10.44 times faster than the 0–17-year-old cohort from which they are drawn.

Chapter 5 considers where the government should invest its funding in child protection to produce the best outcomes.

Table 3.1: Comparison of growth in Child Safety Services expenditure, inflation, children in out-of-home care and population, Queensland, 2004–05 to 2011–12

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12
Child Safety Services expenditure	$315m	$388m	$480m	$550m	$596m	$632m	$716m	$753m
Annual growth	*Not available*	23.2%	23.7%	14.6%	8.4%	6.0%	13.3%	5.2%
Inflation (CPI Brisbane)	2.6%	3.2%	3.3%	4.2%	3.7%	2.7%	3.3%	1.9%
No. of children in out-of-home care	5,657	5,876	5,972	6,670	7,093	7,350	7,602	7,999
Annual growth	28.2%	3.9%	1.6%	11.7%	6.3%	3.6%	3.4%	5.2%
Total population	3,994,858	4,090,908	4,177,089	4,270,091	4,365,426	4,424,158	4,474,098	4,560,059
Annual growth	2.4%	2.4%	2.1%	2.2%	2.2%	1.3%	1.1%	1.9%
Population 0–17 years	987,676	1,007,003	1,022,064	1,039,113	1,056,781	1,063,104	1,068,636	1,084,451
Annual growth	1.9%	2.0%	1.5%	1.7%	1.7%	0.6%	0.5%	1.5%
Aboriginal & Torres Strait Islander population 0–17 years	65,174	66,264	67,383	68,340	69,176	70,069	70,936	71,986
Annual growth	2.1%	1.7%	1.7%	1.4%	1.2%	1.3%	1.2%	1.5%

Source: Department of Communities, Child Safety and Disability Services; Australian Bureau of Statistics, *Consumer Price Index*, cat. no. 6401.0; Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.78; Government Statistician, Queensland Treasury and Trade (unpublished)

Notes: Children in out-of-home care and population data are as at the end of the period (30 June).

3.2 Assessment of adequacy of current budget (2011–12 to 2012–13)

In 2011–12, the Queensland Government spent $396.1 million on out-of-home care services, $306.2 million on child protection services and $90.5 million on intensive family support and family support services.[35] As the *Report on government services* publishes data for completed financial years only, projections for 2012–13 broken down into expenditure on tertiary as compared to secondary services were not available. However, a profile of the 2012–13 budget for Child Safety Services is presented in Table 3.2 below:

Table 3.2: Child Safety Services expenditure 2011–12 and budget 2012–13

	2011–12 Actual	2012–13 Budget	Increase
Total revenue	**$753.0m**	**$774.1m**	**2.8%**
Employee expenses – total	$233.3m$	$239.6m	2.7%
Frontline expenses	$187.3m	Not available	
Grants and subsidies – total	$441.0m	450.0m	2.0%
Transitional placements	$91.4m	Not available	
Foster care allowances	$95.5m	Not available	
Expenses – total	**$753.0m**	**$774.1m**	**2.8%**
Surplus/deficit	0	0	

Source: Department of Communities, Child Safety and Disability Services (unpublished)

It should be noted that the Queensland Government announced, as part of the 2012–13 budget, a reduction in the department's grants program by $368 million over four years[36] through 'efficiencies' and the return of 'uncommitted' grants funding. The Commission has heard concerns from PeakCare that:

> … the reduction in numbers of personnel across both these sectors will deplete capacity to properly and adequately implement responses to Inquiry recommendations. Reductions in 'policy' and 'program development' personnel and system administrators within both the government and non-governments sectors may not be an effective cost saving measure in the longer term if there is insufficient capacity left to undertake the detailed policy analysis, program development, change management and monitoring functions that will be needed to implement major reforms.[37]

As mentioned above, funding adequacy can be determined if the outcomes for which the funding is provided have been achieved. According to reports by the Queensland Auditor-General, this analysis would best be achieved through an examination of specific performance targets: [38]

> The specification of … performance targets and the analysis of performance results is a key requirement for determining the allocation of scare public sector resources by government in the annual budget and appropriation process.

The Auditor-General also commented in the same report:

> A clear objective is needed to assess the contribution the output makes to the achievement of the department's strategic goals and whole-of-government outcomes. Measures of output effectiveness and efficiency can then be developed which allow stakeholders to assess whether the quantity, quality, timeliness and cost measures are relevant for the purpose they are intended to achieve.[39]

Reported performance measures for Child Safety Services are contained in the State Budget 2012 service delivery statements.[40] The service delivery statement contains 13 child safety performance measures including sub-measures. The measures are arguably more quantity-based than quality- or efficiency-based. In a statement to the Commission, the department indicated that the measures in the service delivery statements provided key indicators of the demand on child protection services.[41] The department referred to the demand for services but did not always indicate how effective these services had been. The Children's Commission has told the Commission there is a 'present lack of genuine outcome data across all indicators of performance'.[42]

In the absence of key performance outcome measures, a true analysis of historical adequacy has not been able to be made by the Commission. However, through the evidence presented to the Commission in the hearings and submissions from stakeholders, it is clear that adequacy of funding for secondary and tertiary services should be considered separately.

Adequacy of child protection, prevention and early intervention services

According to the 2013 *Report on government services*, in 2011–12, Queensland spent 11.4 per cent of the total Child Safety Services budget on family support services, including intensive services.[43] Queensland, along with other Australian states and territories, has child protection systems that are driven by demand — that is, most funding is allocated to meet this demand through statutory child protection services. The former director-general of the department has reported to the Commission: [44]

> Successive budgets have responded to increased pressures on the child protection system … The key cost driver for Child Safety has been the increasing numbers of children being reported to Child Safety because of a concern they have been harmed or are at risk of harm.

The consistent allocation of funding to tertiary services has seen an escalation in the budget for Child Safety Services that is 'unsustainable'.[45]

The Assistant Under-Treasurer acknowledged that the real driver of the department's tight budget is the growth in demand for out-of-home care services, not intensive family support services. If the department can reduce the costs of out-of-home care, the entire cost of the child protection system would become more sustainable.[46]

While funding for tertiary services has continued to increase, the consistent view from community and government stakeholders is that current funding for secondary support services in Queensland, which includes approximately $13.2 million for Referral for Active Intervention, $11.3 million for Helping out Families and $22.7 million for Domestic and Family Violence services, is inadequate. A submission from Link-Up Queensland said: [47]

> There needs to be a substantial reinvestment in secondary prevention to meet the needs of vulnerable Aboriginal and Torres Strait Islander children and their families, and prevent their unnecessary entry or further entry into the child protection system.

The department is also strongly of the view that secondary services in Queensland are under-resourced: [48]

> It is clear from the modelling undertaken by the department in recent years, and the lessons learnt from 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 …

A number of stakeholders have pointed to specific areas in the secondary sector where investment needs to be increased to reduce the escalation of funding for statutory services. The Public Advocate highlighted expansion of early intervention and prevention services to reduce the demand for tertiary services:

> Additional financial resources, coupled with an expansion of early intervention and prevention services and an increase in the number of locations in which they are available, should partially alleviate the escalation of demand for tertiary child protection services.[49]

The Endeavour Foundation emphasises that further support for families of children with disabilities is required to prevent these children being relinquished into the care of the state:

> We argue that families require and should receive sufficient supports to care for their children at home, enabling them to avoid relinquishment, maintain their family unit and achieve best possible outcomes for their child.[50]

Similarly, BoysTown advocates for more funding to be invested in services designed to reduce domestic and family violence: [51]

> The sector requires a considerable injection of new funds for the development of services to respond to family violence. BoysTown is very aware of the Commission's terms of reference including that any recommendations take into consideration the fiscal position of the State. However it needs to be recognised that the current Family Violence sector is severely under resourced. This is evident in the findings from the 2009 report by the National Council to Reduce Violence against Women and their Children. Consequently, it is unlikely that support services to meet the needs of families will be available to assist in the resolution of harm to the children unless further funding is made available. This will continue to be a pressure on the child protection system and will continue to hamper its effectiveness in ensuring children's safety.

Information provided to the Commission has indicated that the increasing demand for statutory child protection services in Queensland, in the absence of any effective plan or strategy by the department to put downward pressure on tertiary-level demand, as well as the urgency to maintain adequacy of funding for those services, has reduced the funding allocated for secondary services. Investment in secondary services has not been sufficient despite recommendations from previous inquiries to substantially increase funding in this sector (Forde Inquiry 1999; Crime and Misconduct Commission 2004). This is also contrary to section 7 of the Act, which clearly states that one of the chief executive's functions is: [52]

> …providing, or helping provide, preventative and support services to strengthen and support families and to reduce the incidence of harm to children.

The Commission is of the view that the resources made available to and used by government departments for prevention and early intervention have not been sufficient or effectively targeted to meet the needs of vulnerable Queensland children and their families. However, the efficiency with which government resources are used needs to be examined to determine whether there are any savings that can be achieved in the short to long term that can be channelled back into prevention and early intervention services.

3.3 Efficiency

While there are a number of definitions that the Commission could use to evaluate the efficiency of the child protection system, for the purposes of this report the Commission has used 'allocative efficiency' as defined by the Centre for Policy Development as:[53]

> … allocating resources to produce and provide items and services of the highest total value. Value is often thought of as the amount of money someone is willing to pay, but this is not always reliable for all circumstances. A print-out of a document that is read and used by many people is more valuable than a print-out that's read by only a few, or no-one at all. Buying more nutritious and flavoursome foods gives a greater value than buying unhealthy and unappetising food. So, using paper on printing the most useful documents and getting the best food for the weekly budget, are examples of allocative efficiency.

This definition of efficiency was further supported by the Under-Treasurer, in evidence to the Commission, who said that to get value for money, it has to be spent on 'the right things' at the right time.[54]

A national comparison of costs

Differences between the management, policy settings and data collections between jurisdictions make meaningful comparisons difficult. However, at an aggregate level, the data also highlight the effect that these variations have on costs. Overall, as shown in Table 3.3, Queensland's real expenditure per child was below the national average but for the statutory component of child protection services it was above the national average. Expenditure per child on preventive services was well below the national average. This reflects a major difference in Queensland's scope of mandatory reporting and the policy of investigating all notifications, which are described later in this report.

Queensland's proportion of the national expenditure on child protection services is in line with its population proportion of children 0 to 17 years overall and for expenditure on out-of-home care. However, as shown in Table 3.4, the proportion on statutory child protection services is much higher than the population proportion expenditure on family support services.

The specific areas explored by the Commission where efficiency improvements could be made are:

- referrals from mandatory reporters
- outsourcing of services to non-government organisations
- contracts and licensing with non-government organisations
- functions of the Children's Commission.

Table 3.3: Real recurrent expenditure on child protection services per child, Queensland and Australia, 2011–12

	Real expenditure per child		Qld ranking in the 8 jurisdictions (1 = lowest, 8 = highest)
	Qld	Aust	
Child protection	$283	$203	7
Out-of-home care	$367	$382	5
Intensive family support	$31	$73	4
Family support services	$53	$92	5
Total	**$734**	**$750**	**6**

Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.1

Table 3.4: Queensland's real recurrent expenditure on child protection services and proportion of national expenditure, 2011–12

	Qld	Proportion of Australian expenditure	Qld ranking in the 8 jurisdictions (1 = lowest, 8 = highest)
Child protection	$306m	29%	7
Out-of-home care	$396m	20%	7
Intensive family support	$33m	9%	6
Family support services	$57m	12%	6
Total	**$793m**	**21%**	**7**

Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.1

The Commission will therefore focus on the efficient use of resources within Queensland by examining specific efficiency issues and savings, where applicable, that have been raised in evidence presented to the Commission.

Referrals from mandatory reporters

One of the factors driving demand for tertiary services is the growth in the number of reports to Child Safety that do not meet the threshold for further assessment and which become a child concern report.

In 2011–12, 80 per cent (89,680) of intakes became child concern reports, at an average minimum cost of $207 per intake.[55] Over the same period, the department spent approximately $18.6 million on child concern reports. From 2007–08 to 2011–12, the total number of notifications recorded by the department decreased from 25,003 to 24,823 (-0.7%); however, over the same period the number of intakes increased from 71,885 to 114,503 (+59%).[56]

Reports from the mandatory reporters of the Queensland Police Service, Queensland Health and the Department of Education and Training amounted to about 60 per cent of all intakes in 2011–12. One of the reasons identified in Chapter 4 for the increasing number of reports from the mandatory reporters is some individual departmental policies, along with a lack of clarity about when a report should be made to Child Safety Services.

The Commission accepts that not all mandatory reporters are child protection experts and may not have the skills, resources or role to offer additional support. Despite these factors, the Commission believes that the over-reporting of children to Child Safety Services is inefficient, not to mention damaging to those families who are being unnecessarily reported.

While the Commission does not expect that all reports to Child Safety Services made by mandatory reporters must meet the threshold for notification, there is room for more efficiency. Accordingly, Chapter 4 recommends changes to the Act to provide:

- greater certainty about what constitutes harm
- a legislative framework for mandatory reporting
- a review of the policies of reporting agencies
- training for mandatory reporters (both those mandated by legislation and policy)
- adherence to the reporters guide, and
- the QPS to remove the policy that mandates the reporting of all domestic violence incidents where a child resides with one of the parties to Child Safety.

Should the above recommendations be implemented by government, the Commission understands that any savings will likely be in employee expenses and therefore are unlikely to be cashable. However, this should enable a re-prioritisation of frontline staff across the department.

Outsourcing of services to non-government organisations

The Queensland Commission of Audit suggested outsourcing government services to non-government providers on the grounds that outsourcing would likely 'drive more innovative and cost-effective outcomes'.[57] The system changes recommended in the audit report include a shift to relying on non-government organisations to provide services, particularly in the secondary sector, with the expectation that this would produce a more efficient and effective child protection system in the longer term.

Queensland has expanded non-government service delivery considerably over the last decade with targeted funding to meet government objectives. The department grants funds to non-government organisations to provide family intervention services and places in the following placement types, under section 82(1) of the Act: [58]

- foster and kinship care
- specialist foster care
- residential care
- therapeutic residential care
- supported independent living
- specific response care.

In 2011–12, Child Safety Services spent $263 million on placements for children in out-of-home care providing 2.17 million placement nights.[59] Of this funding, 71 per cent was allocated to grant-funded placements and 29 per cent to transitional placements.[60] Transitional placements are provided on a fee-for-service basis by non-government organisations and account for 3.4 per cent of out-of-home care placements.[61] A transitional placement package may be necessary because a child has complex or extreme needs and cannot be placed in group residential or family-based settings. Almost all transitional placements funded by the department are residential care placements, although they can be any authorised placement type.[62] A transitional placement may also be a short-term measure while another place becomes available.

The Commission has received evidence suggesting that transitional placements are not a cost effective out-of-home care option.[63] Nonetheless, there are some obvious benefits to this model of funding. For example, funding for transitional placements only continues for as long as a child is in the placement. As such, vacancies within transitional placements should theoretically not exist. In contrast, pre-purchasing of placements under the current grants system vacancies exist due to the need for flexibility to meet placement pressures. The Commission found the average difference in 2011–12 between providing a grant-funded residential care placement ($587.44) and a transitional placement ($588.31)[64] was 83 cents per night.

Intensive family support services are not distributed evenly across the state. Evidence to the Commission has pointed out that there are also gaps in therapeutic services and in other forms of support (such as safe houses in remote communities). See Chapters 5 and 11. A full mapping of available services and service gaps needs to be undertaken across regions (see recs 5.1 and 11.1).

The Commission has consistently heard from non-government organisations that there are efficiencies to be made in the areas of contracting, quality standards and licensing, where there are regulatory burdens and impediments to providing services. The department is undergoing red-tape reduction reforms that will standardise and consolidate the processes required across all funding streams. This is discussed further in Chapter 12.

Non-government organisations have indicated that the sector would like to deliver more family support services and provide case-management services. However, expansion of the sector needs to take into account the sector's capacity from a business viability perspective, as well as the availability of a suitable workforce. Any expansion will need to be timed over several years. These matters are discussed in Chapters 6 and 10 respectively.

The Commission has been tasked with developing a 10-year roadmap for the child protection system. This report has made a number of recommendations aimed at reducing the out-of-home care population over time, which should reduce demand on the placement system. During these periods of decreasing demand, it may be more cost-effective for the department to shift the funding of non–family-based out-of-home care options to a fee-for-service basis. This would enable greater flexibility in the funding of non–family-based placements due to the absence of service agreements in the transitional placement funding model. Service agreements are typically three years in length, although shorter lengths can be approved.[65] If placement demand decreases during the period of a service agreement, vacancies in funded placements would increase leading to further inefficiencies. Increased flexibility of placement funding would help meet fluctuating regional demands and prove more cost effective in the long term.

Functions of the Children's Commission

In 2012–13, the Children's Commission has a budget allocation of $46.652 million[66] to undertake its statutory functions, including administering the Community Visitors program and blue card, policy and research, child death reviews, monitoring, investigations and advocacy.

The Children's Commission has told the Commission: [67]

> The CCYPCG's forward estimates have, like other government agencies, been reviewed and reduced. However, resources allocated to the CCYPCG are broadly sufficient …

Program-level costs are based on 2011–12 data submitted to the Commission by the Children's Commission. The Commission notes that the budget of the Children's Commission has decreased by $3 million since 2011–12. This has been taken into consideration in estimating the total potential savings generated from the Children's Commission.

As part of its terms of reference, the Commission has examined the oversight functions of the child protection system and recommends changes to its current role that should result in substantial fiscal efficiencies, namely to the Community Visitors program, complaints, auditing, investigation and the administration of the blue card system (see Chapter 12).

3.4 Performance monitoring

This chapter has addressed the importance of having rigorous performance monitoring to determine both allocation of funding and achieve a program's specified outcomes. Without appropriate performance measures, inefficiencies are more likely to occur.

In Queensland, the development of performance measures by government departments is guided by the Performance Management Framework. The framework states that each agency is responsible for planning service delivery and measuring and monitoring the efficiency and effectiveness of the services it delivers. The guide goes on further to state that 'establishing service standards will enable government and the public to make an assessment of whether or not agencies are delivering services to acceptable levels of efficiency and effectiveness'.[68]

In an analysis of performance measures in Queensland and Victoria, Tilbury points to these problems with the performance measurement of child protection in Queensland:[69]

- In funding non-government organisations, there are no aggregate data collected that enables government to monitor service delivery that is purchased from non-government.
- In both Queensland and Victoria, despite targets being set in state budget papers, there are no consequences for not reaching the target.
- The focus in Queensland is 'on outputs and processes rather than outcomes and there are few, if any, explicit links between the performance measurement regime and specific government objectives, much less outcomes for the users of child protection services'.

Tilbury also advocates that the measurement of child protection can greatly influence practice and how we think about problems and solutions.[70] In the review of child protection in the UK, Munro supports this notion, stating that the 'messages that frontline workers receive about what is important have a strong influence on the way they practice and how caseloads are prioritised'.[71] Performance measurement in Queensland has focused on the idea of child protection as investigation and placement. Tilbury claims that the performance regime in Queensland ignores family support work undertaken and that this promotes the idea of good practice being about safety and placement stability for children, overlooking the broader functions of child protection.

Tilbury concludes:[72]

> Unless performance measurement is oriented towards the production of meaningful knowledge that opens up debate, it will be tangential to real improvements in outcomes for the children and families who are the clients of child protection services.

The report by Munro recommended a change to performance measures in the UK where a combination of nationally collected and local data was used to measure performance, but where performance measures were not treated as an unambiguous measure of good or bad performance.[73]

A number of non-government organisations have made suggestions to the Commission about how Queensland could make the performance measurement process more valuable. Micah Projects has told the Commission that significant savings could be achieved by the department ceasing to conduct internal evaluations and reallocating funding to an independent body that would review outcomes and translate lessons learned to improve service delivery.[74]

Similarly, PeakCare suggests introducing strategies to address performance, and that these strategies should then be reported on and monitored in relation to their effectiveness.[75]

Bravehearts also suggests: [76]

> A child protection department that is underpinned by a culture of quality and continuous improvement should include the establishment of key performance indicators and the monitoring and compliance against these standards to ensure that the department is accountable and effective.

From an efficiency and effectiveness perspective, the Commission concludes that changes need to be made to performance measurement in Queensland.

3.5 Economic impacts of child abuse and neglect: downstream costs

A number of studies in Australia and internationally have concluded that the financial impacts for the individual, government and the community of child abuse and neglect are considerable.[77]

The lifetime costs for the national population of Australian children reportedly abused for the first time in 2007 is estimated to be approximately $6 billion due to the flow-on effects to other parts of society, with an additional $7.7 billion due to the burden of disease.[78]

As part of the Protecting Victoria's Vulnerable Children Inquiry, Deloitte Access Economics was commissioned to research the economic and social cost of child abuse and neglect in Victoria. The study concluded that costs included system costs, education system costs, productivity losses due to poorer employment and earning outcomes, justice system costs, the cost of child protection and intensive family support services, crisis accommodation costs, and losses due to additional welfare payments. The report estimated that the financial costs of child abuse and neglect occurring for the first time in 2009–10 in Victoria were between $1.6 billion and $1.9 billion. The lifetime cost of child abuse and neglect per child was approximately $300,000.[79]

A longitudinal study by Courtney, Terao and Bost has examined the impacts of placing children in foster care.[80] The study surveyed children who were to turn 18 in foster care and found that two-thirds of the boys and half of the girls had a history of delinquency. The sample group was three times more likely to have mental health needs and four times more likely to have been treated for a sexually transmitted disease compared with the national average. Chapter 9 of this report outlines some of the poor outcomes experienced by those who have a care history, including poor education and attainment, poor employment prospects, increased risks of early parenthood, increased health risks, and an increased risk of homelessness.

In its submission, Queensland Treasury and Trade supported the notional benefits in reducing the future costs of abuse and neglect in Queensland:[81]

> Funding spent to ensure that a child is adequately prepared for a productive adult life which includes employment benefits not only the individual but also the Queensland economy more generally. In an ideal world, a child utilises basic government services (such as health and education) whilst growing up and ultimately becomes an economically productive citizen, paying taxes and contributing to the general productivity of the State.

As highlighted, the significant future costs of child abuse and neglect cut across a number of areas of government including education, health, and justice, supporting the Commission's view that child protection in Queensland requires a coordinated whole-of-government response.

3.6 A whole-of-government approach to child protection

The Commission has received support from a range of both government and non-government stakeholders for a coordinated approach to child protection. From a non-government perspective, Mission Australia has strongly advocated a multi-agency collaborative response:

> It is therefore necessary to ensure that health, early and school education staff and those working with them are fully cognisant of the issues relating to child protection beyond their reporting requirements. Further there is a need for staff at such locations to embrace the philosophy enshrined within the National Framework that protecting children is everyone's business.[82]

Mission Australia therefore believes that in order to genuinely address social disadvantage, the concept of proportionate universality needs to be embedded across the system of services that support children and families, including a focus on high quality early childhood education and care.[83]

Queensland Government agencies have also supported the notion that a more efficient child protection system would involve better coordination of services. The Department of the Premier and Cabinet detailed:

> If child protection risk factors include unemployment, poverty, teen pregnancy, substance misuse, mental health issues and domestic and family violence, DPC would be interested to see if there is an evidence base for effective programs responding to these issues outside of the child protection continuum, that have positive flow on effects for the incidence of child protection concerns. Perhaps, too, there are exemplars of programs and services that are delivered essentially for "adult problems" but which are sensitised to their client's status as a parent.[84]

Similarly, the Children's Commission told the Commission:[85]

> … prevention and early intervention programs and support services are also funded by Queensland Health, the Department of Education, Training and Employment, and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. There appears to be no calculation of the total Queensland Government's expenditure on prevention and early intervention strategies or programs.
>
> There is also no overall strategic agenda to set the direction and identify the outcomes for this expenditure, and no overall governance structure to improve reporting and accountability. There is a consistent argument that 'more' needs to be spent on primary and secondary family support, but without knowing how much in total is currently being spent, and what outcomes current and future expenditure needs to achieve, it is unlikely that significant outcomes will be achieved or that there will be value for money in this expenditure.

Queensland Health provided its view on how this coordinated approach could be implemented:[86]

> To achieve effective interagency collaborative practice requires a formalised approach that supports collaboration at multiple levels, across government and non-government agencies. This approach requires a sound governance structure with reporting responsibilities at the different levels, including agreed goals, planning to identify and respond to needs, and a lead agency to drive and support collaborative practice. A governance framework which focuses on key system outcomes would be of benefit.

3.7 Effective future investment in child protection

Trends indicate that without a fundamental change in policy, the number of children in out-of-home care will increase, in turn increasing the funding required to meet demand.

Modelling undertaken by the Commission (Figure 3.2, page 76) indicates that under current policy, and if current trends continue, the number of children in out-of-home care will, as a worst case scenario, increase from 7,999 to 13,454 by 2022–23, representing an increase of 68 per cent. At best, with the maintenance of current policy and practices, the Commission has estimated that the number of children in out-of-home care will increase by 15 per cent by 2022–23. The projections provided to the Commission by the department align with the Commission's 'best case scenario' projections.

The Commission has also prepared some modelling to estimate the funding required on a no-policy-change basis (Figure 3.3, page 76). At worst, it is estimated that funding will increase from $735.45 million in 2011–12 to $1.537 billion in 2022–23, an increase of 108 per cent. At best, under current policy, funding will increase by 18.5 per cent by 2022–23. The department's own modelling estimates a budget of $1.202 billion will be required by 2022–23 (a 63% increase).

As reiterated by the Under-Treasurer in her evidence to the Commission, the current growth in the child safety budget is 'unsustainable'.[87]

In the development of this report and the resulting recommendations, the Commission has considered the concept of effective investment of resources. In determining what a better system might look like, the Commission has relied on both the research of where best to invest, as outlined in Chapter 5, as well as the evidence that has been put forward to the Commission.

The evidence provided to the Commission has been strongly in favour of a shift in funding from statutory services to those focused on prevention and early intervention. The Aboriginal and Torres Strait Islander Healing Foundation states:[88]

> Children and their families need to be supported from the very beginning to prevent abuse and neglect and eliminate the need to separate children from their families and culture. Despite this being acknowledged by most service providers and government departments, expenditure on out-of home care continues to increase. It is vital for a shift to occur from expenditure on reactive child protection services to a focus on expenditure of family support services and child and family wellbeing.

Further supporting the position that a balance in funding needs to occur, the Ethnic Communities Council of Queensland states:[89]

> Queensland would benefit from adopting a more preventative … [approach] over time rather than relying on a system that waits until children need to be removed before services become available to vulnerable families. A better resourced child protection system will reduce demand within the child safety system and lead to improved outcomes for children who are removed from their families.

Queensland Treasury and Trade supports the notion that investment in prevention and earlier intervention is a good economic investment, stating:[90]

> QTT believes that funding effective prevention and early intervention services is a sound investment. Funding spent to ensure that a child is adequately prepared for a productive adult life which includes employment, benefits not only the individual but also the Queensland economy more generally.

Most of the evidence gathered by the Commission has indicated that to reduce the number of children in the care of the state and to establish a more sustainable expenditure, the focus must move towards secondary services. However, it has become clear that while more funding is required for prevention and early intervention services, the Commission needs to consider carefully how funding can effectively and efficiently be allocated to these services.

Although most of evidence received by the Commission has indicated that re-allocation of resources to the secondary sector should occur, the Commission readily accepts that re-allocation needs to occur gradually so that children currently in the statutory system will not be inadvertently disadvantaged. For example, the Commission for Children and Young People and the Child Guardian has stated: [91]

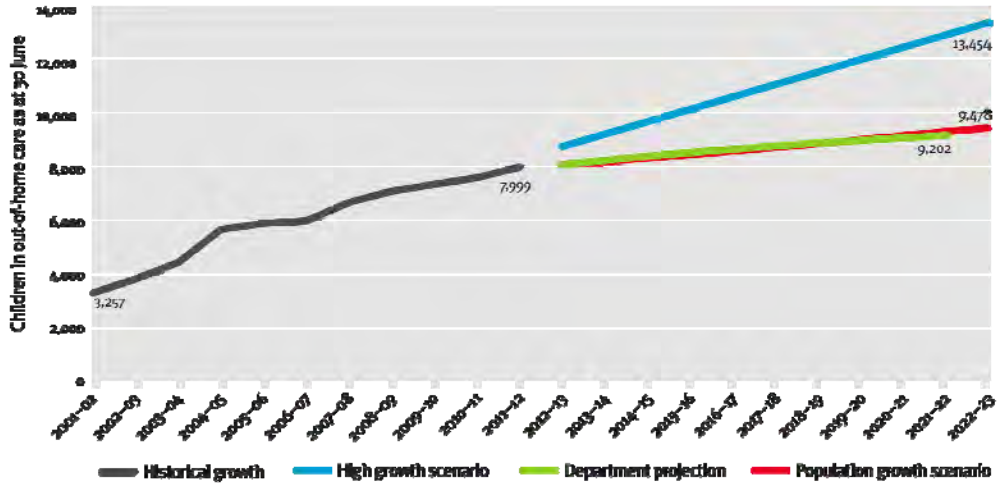
> … It is crucial that adequate resources are available to support the Department of Communities, Child Safety Services and other relevant agencies to maintain an effective and independently monitored tertiary child protection system and that any reduction in funding to the tertiary system is conditional upon a demonstrated effectiveness of secondary services resulting in an actual reduction in the tertiary interventions required.

PeakCare has also urged caution when considering adequacy of current resourcing and how this might be used more effectively:[92]

> … it may also be expected that there will be challenges posed in not prematurely shifting resources away from the tertiary end (e.g. out-of-home care) towards prevention and early intervention without giving sufficient time for the demand for tertiary services to be effectively and genuinely reduced, which may expose some families and their children to even higher levels of risk than those that currently exist.

Further, the Under Treasurer has told the Commission that if more money is spent without achieving policy outcomes, then this is not an efficient use of resources.[93]

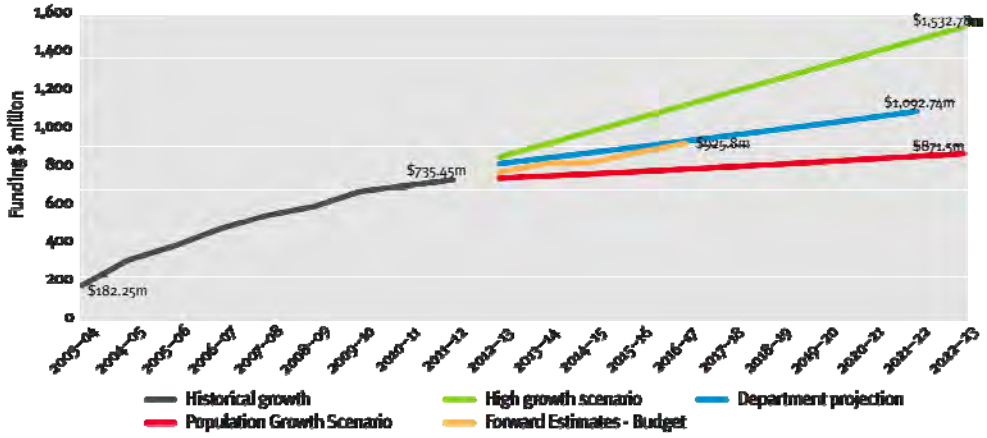
Figure 3.2: Projections of the numbers of children in out-of-home care to 2022–23



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.17; Department of Communities, Child Safety and Disability Services (unpublished)

Notes: The model used to populate this graph was adapted from a model designed by the Department of Communities, Child Safety and Disability Services. Assumptions: linear growth scenario is a linear projection of actual numbers from 2001–02 to 2011–12 (least squares method); population growth scenario reflects projected population growth of 0–17 year olds. The department's projections extend to 2021–22 and the Commission's projections extend to 2022–23.

Figure 3.3: Projections of funding required for Child Safety Services to 2022–23



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.1; Department of Communities, Child Safety and Disability Services (unpublished)

Notes: Assumptions: linear growth scenario is a linear projection based on actual expenditure from 2001–02 to 2011–12 (least squares method). The budget projections (Forward Estimates) extend to 2016–17, the department's projections extend to 2021–22, and the Commission's projections extend to 2022–23.

3.8 Summary

The Commission's terms of reference required it to focus on whether current resources for child protection — which have increased substantially over the previous decade — are adequate and wisely deployed. What it has found is that, while funding has been generous overall, investment in secondary (preventive) services has not been sufficient, despite the recommendations of previous inquiries, the clearly articulated provisions in section 7 of the Child Protection Act, and the widespread community belief that major benefits can be had by investing in assisting families earlier.

Owing to the complex nature of child protection, it has proven extremely difficult for the Commission to determine exactly what amount of government resources is directly invested in child protection, or which of these services produce child protection outcomes. However, it can be said that more resources are spent on tertiary services than on secondary ones. This is true of spending across Australia, not just in Queensland, but, given Queensland's fiscal situation, it is imperative that we find a way to use our resources to greater effect.

In total, over the last decade, the budget for child protection services has more than tripled, going from $182.3 million in 2003–04 to $773 million in 2012–13. The most expensive component is out-of-home care. In 2011–12, the Queensland Government spent $396.1 million on out-of-home care services, as compared with $90.5 million on family support services. As is evident, the real driver of the department's budget is the growth in demand for out-of-home care services, not family support. If the department can reduce the costs of out-of-home care, the entire cost of the child protection system would become more sustainable.

The Commission has not been able to make a true analysis of the effectiveness of the current system because of the absence of key performance outcome measures. However, through the evidence presented to the Commission in the hearings and submissions from stakeholders, it is clear that adequacy of funding for secondary and tertiary services should be considered separately.

Many stakeholders have pointed to specific areas in the secondary sector where investment needs to be increased to reduce the escalation of funding for tertiary services. Indeed, increasing demand for statutory child protection services, as well as the urgency to maintain adequacy of funding for those services, has reduced the funding allocated for secondary services.

As pointed out by the 2013 Commission of Audit, recognition of a service as being the responsibility of government does not necessarily mean that government itself should deliver that service. The non-government sector has made it clear to the Commission that it is capable of providing statutory services and is willing to do so. This will nonetheless require investment in building capacity and strengthening the governance structures of non-government providers, especially smaller ones with limited resources.

As part of the 2012–13 budget, the Queensland Government announced a reduction in the department's grants program by $368 million over four years through 'efficiencies' and the return of 'uncommitted' grants funding. This has provoked protests from some agencies. But the Commission has pinpointed five areas where efficiency improvements could be made. These relate to referrals from mandatory reporters; outsourcing of services to non-government agencies; placement funding; contracts and licensing with

non-government organisations; and the functions of the Children's Commission. Subsequent chapters will examine these areas in detail.

With the understanding that the state's fiscal position makes it difficult to inject new money into the child protection system, the Commission has recommended reforms that focus on doing more with what we have. At the same time it has become overwhelmingly evident to the Commission that to reduce the over-reliance and increasing costs associated with statutory child protection in the long term, additional funding is needed for family support services in the short term.

Endnotes

[1] National Association of Public Child Welfare Administrators 2010, *Child welfare finance reform policy proposal*, American Public Human Services Association, Washington, viewed 10 April 2013, ‹http://www.napcwa.org/home/docs/NAPCWAFinancingProposal.pdf›.

[2] Administration for Children and Families n.d., *Child welfare information gateway: funding*, US Department of Health and Human Services, Washington, viewed, 10 April 2013, ‹https://www.childwelfare.gov/management/funding/›.

[3] Scott, D 2012, *The economic costs of child abuse and neglect*, Australian Institute of Family Studies, Australian Government, viewed 10 April 2013, ‹http://www.aifs.gov.au/cfca/pubs/factsheets/a142118/index.html›.

[4] Submission of Mission Australia, September 2012 [p4].

[5] Taylor, P, Moore P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne.

[6] Taylor, P, Moore P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne.

[7] Submission of Queensland Law Society, 19 October 2012 [pp14–5]; Submission of Mission Australia, September 2012 [p14]; Submission of UnitingCare Community, October 2012 [p5: para 18]; Submission of Anglicare Southern Queensland, November 2012 [pp3-4]; Submission of Queensland Council of Social Service, 28 September 2012 [p18]; Submission of Churches of Christ Care, September 2012 [p3]; Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3].

[8] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra.

[9] Department of Child Safety 2005, *Annual report 2004–2005*, Queensland Government, Brisbane.

[10] Department of Child Safety 2006, *Annual report 2005–2006*, Queensland Government, Brisbane.

[11] Department of Child Safety 2007, *Annual report 2006–2007*, Queensland Government, Brisbane.

[12] Department of Communities 2009, *Annual report 2008–2009*, Queensland Government, Brisbane.

[13] Queensland Commission of Audit 2012, *Queensland Commission of Audit –interim report*, Queensland Government, Brisbane, pp. 10–1.

[14] Queensland Commission of Audit 2012, *Queensland Commission of Audit – interim report*, Queensland Government, Brisbane, p. 135.

[15] Statement of Brad Swan, 22 February 2013 [p8: para 35].

[16] Queensland Treasury and Trade 2012, *Service delivery statement 2012–13*, Queensland Government, Brisbane.

[17] Exhibit 26, Statement of Corelle Davies, 9 August 2012 [pp3–4: para 16].

[18] Transcript, Corelle Davies, 21 August 2012, Brisbane [p48: line 18].

[19] Exhibit 50, Statement of Wayne Briscoe, 24 August 2012 [p7: para 31 – p11: para 61].

[20] Transcript, Stephen Armitage, 27 August 2012, Brisbane [p30: line 23].

[21] Exhibit 30, Statement of Ian Stewart, 10 August 2012 [p4: para 16].

[22] Exhibit 24, Statement of Cameron Harsley, 10 August 2012 [p9: para 37].

[23] Community and Disability Services Minister's Advisory Council n.d., *Family support services – National Collaboration Framework 2011–13*, Australian Government, Canberra.

[24] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra.

[25] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 118.

[26] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 146.

[27] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra, Table 15A.1.

[28] Transcript, Helen Gluer, 27 February 2013, Brisbane [p20: line 10].

[29] Statement of Brad Swan, 14 September 2012, Attachment 1.

[30] Exhibit 9, Statement of Brad Swan 10 August 2012 [p62: para 252–3]; Statement of Brad Swan, 28 March 2013, Attachment 1.

[31] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p12].

[32] Transcript, Walter Ivessa, 27 February 2013, Brisbane [p24: line 40].

[33] Queensland Government 2008, *Budget measures 2008–09*, Queensland Government, Brisbane; Queensland Government 2009, *Budget measures 2009–10*, Queensland Government, Brisbane; Queensland Treasury and Trade 2012, *Budget measures 2012–13*, Queensland Government, Brisbane.

[34] Queensland Treasury and Trade 2012, *Budget measures 2012–13*, Queensland Government, Brisbane, p. 29.

[35] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra.

[36] Queensland Treasury and Trade 2012, *Budget measures 2012–13*, Queensland Government, Brisbane.

[37] Submission of PeakCare Queensland Inc., October 2012 [pp23–4].

[38] Queensland Audit Office 2007, *Auditor-General's report to parliament no. 4 for 2007*, Queensland Government, Brisbane, p. 7.

[39] Queensland Audit Office 2007, *Auditor-General's report to parliament no. 4 for 2007*, Queensland Government, Brisbane, p. 8.

[40] Queensland Treasury and Trade 2012, *Service delivery statement 2012–13*, Queensland Government, Brisbane.

[41] Statement of Brad Swan, 22 February 2013 [p10: para 44].

[42] Submission of Commission for Children and Young People and Child Guardian, 29 November 2012 [p7].

[43] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra.

[44] Exhibit 14, Statement of Linda Apelt, 14 August 2013 [p2: para 3].

[45] Transcript, Helen Gluer, 27 February 2013, Brisbane [p26: line 16].

[46] Transcript, Walter Ivessa, 26 February 2013, Brisbane [p48: line 23].

[47] Submission of Link-Up Queensland, January 2013 [p7].

[48] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p83].

[49] Submission of Office of the Public Advocate, March 2013 [p2].

[50] Submission of Endeavour Foundation, September 2012 [pp3–4].

[51] Submission of BoysTown, March 2013 [p7].

[52] *Child Protection Act 1999* (Qld) s. 7(1)(b).

[53] Stone 2013, *Decoding efficiency,* The Centre for Policy Development, viewed 3 April 2013, ‹http://cpd.org.au/wp- content/uploads/2013/04/CPD_Decoding_Efficiency_Chris_Stone.pdf›.

[54] Transcript, Helen Gluer, 27 February 2013 [p30: line 40].

[55] Statement of Brad Swan, 22 February 2013, Table 3 [p4]. Activity Group 1 was used as the expenditure for intakes in 2011-12, this was divided by the number of intakes in 2011–12 (114,503) to estimate the cost per intake.

[56] Statement of Patrick Sherry, 17 January 2013, Attachment 48.1.

[57] Queensland Commission of Audit 2013, *Queensland Commission of Audit –final report*, vol. 1, Queensland Government, Brisbane, p. 23.

[58] DCCSDS 2013, *Policy statement: child related costs – placement funding*, Queensland Government, Brisbane.

[59] One "placement night" equals one night of out-of-home care for one child.

[60] Exhibit 9, Statement of Brad Swan, 10 August 2013, Attachment 7.

[61] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p125: para 546 – p126: para 547].

[62] Statement of Patrick Sherry, 25 January 2013 [p10: para 49].

[63] Statement of Greg Wall, 31 January 2013 [p9: para 50]; Transcript, Marissa Sherry, 7 February 2013, Brisbane [p11: para 41].

[64] Statement of Patrick Sherry, 17 January 2013, Attachment 18.2 and Attachment 13.1; Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.

[65] Statement of Helen Ferguson, 11 April 2013 [p9: para 54].

[66] Queensland Treasury and Trade 2012, *Service delivery statement 2012–13*, Queensland Government, Brisbane.

[67] Exhibit 23, Statement of Elisabeth Fraser, 8 August 2012 [p16: para 72].

[68] Department of the Premier and Cabinet 2012, *A guide to the Queensland government management framework*, Queensland Government, Brisbane, pp. 11, 46.

[69] Tilbury 2006, 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, pp. 54, 56.

[70] Tilbury 2006, 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, pp. 48–61.

[71] Munro, E 2011, *The Munro Review of Child Protection — interim Report: the child's journey*, Department for Education, United Kingdom, p. 80.

[72] Tilbury 2006, 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, p. 59.

[73] Munro, E 2011, *The Munro Review of Child Protection – final report: a child-centred system*, Department of Education, United Kingdom.

[74] Submission of Micah Projects Inc., April 2013 [pp16–7].

[75] Submission of PeakCare Queensland Inc., March 2013 [p9].

[76] Submission of Bravehearts, 5 November 2012 [p32].

[77] Bromfield 2012, *The economic costs of child abuse and neglect*, Australian Institute of Family Studies, Australian Government, Canberra.

[78] Taylor, P, Moore, P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne.

[79] Deloitte Access Economics 2011, *The economic and social cost of child abuse in Victoria, 2009–10*, Protecting Victoria's Vulnerable Children Inquiry, Melbourne.

[80] Courtney, M, Terao, S & Bost, N 2004, *Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care*, Chapin Hall Center for Children at the University of Chicago, Chicago.

[81] Statement of Helen Gluer, January 2013 [pp2–3].

[82] Submission of Mission Australia, September 2012 [p4].

[83] Submission of Mission Australia, September 2012 [p4].

[84] Exhibit 187, Submission of Department of the Premier and Cabinet, March 2013 [p3].

[85] Submission of Commission for Children and Young People and Child Guardian, 15 March 2013 [p16].

[86] Exhibit 191, Submission of Queensland Health, March 2013 [p1].

[87] Transcript, Helen Gluer, 27 February 2013, Brisbane [p26: line 16].

[88] Submission of Aboriginal and Torres Strait Islander Healing Foundation, March 2013 [p2].

[89] Submission of Ethnic Communities Council of Queensland, September 2012 [p5].

[90] Submission of Helen Gluer, March 2013 [pp2–3].

[91] Submission of Commission for Children and Young People and Child Guardian, September 2012 [p44].

[92] Submission of PeakCare Queensland Inc., October 2012 [p24].

[93]Transcript, Helen Gluer, 27 February 2013, Brisbane [p30: line 30–42].

Chapter 4
Diverting families from the statutory system

This chapter examines the critical factors that have contributed to the growing and unsustainable demand on the statutory child protection system in Queensland. It proposes reforms that are intended to relieve pressure on the system and improve outcomes for families. The reforms focus on two different points where families can be diverted away from the statutory system to services — at initial reporting and at notification. The chapter goes on to review current investigation and assessment practices and recommend strategies for improving the quality of investigations. The chapter concludes by describing how the reformed system will operate and the governance mechanisms needed to effect change.

The alternative pathways and responses described here are best delivered by community-based agencies. Their effectiveness will depend very much on the implementation of the Commission's proposals for improved early intervention, prevention and intensive family support services (see next chapter).

4.1 Reducing the demand on the statutory system

Information provided to the Commission suggests that the two main factors contributing to the unsustainable demand on the Queensland statutory child protection system are:

1. the high number of intakes to Child Safety (reporting stage)
2. too many investigations being conducted by Child Safety (notification stage)

Both these factors have complex causes but are largely the result of Child Safety having too much of a forensic focus and being the only destination for reporting child protection.

This chapter examines, in turn, these key drivers of demand and proposes solutions. It then looks briefly at other factors contributing to the rise in demand.

High number of intakes (reporting stage)

To recap the points made in Chapter 2, most reports to Child Safety are assessed as child concern reports because the issues raised do not reach the threshold for a notification — that is, a reasonable suspicion that a child has suffered harm, is suffering harm or is at unacceptable risk of suffering harm *and* where the child has no parent able and willing to provide protection.

In 2011–12 an estimated 80 per cent of reports to Child Safety (called 'intakes') were recorded as child concern reports (89,680 of the 114,503), which means that only 20 per cent reached the threshold for a notification. In the context of mounting workload pressures, finding the small proportion of children who actually need ongoing statutory intervention has been described as like 'finding a needle in a haystack'.[1]

Reporting patterns have been influenced by the 1998–99 Commission of Inquiry into Abuse of Children in Queensland Institutions (Forde Inquiry) and the 2003–04 Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care (CMC Inquiry), both of which raised public awareness of risks related to children.

Submissions to the Child Protection Commission of Inquiry have argued that the recommendations of the CMC Inquiry encouraged the adoption of a forensic child-rescue approach.[2] Since 2004, reporting patterns have been influenced by:

- more categories of professionals being mandated to report child abuse and neglect concerns; for example, nurses became mandatory reporters in 2005[3]
- reporting practices widening beyond legislative obligations because of internal operational policies that have developed over time in individual government agencies;[4] for example, the introduction in 2005 of a new operational police policy whereby police notify Child Safety of all domestic violence incidents when at least one of the parties has a child living with them (even if the child is not present at the time of the incident or not involved in the incident)[5]
- legislative amendments in 2004 broadening the scope for notifications to include unborn child notifications.[6]

Current reporting obligations

Various categories of professionals are required by law to report suspected child maltreatment (encompassing abuse and neglect) to Child Safety Services. They are:

- authorised officers, or an officer or employee of the department involved in the administration of the Child Protection Act, or employees of departmental care services or licensed care services who become aware, or reasonably suspect, that a child in care has been harmed[7]
- medical practitioners and registered nurses who become aware, or reasonably suspect, that a child has been, is being, or is likely to be harmed[8]
- the Commissioner for Children and Young People if the Commissioner considers a child may be in need of protection under the Child Protection Act[9]
- Family Court employees and counsellors who have reasonable grounds for suspecting that a child has been abused or is at risk of being abused.[10] The Family Law Act defines abuse widely as including acts causing serious psychological harm, exposure to family violence and serious neglect.

In addition, teachers and school employees have an obligation to report to their school principal, who in turn will report to the police, if they become aware, or reasonably suspect, that a student has been sexually abused.[11]

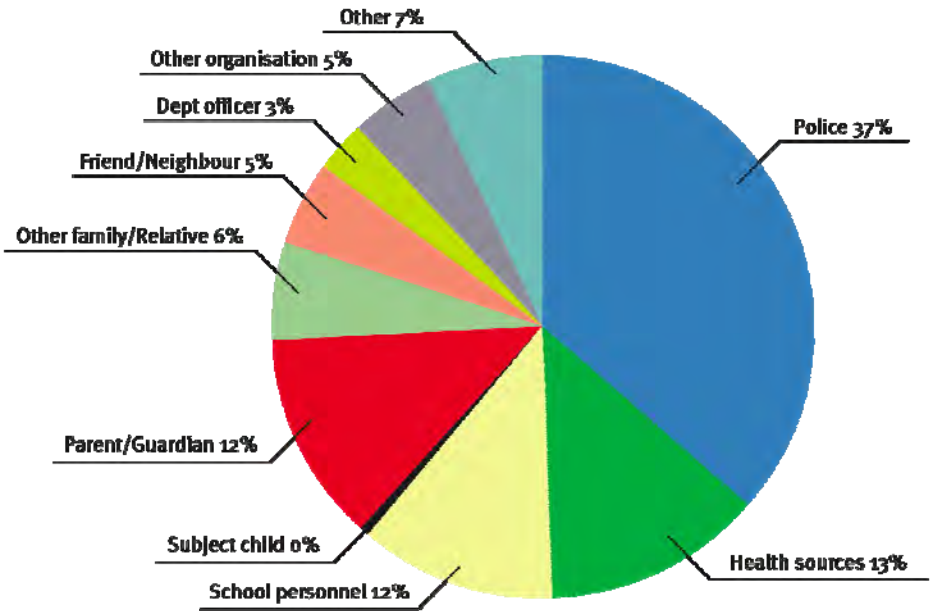
Perceived problems with the current mandatory reporting provisions are:

- inconsistency between the different obligations of the various professionals and the fact that reporting is required under several different pieces of legislation.[12]

- differences in the reporting thresholds — for example, unlike the obligation on the Commissioner for Children and Young People, the Queensland Health reporting obligation falls short of the threshold in that it does not require consideration of the *second* part of the test (i.e. that there is no parent able and willing to protect the child)[13]
- confusion among mandatory reporters as to whether concerns must be reported immediately or after due consideration and further inquiries.[14]

Currently, nearly two-thirds (62%) of all reports to Child Safety Services are generated from three sources — the Queensland Police Service (37%), health sources (13%) and school sources (12%). See Figure 4.1.

Figure 4.1: Child protection intakes by type of notifier, Queensland, 2011–12

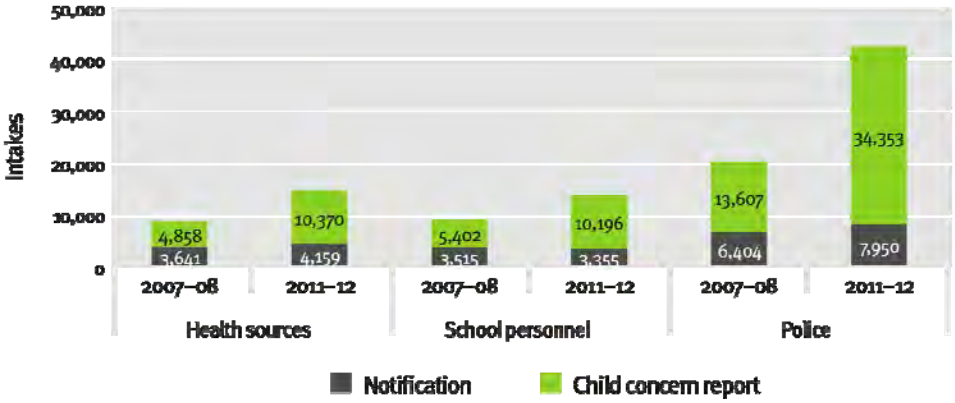


Source: Department of Communities, Child Safety and Disability Services, *Our performance*, Table I.2

Notes: If a child was subject to more than one intake report during the period, an intake is counted for each instance (n = 114,503).

The data show that while the number of notifications from each of these three sources have remained relatively stable or have increased only slightly between 2007–08 and 2011–12, there has been considerable increase in the number of reports to Child Safety that do not meet the threshold. Between 2007–08 and 2011–12, the Queensland Police Service child concern reports rose by 152 per cent (see Figure 4.2).

Figure 4.2: Child protection intakes notified by health, school and police sources by response type, Queensland, 2007–08 and 2011–12



Source: Department of Communities, Child Safety and Disability Services, *Our performance*, Table I.2

Notes: If a child was subject to more than one intake report during the period, an intake is counted for each instance.

The gulf between the total number of reports received and the number that reach the threshold for investigation and assessment as a notification may be due to a lack of clarity about when a report should be made. This means that the information in the report does not always align with the department's legislative authority to intervene. The authority to intervene arises only when harm is of a significant nature and occurs within the context of the child's family or is provided in a way that communicates a concern likely to result in a child being in need of protection.[15]

The Commission notes that many of the professionals with mandated reporting requirements may not be child protection experts, nor is child protection their principal concern. Rather, they come from various disciplines and backgrounds and have diverse skills and knowledge. These professionals may not easily recognise the signs of a child at risk of abuse or in need of protection. Indeed, in many circumstances, reporting a family to statutory child protection authorities is a difficult decision.

However, it is important that every effort is made by these reporters to 'get it right'. A misreport can be counterproductive, doing more harm than good by needlessly stigmatising a family and potentially exposing it to a traumatic investigation that may not be required (see discussion later in this chapter). Further, too many reports will overload the system and possibly result in 'false positive' risk assessments or, worse still, 'false negative' risk assessments. This could mean that one child gets a full forensic investigation when the family only needed support, while another child gets nothing when a protective response was required.

Queensland Health advises its staff to report harm when they have formed a 'reasonable suspicion' of child abuse and neglect using their professional judgement and considering the presence of signs, disclosures, injuries, symptoms and behaviour that heighten their concerns about a child's safety. The policy also asks staff to identify the type of harm, assess the significance of the harm, and consider whether the harm might be the result of abuse. 'Harm' in the policy is defined by reference to the definition in the *Public Health Act 2005,* which in turn mirrors the definition in the Child Protection Act. 'Reasonable suspicion of child abuse and neglect' is further described in the policy as including:

> … suspicion of harm arising from physical abuse and physical neglect, emotional abuse and emotional neglect, and sexual abuse and exploitation. The harm caused to children is often on a continuum from mild to life-threatening.[16]

Dr Andrew White informed the Commission that the reporting of significant harm alone was previously the 'mainstay' entry point of child protection investigations with the additional assessment of 'parent willing and able' being an outcome.[17] He noted that this has contributed to ongoing tension between the two agencies. Health reporting, he suggested, is sometimes perceived by Child Safety as a default position where health professionals negate their ongoing responsibilities, shift risk to Child Safety and cause children and families to be unnecessarily and permanently listed in a child protection data system.[18]

Education Queensland employees are required to report when they reasonably suspect harm or risk of harm to students. The protection policy covers harm caused by another student or a person not employed by the department, and student self-harm. Employees are not required by the policy to investigate before making a report to the school principal. If satisfied that reasonable grounds exist to suspect that a student has been harmed or is at risk of being harmed, the principal informs the Queensland Police Service or Child Safety Services as a matter of urgency.[19]

The Queensland Catholic Education Commission and its constituents have reporting obligations under the *Education (General Provisions) Act 2006* and also under two other pieces of legislation.[20] Under the *Commission for Children and Young People and Child Guardian Act 2000*, schools must develop a Child Protection Risk Management Strategy.[21] Under the Education (Accreditation of Non-State Schools) Regulation 2001, schools are to develop written processes for notifying harm or suspected harm to Child Safety Services and the Queensland Police Service.[22]

The Queensland Catholic Education Commission suggests that ambiguity within the legislation leads to unnecessary reports to Child Safety. It also notes that it is required to report incidents of self-harm to the Queensland Police Service or Child Safety (as prescribed in the Regulation) even when the child's parents are acting protectively.[23] The Queensland Catholic Education Commission supports improved consistency of obligations both to assist professionals and reduce the volume of reports to Child Safety that do not meet the statutory threshold (that is, the threshold for a notification).[24]

As noted earlier in this chapter, Queensland Police Service policy sets very wide parameters for reporting, in that it includes every case where children may have been exposed to domestic violence. These reports are reviewed by the Officer in Charge of the Child Protection Investigation Unit, who adds relevant historical and other information and then forwards the matter, regardless of the degree of harm, to Child Safety for assessment.[25] The effect of this policy is to greatly increase the number of intakes being processed that do not reach the threshold for notification. In 2011–12, there were 42,303 reports from the police to Child Safety and more than 80 per cent of these did not meet the threshold. This incurs needless cost for the department and uses resources that could otherwise be available for casework.

The Queensland Police Service defends its position by asserting that: [26]

> … QPS policy represents best practice in responding to the risks associated with domestic and family violence (DFV), is consistent with the practice adopted in the majority of Australia jurisdictions, and is predicated on the research that identifies the cumulative impact of continued exposure to DFV.

However, information gathered by the Commission suggests that police in most Australian jurisdictions are no longer required to report in this manner. The Australian Law Reform Commission, in a 2010 report on family violence, has said: [27]

> The Commissions [Australian Law Reform Commission and NSW Law Reform Commission] note that the practice of requiring police to make automatic reports to the child protection agency in every case where children are exposed to family violence has been discontinued in most states and territories and is presently under review in Queensland, where the policy is still in place. In the Commissions' view, when responding to incidents of family violence, it is vital that police use a common risk assessment framework, and retain their discretion to refer appropriate matters to the relevant child protection authority.

The Queensland Police Service cites the recent amendments to the *Domestic and Family Violence Protection Act 2012,* which recognise that children can be harmed by mere exposure to domestic violence, as giving legitimacy to its internal policy. While acknowledging that a single incident of domestic violence might not meet the threshold for intervention by Child Safety, the Queensland Police Service argues that every incident must be recorded and considered in the context of cumulative harm and with regard to any other information that Child Safety may receive about a child from other sources, for example the departments of health or education.[28] The police service appears to be committed to an 'intelligence-driven' child protection system, even while accepting that the information is not used beyond the intake stage and that many of these referrals receive no service by Child Safety. While this is understandable, and even laudable from a law enforcement perspective, the reality is that the police policy is inconsistent with the Child Protection Act's intention and is contributing to the current pressure on the front-end of the statutory child protection system. In any event, Child Safety Services is generally not making use of the 'intelligence' that child concern reports may provide and is in jeopardy of generating 'false positive' and 'false negative' assessments — not because of incompetence but because it is overloaded due to over-reporting by the police, and needless screening and processing work.

The Munro Review of Child Protection notes that child maltreatment is difficult to recognise because signs are often equivocal and rarely present as a whole picture of the individual child's and family's circumstances. Munro suggests that this ambiguity can lead to over-reporting to statutory child protection services as a way for professionals to manage their own anxiety concerning a child or its family.[29] Professor Dorothy Scott agrees that assessing child abuse and neglect is complex and fraught even for child protection practitioners: [30]

> … this is an area where every single day child protection workers walk the tightrope between the false positive and the false negative and the potential consequences of that.

Reporting a family to statutory child protection authorities should be done with careful consideration rather than as a semi-automatic reaction. In many cases a report will not result in a service being provided to a child or family. Instead, very personal details will be recorded permanently, often with the family being unaware that this information even exists.

Increasingly, child protection authorities are recognising that unnecessary contact with statutory systems can in itself harm children and traumatise families. Negative effects include reducing the coping capacity of parents by causing high levels of stress, and making parents less likely to seek the help they need in the future. It can even reduce parents' social support networks because they might become suspicious about who notified them to authorities, potentially driving them to become more socially isolated.[31]

To help professionals in these difficult decision-making processes, the department (in collaboration with Queensland Health, state and non-state schools and the non-government sector) is trialling a guide on mandatory reporting. The trial began in the South East Region in January 2012 and early indications are that it has helped Queensland Health staff make decisions. The guide is an online tool that assists professionals to decide whether to report concerns to Child Safety or to refer a family to a secondary-level preventive service instead, in particular an intensive family support service.

The Commission was told by a child protection liaison officer that the guide both educates health staff and assists in their decisions about when to report.[32] Feedback from regional employees of the Department of Education, Training and Employment shows that school principals and guidance officers have found the guide to be helpful and a useful adjunct to their professional judgement, though not a substitute for their policy obligations. It has been pointed out that referrals to intensive family support services, rather than reports to Child Safety, depend on the availability and quality of those services in each location.[33]

The Queensland Police Service does not support the use of the guide within its agency because the guide focuses on information available at a fixed point in time, as opposed to conducting an investigation and gathering fresh information. The Police Service further notes that, as police officers already have access to the specialist child protection expertise of the Child Protection Investigation Unit, the imposition of another layer in the reporting process would only increase the workload of these officers. Finally, it argues that these assessment responsibilities are more appropriately the responsibility of Child Safety as the lead agency for child protection.[34]

The Queensland Police Service is also opposed to any change to its reporting policy, but does support legislative amendment to clarify or redefine what 'harm' is and what constitutes a child 'in need of protection' under the Act. The Police Service contends that amending or clarifying the relevant sections would negate the need to legislatively mandate reporting.[35]

The Department of the Premier and Cabinet questioned whether the definition of 'harm' in the Child Protection Act was too broad and if the community or professional reporters have a good enough understanding of when a report to Child Safety is the best course of action.[36]

Realigning reporting requirements

The department believes that reform of the Child Protection Act is required to provide the foundation for a consistent approach to reporting across government.[37] The Commission proposes an amendment to section 10(a) of the Act to state explicitly that a child must be at risk of *significant* harm to meet the definition of a 'child in need of protection'. This change is consistent with the standard in some Australian jurisdictions such as Victoria and New South Wales. The Act currently includes the qualifier 'significant' in its definition of 'harm', where harm is defined as meaning 'any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing'.[38] The inclusion of the term 'significant' in section 10(a) would reinforce the message to reporters that harm must be of a significant nature.

The Commission's view is that the problem of escalating reports to Child Safety Services will not be solved while the legislative provisions remain fragmented, unclear and inconsistent. A coherent legislative framework for mandatory reporting is the first step

towards greater consistency and certainty. A child protection guide should form a central part of this new reporting framework, together with training about the key thresholds, definitions and concepts (especially definitions of 'harm' and 'child in need of protection'). The framework needs to be supported by a review of the administrative policies adopted by government agencies to ensure they are aligned with Child Safety responsibilities.

The Commission proposes that the various mandatory reporting obligations contained in several pieces of legislation be consolidated into one piece of legislation — namely, the Child Protection Act — and that agency policies be realigned accordingly. To ensure a coordinated whole-of-government approach, and to prevent agencies from developing policies that are misaligned with the responsibilities of Child Safety, the review should be led by the Department of the Premier and Cabinet in conjunction with the department.

As part of the proposed review, the Queensland Police Service and the department will need to work together to develop a strategy for sharing information about domestic and family violence incidents. The Queensland Police Service has proposed the development of a centralised data hub to which agencies can contribute information for Child Safety. However, this is clearly a longer-term response. In the meantime, if the government considers it important that the police provide all domestic violence information to the department, then the department will need to develop a strategy to ensure the information is used beyond the intake stage. If not, then steps need to be taken by the Police Service to filter the reports and only pass on the information that falls within the department's jurisdiction. The Commission's view is that the system is already struggling to service the demand it currently has before it, and therefore recommends that the Police Service revoke its policy of blanket referrals.

Recommendation 4.1

That the Minister for Communities, Child Safety and Disability Services propose that section 10 of the *Child Protection Act 1999* be amended to state that 'a child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm'.

Recommendation 4.2

That the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services lead a whole-of-government process to:

- review and consolidate all existing legislative reporting obligations into the *Child Protection Act 1999*
- develop a single 'standard' to govern reporting policies across core Queensland Government agencies
- provide support through joint training in the understanding of key threshold definitions to help professionals decide when they should report significant harm to Child Safety Services and encourage a shared understanding across government.

Recommendation 4.3

That the Queensland Police Service revoke its administrative policy that mandates reporting to Child Safety Services all domestic violence incidents where at least one of the parties has a child residing with them, replacing it with a policy reflecting the standard recommended in rec. 4.2.

Recommendation 4.4

That, as part of the review proposed in rec. 4.2, the Queensland Police Service and the Department of Communities, Child Safety and Disability Services develop an approach to the exchange of information about domestic and family violence incidents that ensures it is productive and not a risk-shifting strategy.

A dual pathway

As discussed above, the high number of child safety reports in Queensland is caused in part by the impact of current mandatory reporting requirements. But it is also driven by the fact that Child Safety is the only reporting destination for child protection concerns and therefore the main gateway into family support services. Existing referral pathways across the child protection continuum have been described by many stakeholders as ineffective in providing families with timely and responsive access to the support they need.[39] (See also Chapter 5 for a discussion about the existing referral pathways, apart from Child Safety.)

Other jurisdictions have developed initiatives in response to an over-reliance on the use of statutory child protection agencies merely to access services. Broadly, these strategies aim to support professionals in targeting their response to the assessed needs of a child or family and improve direct access to preventive services.

In Victoria, the Child and Family, Referral and Support Teams (Child FIRST) system provides a regional community-based referral point into family services so that initial contact with child protection can be avoided in some cases. In the Child FIRST system, practitioners assess families to identify risk factors and only refer reported families to child protection if a child is thought to be at risk of *significant* harm. Alternatively, they are referred to a non-government service provider for help. A 2011 independent report on the effectiveness of Child FIRST and its Integrated Family Services found that the model was having a 'reasonable moderating effect on child protection growth'.[40]

In 2009, Tasmania also introduced a community intake system (called 'Gateway'). A 2012 mid-term review found that the model had slowed the rate of entry into out-of-home care, and a large number of children had been referred to family support rather than receiving the attention of a statutory service.[41]

The department accepts that families are probably more likely to engage with a support service when it is offered to them in a non-stigmatising and non-threatening way and without coming as the result of a report to a statutory child protection agency.[42]

In the Commission's discussion paper, two intake options were canvassed, both of which were designed to reduce over-reporting and help families access the support they need when they need it. The first was a dual-reporting pathway that incorporated regional community-based referral as an alternative to the regional intake service currently in place. The second proposed transferring the Child Safety intake responsibility to the non-government sector. The Commission favours the first proposal: a dual pathway.

The dual-pathway option would enable reports to be made directly to Child Safety or, alternatively, to a community-based intake service. Guides would have to be developed to help reporters determine when to refer a child to Child Safety (that is, in cases where there was a risk of significant harm), and when to report the child to the community-based intake service (that is, in cases where there were more general concerns about a child's wellbeing). Drawing on the existing models in Victoria and Tasmania, an out-

posted child safety officer would be available to support the community-based agency to work with families and ensure statutory intervention when required. A child identified as being at risk of significant harm would be notified to the Child Safety regional intake service for further assessment, according to agreed policies and procedures.

A suitably qualified non-government agency would manage the community-based intake service, which would be consistently named and easily identified in its various locations.

Again, as in Victoria and Tasmania, legislation would need to provide for cooperative information-sharing between Child Safety and non-government service providers.

Under the department's pilot Helping Out Families initiative (described in more detail in Chapter 5), Child Safety refers child concern reports to the 'Family Support Alliance Service', a non-government service provider that works in collaboration with other government and non-government agencies to help families receive the support they need. Participation by families is voluntary. This service contacts families and offers the support of a network of local support services. The proposed dual-intake option could make use of this existing initiative by expanding the role of the Family Support Alliance Service into a community-based intake service that would take and assess referrals from other professionals, the community and families themselves.

It is worth noting that self-referrals have been growing in the Helping Out Families locations, particularly from those families who initially rejected help when contacted and then later sought assistance. For example, ACT for Kids found that parents will ask for help if they are not fearful of statutory child protection involvement. Since the opening of referrals into its intensive family support service, 25 per cent of all referrals to the service have been self-referrals.[43]

Establishing a new suite of services for vulnerable and high-end families might increase demand for these services, as the availability of new services is likely to attract previously unidentified demand. However, based on the experience of other Australian jurisdictions that have implemented similar systems, the assumption is that by providing services to these families there will be less need for tertiary responses. In Victoria, the Child FIRST initiative has seen an average 9.1 per cent decrease in the rate of new child protection interventions since the introduction of the initiative in 2006–07. Over the same period, the number of child protection orders increased by 36.3 per cent, but this demand peaked in 2007–08 and is reducing. The report attributes the reduction in new orders to the flow-on effect from the decline in the number of interventions.[44]

While Tasmania's comparable initiative — Gateway and Family Support Services — has not been in operation for as long as Child FIRST, early data are already showing fewer net admissions of children to out-of-home care since the initiative's introduction in 2009–10.[45] From December 2011 to December 2012, the number of children in out-of-home care in Tasmania increased by three from 1,001 to 1,004 (0.3%).[46]

The dual-reporting model incorporating a community-based intake service, similar to the Child FIRST model in Victoria, has been proposed by both the department and the Queensland Council of Social Service in submissions to the Commission. Both submissions are based on the rationale that it would reduce unnecessary reporting to Child Safety and, most importantly, encourage vulnerable families to voluntarily access support.[47] Most responses to the Commission's discussion paper preferred the dual-reporting option because of strong concerns about transferring all statutory child protection intake to the non-government sector (which was the other option proposed in the discussion paper).

In its response to the discussion paper, the department put forward the following reasons for supporting the dual-reporting model:

- Models such as this are working successfully in other jurisdictions including Victoria, Tasmania and, more recently, Western Australia.
- This option 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 and affordably.
- This option would enable the most urgent matters to be 'fast tracked' straight to Child Safety while the remainder would be referred for initial screening to a community-based organisation and considered for assessment and support.[48]

A number of other stakeholders expressed support for the establishment of a community-based intake alternative as implemented in the Victorian Child FIRST model.[49] BoysTown, the Family Inclusion Network Townsville and Life Without Barriers suggest that the separation of community support from Child Safety intervention would allow families to seek help through self-referral and without the stigma associated with tertiary child protection services.[50] The Family Inclusion Network, for example, states:

> The department's past and present track record has not been conducive to parents' requests for help — *I asked for help and ended up losing my children*. Because the department's reputation is viewed as punitive, parents would never ask for help from the department in fear of having their children removed.[51]

UnitingCare Community, which currently operates an intake function through its Family Support Alliance (part of the Helping out Families initiative), also supports a model like Child FIRST for Queensland.[52] It suggests this model could be further developed to become a 'hub' for practitioners from other services such as mental health and domestic violence services. These specialist workers could be on hand to improve assessments and service coordination as well as provide direct services.[53]

The Queensland Council of Social Service supports a move to a dual system but has some concerns about the use of the term 'intake' in the community-based arm of the model because the term implies a link to the statutory system. It supports a system with two distinct components — that is, a government-run 'intake' service concerned with intake and assessment, and a non–government-run 'child and family wellbeing' service response aimed at promoting child and family wellbeing as its 'first and foremost concern'.[54] The Commission accepts that the term 'intake' may be viewed by some as suggesting a link to the statutory system. It is not intended that this term be interpreted in that manner. The term is used here simply for the purpose of clarity and consistency in describing the proposed model and can be considered further should the recommendation be adopted.

Taking a different view, the Queensland Catholic Education Commission argues that the current intake system should remain unchanged. The rationale for its position is that the existing intake procedure within Child Safety allows for an expert and comprehensive assessment of concerns in light of the additional information and potential child protection history held by Child Safety on its Integrated Client Management data system. It argues that the introduction of a new intake system could require a considerable financial investment, given the need to develop information-sharing protocols, and that there may be a need for legislative amendment along with changes to policies, procedure and protocols. Further, it questions the practical effect of introducing a community-based system.[55] The concerns raised by the Queensland Catholic Education Commission do not appear to be shared by the department, which in its submission

supports this option as having benefits while not requiring a major shift from the current approach.

The Queensland Police Service supports the out-posting of a child safety officer within a non-government agency to help with assessment, case planning and monitoring of families. This option is also favoured by the Police Service because it is seen to maintain the core business of both agencies, with police responsible for a criminal investigation response and Child Safety responsible for the assessment and referral of risk of harm to children.[56] However, the Police Service strongly cautions against 'siloed' information and recommends that a robust and collaborative information technology platform be developed across key agencies.[57]

As noted earlier, the development of a centralised data hub, or data-sharing system, whereby departments individually contribute information for the benefit of Child Safety, is a longer-term strategy that is likely to require considerable resources and time to develop. Should such a system be favoured by government, it will need to be funded and resourced to ensure it works as intended and has the desired effect. In the short term, the Commission is of the opinion that the most critical goal is to reduce demand on the intake system.

Given the weight of support from submissions, the Commission is persuaded of the merits of introducing a dual-reporting pathway with community-based intake as an alternative to Child Safety intake because it:

- establishes a clear entry point into support services
- offers children and families access to support services without unnecessarily coming into contact with statutory child protection services
- retains capacity for concerns to be reported directly to Child Safety when an immediate response to secure a child's safety is required
- enables professionals to discharge their reporting obligations without unnecessarily reporting a family to Child Safety
- provides for an out-posted child protection officer to manage any child protection risks and facilitate the involvement of Child Safety where required.

Some other points crucial to the success of this model were raised by stakeholders. These are:

- The success of a new intake model will be undermined if the fundamental problems of mandatory reporting are not remedied.[58]
- The model should be supported by a legislative framework that provides confidentiality while at the same time facilitating information-sharing between relevant agencies, including sufficient legal protections for reporters, and a guarantee that referral to a non-government agency would fulfil an agency's mandatory reporting obligation.[59]
- An intake model should also be consistent across the state, be staffed by skilled and experienced officers, and have the capacity to follow-up referrals and engage families in support services.[60]
- Intake and referral pathways need to be aligned with the growth in the family support service system, and agencies need to have the confidence that these family support services have sufficient capacity to support families.[61] Chapter 5 will

explore the question of resourcing and capacity for family support services to give effect to the Commission's reform proposals.

Care will also need to be taken to ensure that the money spent on services is directed to those services that are logical in terms of child protection — that is, those that have a specified target group, a demonstrable theory of change, and a measurable outcome. See further discussion of this in Chapter 5. Furthermore, the danger that families with moderate needs will overload this service system (by taking up services that are then no longer available to those with higher needs) has to be carefully managed. One strategy that could be considered by service providers confronted with this problem is to 'triage' government-funded services to clients in most need. They could then introduce a fee-for-service model to recover costs for services provided to families at the moderate to low level of need.

In addition, the implementation of dual-intake functions will require the Act to be amended to ensure that mandatory reporting obligations could be discharged via a referral to the community-based intake service with the same legal and confidentiality protections that apply to a report to Child Safety.

A further amendment is proposed to section 22 of the Act, which provides protection from liability for a person who notifies or provides information about harm or risk of harm. The current protection applies if the notification is made or information is provided by a person acting 'honestly'. The Commission is of the view that this protection should only apply to those people acting 'honestly and reasonably'. It would appear that currently there are circumstances where people make reports to Child Safety based on very little information, or on the basis of a one-off occurrence of a minor incident. The addition of the word 'reasonably' in the section would help to lessen this type of over-reporting.

Some non-government agencies have raised existing confidentiality provisions as a barrier to collaborative practice and as limiting their ability to share information across services in the best interests of children and their families.[62] Information exchange between government agencies is already provided for in sections 159M and 159N of the Act, which may simply require amendment to enable the information-sharing required for the dual pathway to operate effectively.

For a dual-intake system to function as intended, adequate on-the-ground services must be available for families, or agencies will continue to report to Child Safety and overload the statutory system. The proposed timeframe and process for implementation are addressed in Chapter 15. The project of realigning and building capacity in the service system is discussed in Chapter 5.

Recommendation 4.5

That the Department of Communities, Child Safety and Disability Services establish a dual pathway with a community-based intake gateway that includes an out-posted Child Safety officer as an alternative to the existing Child Safety intake process.

Recommendation 4.6

That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to:

- allow mandatory reporters to discharge their legal reporting obligations by referring a family to the community-based intake gateway, and afford them the same legal and confidentiality protections currently afforded to reporters

- provide that reporters only have protection from civil and criminal liability if in making their report they are acting not only honestly but also reasonably
- provide appropriate information-sharing and confidentiality provisions to support community-based intake.

A high number of investigations (notification stage)

The Commission recognises that, as well as reducing the number of reports being made to Child Safety at intake, it is also important to reduce the number of investigations conducted once a report has reached the status of a notification.

As stated earlier, most intakes to Child Safety do not meet the threshold for a notification. In 2011–12, only 20 per cent were investigated and assessed; that is, the matter was investigated and the child's needs were assessed. The data show that almost all of these notifications (22,894) were investigated but only a third were substantiated (6,784). Of these, only 4,359 children were found to be in need of protection.

Child Safety has a policy of investigating almost all notifications, despite the Act allowing it to take other appropriate action.[63] (A recent departmental pilot conducted in the South West and North Coast regions is an exception; see later in this chapter for a discussion of this pilot.) This approach is extremely resource intensive, with an average estimated cost of $2,236 per investigation.[64] Added to this, a typical investigation takes about eight to nine hours for a Child Safety officer to conduct,[65] usually over a period of weeks,[66] which can be stressful and difficult for families.

A related and equal concern is that families subject to an investigation resulting in an outcome of 'unsubstantiated' are not only being traumatised by the investigative process, but also frequently do not receive any help to prevent them from being reported again to the department. Overlooking or ignoring these families could impose an unnecessary additional strain on the system down the track.

The Commission considered two possible explanations for the department's policy position on this issue and the corresponding under-use of the option to take appropriate action other than investigation. First, there are few services to offer a family at intake and so an investigation provides the family with something rather than nothing at all.[67] If the sole reason for conducting an investigation is a lack of alternative services, the solution is to provide a better service system for families at risk. This is explored in more detail in the next chapter.

A second major factor is the 'risk averse' culture of Child Safety Services, caused partly by the findings of the CMC Inquiry mentioned earlier, which found that the tertiary child protection system needed more attention, and partly by an over-reliance on a suite of eight tools that set out the factors a caseworker must have considered before deciding a child's protection needs (the Structured Decision Making tools).[68] In the context of busy and stressful workloads, caseworkers can over-rely on these tools to help them make urgent and difficult decisions quickly. This can result in 'false positive' or, equally concerning, 'false negative' outcomes — that is, a child wrongly assessed as in need of protection, or a child wrongly assessed as not in need of protection.

The Structured Decision Making tools (further discussed in Chapter 7) have been blamed for causing a 'better safe than sorry' attitude, leading to caseworkers intervening coercively instead of making constructive interventions with the chance of better outcomes for children. In their submission to the Commission, PeakCare commented

that the current intake process 'over includes' so that too many reports are unnecessarily investigated, where alternatives to forensic investigation may be more suitable.[69]

Set out below is a suggestion for a different approach to notifications. If this proposal were to be adopted in full, the Structured Decision Making tools will need to be carefully adjusted to ensure that notifications will not automatically receive an investigative response.

Differential response

Many jurisdictions in Australia and internationally have already implemented differential response models. These models bring flexibility to child protection systems by enabling a range of responses to meet the care and protection needs of children, as an alternative to the forensic assessment of child protection allegations. For example, Sawyer and Lohrbach describe a model used in Olmsted County, Minnesota, that has four responses to notification reports. These are: [70]

- a forensic child protection investigation
- a domestic violence–specific pathway
- a family services assessment
- a broader child welfare response.

In this model, forensic child protection investigations are undertaken for all matters relating to (a) child sexual abuse, (b) care for children already in out-of-home care and (c) where there is serious harm to a child. The agency then makes a formal finding about whether child maltreatment has occurred and whether further action is required by child protection authorities to ensure the safety of the child. In all other less-serious cases, differential responses occur in the form of referrals to targeted services. Families not requiring an investigative response, but who could benefit from a welfare service, are referred to a relevant non-government welfare organisation.

Forensic investigations are conducted for reports of:

- serious physical, medical or emotional abuse and serious neglect where a referral for law enforcement involvement is required
- child sexual abuse
- children in licensed care facilities (such as residential care) or foster care
- a serious violation of the criminal law
- specific acts of the parent or caregiver that have a high likelihood of resulting in court-ordered removal of the child or caregiver from the home.

A domestic violence–specific response is used where there is a report of a child being exposed to domestic and family violence. The report may result in the provision of services even if there is no formal finding of child maltreatment or 'harm'. Between 1999 and 2004, about 90 per cent of all reports related to domestic violence that would previously have qualified for a forensic assessment in Olmsted County became a domestic violence–specific response.

The family services assessment response is used for reports of harm that:

- are assessed as a low or moderate risk of physical abuse

- concern children who are without basic necessities such as food, shelter or clothing
- involve health and medical needs that, if left unattended, can result in harm
- relate to concerning or damaging adult–child relationships
- are based on the absence of supervision or proper care
- involve educational neglect.

This strategy offers an assessment of a family's needs affecting the safety, stability or wellbeing of the children in the household. The assessment does not result in a finding of maltreatment but it helps in offering the family the right mix of voluntary services. These assessments comprised 41 per cent of all reports that would traditionally have been forensically investigated.[71]

The 'lowest level' intervention available is the broader child welfare response, which is offered to all families reported to the statutory child protection authority that have children aged 5 or younger where concerns do not meet the threshold for one of the above responses. Under the program, all families that qualify receive a visit from a social worker and an offer of needs-based support.

The Institute of Applied Research has evaluated several differential response initiatives in the United States including models in Missouri, Minnesota and Ohio. The 2004 evaluation of Minnesota's alternative response found that: [72]

- Child safety was not compromised by the alternative response model and there was evidence that the safety of children improved because families received more services.
- Families who received the alternative response were less likely to have new child maltreatment reports than the families that received a traditional investigation. Under the alternative response, fewer families had children removed and placed in out-of-home care.
- While the alternative response initially cost more in service provision and worker time, it was more cost-effective in the longer term.
- Most families liked the alternative response and responded more favourably to caseworkers who used it. Families more often reported that they were treated in a friendly and fair manner, were listened to, were involved in decision-making and case planning, and benefited from the intervention.
- Most caseworkers also liked the alternative response model and saw it as a more effective way of approaching families with reports of child maltreatment.

A 2006 follow-up study confirmed these findings. Families provided with an alternative response continued to show evidence of fewer reports, and fewer children were removed and placed in out-of-home care.[73]

The 2010 evaluation of Ohio's alternative response made similar findings:

- Family engagement improved, with families reporting they were 'very satisfied' with how their caseworker treated them. They felt understood and were involved in the decisions made about their family.
- Caseworkers found the model made it easier to approach families and that engagement with families became less blame-driven and more holistic.

- Child protection was not reduced or compromised by the introduction of the alternative response family support approach.
- There were fewer new reports of child maltreatment and out-of-home care placements for families involved in the alternative response.
- Although the model required more resources than the traditional investigative approach (alternative response workers spending more time with families and keeping cases open for slightly longer), the evaluation suggested that the model would result in a shift of resources from the back-end of the system (long-term cases and foster care) to the front-end where families could benefit from a preventive approach.[74]

The evaluations also found challenges in implementing a differential response pathway such as:

- Family assessments required caseworkers to think and act differently, and some were resistant to change.
- Under-funding of services required caseworkers to do more work with families.
- Under the new model, caseworkers needed to develop new relationships with stakeholders including police and the courts. This was more successful in areas where collaboration between key institutions and agencies already existed.[75]

One United States commentator has critiqued the differential response model as only resulting in marginal decreases in the number of children in care.[76] Pelton has recommended instead a radical 'functional reorganisation' of child protection services so that the bulk of public resources are used to finance family support functions. Under this model, all investigative functions would be transferred to police and all placement decisions made by the courts. Social workers would be employed by the courts as foster care workers.

One of the drivers for Pelton's idea is that in a differential response model, the non-government service provider risks being perceived as a mere arm of government. To the extent that Pelton's model provides for a clear distinction between family support and investigative functions, it has some merit. There is also value in his emphasis on diverting most government child protection funding to family support services.

However, there are some obvious limitations to his model. In Queensland, based on current reporting patterns, police might be even more risk averse than Child Safety. A 'Pelton model' in this state could see acceleration in the number of orders and out-of-home placements. It would also strain the resources of the police and the courts. The Queensland Police Service has indicated in its submission that any expanded role for police in investigations 'is likely to have adverse financial and human resource implications for the QPS'.[77]

Despite Pelton's criticisms of differential responses, given the number of children in care in Queensland, even a marginal decrease in the number of orders would have a noticeable effect. In addition, the research referred to in Chapter 5 of this report shows that if services and programs are appropriate and targeted, their positive effects can be much greater than merely marginal.

Implementing differential responses in Queensland

Child Safety's practice manual indicates that an assessment and investigation of a concern that meets the notification threshold usually starts before any support is given

to the family. This would seem to be inconsistent with section 5B(c) of the Act, which states that the preferred way of ensuring a child's safety and wellbeing is by supporting the child's family. Providing a different response in the Queensland child protection system gives voice to the principle of working with the family as the preferred way of ensuring the safety, wellbeing and best interests of the child.

In December 2010 Child Safety started trialling a differential response model in the South West and North Coast regions. Rather than investigating matters that involve a lower level of risk, these regions are providing two alternatives:

- The 'assessment and support' option, where a Child Safety officer and a non-government worker meet with the family, conduct an assessment and decide what type of support should be provided to the family.
- The 'direct referral' option, for families where there has been previous involvement with the department. In these matters, Child Safety makes contact with the support services involved with the family to ensure there are no safety concerns for the child. No further action is taken, unless concerns requiring statutory intervention are identified.

While the impact of this trial is yet to be assessed (it is scheduled for evaluation in June 2013), strong support for the establishment of a differential response to notifications has been received by the Commission. Specifically, substantial support has been received for the Olmsted County model.[78]

The department's submission in response to the Commission's discussion paper supported the expansion of differential pathways for matters meeting the threshold for a notification. However, its submission highlighted the need for considering whether there is sufficient capacity within local non-government agencies.[79]

The submission from the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs supports the establishment of differential assessment pathways with a well-funded and resourced secondary sector and a focus on comprehensive professional workforce development.[80]

PeakCare stated that it supports the assumption underpinning differential responses — that is, that not every family who is notified requires a forensic investigation. However, it cautions that the value and effectiveness of a differential response model will depend on having services that meet the unique needs of the family, and that decisions about which response a family should receive should not be based on harm categories alone but rather should take into account the severity of the alleged harm and its consequence for the child.[81] The Commission agrees with PeakCare's observations and acknowledges that decisions regarding the response a family receives should be guided by more than alleged harm types alone.

The Commission is of the view that a differential response model, as proposed above, would work well with the new practice framework proposed in Chapter 7. Differential responses will likely result in some budget savings over time, representing a significant potential diversion of funds to help offset the costs of providing intensive family support for at-risk families (see Chapter 15).

The implementation of this model will require the non-government sector to carry substantially more risk than is typically managed by these service providers. Failure to plan adequately and to resource non-government providers will lead to failure for families, who are likely to be re-referred to Child Safety for an investigative response in the absence of services to provide the intervention they need. The importance of

building the capacity of non-government organisations to provide the nature and extent of services proposed under this model is outlined in Chapter 6, and a plan to develop services to enable full implementation of the differential response model will be considered in Chapter 15 of this report.

Moving a major proportion of less serious notifications to the non-government sector for support would also result in fewer Child Safety officers being required to conduct investigations. These positions could then be deployed to boost the number of officers doing casework with families after an investigation.

Given the high level of support for this model, the Commission proposes that differential responses be established in Queensland as follows:

- **An investigation response** undertaken by government (usually conducted jointly by the Queensland Police Service and Child Safety Services) for the most serious cases of maltreatment (primarily physical abuse and sexual abuse), where a criminal investigation is required or where court action is likely.
- **A family service assessment response** undertaken by a non-government organisation, which would respond to matters where:
  - there is a low or moderate risk of physical harm or emotional harm
  - the child is without basic necessities such as food, clothing or housing
  - the child has medical needs that, if left unattended, may result in harm
  - there is a concerning or damaging adult–child relationship
  - there is an absence of supervision or proper care or educational neglect.
- **A family violence response** undertaken by a non-government organisation, which would respond to matters where the child has been exposed to family violence but there is no formal finding that the child is in need of protection.

Recommendation 4.7

That the Department of Communities, Child Safety and Disability Services establish differential responses that include alternatives to a Child Safety investigation to respond to concerns that are currently categorised as notifications. This would provide three separate response pathways:

- an investigation response by government of the most serious cases of child maltreatment
- a family service assessment response by a non-government organisation where there is a low to moderate risk
- a family violence response by a non-government organisation where a child has been exposed to violence.

For the latter two responses, there is no need for a formal finding that a child is in need of protection.

The role of SCAN teams

Adopting differential responses to notifications is expected to result in a need for fewer forensic investigations. Should the Commission's preferred model be adopted, SCAN (Suspected Child Abuse and Neglect) teams will have a key role in recommending how the investigation will be conducted and by whom.

The current role of SCAN teams is to bring together the key government agencies — the Queensland Police Service, Queensland Health, Child Safety Services, the Department of Education, Training and Employment, and the Department of Aboriginal and Torres Strait Islanders and Multicultural Affairs — into a joint approach to decision-making about how to respond to cases of child maltreatment. As it currently operates, a SCAN team is not a decision-making body. Each agency is still responsible for making its own decisions about a matter. The SCAN system enables information-sharing about the case, and planning and coordination of activities by each agency. The SCAN team may develop recommendations based on consensus for implementation by member representatives. In situations where consensus cannot be reached, there is an escalation process for sending the matter to senior management in each department to decide what action will be taken.[82]

The 2004 CMC Inquiry found some problems with the operation of the SCAN team system,[83] but it nevertheless embedded the system into its reform framework, which resulted in a legislative basis for its operation.[84]

A review of the SCAN team system in 2009 identified a number of additional problems.[85] These resulted in amendments to the referral criteria to re-focus them on complex investigation and assessment cases that required a multi-agency response and where statutory intervention was likely to be required. It also established a separate mechanism — called 'information coordination meetings' — to allow discussion of Child Safety responses to concerns received from core agencies.

The statement of Dr Elizabeth Buikstra from the Kids Safe Unit of the Cairns Hospital indicates that the amount of time spent completing SCAN reports reduces staff availability to conduct direct client work. She feels that the time of health professionals would be better spent providing services to children and families.[86]

Timothy Wood of Children's Health Service Queensland pointed out in his statement that an internal Child Advocacy Service audit, conducted in early 2012, had found that Child Protection Liaison Officers used, on average, 33 per cent of all working hours to meet SCAN information requests. The audit also found that staff attending SCAN meetings 'observed emphasis on retrieving information for these meetings without any apparent bearing on the quality of decision-making'.[87]

The department's submission supports the continuation of SCAN teams and suggests there may be benefit in using the information coordination meetings to strengthen collaboration on matters that do not meet the threshold for statutory intervention.[88] The Department of Education and Training agrees that the SCAN system could be enhanced by improving multi-agency information-sharing and planning for early intervention with families to divert them from the statutory system.[89] Queensland Health submits that the potential of the SCAN system could be maximised by expanding the referral criteria, determining more clearly the common aims for children, supporting the role of the coordinator, and providing for an independent chair.[90]

The Queensland Police Service considers that the SCAN system could play a more timely role in coordinating and planning multi-agency responses, especially in relation to joint investigations.[91]

Several other submissions indicate support for including more non-government service providers that are involved with the family.[92] The Commission notes that section 159K of the Act allows for other service providers to contribute to a SCAN team from time to time

and expects that with the increasing involvement of non-government organisations, as proposed in Chapter 6, this will become more frequent.

The Commission encourages the sharing of information between agencies and with relevant non-government organisations through the information coordination meetings but is reluctant to make any change to the referral criteria, given the re-focus on complex investigation and assessment cases resulting from the 2009 review. As stated earlier, however, the Commission does propose that SCAN teams have a role in recommending how the investigation will be conducted and by whom.

Investigation and risk assessment

Under section 14(1) of the Child Protection Act, where the chief executive suspects that a child is in need of protection, the chief executive must immediately have an authorised officer investigate the allegation of harm and assess the child's need of protection. The term 'investigation' is not defined in the Act but generally refers to the process undertaken by a statutory child protection officer to obtain more detailed information about the child to determine whether the child is in need of protection. Where it is practical to do so, an investigation will include interviewing or sighting the child. The assessment component is to identify risk factors and weigh these in light of protective factors to decide the probability and severity of any future harm to the child.

The term 'investigation' may be misleading in the context of the work of Child Safety officers in responding to allegations of harm. The term 'investigation' is recognised as integral to risk assessment and has the added benefit of attracting statutory or court-sanctioned powers. In the context of the new model, with its shift away from the forensic investigative approach to providing alternative responses, the Commission considers that there is merit in amending section 14(1) of the Act to remove the reference to investigation. The term could be replaced by 'risk assessment and harm substantiation'.

The Children Act 1989 (UK) provides a model for consideration. Under section 16A of that Act, an officer who suspects a child is at risk of harm, must make a risk assessment in relation to the child and provide the risk assessment to the court.

The Commission proposes that the risk assessment in relation to a child who is at risk of suffering harm be an assessment of the severity of the risk.

The Commission considers that departmental officers must make appropriate enquiries, gather information and, in certain cases, have access to statutory powers. However, this could all be done in the context of risk assessment and harm substantiation, as described above. The proposed amendment to section 14(1) would apply to all matters where the chief executive suspects a child is in need of protection. This sends a clear message that the role of the officer is to make an informed risk assessment as to whether the child is in need of protection and then take appropriate action. In only some of these cases will the appropriate response be to investigate and that may be done by Child Safety and/or the police. The Commission has not given consideration to whether any further amendments may be required as a result of this amendment, and therefore recommends that the department do this when conducting its proposed legislative review (discussed in Chapter 14).

Recommendation 4.8

That the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999* consider amending section 14(1) to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation'.

Specialist Child Safety investigation staff

The 2004 CMC Inquiry concluded that investigations on the one hand and casework on the other needed to be carried out by different staff members, and that specialist investigation roles within the department would result in more efficient and professional assessments.[93]

In fact, the Commission has heard evidence that the forensic investigation skills of Child Safety officers are seriously lacking. Detective Senior Sergeant Peter Waugh stated:

> It is my observation that Child Safety Officers (CSOs) conduct their investigations and assessments of children with little training in the fundamentals of investigative practices. In the past where more joint investigations were conducted, an added benefit was that the CSO learnt investigative practices by working with police investigators. Skills learnt were identifying, communicating and interrogating witnesses; identifying, locating and recording of evidence; and the recording of case notes that may later be relied upon as evidence in a court.[94]

Dr Jan Connors from the Mater Children's Hospital expressed similar concerns with multi-agency investigations that frequently involve Child Safety:

> The investigation of allegations of suspected abuse and neglect frequently involve Child Safety (DCS), the Queensland Police Service (QPS) and Queensland Health (QH). While at times this can run very smoothly, there is often frustration around the timeliness and quality of information gathering and sharing. The quality of these investigations can ensure that a child is protected and just as importantly, that parents are not falsely accused. There is lack of consistency around multiagency investigations, with no guidelines for best practice. Hence, there is currently no way of assessing if appropriate standards are being reached.[95]

Dr Connors highlighted that other jurisdictions have established specialty interviewer positions in forensic investigation teams, and recommended that a working group be established to set best practice guidelines for investigations. She further recommended that, following a review of best practice standards, new interview protocols be established as well as high-quality training and ongoing review.[96]

In discussing the quality of evidence gathering and the preparation of affidavits, forensic assessor Grant Thompson said:

> From my own experience of reviewing many departmental affidavits, the problems associated with rather poor quality evidence gathering and the appearance of questionable and often unsupported allegations in affidavits that is presented as supposedly reliable is probably best described as endemic.[97]
>
> If the Department is to continue in its role as the primary investigative body into complaints of child protection in Queensland, then there needs to be a further review of how it trains its frontline officers to gather and present evidence before the Courts.[98]

Earlier, the Commission proposed separating investigation teams and casework teams within Child Safety. The department, however, has pointed to the following operational challenges:

- Investigative teams would need to function 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.

- Further, 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. This could make it harder for a caseworker to engage with the child and family to meet the child's protection and care needs.
- Assessment is not a discrete process. It 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 information might be lost due to multiple transfer processes between teams.
- Multiple workers from several teams may need to engage with a family across the time span of departmental involvement, which could result in 'siloing' of information and resources over time. For example, in the proposed model, a differential response such as 'assessment and support' might need to change to a forensic investigation response.
- The outcome of the investigation may then lead to a referral to a court prior to the family working with a multidisciplinary team. Further, when a decision to extend a child protection order is made by the casework team, the child is again referred 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, casework and court functions into discrete teams may increase the focus on collecting evidence during the investigative process. This 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.
- Finally, 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.[99]

While these are valid practical concerns, the Commission notes that similar challenges have been overcome by the department in implementing regional intake services. The Commission is satisfied that these concerns can be surmounted if staff are supported, supervised, and provided with opportunities for meaningful professional development.

The Crime and Misconduct Commission points out that the dual roles of Child Safety officers in managing relationships with families, while at the same time investigating and providing statutory intervention, 'gives rise to a natural conflict'. Its submission states:

> For the sake of effectively utilising expertise and specialist skills available, and of avoiding the stigmatisation of therapeutic interventions, separation of investigative and casework functions should be considered.[100]

The Office of Adult Guardian supports the separation of investigation processes from casework processes and advocates for reallocating the functions between two departments or non-government agencies.[101]

Whether or not Child Safety officers should be separated based on either investigation work or casework is probably not as critical as ensuring that the officers who are conducting the investigations have the skills and experience they need. The Commission accepts there is a need for investigation skills to be improved so that not only are investigators capable of carrying out accurate assessments, they are also skilled at gathering and presenting evidence for any court action by the department. Chapter 13 outlines the poor quality of material and evidence presented by the department in support of applications before the court. The establishment of a

specialist investigator role within Child Safety Services, distinct from the casework role undertaken by most Child Safety officers, would (along with the improved access to legal advice proposed in Chapter 13) improve the quality of material prepared by the department.

Another issue raised in evidence and submissions by the Queensland Police Service and by the Queensland Police Union of Employees is the current lack of capacity for Child Safety to provide an after-hours response to critical child protection matters.[102] Having a few staff in Child Safety trained in specialist investigation skills may also solve this problem and be a cost-effective solution.

Recommendation 4.9

That the Department of Communities, Child Safety and Disability Services establish specialist investigation roles for some Child Safety officers to improve assessment and investigation work. These officers would work closely with the new departmental legal advisors (see rec. 13.16) and police.

4.2 Other causes of rising demand

Three other arguments, or perceptions, have been presented to the Commission as possible causes for the strain on the statutory system. These are:

- an over-inclusive gatekeeping system
- broadening of the scope for notifications to include 'emotional' harm
- the situation for some children with a disability whose parents are no longer able to manage their needs and behaviour at home and so make the painful decision to 'relinquish' them to the child protection system.

An over-inclusive gatekeeping system

Some submissions to the inquiry suggest there is a perception that children are being caught up in the care system needlessly or are being retained longer than they need be.

The Commission trusts that the recommendations of this report will go a long way towards redressing the first of these concerns (that children are being caught up needlessly in the statutory system).

As for children being retained longer than they need be, the Commission has not been able to assess whether, or to what extent, this is occurring. It would require a full-scale audit of children in the care system, which it has not been feasible for this inquiry to conduct.

An audit of the status of 7,999 children currently in out-of-home care would be a formidable exercise. Added to the actual review of each case file, there would be considerable additional work for Child Safety officers once children have been identified as no longer being in need of care, whether this be to reunify them with their families or to transition them to independence. Another consideration is the potential for the expectations of children and families to be raised unfairly — for example, raising hope that reunification might be possible where in fact this never eventuates. Children and young people who are happy and stable in their placement should be able to continue without unnecessary disturbance, but prioritisation could be given to cases where Child

Safety staff who are close to the child and family consider that a child could exit the care system successfully and safely.

In evidence, the director-general of the department proposed that any audit of this nature should prioritise two types of children:

- those who have been in out-of-home care for less than six months (with a view to considering whether some additional support or intervention could occur to allow the children to return home) because, for this group, the period of separation from parents has been shorter and so provides a better opportunity for reunification
- those adolescents who are capable of articulating their own needs and are able to act more self-protectively, if they were to return home. The director-general acknowledged that some of these children tend to 'drift' home and are at greater risk of absconding from placements than from their homes.[103]

In relation to adolescents, the maturity and understanding of the individual should be taken into consideration. The High Court of Australia settled the common law test for determining a young person's competence in a case commonly known as Marion's case.[104] The majority of the Court held that:[105]

> A minor is … capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed.

The common law test recognises that a child's autonomy grows with age, and that the parent's, or guardian's, influence diminishes. There is no fixed age for this transition; it must be assessed on a case-by-case basis. Provided the teenager meets the threshold in Marion's case, their decision-making can be recognised. The issue, however, may be whether the full complexity of the situation is comprehended — the teenager may be unaware of the risk factors in the home environment.

In such cases, the purpose of the audit may be to ascertain whether applications should be brought for long-term guardianship orders to be revoked and replaced with a less intensive order or no order. It may be that the teenager should be provided with the benefit of an order for advice and assistance. Alternatively, an order for supervision or direction about a parent's behaviour might be worthwhile even at this late stage. (See Chapter 13 for a further discussion of orders.)

The Commission concurs there may be opportunities for some children and young people under long-term guardianship to the chief executive to return to their families if additional supports are put in place at home. The Commission strongly advises, therefore, that the department conduct a one-off audit in conjunction with implementing the recommendations in this report, as a combined approach to reducing demand on the statutory system. The department would need to establish a schedule over a two-year period, based on available ongoing resources. The Commission proposes the following set of priorities:

- young people over 16 years who have rejected their placement, show sufficient maturity to identify and manage risk, and have alternative stable accommodation are given an opportunity to revoke the long-term guardianship order
- other young people over 16 years who have rejected their placement are given additional support through the transition-from-care process into independent living

- young people who have been in out-of-home care for less than six months because the prospects for reunification after such a short period, if appropriate supports are provided, may be better
- young people aged 13 to 15 years, identified by their carer organisation and community support officer as potentially suitable for reunification, prioritised according to their age and maturity
- children aged 5 to 12 years identified by their carer organisation and community support officer as potentially suitable for reunification.

Other cases should continue to be reviewed every six months to identify changed family circumstances that would increase the likelihood of a successful reunification. The introduction of a judicially directed court case management process as proposed in Chapter 13 will ensure that those children on short-term orders will be under careful scrutiny by the court.

This approach is recommended because it takes advantage of existing resources to work towards a 20 per cent reduction of children in care by 2019. Depending on the results of the audit, the department could also consider whether specialist expertise could be given to officers assisting children to exit the care system (see further discussion in Chapter 9).

Recommendation 4.10

That the Department of Communities, Child Safety and Disability Services review the cases of all children on long-term guardianship orders to the chief executive and those who have been in out-of-home care for less than six months (over a two-year period), with a view to determining whether the order is still in the best interests of the child or whether the order should be varied or revoked.

Broadening the scope for notifications to include 'emotional harm'

From comments made during the hearings, there appears to be a perception that the scope for notifications has broadened to include 'emotional harm' and that this may be contributing to the strain on the statutory system.

The Commission has not found that the scope for notifications has broadened in this way and feels that the perception may reveal a lack of understanding of emotional harm. However, it acknowledges that there is a tendency to confuse 'harm types' (i.e. physical harm, psychological harm, emotional harm) with 'abuse types' (i.e. physical abuse, sexual abuse, emotional abuse, and neglect).

To explain with reference to the Child Protection Act, section 14 is the pivotal threshold provision for entry into the system, and so the drafting, interpretation and application of this provision are critical determinants of who enters the system and who does not. The section states that if the chief executive becomes aware of 'alleged harm or alleged risk of harm' to a child and reasonably suspects the child is 'in need or protection' the chief executive must either investigate or take other appropriate action.

A key term embedded in section 14 is 'harm', which is defined in section 9 as:

> … any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.

While stating that 'it is immaterial how the harm is caused', section 9 also sets out the main (not exhaustive) causes of harm as being: physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation. It goes on to say that the harm can be caused by a single act, omission or circumstance, or a series or combination of acts, omissions or circumstances.

In other words, *abuse* is the action (or lack of action in the case of neglect) while harm is the *effect*. It is possible, for example, that an abusive action may not result in harm — when we speak of a matter being substantiated, it is the *harm* that is substantiated.

Arguably, if it is immaterial how harm is caused, the provisions in the Act that list the possible causes of harm are superfluous, as they add nothing to the definition of 'harm' or the broader threshold test in section 14. However, a review of the historical context for the legislation reveals that the Act was introduced, in part, as a response to increased international and local recognition of the prevalence of child abuse in all of its forms — hence, the emphasis on the wide range of possible types of abuse that can cause harm to a child.

Unfortunately, the data-collection methods of the department confuse the notion of abuse types with harm types. So, instead of collecting data on the different abuse types as listed in section 9(1) of the Act (physical, psychological, emotional, sexual), it collects data on the *causes* of harm but labels them as 'harm types' — physical harm, sexual harm, emotional harm and neglect. For example, the category of 'sexual harm' does not appear anywhere in the Act and yet appears as a category in the department's data. It can only be assumed that the term 'sexual harm' captures emotional and/or physical harm caused by sexual abuse.

This confusion is also reflected in the department's response to the discussion paper where it states that:

> Currently in Queensland more than 70 per cent of all substantiated notifications recorded relate primarily to neglect or emotional abuse.[106]

In practice, and in accordance with the Act, it is the *harm* that is substantiated, not the abuse. In the following paragraph, the department correctly refers to 'emotional harm' as a harm type, but 'neglect' is also (incorrectly) referred to as a harm type, rather than as being a cause of 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…..The impact of significant harm for child [sic] is likely to involve varying levels of physical, psychological and emotional harm.[107]

The submission goes on to discuss the links between emotional harm or trauma and adverse impacts on brain development and cognitive functioning. This would appear to draw on neurological research which blurs the distinction between emotional and physical harm.

The Act recognises that emotional harm may be caused by physical, psychological or emotional abuse or neglect, or by sexual exploitation. In fact, there may be no significant physical harm caused by continued and ongoing sexual abuse of a child by a parent, but emotional harm could be expected to be extreme.

Comments in the Second Reading speech on introduction of the Child Protection Bill emphasise that a new Act was needed to replace the *Children's Services Act 1965* because 'that Act was drafted in a period when there was little recognition of child abuse as we understand it today'.[108] The Act was also specifically designed to

implement the principles in the United Nations Convention on the Rights of the Child, which was ratified by Australia on 17 December 1990 and came into force in this country on 16 January 1991. The UN Convention states in Article 19 that:

> State Parties shall take all appropriate … measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse …

Confusion between the types of harm and the types of abuse was also evident in the evidence of Ms Corelle Davies, Child Safety Director, Queensland Health when she stated that 'emotional and psychological damage [i.e. harm] is just as damaging as physical and sexual abuse'.[109] She appeared to equate harm types with abuse types, implying incorrectly that emotional harm cannot be caused by sexual abuse.

There were some comments when the Bill was originally debated that 'emotional harm' was too broad a category.[110] However, almost 15 years later we can now see how these terms and the section 14 threshold are interpreted and applied in practice.

One illustration from departmental files provides an example of a real-life situation where emotional harm was substantiated.[111] The example illustrates how emotional harm is rarely sustained through one single cause but is almost always mixed with physical abuse and neglect. Parental dysfunction, when it occurs, usually reveals itself through more than one type of abusive or non-protective behaviour.

Case study — emotional harm and physical harm caused by a combination of neglect and physical abuse

A report was made to Child Safety that a 3-year-old girl who was living with her mother and three older siblings was being left unsupervised, and often begged for food.

Child Safety visited the household and observed that the child had a welt and red mark on her upper thigh. The mother admitted she had been hitting the child on the legs two or three times a day with a wooden spoon or with her hand. She had also once hit the child on the head with the spoon and had slapped the child across the face. The mother added she would continue doing so, if frustrated.

The officers found that the mother had unrealistic expectations of the child, citing an example where she shaved the girl's head to teach her not to cut other people's hair. The mother said the child exhibited difficult behaviour, including throwing tantrums, throwing toys, banging on walls and swearing. She further said that the child was unaffected by screaming unless she screamed for 10 minutes at which point the girl went into a corner or to bed. The mother said that she tried to supervise the three older children, but they walked out of the house whenever she was feeding the child.

The mother requested the officers take the child because she couldn't manage the 3-year-old's behaviour.

Agencies involved with the family told Child Safety officers that, despite substantial support, the children's care needs were consistently not met.

All four children were placed in care.

The 3-year-old told her foster carers that 'Mum hates me' and 'Mum wants to get rid of me'. She also said that she wanted to go home and that she missed her mother.

After one month in care, the mother agreed to having the older children returned to her, with support. She refused to have the 3-year-old returned. The assessment was finalised with an outcome of substantiated physical harm due to the sighted injuries, risk of physical harm due to the mother admitting that she would continue to hit the children, risk of physical harm due to neglect and regular lack of supervision, and emotional harm, based on the 3-year-old's statements of her mother's attitude towards her.

The Commission has reviewed other files where emotional harm has been substantiated, and similar multiple causes are evident.

Recommendation 4.11

That the Department of Communities, Child Safety and Disability Services review its data-recording methods so that the categories of harm and the categories of abuse or neglect accord with the legislative provisions of the *Child Protection Act 1999*.

Relinquishment of children with a disability

An additional, and very distressing, issue that has been brought to the attention of the Commission during this inquiry is the unwilling relinquishment by parents of children with a disability to the child protection system. The Commission notes that the department has been attempting to resolve this situation for a number of years but is yet to do so.[112]

The Commission is of the view that this practice must stop, and that appropriate support services must be available within the disability service system to support children in their own homes.

Currently, children with a disability who are aged under 18 years and who require extreme levels of support in their home for more than 50 per cent of the time cannot be provided with this support by Disability Services, nor is there any out-of-home placement for them within the disability service system. Parents of these children who find they can no longer care for their child at home (due to the increasingly complex behaviour and/or growing physical size of their child) feel they have no choice but to relinquish the custody of their child to the chief executive of the department via a child protection order. This is the only way they can gain access to the services their child needs.

The department advised the Commission there are approximately 14 children each year who are subject to relinquishment and who are cared for by Child Safety Services until their 18th birthday. The number of relinquished children cared for by the department per year and the cost of support is provided in Table 4.1 below.

Table 4.1: Children who have been subject to relinquishment and are cared for by Child Safety Services, by cost of support, Queensland, 2007–08 to 2011–12

	Number of children	Total expenditure to meet children's care
2007–08	10	$972,507
2008–09	22	$3,460,975
2009–10	28	$5,301,614
2010–11	38	$7,529,543
2011–12	51	$12,354,717

Source: Department of Communities, Child Safety and Disability Services (unpublished)

Notes: The children are placed in foster care, intensive foster care, residential care (individual or group placements) or specific response care.

The Commission has received a number of submissions about this tragic situation. One such is from a parent of a child with a severe disability who decided, in the best interests of the child, to relinquish him to the child protection system. The parent provided the Commission with a transcript of the final hearing where the magistrate granted a custody order to the chief executive for one year. The transcript reveals that in

such cases there is often a willing and able parent who just needs to be provided with the support they require to keep their child at home:

> We're here without any choice. We love him to bits but we can't do it without the funding package and we've just — we've used all our savings to get into a house which we all agreed was the right thing. Everyone agrees the best place for L is at home with his family ... We were promised up to 65 hours a week and three days a week of respite plus emergency care and, they're really good at taking people's kids away. They're absolutely useless at trying to reunify families, absolutely useless.

In an affidavit to the Commission in August 2012, the Children's Commission stated that:

> It is a distortion of the intent, and misuse of the resources of the child protection system, to acquire guardianship of children from their parents where no genuine child protection concerns exist and all that is required is greater disability support.[113]

This is further expanded by a submission from the Children's Commission where it recommends that:

> ... non-stigmatised out-of-home care options for children and young people with a severe disability should be developed within a framework of providing appropriate disability supports along a continuum of care. These options should be delivered outside the statutory child protection system and parents allowed to retain a say in their day-to-day care if they wish to do so.[114]

The Queensland Ombudsman concurs with this view. In a response to a complaint to the Ombudsmen, he undertook a review of the current processes for relinquishment of children with a disability and concluded:

> The practice of providing extended or full-time out-of-home care to certain disabled children by way of a child protection order under the Child Protection Act because the Disability Services Act does not have a clearly defined mandate to provide extended or full-time care for children with a disability is unreasonable.[115]

The Ombudsman wrote to the director-general of the department to recommend that this practice 'be reviewed at the earliest opportunity'.[116]

The Commission is aware that some of the factors frequently cited as contributing to the relinquishment of children with a disability (including the inflexibility of respite and insufficient supports and early intervention[117]) may be resolved by the National Disability Insurance Scheme.[118] However, as full implementation of the scheme will not occur until 2019, work must be done in the meantime to ensure that children with a disability are not relinquished into the child protection system due to lack of support. Additionally, children with a disability currently in the child protection system due to relinquishment must be transitioned out of the child protection system and into the disability services system. The Commission understands that the experience in the National Disability Insurance Scheme launch sites will provide insights into its impact on the challenges that face child protection authorities, in particular rates of relinquishment of children with a disability.

Recommendation 4.12

That Child Safety, within the Department of Communities, Child Safety and Disability Services, cease the practice of progressing notifications related to the relinquishment of children with a disability and that Disability Services allocate sufficient resources to families who have children with a disability to ensure they are adequately supported to continue to care for their children.

4.3 The reformed system

This section draws together and summarises the key reforms described in this chapter to paint the overall picture of how they fit with each other and with other parts of the statutory system. See also Figure 4.3.

At the reporting stage there will be a dual-reporting pathway that will allow reports to be made to either a community-based non-government broker or Child Safety. Under this model, professionals who have legislative or policy obligations to report concerns about children will be able to discharge these obligations by reporting to either the non-government broker or to Child Safety.

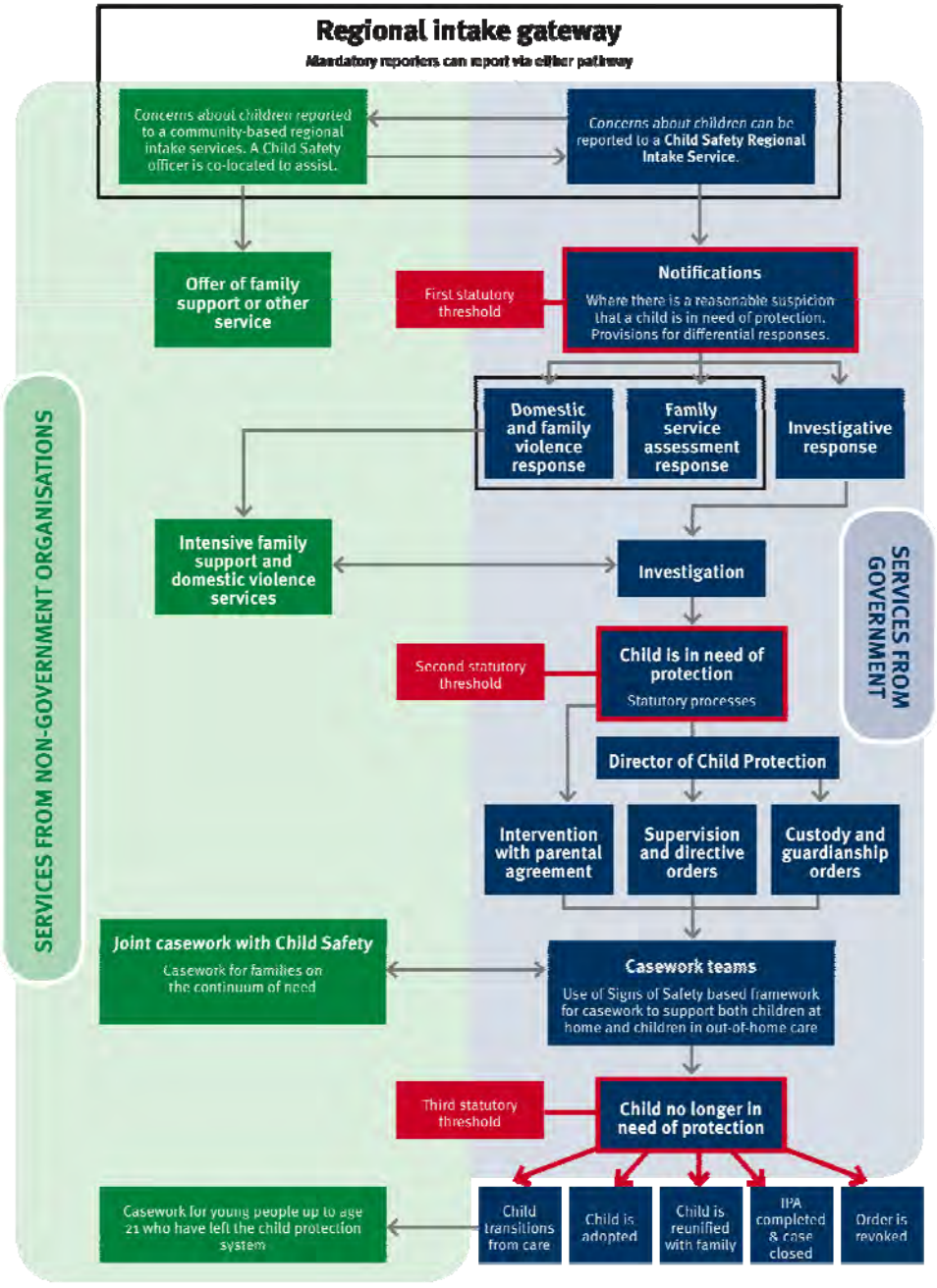
Most families coming to the attention of the non-government broker will be referred directly to a family support service in the region without any contact with the statutory child protection system and without any report being recorded by Child Safety. The broker will make contact with the family, assess its needs either over the phone or face-to-face, offer support and find the most appropriate service in the region to work with the family. The broker will only refer families to Child Safety when it assesses that statutory intervention is required. To help it make these assessments, an out-posted Child Safety officer will work with the agency.

Child Safety will continue to make decisions about how to manage reports that come to its attention but any matters it receives that do not meet the notification threshold will be referred straightaway to the non-government broker for a family-support service.

The non-government broker will be consistently named and easily identified across regions. The family support alliances currently operating in the three pilot sites in Queensland under the Helping Out Families initiative (described in the next chapter) remain well placed to be expanded into a community-based intake service. The expanded functions would be to:

- establish a single entry point into the secondary services system within a geographical location
- receive and assess referrals from professionals when they have concerns about children and families
- follow-up the take-up of services by families and inform the referring professional (for example, teacher or health professional) where they have an ongoing relationship with the family
- contact families, assess their needs and seek their consent to engage in services
- allocate a lead professional when a family requires a coordinated case-management response
- link families and professionals to primary services where required
- establish and maintain a multi-agency network including government and non-government services and primary and secondary services
- provide child protection advice, guidance and support to professionals, community-based intake workers and case managers through the out-posted Child Safety officer
- link secondary and tertiary services through the out-posted Child Safety officer.

Figure 4.3: A reformed Queensland child protection system



The Commission realises that professionals may continue to refer most matters to Child Safety rather than use the community-based intake option (i.e. the non-government broker), but with training and support this should change in time.

The Commission also recognises that the addition of a facilitated referral pathway (that is, one that does not require a notification to Child Safety) may result in an increase in referrals, which would mean that the capacity of intensive family support services and early intervention services may need to be increased. However, this potential increase must be viewed in the context of reducing the demand on the statutory system. (To help offset costs, service provision to families at the moderate to low level of the spectrum of

need could be provided on a fee-for-service basis.) The Commission considers it preferable to focus resources on early intervention rather than waiting until these families end up requiring a statutory response.

Matters reported or referred to Child Safety that reach the notification threshold would be assessed under a 'differential response' model. This model would initially place a notification into one of three responses as outlined above (an investigation, a family service assessment response or a family violence response). Flexibility will be built into this categorisation so that, for example, matters that were to be investigated may end up being referred to one of the other responses. Similarly, matters that were initially referred to a family service assessment or a family violence response may well end up being referred to Child Safety for further investigation and assessment, should circumstances change for the family and a child be considered at increased risk. The existing referral criteria for access to the Helping Out Families trial initiative (outlined in Chapter 5) includes referral of children who are aged under 3 years. The Commission considers it appropriate for the existing referral criteria to be maintained under the differential response.

Where Child Safety decides that a matter can be referred for either a family service assessment or a family violence response, it would refer the matter to a non-government agency, which would become responsible for providing a tailored intensive family support package to ensure the child remains safe at home while the parents address the concerns raised (for example, through rehabilitation or strengthening parenting skills and capacities). Should the agency become concerned about the safety of the child, it would be able to hand the case back to Child Safety for an investigative response. Otherwise, the agency would undertake the casework with the family, reporting to Child Safety when the intervention is complete and the case is closed.

Where the notification is a serious case of physical or sexual harm or neglect requiring a criminal investigation or likely to result in a court order, an investigation would be conducted to determine whether there was a child in need of protection (this is likely to be a joint investigation with police, whereby police would investigate with a view to charging a parent with a criminal offence and the Child Safety officer would investigate with a view to assessing whether the child was in need of protection). Matters where it is determined that a child is in need of protection and can not be protected at home with support would be the subject of the existing tertiary options of interventions with parental agreement, directive or supervision orders or child protection orders granting custody or guardianship to the chief executive or other suitable person. This part of the proposed model is discussed in more detail in Chapter 13.

Chapter 5 will examine the current services available in the child protection system, discuss the adequacy of these services and describe the dimensions of a new service system to underpin the reforms proposed.

4.4 Oversight of the reform process

The Commission recognises the need for some key governance structures to establish, embed and oversee the reforms this report envisages. Without key leadership at all levels, the enormous task of remodelling the child protection system cannot be achieved.

There is a critical need for collaboration across the government and non-government child protection sectors, and between individual government departments. The reform process will need 'champions' across the spectrum of services to vulnerable families

and their children, who understand the spirit in which the Commission's reform framework has been designed. Cultural change, better partnerships, a move away from 'proceduralism' and risk aversion, and renewed energy will all be important in working towards better outcomes for Queensland's children.

To this end, the Commission has created a 'child protection roadmap' to provide strategic direction for reform over the next decade. It proposes the creation of a new leadership group called the Child Protection Reform Leaders to take responsibility for implementing the roadmap. This group, supported by the proposed Regional Child Protection Service Committees and the Child Protection Senior Officers (the existing Child Safety Directors Network), would comprise deputy directors-general of each of the key government agencies as well as representatives of the non-government sector.

The Commission envisages the proposed Family and Child Council having a role in external oversight of the child protection system: that is, to monitor, review and report on performance. See also Chapter 12.

Recommendation 4.13

That the Premier establish a Child Protection Reform Leaders Group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet, to have responsibility for leading the reform of the child protection system outlined in this report and for reporting to the Premier on implementation. The group would comprise senior executives of:

- Department of Communities, Child Safety and Disability Services
- Queensland Health
- Department of Education, Training and Employment
- Department of Justice and the Attorney-General
- Queensland Police Service
- Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
- Department of Housing
- Queensland Treasury and Trade
- a non-government organisation.

4.5 Summary

This chapter has identified the key contributors to the overwhelming workload of Queensland's child protection system, which is growing at an unsustainable rate. These can be summarised as the rising number of intakes received by Child Safety and the tendency of Child Safety to investigate all notifications.

Reporting patterns in Queensland have been influenced by two previous inquiries (the 1999 Forde Inquiry and the 2004 CMC Inquiry), which raised public awareness of child safety and resulted in an increase in mandatory reporters, a widening of administrative policies beyond the legislative obligations, and a broadening of the legislative scope for notifications to include unborn notifications.

Specifically, intakes have increased because of:

- variations in reporting thresholds and obligations for mandatory reporters, leading to confusion about what to report and when to report it
- the tendency of some reporters to overlook the second part of the threshold test relating to whether there is a parent able and willing to protect the child
- confusion over the definition of 'harm'
- the difficulty of recognising the signs of a child in need of protection
- a tendency by some reporters to 'shift risk' to Child Safety or to over-report in order to deal with their own anxiety
- the Queensland Police Service's 'intelligence-driven' approach to reporting concerns
- the fact that Child Safety is the only destination for child protection concerns and therefore the main gateway into family support services.

Only 20 per cent of intakes meet the threshold for a notification, which means that 80 per cent of matters reported to Child Safety go no further. Of those intakes that do meet the threshold, almost all are investigated, even though most of these investigations have an unsubstantiated assessment outcome. Child Safety's policy of investigating almost all intakes that reach the threshold means that investigations are increasing along with the increase in intakes. The policy is caused by two factors: the scarcity of alternative services to offer a family at the intake stage and the 'better safe than sorry' culture of Child Safety.

Increasingly, child protection authorities are recognising that unnecessary contact with statutory systems can in itself harm children and traumatise families.

The Commission's view is that the development of a coherent legislative framework for mandatory reporting is the first step towards achieving greater consistency and certainty. A child protection guide should form a central part of this new reporting framework, together with training about the key thresholds, definitions and concepts.

The framework needs to be supported by a review of the administrative policies adopted by government agencies to ensure that they are aligned with Child Safety responsibilities.

The Commission proposes a reformed system that will have two points at which families can be diverted from the statutory system: at the reporting stage and at the notification stage. At the reporting stage, a dual-reporting pathway will be implemented whereby concerns may be reported either to Child Safety or to a community-based non-government broker. Under this 'dual pathway' model, many families will be referred quickly to the services they need without ever coming to the attention of the statutory system.

At the notification stage, suitable families may be diverted to a non-government broker for an appropriate support service rather than undergoing an invasive investigation and assessment process. Under this 'differential response' model, there will be far fewer investigations.

Where investigations are still warranted, the Commission recommends the establishment of specialist investigation roles within Child Safety so that the

investigation teams are separate from the casework teams. This will help ensure that child safety investigators have the investigative skills they need.

The reforms outlined in this chapter, if accepted, will be implemented by the newly created group called Child Protection Reform Leaders under the Child Protection Roadmap and overseen by the Family and Child Council.

This chapter has also examined reports of the over-inclusive nature of the current child protection system and the situation where some children with a disability are being relinquished to child protection by parents who can no longer cope. The Commission has called for a full-scale audit of children in the care system to assess whether, or to what extent, the system is retaining children longer than necessary, and has called for Disability Services to be resourced sufficiently to help parents of children with a disability to be cared for at home.

Successful implementation of the recommendations in this chapter depend on acceptance of the recommendations in Chapter 5, which call for greater investment in targeted and cost-effective services for vulnerable families, especially those at the cusp of entry to the statutory system.

Endnotes

[1] Scott, D 2012, 'Reducing child abuse and neglect: reviews, reforms and reflections', Australian Institute of Family Studies seminar series presentation, Melbourne, 6 September 2012.

[2] Submission of Queensland Council of Social Service, 15 March 2013 [p5]; Submission of Anglicare Southern Queensland, November 2012 [p4]; Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3]; Submission of Mission Australia, September 2012 [p14].

[3] Department of Communities 2010, *2009-10 Child protection partnerships report: annual report on the operations of Queensland government agencies relevant to child protection*, Department of Communities, Brisbane.

[4] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp29–30].

[5] Exhibit 24, Statement of Cameron Harsley, 10 August 2012 [p16: para 64]; Queensland Police Service 2005, *Annual Report 2004–2005*, Queensland Police Service, Brisbane, p. 25.

6 *Child Safety Legislation Amendment Act 2004* (Qld) ss. 9–10.

[7] *Child Protection Act 1999* (Qld) s. 148.

[8] *Public Health Act 2005* (Qld) s. 191.

[9] *Commission for Children and Young People and Child Guardian Act 2000* (Qld) s. 25(2)(a).

[10] *Family Law Act 1975* (Cth) s. 67ZA.

[11] *Education (General Provisions) Act 2006* (Qld) ss. 365–6.

12 Exhibit 68, Statement of Dr Andrew White, 26 September 2012 [p3: para 16]; Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp29–30]; Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p19].

13 Exhibit 68, Statement of Dr Andrew White, 26 September 2012 [p3: para 16]; Exhibit 132, Statement of Timothy Wood, 16 October 2012 [p4: para 19].

[14] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p30].

[15] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p30].

[16] Queensland Health 2012, *Protecting children and young people policy: implementation standard for reporting and responding to a reasonable suspicion of child abuse and neglect*, Queensland Health, Brisbane.

[17] Exhibit 68, Statement of Andrew White, 26 September 2012 [p3: para 16].

[18] Exhibit 68, Statement of Andrew White, 26 September 2012 [p3: para 18].

[19] Department of Education, Training and Employment 2013, *Student protection*, Department of Education, Training and Employment, Brisbane.

[20] Submission of Queensland Catholic Education Commission, March 2013 [pp11–3].

[21] *Commission for Children and Young People and Child Guardian Act 2000* (Qld) s. 171.

[22] *Education (Accreditation of Non-State Schools) Regulation 2001* (Qld) s. 10.

[23] Submission of Queensland Catholic Education Commission, March 2013 [pp17–8].

[24] Submission of Queensland Catholic Education Commission, March 2013 [p18].

[25] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p21].

[26] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p21].

[27] Australian Law Reform Commission 2010, *Family violence –a national legal response*, ALRC report no. 114, Canberra.

[28] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p21].

[29] Munro, E 2011, *The Munro Review of Child Protection –final report: a child-centred system*, Department of Education, United Kingdom.

[30] Scott, D 2012, 'Reducing child abuse and neglect: reviews, reforms and reflections', Australian Institute of Family Studies seminar series presentation, Melbourne, 6 September 2012.

[31] New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.

[32] Transcript, Ann Kimberley, 4 October 2012, Beenleigh [p59: line 20].

[33] Exhibit 32, Statement of Lynette McKenzie, 22 August 2012 [p12: para 73].

[34] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p26].

[35] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p20].

[36] Exhibit 187, Submission of Department of the Premier and Cabinet, 12 March 2013 [p2].

[37] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp32–3].

[38] *Child Protection Act 1999* (Qld) s. 9.

[39] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3]; Submission of Australian Association of Social Workers, August 2012 [p9]; Submission of Anglicare Southern Queensland, November 2012 [p3]; Submission of Churches of Christ Care, September 2012 [p3].

[40] KPMG 2011, *Child FIRST and integrated services evaluation and summary report*, KPMG, p. 5.

[41] Department of Health and Human Services 2012, *Gateway and family support services: midterm review report*, Department of Health and Human Services, Hobart.

[42] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p27].

[43] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3].

[44] KPMG 2011, *Child FIRST and integrated services evaluation and summary report*, KPMG.

[45] Department of Health and Human Services 2012, *Gateway and family support services: midterm review report*, Department of Health and Human Services, Hobart.

[46] Department of Health and Human Services 2012, *Gateway and family support services: midterm review report*, Department of Health and Human Services, Hobart.

[47] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp36–8]; Submission of Queensland Council of Social Service, 28 September 2012 [pp19–22].

[48] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p17].

[49] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p17]; Submission of UnitingCare Community, 15 March 2013 [p5: para 25]; Submission of Queensland Council of Social Service, 15 March 2013 [p6]; Submission of BoysTown, 15 March 2013 [p5]; Submission of Life Without Barriers, 15 March 2013 [p5]; Submission of Family Inclusion Network (Townsville), March 2013 [p5].

[50] Submission of BoysTown, 15 March 2013 [p5]; Submission of Family Inclusion Network (Townsville), March 2013 [p5]; Submission of Life Without Barriers, 15 March 2013 [p5].

[51] Submission of Family Inclusion Network (Townsville), March 2013 [p5].

[52] Submission of UnitingCare Community, 15 March 2013 [p5: para 27].

[53] Submission of UnitingCare Community, 15 March 2013 [p5: para 27].

[54] Submission of Queensland Council of Social Service, 15 March 2013 [p6].

[55] Submission of Queensland Catholic Education Commission, March 2013 [p27].

[56] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p26].

[57] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p27].

[58] Submission of Professor Bob Lonne, 18 March 2013 [p2].

[59] Exhibit 190, Submission of Department of Education, Training and Employment, 15 March 2013 [p2].

[60] Exhibit 190, Submission of Department of Education, Training and Employment, 15 March 2013 [p2].

[61] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p25]; Exhibit 190, Submission of Department of Education, Training and Employment, 15 March 2013 [p2]; Exhibit 191, Submission of Queensland Health, March 2013 [p2]; Submission of Queensland Catholic Education Commission, March 2013 [p23].

[62] Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country', September 2012 [pp7–8]; Submission of UnitingCare Community, 15 March 2013 [p36: para 34]; Submission of Queensland Council of Social Services, 15 March 2013 [p13].

[63] *Child Protection Act 1999* (Qld) s. 14(1)(b).

[64] This figure is an estimate based on Statement of Brad Swan, 28 March 2013 [p4]; data from the Department of Communities 'my performance' website; Statement of Brad Swan, 22 February 2013 [p4: Table 3]. It has been assumed that AG04 - Secondary information gathering is the 2011-12 total expenditure for the investigations and assessment stage ($55.5 million). This figure was divided by the total number of investigations and assessments undertaken in 2011-12 (completed and not completed) (24,823) to estimate the cost per investigation and assessment. The Commission's estimated cost per investigation differs from the number in the *Report on government services* 2013 (RoGs) (Table 15A.2) of $12,337. The RoGs estimate has not been used by the Commission as RoGs uses the total spend on all child protection services and does not attempt to isolate the cost for investigations. Table 15A.2 of RoGs warns that the data in the table do not represent and cannot be interpreted as unit costs. Chapter 16 of the Commission's report provides further details on the use of RoGs data.

[65] Investigation and Assessment Project - End of Project Report - February 2013 (DCCSDS)(unpublished):

"It has been cited that an I&A requires approximately 15 hours to complete, however, in the absence of documented evidence, each working party member asked the I&A CSOs to accurately record the time taken to complete an I&A. The CSOs were given a template identifying each task as currently required in the CSPM. Following collation of the feedback from the working party members (based on information gathered from CSOs) it was calculated an average of eight to nine hours was required to complete an I&A (excluding court-related tasks)."

[66] Investigation and Assessment Project - End of Project Report - February 2013 (DCCSDS) (unpublished):

"In 2008-09, 45.6% of I&As were not completed within two months and in 2011-12 there was a similar proportion with 46.6% of I&As not completed within this timeframe."

[67] Exhibit 24, Statement of Cameron Harsley, 10 August 2012 [p18: para 73]; Submission of Ethnic Communities Council of Queensland, September 2012 [p5].

[68] Transcript, Professor Karen Healy, 5 September 2012, Brisbane [p35: line 32]; Transcript, Natalie Lewis, 16 January 2013 [p15: line 13].

[69] Submission of PeakCare Queensland Inc., October 2012 [p19].

[70] Sawyer, R & Lohrbach, S 2005, 'Differential response in child protection: selecting a pathway', *Protecting Children*, vol. 20, no. 2 & 3, pp. 44–54.

[71] Sawyer, R & Lohrbach, S 2005, 'Differential response in child protection: selecting a pathway', *Protecting Children*, vol. 20, no. 2 & 3, pp. 44–54.

[72] Loman, L & Siegel, G 2004, *Minnesota alternative response evaluation: final report executive summary*, Institute of Applied Research, St Louis.

[73] Siegel, G & Loman, T 2006, *Extended follow-up study of Minnesota's family assessment response final report*, Institute of Applied Research, St Louis.

[74] Loman, L, Filonow, C & Siegel, G 2010, *Ohio alternative response evaluation final report*, Institute of Applied Research, St Louis.

[75] Seigel, G 2010, *Lessons from the beginning of differential response: why it works and when it doesn't*, A monograph of the Institute of Applied Research, Institute of Applied Research, St Louis.

[76] Pelton, L 2008, 'Informing child welfare: the promise and limits of empirical research' in Lindsey, D & Shlonsky, A (eds.), *Child welfare research: advances for practice and policy*, Oxford University Press, New York.

[77] Exhibit 188, Submission of Queensland Police Service, March 2013 [p30].

[78] Submission of Bravehearts Inc., February 2013 [p9]; Submission of Boystown, 15 March 2013 [p7]; Submission of ACT for Kids, March 2013 [p7]; Submission of Family Inclusion Network (Brisbane), February 2013 [pp9–10].

[79] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p28].

[80] Exhibit 185, Submission of Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, February 2013 [p5].

[81] Submission of PeakCare Queensland Inc., March 2013 [pp27–9].

[82] Department of Communities (Child Safety Services), Queensland Police Service, Department of Education and Training, Queensland Health, and the Queensland Aboriginal Torres Strait Islander Child Protection Peak 2010, *Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual*, Brisbane.

[83] These were:

- the quality of SCAN teams across Queensland was variable
- tensions were created by one agency dominating the SCAN team (in some cases this was the department and in others medical professionals were seen to be dominant)
- the conduct of the department as the 'lead agency' in not providing appropriate referrals to SCAN and making decisions about a case before consideration by SCAN
- the level of funding for SCAN
- the level of training for SCAN team members.

[84] *Child Protection Act 1999* (Qld) ch. 5A pt. 3.

[85] These were:

- Despite the legislative provisions, there was a lack of shared understanding by SCAN team members about the focus and role of SCAN.
- There was a need to reduce the number of matters being referred to SCAN so that only those likely to require a statutory intervention should be considered by SCAN; other matters were to be referred to a secondary response service.
- The SCAN system policies and procedures document required urgent review as it contained inconsistent provisions, was inconsistently applied, lacked clarity and was inefficient and onerous to apply. The most critical amendments required related to referral criteria, case review, closure guidelines, dissention reporting processes and the decision-making model.
- There was a need for ongoing practice support and joint in-service training for SCAN team members, particularly in relation to the skills required to facilitate meetings.
- Decision-making was hampered by a lack of knowledge by SCAN team members about the services available within the local area that might assist a family. The review noted the need for participation by local service delivery stakeholders in the SCAN process.
- Risk assessment was compromised by limitations in the knowledge, ability and confidence of members to contribute expert advice and identify relevant resources within their agency.

[86] Exhibit 61, Statement of Elizabeth Buikstra, 5 September 2012 [p7: para 13.1].

[87] Exhibit 132, Statement of Timothy Wood, 16 October 2012 [p5: para 26].

[88] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp18–9].

[89] Exhibit 190, Submission of Department of Education, Training and Employment, March 2013 [p4].

[90] Exhibit 191, Submission of Queensland Health, March 2013 [p5].

[91] Exhibit 188, Submission of Queensland Police Service, 15 March 2013 [p31].

[92] See for example Submission of Ipswich Women's Centre Against Domestic Violence, September 2012.

[93] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane.

[94] Exhibit 73, Statement of Peter Waugh, 26 September 2012 [p8: para 41].

[95] Exhibit 118, Submission of Jan Connors, 28 September 2012 [p24].

[96] Exhibit 118, Submission of Jan Connors, 28 September 2012 [p24].

[97] Exhibit 114, Statement of Grant Thomson, 26 October 2012 [p32: para 8.3.1.2].

[98] Exhibit 114, Statement of Grant Thomson, 26 October 2012 [p34: para 8.3.4.1].

[99] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp41–2].

[100] Exhibit 196, Submission of Crime and Misconduct Commission, March 2013 [p3].

[101] Submission of Office of Adult Guardian, March 2013 [p9].

[102] Statement of Kelly Harvey, 3 October 2012 [p8]; Transcript, Peter Waugh, 4 October 2012, [p7: line 35].

[103] Transcript, Margaret Allison, 26 February 2013, Brisbane [p33: line 27].

[104] *Secretary, Department of Health and Community Services v JWB. and SMB* (1992) 175 CLR 218.

[105] *Secretary, Department of Health and Community Services v JWB and SMB* (1992) 175 CLR 218, 237.

[106] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p20].

[107] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp21–2].

[108] Queensland, *Parliamentary Debates*, Legislative Assembly, 10 November 1998, 2850 (Anna Bligh).

[109] Transcript, Corelle Davis, 22 August 2012 [p19: line 38].

[110] Queensland, *Parliamentary Debates*, Legislative Assembly, 10 March 1999, 452 (Jack Paff), 456 (Bill Feldman).

[111] Note that to ensure confidentiality some factual details have been changed, which do not materially affect the outcome.

[112] Submission of Cairns Community Legal Centre Inc., 17 December 2012 [p7].

[113] Exhibit 23, Statement of Elizabeth Fraser, 8 August 2012 [p17: para 77].

[114] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p54: para 156].

[115] Submission of Queensland Ombudsman, 28 September 2012 [p1].

[116] Submission of Queensland Ombudsman, 28 September [pp1–2].

[117] Submission of Endeavour Foundation, September 2012 [pp4–5].

[118] The Endeavour Foundation supports the National Disability Insurance Scheme and states:

An integrated system that encompasses a continuum of response and can provide appropriate and timely supports to families will provide a solid foundation to reduce the incidence of relinquishment of care: Submission of Endeavour Foundation, September 2012 [p5]. A submission from Life Without Barriers agrees that that the scheme will support children with a disability and in some cases will reduce the incidents of relinquishment of children with a disability: Submission of Life Without Barriers, 5 October 2012 [p6].

Chapter 5
Designing a new family support system for children and families

Chapter 4 has proposed fundamental reform to the operation of the child protection system based on the assumption that there will be sufficient services to support families and children at all stages of need. In a climate of fiscal restraint and increasing demands on government, there are never likely to be enough resources to meet all of the community's expectations. Some hard decisions will have to be made about where and how to spend finite funds. This chapter offers a framework for making those decisions. It examines the strengths and limitations of current support services, before detailing how a better system can be built. Chapter 6 will focus on the important role non-government organisations in Queensland will play in providing these services under the proposed reform.

5.1 Why a new family support system?

As highlighted in Chapter 4, one of the main reasons for the increasing number of children coming into the statutory system is the lack of adequate and accessible family support services across the continuum for vulnerable and at-risk families. The reform proposals put forward in Chapter 4 embed referral to services as a key mechanism for reducing demand by diverting children and families from entry to the statutory system and from investigation once in the system. The success of these reforms depends entirely on having the right mix of preventive and support services available for families who need them when they need them.

There are some commentators who would argue that a child protection agency is not in a position to develop and provide support to vulnerable families.[1] Some submissions, however, see this as an integral role for the department. There are many in the department who think so as well. This Child Protection Commission of Inquiry has considered how far the statutory system needs to go beyond protection to prevention.

Under the *Child Protection Act 1999* 'the State is responsible for ensuring that children and families receive the family support services that they need in order to decrease the likelihood of the children becoming in need of protection'.[1] The chief executive is responsible for 'ensuring ways exist to coordinate the roles and responsibilities of service providers in promoting the protection of children, child protection services and family support services'. The Act has not defined 'family support service'.

As discussed in Chapter 2, Queensland is already committed to the public health model (see Figure 2.1), in theory if not in practice. To recap, the model is based on the belief that the best way to protect children is to prevent child abuse and neglect from happening in the first place. Under this model, universal (primary) services are provided to all families, secondary services to vulnerable and at-risk families and tertiary services to high-risk, high-need families. If this model were in operation in Queensland, there would be greater emphasis on providing secondary prevention and early intervention services to families at risk of contact with the tertiary child protection system. It is clear, however, that this is not the model in practice in Queensland today.

This Commission sees family support services as necessary for reducing demand on the child protection system. The statutory system is intrusive and often coercive. Once a family reaches the threshold to warrant this kind of intervention, it has moved beyond the point of simply requiring a support service. Services that provide a welfare or wellbeing response, embedded in the family support system, are voluntary and are offered to families to help them resolve problems which, if not addressed, might bring them to the attention of the statutory system.

Types of services

There are many different ways of describing the sorts of services and programs that families may need at various stages. Broadly, these are defined at a national level as:[2]

> **Family support services** — activities associated with the provision of lower level (that is, non-intensive) services to families in need, including identification and assessment of family needs, provision of support and diversionary services, some counselling, and active linking and referrals to support networks. These services are typically delivered via voluntary arrangements (as distinct from court orders) between the relevant agency and family.
>
> **Intensive family support services** — specialist services that aim to prevent the imminent separation of children from their primary caregivers as a result of child protection concerns and to reunify families where separation has already occurred.
>
> **Out-of-home care services** — care for children placed away from their primary caregivers for protective or other family welfare reasons.

Bromfield and Holzer define them as:[3]

> **Family support** — an umbrella term referring to services provided to children and families that are not investigative or statutory in nature (e.g. parent education, home-visiting, financial support or housing assistance). Such services may be provided by a government department (e.g. the prevention and early intervention branch of a human services/child protection department), or provided by non-government organisations.
>
> **Intensive family preservation** — services provided to children and families to prevent an out-of-home care placement where such a placement is imminent and to support reunification where reunification is to take place.

Another way of classifying programs and services is under five categories within the broader system for protecting children. These are:[4]

1. Children's services — health, education, care, disability
2. Family support
3. Statutory child protection including out-of-home care

4. Specialist services for parental risk factors, including drug and alcohol, mental health and family violence
5. Police and justice

These categories, while helpful, are by nature artificial. The types of services provided or offered to families cannot be neatly defined and families do not always fit one category at any one time. Rather, families often move up and down a continuum of need.

5.2 What services are currently available to families?

The family support service system in Queensland — comprising intensive family preservation, intensive family support and early intervention services — is provided by Child Safety, other areas of the department, a range of other state government agencies, non-government organisations and the Australian Government. There are some successful programs, but they have limitations in that they are short-term, not widely available and are not supported by an adequate array of 'step down' and 'step up' components to reflect a family's changing needs. They are not integrated into an overarching framework and new services would require additional funding.

The Commission acknowledges that the department has made a more concerted effort in recent years to deliver family preservation and intensive family support services, but gaps remain. As already stated, it is critical for the success of the model proposed in Chapter 4 that Child Safety have access to sufficient services if it is to reduce the number of children and families in the statutory child protection system.

The Commission is not in a position to be specific about the gaps in service delivery or what is required to fill those gaps; however, we propose a comprehensive stocktake of current services. Later in this chapter, we offer a framework for deciding where best to invest in additional services.

Need for a stocktake

To ensure funds are directed to children and families who need them most, the Commission suggests a stocktake of services that already exist across government, along with an assessment of demand for those services.

The Department of the Premier and Cabinet appears to support this proposal when it states: 'there may be value in mapping of services and providing better information to the community about services that are available'.[5] Bravehearts has commented that there is 'an overdue need for mapping of currently available services to identify gaps in service provision in communities'.[6] The Australian Association of Social Workers recommends greater accountability from government in reporting on funding for primary, secondary and tertiary child protection services to ensure there is an appropriate balance of services.[7]

In its submission to the Commission in December 2012, the department notes that the recent machinery of government changes present an opportunity to review and re-purpose its suite of secondary and tertiary family support programs into one overarching Child and Family Support Program. This single program would encourage services to respond earlier, participate in local service alliances or networks and enable services to be 'stepped up or down' in intensity as a family's need changes.[8] Queensland Health suggests a review of this nature should incorporate primary (universal) services.[9] UnitingCare Community suggested a review should examine the funding for universal

services as well as relationships with other programs including homelessness, domestic and family violence and neighbourhood centres.[10]

From the material presented above, there is a clear need for a comprehensive stocktake of the services available to at-risk families in order to discover where the gaps lie and to help in creating a more integrated and planned approach. The stocktake needs to incorporate links with programs that intervene earlier, that address parental risk factors and that complement universal services.

Recommendation 5.1

That the Department of Communities, Child Safety and Disability Services, in conjunction with relevant departments and the non-government service sector, conduct a stocktake of current family support services to identify gaps, overlaps or duplications in order to inform the department's development of an integrated suite of services within an overarching Child and Family support program. (This suite of services should take account of rec. 4.7.)

Intensive services

Queensland's current investment in family preservation and intensive family support services is funded by the department and delivered by non-government agencies.

The Child Protection Act recognises the vital importance of working *with* families — both those that have failed in their responsibility to protect children and those that are at risk of doing so.

Once it is determined that a child is in need of protection, the preferred way forward is through an intervention with parental agreement (known as an IPA). This is generally short-term, intensive and undertaken while the child remains at home. Where a child has been removed and is living away from the family, the priority in most cases will be to return the child home as quickly as possible.

Family preservation

Family preservation services are activated at the tertiary stage to provide specialist services for families where a child is either at immediate risk of requiring out-of-home care or where the child has already been removed. The focus is on keeping the child safely at home, or returning the child safely home.

Family preservation services are delivered through:

- **Family Intervention Services**
  This program is designed to work with children and families where abuse or neglect have been confirmed and children are at risk of removal, or the children have already been removed from their families and there is ongoing intervention by Child Safety. The ultimate aim of Family Intervention Services is to reunite families.[11] The program offers a range of about fifty services through 23 agencies, with a total funding of $19.8 million annually.[12]
- **Fostering Families**
  This program provides intensive, practical and in-home support to families with the aim of protecting children and reducing the chances of a child suffering from neglect. The program coordinates referrals to other appropriate specialist services such as mental health services, sexual abuse counselling, or domestic and family violence counselling. Families accessing services through Fostering Families may or

may not be subject to ongoing intervention by Child Safety. The program does not support families where children have been placed in out-of-home care. There are three Fostering Families services (Brisbane South, the South West Region and Maryborough/Hervey Bay). In 2012–13, these services received a total of $2 million.[13]

Intensive family support

Intensive family support services are next on the continuum of service delivery. They are provided to families with complex needs who have not yet become subject to an intervention. Intensive family support is designed to intervene therapeutically in the lives of families at the nexus of risk and harm to avoid statutory intervention and is currently delivered through the following programs:

- Aboriginal and Torres Strait Islander Family Support Services
  This program provides support to Aboriginal and Torres Strait Islander families where children have been removed or are at risk of removal, and there is ongoing intervention by Child Safety. It also offers intervention services for families at the nexus of risk and harm. The program began in 2010–11 and there are 11 Aboriginal and Torres Strait Islander Family Support Services, with a total funding of $9.4 million annually.
- Referral for Active Intervention
  This program provides intensive family support to children and families at risk of entering or re-entering the statutory child protection system. Services include brokerage funding (that is, funding to purchase items such as children's beds, specialist counselling and payment of overdue rent to avoid eviction). In Queensland, there are 12 services and 12 ancillary services, with a total funding of $12 million annually. The program began in 2005–06. A 2010 evaluation of the program found that: [14]
  - most families referred had multiple problems and multiple strengths
  - services were successful in working with families to reduce their challenges in areas such as parenting, family violence, social isolation, child mental health problems, access to community supports and recreation, and parent–child relationships
  - most families required at least six months of intervention, with Aboriginal and Torres Strait Islander families showing that a three-month engagement was least effective for them
  - brokerage funding was an effective way to engage families who are often reluctant to agree to receiving help and are suspicious of whether they will be helped in a practical way.
- Helping Out Families
  The 'Helping Out Families' trial targets children and families who are the subject of a child concern report where the child is aged under 3 years, where there have previously been three or more child concern reports (which may include domestic and family violence), or where there has been previous involvement with the department. Trialled in three sites (Beenleigh, Logan and Gold Coast), it represents the largest government investment in prevention and early intervention and is designed to reduce the risk of children and young people entering the child protection system. The trial cost $55 million over four years, funded at $15 million per year in the first full year of establishment (2011–12) with an additional $0.3 million committed for more streamlined intake and assessment. [15]

There are four components to Helping Out Families:

— Family Support Alliance Service (funded at $1.3 million annually across the three sites)

— Intensive Family Support Services

— domestic and family violence responses

— health home-visiting.

The role of the Family Support Alliance is to work in collaboration with government and non-government agencies to help families receive the support they need. In each site, the Family Support Alliance establishes a network of local services as a requirement of its service agreement with the department. Families that have a range of needs and challenges are referred to an Intensive Family Services team (funded at each site for $7.4 million annually). Participation by families is voluntary, although the Family Support Alliance may make a number of attempts to engage families if they are at first reluctant to accept help.

A 2011 evaluation of Helping Out Families showed some encouraging results, including a reduction in local intakes, fewer re-reports, a possible reduction in the number of children in out-of-home care and high levels of family satisfaction with the program. (See Appendix E for more details.)

Service limitations. Notwithstanding the apparent success of the Referral for Active Intervention program and the Helping Out Families initiative, a uniform message from the majority of submissions to this inquiry is that existing services do not adequately meet demand and that vulnerable Queensland families simply do not have sufficient access to the types of support they need to care for their children.[16] Specifically:

- they do not cover the state, being available only to families living in particular locations
- the timeframe for intervention allowed under the model may be too short to address the complex needs of some families
- they mainly service families with multiple, complex needs, and so there is a risk of failing to help families before they reach that point.

This is confirmed by the submission from the department, which refers to a lack of capacity in family support and specialist mainstream services to deal with the families referred to them under a voluntary intervention. [17] The department says that this fact contributes to the over use of child protection orders instead of interventions with parental agreement (along with other factors such as the fear many Child Safety officers have of children 'falling through the cracks', and a general over-reliance on statutory responses).

Dr Elisabeth Hoehn from Queensland Health notes that the distribution of funding for intensive family support is concentrated on communities around the state identified as being at high risk.[18] While investing limited funds in areas of greatest need is understandable, the result of this is that not all families at risk have an equal opportunity for accessing support.

ACT for Kids, the Queensland Council for Social Service, UnitingCare Community and Bravehearts all call for an expansion of the Referral for Active Intervention services and the Helping Out Families initiative.[19] The Churches of Christ Care submission points out

that the current approach to child protection concerns in Queensland involves an assessment against the statutory threshold and then: [20]

> If the threshold is not deemed to require statutory investigation, the department may or may not refer to a Referral for Active Intervention service. This approach is a block to the system in that pro-active responses to families [are limited because they] are only sometimes referred to an agency and then only a Referral for Active Intervention service. Referral for Active Intervention is only located in larger centres and not in most areas.

Similarly, the Ipswich Women's Centre Against Domestic Violence expresses the view that:

> One of the best ways to address child abuse and neglect is via well-resourced intensive early intervention support services. There are simply not enough of these in existence, and the demands experienced by the existing services is enormous[21]

The Commission also notes that Fostering Families, introduced in 2012–13, is only available in three sites.

The department acknowledges that intensive services to support families are not available everywhere in Queensland and proposes that these services be expanded across the state as funds become available.[22] The Commission agrees and has made a recommendation to this effect (see rec 5.4).

Non-government agencies are concerned that not only are there not enough services to support families, but the existing services are not provided for long enough to meet the complex needs of families and that the threshold for access is high with limited availability of 'step-down' services.

Dr Elisabeth Hoehn notes there has been a funding shift by the Queensland Government towards increasing early intervention and prevention responses to high-risk families, but generally these responses are too short (up to six months) and cannot always provide the continuity and intensity of support that high-risk families need.[23]

The Australian Association of Social Workers further states that 'time-limited services have little effectiveness for families experiencing the effects of intergenerational child abuse and neglect'[24] and UnitingCare Community suggests that 'intervention timeframes with families are too often driven by the terms established in service agreements rather than according to family needs'.[25]

Both Referral for Active Intervention and Helping Out Families target 'high end' families. The 2013 evaluation of Helping Out Families found that families receiving intensive family support services have complex needs that include multiple risk factors for child abuse or neglect. They can present with, on average, seven different types of needs from a range that includes:

- challenges with parenting skills or child behaviour (75%)
- marital discord (75%)
- past or recent parental mental health problem (73.7%)
- past or recent history of domestic and family violence (68.7%)
- past or recent child mental health or emotional problems (65%)
- lack of social support/little or no participation in community life (65%)

- challenges with parent–child relationship (62.5%)
- challenges with getting or keeping employment or managing household finances (57.5%)
- past or recent housing problems (51.2%)
- past or recent history of suspected child abuse (42.5%)
- past or recent history of suspected neglect (41.2%)
- past or recent history of alcohol or drug misuse (33.7%)
- child with developmental delay or not meeting developmental milestones (28.7%).[26]

The evaluation of Helping Out Families suggests that the length of time that families receive intensive family support services is a crucial factor in success. Those families that engaged with the service for more than six months were almost seven times less likely to be re-reported than those who engaged but exited very early (after 1.5 months or less).[27]

The review of Referral for Active Intervention found that these families have complex to very complex parenting and family-functioning problems, including:

- parental mental health problems (47%)
- history of domestic and family violence (45%)
- suspected child abuse or neglect (43%)
- marital discord or family break-up (35%)
- housing problems or homelessness (31%)
- history of substance abuse (24%).

This review found that the average service length provided to families was 5.6 months (ranging from two weeks to more than 12 months) with 60 per cent of families completing the service within six months. Aboriginal and Torres Strait Islander families in particular were found to require more time.[28]

Services are also unable to tailor to the intensity required at different points in a family's rehabilitation. A common pattern is that families experience a crisis requiring high-intensity services, and once the need for help subsides after specialist support and the resolution of critical factors, the service is removed altogether. In fact, a lower level of service might be required to maintain the gains achieved in addressing underlying long-term causes, but these services are not available.

UnitingCare Community states that families who have successfully completed a statutory intervention through a Family Intervention Service are not always able to access additional support (through Referral for Active Intervention or Helping Out Families) to consolidate those changes, commenting: [29]

> The Family Intervention Service model uses crisis as an opportunity for change. Its intensive, time-limited delivery can be very effective in motivating the beginnings of change, sometimes very significant change, for families. However, there will most often be a need for ongoing work including provision of lower intensity 'step down' home based services. Access to these services are presently precluded by referral criteria and service agreements.

The threshold that applies to these intensive family support services has been criticised by service providers as being too high, particularly when a family's problems have developed over a number of generations. Stakeholders have suggested the high threshold means that the needs of families who require low to medium levels of support remain unaddressed because Queensland lacks a well-developed and resourced array of prevention and early intervention services for all families. In particular, UnitingCare Community suggests that:

> Early intervention services are not available to these families at a point when they would be effective and the Referral for Active Intervention and Helping Out Families programs are so congested with referrals that have already had multiple notifications to Child Safety. By the time many families have been referred to the Helping Out Families or Referral for Active Intervention programs there have already been years of reported child protection concerns and an intergenerational cycle of neglect, family violence, unemployment and substance abuse.[30]

Essentially, this commentary is critical of services for being too little and too late. Services can only really be accessed when family problems become complex and entrenched, with a lack of services at an earlier point to stop problems escalating. The need to supplement these services with more early intervention and support services is discussed below.

Early intervention and family support services

Early intervention services are a loose collection of programs provided by a range of agencies across a number of portfolios. The Department of Communities, Child Safety and Disability Services, Queensland Health, the Department of Education, Training and Employment, and the Australian Government all deliver or fund family support (secondary) programs that assist vulnerable families. In addition, services in relation to substance misuse, domestic and family violence, mental illness, disability, housing and homelessness, young people at risk, emergency relief and social support all play a role in helping vulnerable families cope with the challenges they face.

In 2008, the then Department of Child Safety commissioned a report to compare child protection intervention programs and services offered in Queensland, Victoria and New South Wales.[31] While New South Wales and Victoria were able to easily identify their child protection service programs, Queensland needed to review 49 programs to conclude that only eight of these could be classified as family support. A number of these were described as 'quite small programs' in contrast to the 'flagship' programs of New South Wales and Victoria. The report further found that Queensland lacked an overarching framework for secondary child protection services and that, compared to the other jurisdictions, Queensland had under-invested in family support programs. The report concluded that: 'the fragmented nature of Queensland's child protection secondary service system is unlikely to support a holistic evaluation of how well the system is working to divert children from tertiary services'.

The Commission also notes that, although both the 1999 Forde Inquiry and the 2004 CMC Inquiry made specific recommendations about building services to prevent child abuse, this has not occurred in any systematic way.

In its response to the Commission's discussion paper, the department acknowledged that budget increases over the past decade have been primarily directed at the continual and growing demand on the statutory system rather than at developing family support services.[32]

As noted often in this report, Queensland has been slow to deliver on providing family support services, despite the emphasis on doing so in the legislation. The Commission has heard that family support services, including intensive support services, have suffered from a lack of attention, investment has been piecemeal, inconsistent and inadequate, and there remain serious gaps in service delivery.[33] Several submissions point out that navigating the complexity of the service system is challenging for families and professionals alike, who are required to interact with multiple agencies and referral pathways to access support.[34] For example, the Queensland Council of Social Service states: [35]

> … while the government funds interventions linked to the tertiary end of the service system, there is very little investment in developing targeted and accessible secondary services for vulnerable children and families which sit outside the child protection system. This is not to say that secondary services do not exist, but they are highly fractured and largely invisible to families who struggle to negotiate the current system.

UnitingCare Community suggests that secondary family support and other targeted support services have been funded and implemented over time through various programs that are essentially similar in their objectives; that is, to improve family functioning and the wellbeing of children and reduce the need for high-cost tertiary interventions. Furthermore, in many locations there is an insufficient critical mass of family support services to deliver the volume, intensity and expertise that high-end families need.[36]

A non-intensive family support program funded by the department, called Targeted Family Support, is an example of a service that has evolved over time, under different guidelines and for different purposes. The Targeted Family Support program is broadly described as supporting vulnerable children, young people aged between 0 and 18 and their families to improve the safety and wellbeing of children, help preserve families and prevent entry or re-entry into the tertiary child protection system. The department funds 126 services at a total cost of $20.8 million annually to deliver this program. [37]

An environmental scan made in preparation for the Helping Out Families initiative gives a snapshot of 15 services funded under the Targeted Family Support program in the South East Region. It should be noted that this snapshot describes only one aspect of the service system and does not encompass related services that are funded, for example, to deliver youth services or housing and homelessness services. The environmental scan demonstrates the diversity of this one funding program, finding that: [38]

- the target groups and target age ranges differed considerably from service to service
- none of the Targeted Family Support services focused solely on early intervention families — these services can be accessed by other families or clients in need
- some families accessing the program may have come to the attention of Child Safety and some may have much lower risks of child abuse and neglect
- there were diverse models of service provision for different target groups and age ranges
- some services emphasised case management; some placed more emphasis on providing support through classes, workshops, support groups and playgroups; and some services combined these approaches

- some services provided one-to-one support for families at a similar level of intensiveness as the Referral for Active Intervention program.

The environmental scan also suggested that multiple funding streams implementing separate programs in the service system can potentially add to the gaps and mismatches between services in referral pathways, causing further fragmentation to occur.

In addition to avoiding fragmentation of services, there is also a need to ensure that services address the risk factors that give rise to the problem in the first place (such as drug and alcohol abuse, domestic and family violence, mental illness and social exclusion) are also available. Importantly, for these services to be effective in 'breaking the link between adults' problems and children's pain', the services need to be child and parent sensitive.[39]

Mission Australia, UnitingCare Community and the department have all called for increasing the capacity of adult-focused services to work with at-risk parents. UnitingCare Community recommends increasing specialist casework services for women and children affected by domestic violence, childhood sexual abuse, mental illness, and drug and alcohol abuse.[40] Mission Australia suggests there is a need for adult-focused services to be more child-sensitive; in other words, for adult clients to be also seen as parents and for their problems to be seen as affecting the whole family.[41]

In its response to the discussion paper, the Department of the Premier and Cabinet suggested that we need to strengthen our understanding of what are effective programs to address substance misuse, mental illness, domestic violence, poverty and teen pregnancy. There is also a need to understand the impact of programs outside the child protection system that have been sensitised to the client's status as a parent. These could, indirectly, reduce the incidence of child protection concerns.[42]

The department suggests that adult-focused services could be further integrated with intensive family support services and that access for high-risk parents to adult services should be prioritised as a way of addressing parental risk factors. The department proposes supporting family-focused practice by implementing a whole-of-government framework that makes it clear mainstream adult and children's services play an important role in supporting families to keep children safe. The department also suggests this could be achieved by developing guidelines to enable these services to incorporate a family focus.[43]

Recommendation 5.2

That the Department of Communities, Child Safety and Disability Services and Queensland Government agencies work collaboratively with the Australian Government to ensure that services to adults who are parents are cognisant of the impacts on a child and give priority access to high-risk adults.

Universal services

Universal (or primary) interventions focus on whole communities and are designed to provide broad support and education — they are available to all families, not just those that are vulnerable or at-risk. These services, which include early education and maternal and child health services, are provided by both the state and federal governments and are not considered part of the child protection system as defined by the Commission. However, they are an important element of the public health model and

can act as a non-stigmatising gateway to early intervention services for families by identifying the need for help, and linking a child or family to a relevant service. In some communities, universal services (including schools, early childhood centres and health services) provide an ideal site for the co-location of other services.[44] The contribution of the universal service system to child protection depends on the development of strong links to other family support services and more targeted services for families who are vulnerable due to the presence of risk factors.

There is no doubt that proposed improvements to the coordination and capacity of targeted intensive family support and early intervention services will be rendered more effective if they are linked to universal prevention services. These universal services are increasingly being viewed in the literature as 'unstigmatised platforms' from which to identify, and reach out to, vulnerable families.[45] However, some of the most vulnerable families do not access universal services. (See Chapter 11 for a discussion on this topic in relation to Aboriginal and Torres Strait Islander families.)

The Queensland Council of Social Service comments: [46]

> Some vulnerable families are disconnected from or avoid contact with universally available systems… while some families don't know about support services or see little value in them, in many cases services are working against a significant mistrust held by families because of historical injustices, fear of being judged or concerns that contact will inevitably result in the removal of their children.

Ensuring that universal services reach and engage the most vulnerable is the biggest challenge.[47]

The Australian Government recognises it has a major role in providing universal services relevant to the child protection system. The National Framework for Protecting Australia's Children documents the role of the Australian Government: [48]

> The Australian Government delivers universal support and services to help families raise their children, along with a range of targeted early intervention services to families and children.
>
> The foundation of the Australian Government's support is the provision of income and family support payments to provide both a broad social safety net and specifically support families in their parenting role. This includes pensions, family payments, childcare benefit and tax rebates. The Australian Government provides a range of services available for all Australian families such as Medicare, employment services, child and parenting support services, family relationship services and the family law system. In addition, the Australian Government provides support for key services through the States and Territories such as hospitals, schools, housing and disability services.
>
> The Australian Government also offers more targeted services for vulnerable individuals and families, including mental health, substance abuse, intensive parenting services, intensive employment assistance, and allowances for young people leaving care to help with the transition to independent living. The Australian Government also funds and delivers a range of services for families at higher risk of disadvantage including those in Indigenous communities.

An important child and family initiative provided by the Australian Government is the Family Support Program, which is funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The Family Support Program comprises two streams: Family and Children's Services and Family Law Services. For 2011–14, the program received more than $1 billion in funding to support families, improve children's wellbeing and safety and build more resilient communities.[49]

One of the initiatives funded by the Family Support Program is the Communities for Children initiative, which uses a whole-of-community approach to preventing child abuse and neglect in disadvantaged communities. Services provided under this initiative include parenting support, family and peer support, facilitated playgroups, case management and home-visiting services. There is also an Indigenous Parenting Services stream, which assists families and children to transition to child care, pre-school and primary school.[50]

In 2009, the delivery of Communities for Children programs in 45 disadvantaged communities was evaluated. This involved a study of 2,202 families living in 10 sites that had a program and five comparable sites that did not have a program.[51] The evaluation found evidence that Communities for Children had some good effects, these being:

- fewer children living in a jobless household
- self-reported parenting practices that were less hostile or harsh
- parents feeling more effective in their roles as parents.

FaHCSIA also supports families through its income-management initiative, financial counselling scheme and emergency relief funding.[52] More targeted programs support young people who are homeless or at risk of homelessness through the Reconnect Program. Specialist family violence services work with families affected by family violence, and, more recently, new Family Mental Health Services are to be established to help those families that have children and young people affected by mental illness.[53]

The universal services provided by the Queensland Government reflect a strong focus on families with young children. Queensland Health delivers maternal and child health services and the Office of Early Childhood Education and Care (within the Department of Education, Training and Employment) is responsible for early years services, including early childhood education and family support.

Extensive research has demonstrated the importance of the early years of a child's life, especially the first three years, in laying the foundation for healthy development and resilience. When a child develops a secure attachment to an adult, involving a sense of safety and protection, the child develops a rich and intricate set of interconnections in different parts of the brain. In short, healthy relationships build healthy brains.[54] Conversely, failure to provide infants with attuned and sensitive parenting during this time has serious consequences for their long-term development.[55] Universal services play a crucial role in a child's development, the 'early years present an unparalleled window of opportunity to effectively intervene with at-risk children and their families'.[56]

An effective child protection service system needs to be supported by a wider range of universal services. The Commission's discussion paper suggested that, in the context of a potentially growing role for the Australian Government, strong coordination and linkages are critical across all levels of government, each of which should play a vital role in identifying and responding to vulnerable families. Accordingly, the discussion paper proposed that government and non-government agencies delivering universal services should be involved in local planning and coordination (discussed later in this chapter under 'Place-based planning for service delivery'). This would help identify vulnerable families and link them to additional non-stigmatised support. The discussion paper proposed the coordination of universal programs offered across agencies, including maternal and child health, early childhood education and care services as well as more targeted programs such as Communities for Children[57] and the Management of Young Children Program.[58] In addition, stronger links could be established with private

practitioners, social workers and psychologists funded under Medicare, who work with general practitioners to support individuals and families with mental health problems.

The discussion paper also noted that the Queensland Police Service currently uses SupportLink, a web-based phone service, to navigate the service system. Through SupportLink police can easily refer people to general family support and other specialist services. According to the state director of SupportLink, this service enables staff to monitor referrals and the responsiveness of non-government organisations. Over 200 non-government organisations have signed agreements with SupportLink to receive referrals from police, with more than 100 referrals a day being made statewide through this process.[59] Another database that aims to document services available in Queensland is My Community Directory, listing over 2,200 organisations providing services in Queensland across the spectrum from universal to tertiary, designed as a resource to help professionals refer at-risk families for additional support.

In their responses to the planning proposals presented in the discussion paper, stakeholders commented on the need to involve universal services, in particular, Centrelink, Communities for Children initiatives, neighbourhood centres and early childhood education and care services.[60] As previously discussed, some stakeholders also suggested that any review of the funding of family support services should also consider funding that is allocated to deliver these services in the universal sector.[61] In addition, Bravehearts advocates the integration of programs at the primary, secondary and tertiary levels of service delivery because of the potential for this type of integration to increase community engagement in, and awareness of, issues that affect children and families.[62]

Finally, Family Inclusion Network Brisbane suggests that universal services are required to respond to 'frequently encountered families' in the child protection system. It suggests that building non-stigmatising, easily accessible, community-based centres would reduce the number of families that enter and re-enter the statutory child protection system. This would include models of co-location and one-stop shops where families with complex needs could access a range of services including health, legal advice, crèche, education support, family support, housing assistance, drug and alcohol counselling. Family Inclusion Network argues this would allow the needs of families to be addressed holistically and without having to 'jump through a multitude of hoops'. [63]

For the child protection system to operate according to the national framework, the greatest investment should be placed in the universal service system, which is a joint responsibility of the state and federal governments. If each level of government makes good on its commitment, the benefits will travel far beyond the child protection system.

5.3 A new system

To determine the services that are needed in Queensland, the Commission strongly urges the department to review the evidence of what programs work, both in terms of good outcomes for children and value for money. Put another way, investing in services that yield more benefits per unit cost will increase societal benefits and more efficiently protect our children.

Some contend that there is scant evidence that heavy government spending on family support services reduces demand for 'statutory' child protection.[64] However, as is shown below, while there are gaps in the evidence, especially in Australia, the picture presented by an analysis of the international literature is that there are some highly successful (including cost-saving) programs for families.

The scale, seriousness, scope and complexity of child abuse and neglect are well known, as are the consequences. Effects are wide-ranging and include poorer physical and mental health, poorer social and economic functioning, and higher mortality.[65] Children with six or more adverse childhood experiences (mainly forms of abuse and neglect) can expect to live 20 years less than children experiencing none.[66] The social and economic consequences of child abuse include drug and alcohol abuse, involvement in crime and violence, lower educational attainment, poor employment outcomes, and unstable housing.[67] Child abuse also involves considerable costs to society measured in terms of lost production on the one hand, and increased expenditure on child protection services, the criminal justice system, special education and health services on the other. The total costs to society of child abuse and neglect have been estimated to be high relative to other risk factors and diseases. For example, in 2007 in the United States, the costs of child abuse were estimated at US$103.8 billion, similar to the estimated cost of smoking (at $130 billion per year).[68] In Australia the cost of child abuse and neglect was estimated at A$10.7 billion in 2007, almost three times the estimated cost of obesity in 2005 of $3.8 billion.[69]

Finding the 'best' investment strategy will not be easy. Many programs claim to reduce child abuse, including home-visiting for newborn infants, early childhood and pre-school education, intensive family support programs, parenting programs and drug and alcohol services. The overall impact of these programs crosses departmental boundaries (child protection, health, education) and, over time, is difficult to track. Furthermore, as successful implementation will require cross-portfolio budget negotiations and the involvement of central agencies, the optimal mix of services is difficult to realise. If investment made in program areas and portfolios does not realise benefits, where is the incentive to invest? Who has the mandate to 'look at the bigger picture' and resource the solution? Problems that are cross-portfolio and carry long-term consequences are, for this reason, typically not well addressed. Protection of children is a clear example of this type of cross-portfolio problem. Wherever the responsibilities of an individual agency are not consistent with the wider needs of society, decisions will tend to be dominated by crisis response to urgent problems and immediate financial imperatives.

The solution to this problem lies in synthesising the evidence, adopting a planned and systematic approach and setting priorities. To this end, the Commission engaged the services of Professor Leonie Segal to offer objective advice about where to invest in services to protect children, looking across portfolios and across jurisdictions.

Setting priorities

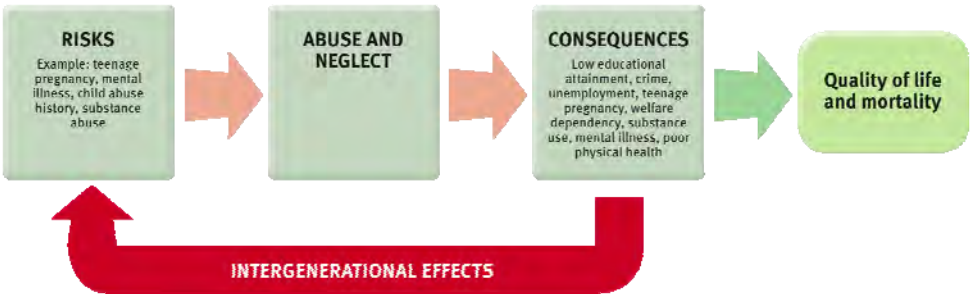
Professor Segal built on a decision-making framework she had developed in the context of chronic disease. The framework was designed to help determine where to invest in the service continuum and to identify the priority programs (see Appendix F). Her population-wide priority-setting model applies well to child protection.[70] The model takes the population at risk or subject to current (or previous) harm and compares the performance of potential interventions to reduce the burden of harm within each sub-population. The priority-setting model also investigates the relative benefit of investing along the full spectrum of the cause and risks for child maltreatment to the consequences of child maltreatment, known as the 'cause–consequence spectrum'. The priority-setting model incorporates three broad phases: identify interventions, estimate the economic performance of service options, and derive policy solutions.

Phase 1: Identify interventions. The aim of this phase is to identify all interventions and service options that address child maltreatment (includes child abuse and neglect) by:

- portfolio (e.g. health, child protection, education, criminal justice, social security, housing)
- program area (e.g. home-visiting, drug and alcohol services, pre-school)
- setting (e.g. home, clinic, pre-school)
- target population (general population, those at high risk, families experiencing current abuse or engaged in the child protection system)
- social level (individual child, family unit or broad community level intervention).[71]

This phase requires a sound understanding of the causes of child maltreatment and the pattern of consequential harms, in order to pinpoint where the process may be interrupted. Figure 5.1 provides a simplified outline of the process of child maltreatment and accumulation of possible harms. It shows that the many risk factors and causes of abuse, such as mental illness, child abuse history and substance misuse, are also the consequences of the abuse, thus perpetuating an intergenerational cycle of transmission.[72] Hence, services that address the consequences of maltreatment — such as mental health services for people with a history of abuse, therapeutic foster care, or diversionary programs for juvenile offenders — can reduce the harm suffered and, at the same time, reduce the risk of abuse in the next generation. This means services, wherever they sit on the cause–consequence spectrum, can also be considered as early intervention to prevent child maltreatment.

Figure 5.1: Risks and consequences of child abuse and neglect



Source: Adapted from Segal, L & Dalziel, K 2011, 'Investing to protect our children: Using economics to derive an evidence-based strategy', *Child Abuse Review,* vol. 20, pp. 274–89

Phase 2: Estimate economic performance of service options. This involves gathering evidence of the effectiveness of the impact of each service option, described in terms of success in reducing maltreatment and/or addressing harms and the size of their effect. Based on the description of interventions and/or budget outlays, costs of their implementation are calculated and used to estimate and compare relative performance of different interventions and services. Comparison of performance requires that outcomes are expressed in the same measurement — ideally, one that has a clear interpretation as a measure of child maltreatment or harm. Appropriate measures include hospital admissions for a child abuse–related cause, child abuse and neglect reports, substantiations and/or entry to, or time in, out-of-home care, social and economic consequences such as school attendance or attainment, involvement in

crime, and mental health consequences such as rates of suicide. The diversity in possible outcome measures creates a challenge in assessing intervention or service success and comparing performance. Once a suitable outcome measure is selected, the primary measure of economic performance is calculated as a cost per unit of outcome. For example, the cost per case of child maltreatment prevented, cost per child not entering care or cost per child who is unified with their family. The costs and outcomes are typically calculated as incremental to that of a usual care control. Performance — for instance measured by incremental cost per case of child maltreatment prevented — can then be compared across any number of service options.

As outlined in Figure 5.1, abuse and neglect are associated with a range of consequences (including poorer health, higher mortality, lower education and employment, welfare dependency, higher involvement in crime etc.) that affect government budgets considerably in the form of both extra spending and less revenue. Thus, any intervention or service that acts to prevent cases of maltreatment, even 'downstream' of the cause–consequence spectrum, is expected to result in budget savings. As such, a measure of performance will ideally also incorporate estimates of downstream consequences avoided (for example, mental illness as both a risk and consequence of abuse), particularised for the intervention and target population.

The consideration of downstream costs avoided is important. The direct downstream budget costs of new cases of maltreatment in Australia in 2007 was estimated to be $5,967 million, with most costs associated with the child protection system, crime, and poor health.[73] Based on reported new cases of maltreatment in 2007, this amounts to $245,000 per child[74] and is taken as the best estimate of the mean potential cost-saving of preventing a case of child maltreatment in Australia. For some children, the costs and potential cost-savings will be considerably higher. Children with a child abuse history and demonstrating severely disturbed behaviour will typically attract considerably higher costs; and, conversely, attract higher savings if help is received. Just considering costs of out-of-home care, children who carry a 'loading' associated with disturbed behaviour will spend an average of 2,516 days in care at an estimated cost that is greater than $500,000.[75]

Phase 3: Derive policy-relevant conclusions. This phase involves comparing the economic performance of all interventions to separate the better performing programs (the ones that warrant expansion) from the poorer performing programs (for reduced funding). The budget impact of alternative investment scenarios is estimated in order to identify where and when cost-savings are likely to be realised and which program areas will require additional investment. This is the type of policy-relevant outcome produced for the Washington State Legislature by the Washington State Institute for Public Policy.[76] Access to linked administrative data in Australia will support better estimates of budget and other costs of downstream consequences in the future.

Why use a formal decision framework?

The rise of the evidence-based medicine movement in the second half of the 20th century reflected a concern that 'expert opinion' alone was not a sound basis for decision-making. Yet, decades down the track, simplistic rules such as 'universal care for everyone is better than targeted care for individuals' or 'prevention is better than cure' are still sometimes proposed as legitimate frameworks for investment decisions. Resorting to rules such as these, which do not recognise the complexity of the problem, are unlikely to ensure best outcomes for society. Where interventions and services sit on the cause–consequence spectrum (Figure 5.1) does not indicate likely social or economic returns for society. Rather, it is found that cost-effectiveness (value for

money), or likelihood of cost-savings, is evenly distributed across the cause–consequence spectrum.[77]

Furthermore, at an ethical level, community surveys consistently find that the general public want to help those in greatest need. This is captured in Maynard's work on the 'rule of rescue' which shows that, as a society, we don't actually believe, at least in relation to health care, that it is ever too late to offer support.[78] Using this premise, the fact that accumulating evidence from diverse disciplines suggests that the years from conception though infancy are critical to child development, does not mean that universal preschool is the best way to ensure all infants have access to a suitably nurturing environment, nor that it is 'too late to intervene' once that infancy window is passed. These are empirical questions on which the next section, international literature, can shed light.

The international literature

The literature on newborn and infant home-visiting and family support programs is the focus of current policy debate and spending proposals to address child maltreatment, and forms the primary source of evidence drawn on here. These program areas can cover the spectrum from universally provided programs and interventions that focus broadly on general populations, to highly targeted services for populations most at risk of child maltreatment, or experiencing current abuse. The more limited evidence base for early childhood education in the context of child maltreatment also contributes to the argument. The international literature on programs to prevent child maltreatment is extensive and summarised in several reviews.[79] These reviews indicate which programs are effective in terms of selected outcome measures but do not provide all the information needed to guide policy. A reinterpretation of the evidence base to inform policy is covered below.

Evidence from newborn (including prenatal) and infant home-visiting. Newborn and infant home-visiting programs, together with family support programs, are the most researched for the prevention of child maltreatment and offer lessons to guide investment decisions. Professor Segal conducted a systematic literature review of 52 newborn and infant home-visiting programs, which were limited to controlled studies that reported direct or indirect child maltreatment outcomes.[80] The aim was to understand what determines success, and the relative performance of services targeted to different risk groups in the population (low, moderate or high risk and extreme risk/current abuse).

Professor Segal found that home-visiting programs for newborns and infants have mixed success but can nonetheless be effective and cost-effective, especially if targeting families at high to extreme risk of abuse (and including current abuse). Identification of high-risk families and women is not difficult and can occur through mainstream services such as antenatal visits, primary care or drug and alcohol services. No family should be considered at too high risk to be part of an infant home-visiting program, provided the program is suitably staffed and resourced to work with the more vulnerable populations.

Evidence from family support programs. Family-support programs range from group parenting classes for parents seeking new ideas to enhance their approach to parenting, to intensive support for highly vulnerable families. The latter includes families with known risk factors and families who are in contact with the child protection system, including families where children have been removed. Given the context of protecting children, the focus here is on the performance of family support programs that aim to help vulnerable families to create a safe and nurturing environment for their children,

prevent child maltreatment and support children to remain with, or return with safety, to their family.

There is a sizable international literature on family support programs.[81] The programs studied for the purpose of this inquiry were almost all designed with clear reference to an underlying theory and mechanism of change, implemented with highly skilled staff and resourced appropriately.

While there are important differences in the components of the family support programs found to have high cost-effectiveness, they each share similar high-risk populations, in most cases where abuse had already been identified and where families were already involved with the child protection system. In each case, programs had processes to identify particular needs of families and provide the support that could address those needs. Most programs were intensive, often with multiple contacts with families per week in the early stages, but overall were of reasonably short duration, typically from three to six months. Thus, despite relatively intensive contact, the short duration of the program typically kept costs quite low. The more highly protocol-driven programs with well-trained staff were most successful, even though the protocol may have involved flexible delivery in response to family needs but within a clear delivery structure.

A number of highly successful programs also involved 'lay experts' with previous experience as a client of the child protection system. One reunification program that was not successful incorporated several distinct components delivered through segregated services by many workers and demanded a considerable time commitment from families (of more than 20 hours per week).[82] The failure of this program offers important lessons about the need for multiple services to work together in a team approach and the need to consider the time burden on families. It also suggested that there are some limits on the capacity of families to work on multiple problems simultaneously (as against sequentially).

Professor Segal found that family support programs are mostly highly successful and provide clear opportunity to achieve important social, health and economic gains, through spending that will return the investment in a short space of time several times over. Given the focus of family support programs on the most vulnerable families at risk of abuse and the potential they offer for combating intergenerational abuse, it could be considered unethical not to fund and appropriately support such programs in the short and longer term.

Evidence from early childhood education. The importance of the early childhood period for later life is well established and is reflected in a widely held belief that investing in community-based and universally provided early childhood education is an effective form of intervention for vulnerable families. Early childhood programs typically target families from socially and economically disadvantaged backgrounds who have low educational attainment and are from minority ethnic groups. Such families would be considered at low to moderate risk of child maltreatment in the risk classification used for describing home-visiting programs. There are also early childhood education programs that deal with children at extreme risk or are the subject of current abuse. These tend to be specialist services such as therapeutic preschools, for which the evaluation literature is hampered by typically small programs and challenges in establishing appropriate controls. This research evidence is yet to be collated, but such programs could also offer a promising approach to highly vulnerable families.

The evidence described in Appendix F concerns general preschool programs typically located in socially and economically disadvantaged neighbourhoods. Thus, they largely

involve families at some elevated risk, and may have small numbers of children at high or extreme risk or already involved with the child protection system.

In summary, while early childhood education has a range of benefits not captured in a child maltreatment outcome, and for the best performing program their cost-effectiveness is broadly consistent with the best value home-visiting programs, almost all the family support programs analysed perform better. The widely held view that investing in early childhood education will bring the best return on investment for society is not necessarily supported by cost–benefit analysis.

What lessons can be learned from the evidence?

While there is a growing evidence base that can inform the components of a child protection policy, there will always be evidence gaps. Even for ostensibly the same or similar programs, there are variations in target populations, recruitment strategy, qualifications and training of service providers, program intensity, supervisory arrangements, and access to, and quality of, specialist referral services.

There is little published Australian evidence on family support programs, despite what seems to be considerable innovation across the service system. The secondary evidence required to estimate the downstream consequences of child abuse (out-of-home care placement, involvement in crime, poor health, drug and alcohol use, teenage pregnancy and unemployment) is considerable, and access to linked administrative datasets in the future is needed to improve this work.

It is clear from the published evidence that there are many successful program models to support vulnerable families and improve outcomes for children. It is also clear that programs have had considerable success working with the most vulnerable families, including those who have had children removed into care and those who are at risk of having contact with the statutory child protection system. Working with families who are already in contact with the child protection system may seem 'too late' in the cause–consequence sequence, but disruption of the intergenerational cycle offers a highly effective form of early intervention.

While there are programs that are highly cost-effective in low-risk or medium-risk populations, outcomes are mixed. The choice of program in terms of its match with the needs of the target population and the quality of its implementation are critical, along with targeting the resources at those most at risk.

Generally, successful program elements were those that adopted a highly responsive and family-centred case-management approach, delivered within a well-defined structure, by highly skilled and trained teams, working collaboratively and not as a set of disjointed services.

The adoption of a formal priority-setting framework using the decision tools of health economics, combined with social epidemiology and traditions of economic evaluation, provides a workable evidence basis for an investment strategy to prevent child maltreatment. While there are challenges in conducting economic evaluation in this field, reflecting the multi-component nature of interventions, the diversity of reported outcomes and the wide-ranging and intergenerational nature of consequences, a simplified approach focused on the core child maltreatment outcomes can be highly informative.

The ongoing collection of data reflecting sound evaluation principles will enable the evidence base for decision-making to improve over time.

What does this mean for Queensland?

There are acknowledged limitations associated with the available data examined above. However, despite these limitations there are some very clear messages:

- In general, the more vulnerable the target population, the more effective and cost-effective the program.
- There are highly successful (including cost-saving) program options available for vulnerable families wherever they currently are in the system.
- Given the potential intergenerational consequences of child abuse and neglect, and many consequences also constituting risk factors, it is never too late to intervene. In this context, services that address the consequences of maltreatment, such as mental health services for those with a history of abuse, can be seen as both primary and early intervention services.

These findings suggest that the current intensive family preservation programs such as Family Intervention Services and Fostering Families, along with intensive family support services such as Referral for Active Intervention, Helping Out Families and Aboriginal and Torres Strait Islander Family Support Services, should be continued, subject to appropriate evaluations and cost-effectiveness assessments, even though they are provided only to families at the high-end of the system. Secondary services specifically for Aboriginal and Torres Strait Islander families are discussed in more detail in Chapter 11.

The Commission's discussion paper proposed an expansion of Helping Out Families as part of the 10-year roadmap. This included consideration of the key features:

- Family Support Alliance Service to contact families and seek their agreement to participate in services
- Intensive Family Support Services
- enhanced domestic and family violence services
- health home-visiting (both universal and intensive for vulnerable families)
- a multi-agency network of government and non-government services, similar to the Family Support Alliance Service used as part of the current Helping Out Families initiative.

The department's response to the discussion paper included a projected costing for statewide expansion of the Helping Out Families initiative, across 23 catchment areas, to total $65.276 million per annum, in addition to the $15 million per annum already allocated for the program. The department suggests an investment of this nature will take at least five years to have a lasting impact on the demand for statutory child protection services.[83] Although, international evidence and the early data on Helping Out Families suggest some impacts may be observable sooner.

The roll-out of Helping Out Families will involve a considerable financial investment but, viewed in the context of historical investments post the 1999 Forde Inquiry and the 2004 CMC Inquiry, it is comparable. More importantly, the Commission is confident that the analysis conducted by Professor Segal (discussed earlier in this chapter) demonstrates that this expense should be seen as an investment that will bring cost-savings in the longer term.

The statewide expansion of the Helping Out Families initiative, in conjunction with the proposals for a dual-intake system made in Chapter 4, should help overcome the fragmentation of the family-support service system because:

- community-based intake services will establish a coordinated process across services, reducing the likelihood that families will be included on multiple waiting lists, and will facilitate more timely access to services based on the presenting needs of the family
- the Family Support Alliance Service will develop a better understanding of the capacity of the service system as well as identifying and responding to any gaps or overlaps
- the introduction of new intensive family support services should free-up capacity in those general family support services that do exist, allowing them to act as 'step-down' services when required.

However, the success of the proposed expansion of the Helping Out Families initiative hinges on developing a more robust secondary service system. The secondary system must have 'step-down' services to help consolidate the changes brought about by the program and to provide services to families at an earlier stage of the trajectory toward the statutory system before their needs become too complex and entrenched. The Commission is not in a position to recommend which secondary services are needed — we agree with stakeholders that the service system needs to be comprehensively reviewed, existing services mapped and new sustainable services developed within an overarching service-delivery strategy. The development of new services needs to be based on a systematic review of the evidence relating to available programs, as proposed by Professor Segal. This process needs to take account of the differential response recommended in Chapter 4 to ensure that appropriate services are provided to enable families to be diverted from the statutory system.

Recommendation 5.3

That, in developing the integrated suite of services, proposed in Recommendation 5.1, the Department of Communities, Child Safety and Disability Services ensure all selected services demonstrate good outcomes for children and deliver value for money.

Recommendation 5.4

That the Department of Communities, Child Safety and Disability Services roll out the Helping Out Families initiative across the state progressively, and evaluate the program regularly to ensure it is achieving its aims cost-effectively.

Recommendation 5.5

That the Child Protection Reform Leaders, through their departmental Reform Roadmap strategies and Australian Government service agreements, support regional Child Protection Service Committees in building the range and mix of services that address the parental risk factors associated with child abuse and neglect.

Place-based planning for coordinated service delivery

Coordinating relevant services is a major challenge for the family-support service sector, given the decentralised nature of Queensland's population across a vast geographic area. As can be seen in Table 5.1, Queensland differs from other key Australian jurisdictions in this respect.

Table 5.1: Population distribution by remoteness area and Aboriginal and Torres Strait Islander children (proportions), Queensland and selected jurisdictions, 2011

Remoteness area	Qld	NSW	Vic	SA	WA	Aus
Major cities	62%	74%	76%	73%	76%	70%
Inner regional	20%	19%	19%	11%	9%	18%
Outer regional	15%	6%	4%	12%	8%	9%
Remote and very remote	3%	0%	0%	4%	7%	2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Estimated resident population (total)	**4.47 million**	**7.21 million**	**5.53 million**	**1.64 million**	**2.35 million**	**22.32 million**
Aboriginal and Torres Strait Islander children of all 0–17 year olds	**6.6%**	**4.7%**	**1.3%**	**3.6%**	**5.5%**	**4.7%**

Source: Australian Bureau of Statistics 2013, *Regional Population Growth, Australia, 2011–12*, cat. no. 3218.0, Table 1; Australian Bureau of Statistics 2012, *2011 Census of Population and Housing*

Notes: The 'remoteness area' classifies areas that share common characteristics of remoteness into broad geographical regions, where the remoteness of a point is measured by its physical distance by road to the nearest urban centre.

The department suggests that one way to improve coordination and capacity is to establish local alliances of services. Local alliances would bring together a range of services to develop innovative responses to trends in service needs, as well as facilitate a coordinated case-management process for individual families. Such an approach could be underpinned by place-based planning and investment that aligns and integrates child and family services across agencies.[84] The fundamental aim of these planning processes is to help families access the right level and type of support they need when they need it. A more coordinated sector with improved relationships will be able to draw on existing resources and services to provide both step-up and step-down services in support of the Helping Out Families initiative. Over time, it will also allow targeted investment that is and more likely to make a difference to families.

As stated by Dr Jan Connors: [85]

> Many of the families who come to the attention of the department, move in and out of the secondary and tertiary sectors, and any model of care must be able to keep these at-risk families within a support structure when they transition. Many of these families have long-standing issues and traditionally improve while support is intensive and slip down again when supports are removed. There needs to be an understanding that supports have to remain, although less intensive at time, ramping up again when family circumstances require it. Hopefully, we will then stop seeing families following the roller coaster ride in and out of the tertiary child protection system.

Mission Australia agrees that local services and programs within neighbourhoods are better positioned to meet the needs of the community, particularly because local services foster the participation and contribution of families in their communities and also enable workers to focus on addressing local conditions.[86] However, while UnitingCare Community agrees that real improvements need to be delivered at a local level, its experience has been that attempts in the past to formalise service networks have been less than successful. For example, it advises that the level of representation on the Action Network Teams, which supported the Referral for Active Intervention program, lacked the authority necessary to drive change within their organisations.[87]

The Commission's discussion paper suggested that a local 'family-support needs plan' could be developed on a three-year basis, and reviewed and reported on annually to the state government and other stakeholders such as local governments and the Australian Government. These plans would use local census data, local service demand data and

perhaps other data that identify service needs in the area, to prioritise the sorts of services required. The plans would inform changes to service funding arrangements and the pooling of funds across government and non-government organisations to focus on local drivers and responses to abuse and neglect. For example, plans could identify the need for specific initiatives to deal with high levels of alcohol abuse or family violence.

The discussion paper also proposed that to underpin the 'family-support needs plan' an annual 'family-services plan' outlining the services required to meet identified needs could then be developed by the department in partnership with non-government organisations, key government agencies and local councils. This plan would help plug existing gaps in services, responding to the needs identified in the 'family-support needs plan' and would re-orient services depending on local contact and changing demands. Non-government organisations hold critical on-the-ground knowledge that should be used to improve services to vulnerable families and are therefore key partners in developing local plans.[88] Control over resourcing is necessary to ensure area-based plans can be implemented and engagement of key parties retained. In that context appropriate governance and accountability arrangements are crucial. Community organisations delivering Australian Government-funded programs should also be invited to participate in planning. Local businesses with an interest in supporting vulnerable families could also be encouraged to participate.

There was a strong consensus from stakeholders in response to the Commission's discussion paper that local planning is needed and will offer value to the family-support service system in Queensland. Stakeholders agreed that local planning processes need to involve local, state and federal government services, non-government agencies and businesses.[89] Stakeholders also agreed that local planning should encompass universal services such as Centrelink, early childhood education and care services as well as adult-focused services across portfolios such as those dealing with homelessness and family violence.[90]

The Queensland Council of Social Service suggests that, while new investment in the sector is needed, it is equally important to build local capacity and work with existing service providers to coordinate service delivery.[91] Other responses to the discussion paper explicitly suggested that the further development of the Family Support Alliance Service could form the foundation of this work.[92]

Such an approach would build on the existing work of the department to develop 'Supporting Families Alliances' across the state. These Supporting Family Alliances are distinct from the three Family Support Alliances operating under the Helping Out Families initiative, and are being developed without additional resources.[93] Supporting Families Alliances are currently being established in Cairns, Townsville, Mackay, Kingaroy, Rockhampton, Caboolture, Toowoomba, Ipswich, Inala-Goodna and North Brisbane.[94] The purpose of the alliances is to establish or strengthen connections between local government and non-government services that are involved in supporting vulnerable families[95] and encourage services to develop a shared responsibility for identifying and responding to the needs of families in a more timely and coordinated manner.[96]

The department reports that stakeholders have responded well to the development of the Supporting Families Alliances.[97] This development has also considered the networks that already exist. Some alliances bring together a number of networks including the Action Network Teams that supported the Referral for Active Intervention program. In some cases, practitioner networks of family support workers will become sub-groups or partners to the broader alliance. [98]

Progress so far on the establishment of Supporting Families Alliances includes:

- developing a shared purpose, agreed terms of reference and action plans in some locations[99]
- increasing the understanding between member organisations of individual service delivery, practice frameworks, referral criteria, assessment tools and service capacity to improve referral pathways[100]
- service mapping and establishing and updating directories of services is a priority for alliances[101]
- strengthening relationships between regional intake services and the local family-support service system[102]
- identifying service gaps and seeking information and resources to help families in the absence of a local service response. [103]

As well as local planning processes, the Commission proposed in the discussion paper a structure for formal regional and statewide planning processes. Queensland Health agreed that a three-tier approach is needed that includes a senior, statewide group to coordinate strategic policy and planning, as well as regional representation to lead responses to regional needs. It is further stated this regional group could act to resolve any problems that emerge from local planning and partnership processes.[104]

In its response to this suggestion in the discussion paper, UnitingCare Community reiterated its proposal that the Queensland Government develop a whole-of-government strategy for vulnerable children, supported by an implementation plan. It suggested that this plan should commit agencies, including non-government agencies, to prioritising support for vulnerable children and their families with the objective of preventing the need for statutory child protection interventions.[105] Such a strategy should set the goals and priorities for investment in family support services and should include the role of universal and adult-focused services and a commitment to working collaboratively.[106] The work of the Family Support Alliance Service could inform this strategic direction through local intelligence.[107]

The department did not support a three-tier planning approach. It suggested that such an approach could be overly burdensome, bureaucratic and divert resources to repeated planning processes rather than service delivery. The department also cautioned that local planning processes to identify gaps could unrealistically raise expectations about ongoing increases in investment. Rather, in its submission, the department reiterated its proposal that the focus should be on developing the existing Family Support Alliance Service to plan and deliver local family support services.[108]

The Commission acknowledges that planning of this nature requires resources and commitment across agencies and agrees that local relationships should form the foundation of a collaborative planning approach. However, the Commission believes that local planning processes alone are not sufficient to drive the substantial change that is required to build a robust secondary service system across agencies and portfolios. The Commission is reminded that strong governance has been identified as critical to the success of establishing the alliances formed for the Helping Out Families trial[109] and would therefore argue that, despite the additional time and resource investment required, these mechanisms are central to improved collaboration and coordination of services.

The Pathways to Prevention Project in Inala and Carole Park in Brisbane developed a 'Circles of Care' approach to vulnerable and disadvantaged families to support their

children to transition to education. This initiative demonstrated the challenges of effective collaboration including a natural resistance to change from professionals, problems in understanding the various perspectives of different professionals and difficulty in introducing new practices into established systems. One of the conclusions made by the project was that collaboration of this nature requires 'high-level top-down' support and that 'bottom-up' initiatives, particularly multi-agency initiatives, will encounter barriers in organisations if their purposes and practices do not fit with those of the organisation.[110]

The Commission has received considerable feedback, in particular from non-government stakeholders, about what is needed for collaborative planning processes to be successful. These comments have been grouped according to the following key themes:

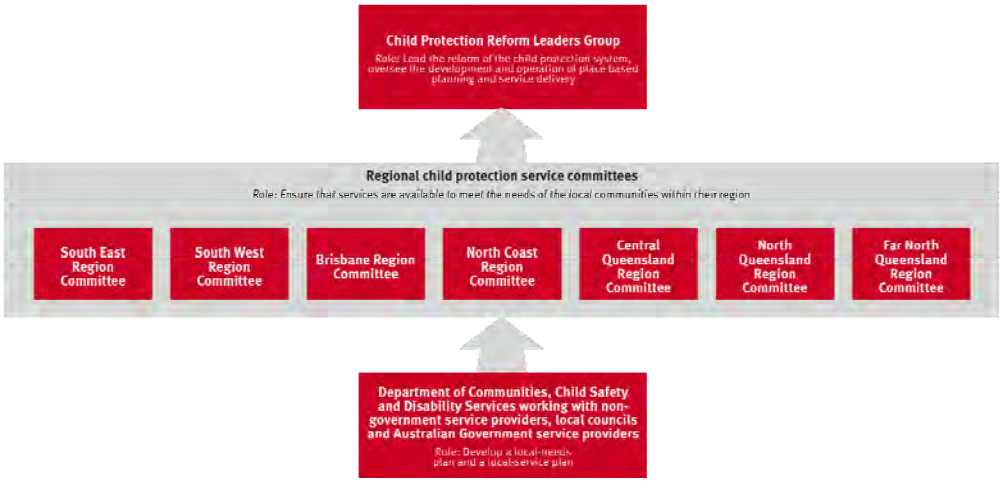
- Planning processes require resources,[111] which need to be acknowledged by government in service agreements.[112]
- Cooperative planning should be underpinned by a partnership approach, a shared vision[113] and a shared language.[114] This requires processes to facilitate cultural change, trust and respect.[115] Independent leadership may also be required to encourage genuine collaboration.[116]
- A governance structure is required, which includes mechanisms to evaluate, build and improve the system.[117] Governance should consider outcome-based measures for desired goals at a local level.[118]
- Competitive tendering processes have created a barrier for government and non-government agencies to work together to plan for future service development.[119] Funding arrangements need to create incentives, rather than barriers, for collaboration.[120]
- Funding arrangements maintain silos in service delivery, which in turn continue to fragment the capacity for holistic and integrated responses.[121]

Some of these issues are expanded on in the next chapter, which documents the non-government sector and its challenges.

The Commission concludes that planning for future service delivery and investment requires a sophisticated understanding of what services and resources currently exist as well as the establishment of formal and robust processes to guide planning and investment over time. The Commission recommends that these planning processes should occur on a regional basis, should work in with the expansion of the Helping Out Families strategy, and should be supported by an appropriate governance arrangement, such as outlined in Figure 5.2. It is proposed that the Supporting Families Alliances, where they are currently established, should be subsumed into this arrangement.

Under the proposed regional child protection service committees, the department would work closely with non-government service providers, local councils and the Australian Government local service providers to map local services, identify the needs of families and monitor the demand on services. They should produce a 'local-needs plan' to create a profile of the needs in their local community and a corresponding 'local-service plan' outlining the services required to meet those needs.

Figure 5.2: Proposed arrangements for the regional child protection service committees



The current structure of the public service places responsibility for service delivery at the regional level. Chapter 12 of this report examines accountability and responsibility. In that chapter, the Commission proposes that an interagency forum of regional directors with responsibility for child protection outcomes in the region will give those officers the authority to find the best ways to achieve improved frontline service delivery (see rec. 12.4). These proposed Regional Child Protection Service Committees should be responsible for ensuring that services meet the needs of the local communities within their regions.

The Commission agrees that 'high-level top-down' support is a key feature of a successful multi-agency approach to service delivery[122] and that strong leadership and genuine collaboration will be required for a true whole-of-government approach. The Commission's recommended Child Protection Reform Leaders Group chaired by the Department of the Premier and Cabinet is outlined in Chapter 4. This group would be ideally placed to do this work.

Recommendation 5.6

That planning for future service delivery and investment occur within a three-tiered governance system:

- **Department of Communities, Child Safety and Disability Services** working with other departments, the non-government service providers, local councils and Australian Government service providers to develop local 'family-support needs plans' and 'family-support services plans' to identify which services are required and to monitor the demand for services
- **Regional Child Protection Service Committees** to ensure services are available to implement the local plans
- **Child Protection Reform Leaders Group** to oversee development and operation of the place-based planning and service-delivery process, and report on outcomes.

The need for a collaborative approach

Chapter 2 described the risk factors and problems that draw families into the statutory child protection system. Where it is established that a child is in need of protection,

families often display many risk factors, for example unemployment, low income, housing instability, alcohol or drug misuse, a mental health problem, or ongoing domestic and family violence. Some of these families have been subject to more than one investigation by the department. In fact, as reported in the Commission's discussion paper, between 60 and 70 per cent of families investigated for allegations of child abuse in 2010–11 were previously known to the department (some might suggest that this shows the system has failed to prevent these families returning to statutory notice). These families, as well as families that mirror these characteristics but have not as yet reached the need for a statutory response, are families at the high end of the continuum of need.

High-end families have become the predominant clients of the statutory system and of intensive family support services. Child protection systems are struggling to respond to the needs of these families, not just because of the complexity of their problems but also because the service system is designed as a set of completely separate organisations focused on specific problems.[123] A multi-agency approach is particularly important when responding to high-end families.

Inter-agency collaboration has become highly regarded as a way of working in the delivery of contemporary human services and this is reflected in government policy both internationally and in Australia. However, while there is limited empirical evidence that collaboration in general leads to better outcomes for children and families, there is evidence to suggest that collaboration is most effective for vulnerable and at-risk children and families at the high end of the continuum of need, whose needs cannot be met by a single agency operating in isolation.[124]

There is also evidence to suggest that collaboration benefits families who are disengaged from the service system; for example, when a service provider has an existing relationship with an agency, a facilitated referral by the worker is more likely to result in a vulnerable family accessing the service offered.[125]

In its submission to the Commission, Mission Australia acknowledges the complexity faced by families and also that in Queensland a range of services across portfolios is potentially responding to the same families:[126]

> Given that families with multiple and complex problems now constitute the majority client group for contemporary child protection services, a key challenge for the service system is to respond holistically to the often inter-related adult problems of alcohol and substance misuse, mental health issues, family violence and homelessness. While individually, these factors represent a significant risk to children, they rarely occur in isolation and the cumulative harm has a 'profound and exponential impact on children, and diminishes their sense of safety and wellbeing'.

The submission from the Family Inclusion Network also cites research finding that 60 per cent of parents state that stress, mental health problems, financial difficulties, domestic and family violence and relationship problems, housing difficulties and alcohol and drug problems have an impact on their children's lives. The network contends that support to help overcome these problems can only be achieved with 'workers who have a genuine interest in the whole of the family'.[127] It points to the need for co-located services and collaboration among services:[128]

> … a parent who has an intellectual disability as well as mental health issues or substance abuse, who is also involved with the criminal justice system, or experiences domestic violence would benefit from joined up service delivery whereby key needs that are often interrelated and associated with trauma, can be

> addressed holistically and without the current sense of being required to 'jump through a multitude of hoops.

Anglicare Southern Queensland agrees that families in distress often need a more 'joined up response' from government and non-government organisations.[129] Anglicare Southern Queensland notes the success of 'complex case clinics', which have been introduced in some regions, and suggests that while these models are resource intensive, they contribute to more informed decision-making processes. For example, the Bayside Partnership, formerly known as the Wynnum/Redlands Integrated Care and Support Initiative, involves government and non-government agencies including Child Safety, Anglicare Queensland, Save the Children, Silky Oaks, Youth Justice, Department of Housing, and Child and Youth Mental Health. The Bayside Partnership focuses on 'wrap around' and integrated supports for children and young people with very complex needs.[130]

The 2011 evaluation of Bayside Partnership found it had many beneficial features that could be replicated in other locations. A key element of the model's success was the availability of funding for a part-time coordinator who was 'independent' of each of the Bayside Partnership agencies. In its submission, Anglicare Southern Queensland recommended further consideration be given to replicating the Bayside Partnership model in other locations.[131]

It appears that coordinated case management of this nature in Queensland is exceptional rather than typical. Anglicare Southern Queensland further suggests that historical and inflexible funding arrangements and funding models do not encourage shared responsibility in family support. This is compounded by the complexity of a system where relevant services are funded by both state and Australian Government agencies.[132]

The literature sheds light on the many barriers to effective collaboration. Collaborations require a high-level of commitment and, as such, require resources and support. They can be immensely challenging because they ask participants to question and adapt their usual way of thinking and working.[133] Stakeholders involved in collaboration need to have a shared understanding of the concept and this is especially important when coming from a range of different sectors (for example, government and non-government), as their understanding may be quite different. Collaboration can comprise many different types of activities including cross-training of staff, multi-agency working groups, common financial arrangements, sharing of administrative data and joint case management.

There is also evidence to suggest that successful collaboration can benefit participating professionals through increased skills, knowledge and confidence and a more supportive professional environment.[134] However, the drawbacks of collaboration also relate to the professionals involved. These include feeling overwhelmed because of increased workload, 'partnership fatigue' (for example, attending a range of meetings for different collaborative initiatives), feelings of resentment if one stakeholder is not 'pulling their weight' in a collaborative relationship and feeling threatened or uncomfortable if professional boundaries are challenged.[135]

Stakeholders acknowledged in their responses, as confirmed in the literature, that collaboration is intense, challenging and simply hard work. UnitingCare Community reflected on its experience in implementing the Helping Out Families and Referral for Active Intervention programs and suggested that it is very difficult to work in collaboration with some services that provide different types of support.[136] Stakeholders

also emphasised that, given these very real challenges, collaborative practice of this nature requires time, sustained effort and resources.[137]

While there are some examples across the state of collaborative case-management processes, this appears to be an ad hoc approach that depends on the commitment of individual professionals and specific services within a particular location or in response to a particular issue. The Queensland Catholic Education Commission suggests that there is no formal structure in place to facilitate collaborative responses to vulnerable families[138] and UnitingCare Community expresses concern that there is currently no clear agreement by Queensland Government agencies that all government agencies should work collaboratively.[139] This is a key point and is mirrored in New Zealand's white paper, which argues that making agencies responsible for delivering on their own portfolio fails to achieve results for vulnerable children and families whose needs are complex, entrenched and span a number of portfolios.[140] However, both the Queensland Catholic Education Commission and UnitingCare Community agree that some infrastructure does exist in Queensland for collaborative case management and they propose that Family Support Alliances could be further developed to fulfil this function.[141]

The success of collaborative practice relies on the development of a shared vision, a common practice framework, clear information-sharing procedures and a demonstrated commitment to the partnership. Professor Bob Lonne states it 'is critical for strong local systems to be in place which have a shared vision, commitment to partnership and an ethical sharing of power'.[142]

To sum up, successful collaboration appears to depend on the context — that is, the quality of the relationship between the agencies, the sectors involved and the strategies used by the agencies.[143] As a result, collaboration can be 'dangerously over dependent on the commitment and skills of individuals, rather than organisations, and too easily disrupted by their departure'.[144]

In Queensland, early childhood education and care services operate under an integrated approach to service delivery by partnering with different organisations and across different disciplines (including early childhood education and care, child and maternal health and family support) to provide a holistic response to the needs of children and families.[145] Early Years Centres (located in Caboolture, Nerang, Browns Planes and Cairns) use a multidisciplinary approach where child health, early childhood education and family support professionals work together to deliver both universal and targeted services. For example, the Early Years Centres have found that collaboration between these workers at playgroups has made it easier to identify issues early on.[146] These issues can then be responded to with an integrated case-management approach through regular multidisciplinary case meetings.[147]

According to staff at the Early Years Centres, integrated service delivery depends on the development of supportive and honest relationships with partner agencies. Some of the strategies used by the Early Years Centres to deliver integrated services include the development of formal community partnership agreements and memoranda of understanding as well as paid secondments between organisations to solidify partnerships. However, in the evaluation of the Early Years Centres, staff reported that the key to effective partnerships is the development of effective relationships. These are achieved by 'investing time, commitment, energy and honesty' and allow for the challenging of assumptions, sharing of knowledge and respecting different perspectives.[148]

To further foster integrated service delivery in the early childhood education and care sector, the Department of Education, Training and Employment developed a draft framework for integrated early childhood development. The framework is a resource to support the continued provision of high-quality integrated services and encourages greater integration across the early childhood development sector. The framework includes a model for integration as well as a reflective tool to help agencies analyse and improve the ways they work with other organisations.[149] A collaborative approach to meeting the needs of children and families at the high end of the continuum of need also must be considered in the context of engaging adult-focused services in family support and child protection practice.

A single case plan with a lead professional

The Commission's proposed local planning and coordination of family support services will involve a multi-agency approach to deciding which services are to be provided in the local area. A mechanism is required to ensure that a similar multi-agency approach is taken to identifying which services are to be provided to which families. This coordination could be achieved by using a single case plan for a family across a number of government and non-government services.

The model is similar to one proposed in the recent New Zealand white paper for vulnerable children, which proposes the establishment of Children's Teams comprising professionals from health, education, justice and social services working together to provide intensive voluntary support to families with multiple and complex needs. Under this model, a lead professional from the most appropriate agency will manage the case and develop and monitor a single integrated case plan.[150]

Under a multi-agency model for Queensland, the discussion paper proposed a lead professional to strengthen collaboration and inter-agency delivery of services to children and families. This lead professional would act as a single point of contact for families who require a multi-agency response at the intensive family support end of the service system.[151] The role would, in collaboration with other agencies, develop a single case plan for the child and family that would outline the specific roles and services to be provided from the multiple agencies and coordinate the delivery of actions agreed by the practitioners involved.

In the responses to the discussion paper received by the Commission, there was considerable support for collaborative case management that involves a lead professional and a single case plan.[152] For example, UnitingCare Community stated it has found marked improvements in outcomes for clients with multiple and complex needs when services work in partnerships[153] and Professor Bob Lonne agreed that while not a 'panacea', collaboration does work best when dealing with complex and inter-related issues.[154] While also supportive of a lead professional and a single case plan, the Queensland Council of Social Service urged that single case plans will be most effective if they target the whole family and if the lead professional is someone whom the family already trusts.[155] Life Without Barriers suggests that agencies could work collaboratively as a 'virtual team' with a lead professional who has responsibility for the single case plan.[156]

The Commission's proposed expansion of Helping Out Families and associated Family Support Alliances could be adapted to include the development of a single case plan for families, developing a collaborative case-management approach and deciding which high-end families will be offered this approach. The Commission considers that the Family Support Alliance Service would be well placed to determine which services are

required and which services are available, and then to nominate a lead person or agency to develop and implement a single case plan.

Recommendation 5.7

That Family Support Alliances, along with relevant government departments, develop a collaborative case-management approach for high-end families that includes a single case plan and a lead professional.

5.5 Summary

This chapter has shown that family support services in Queensland need to be improved and integrated into an overarching strategy. Current services are not part of an integrated suite and the service system has been poorly funded and developed over the past decade. Chapter 4 proposes a model that allows for the referral of families to services without any need for them to come into contact with the statutory child protection system. However, for this to work, there needs to be a robust and coordinated service system to refer families to. The kinds of targeted and intensive support services required by vulnerable and at-risk families, particularly those who have multiple and complex needs (and including those experiencing current abuse), are simply not available in Queensland at anywhere near the capacity or level of sophistication required.

Recent improvements to services include some intensive family preservation and intensive family support programs (such as the successful Helping Out Families initiative), but their coverage is not comprehensive and their availability is time limited. Furthermore, these programs service families at the high end of the continuum of need and there is an absence of sufficient 'step down' services both for these families and for families who have not yet reached crisis point.

Despite the improvements, there are still many gaps. Hence the Commission has recommended that the department do a stocktake of current services in order to identify what services are out there and what is missing. There is no doubt, also, that the proposed improvements to the coordination and capacity of targeted intensive family support and early intervention services will be rendered more effective if they are linked to universal prevention services. The Commission is also recommending a statewide roll-out of the Helping Out Families initiative. Currently being trialled in three sites (Beenleigh, Logan and Gold Coast), this initiative represents the largest government investment in prevention and early intervention and is designed to reduce the risk of children and young people entering the child protection system.

The Commission has designed a child protection reform strategy that is predicated on the existence of an adequate family-support service system — one that can mitigate the drivers of child abuse and neglect, and keep families out of the statutory child protection system.

The Commission also recognises a need to ensure that secondary services can be provided to Queenslanders in a way that is conscious of the role of clients as parents and that shows an awareness of the needs of children. For instance, a drug and alcohol program should ensure that practitioners seek information about the impact of the presenting problem on children at home, and clinicians and practitioners across the range of human service delivery should be armed with information about where to find support services for parenting problems. Waiting lists and triage processes should be

used to prioritise the needs of adults who have children in their care to address any potential risk to the safety of a child.

As with any major reform that crosses departmental boundaries, success depends on collaboration, and the success of collaboration relies on having a shared vision, a common practice framework, a willingness to share information and a demonstrated commitment to the partnership. The Commission's proposed local planning and coordination of family support services will involve a multi-agency approach to deciding which services are to be provided in the local area. A mechanism is required to ensure that a similar multi-agency approach is taken to identifying which services are to be provided to which families. This coordination could be achieved by using a single case plan and a lead professional for a family across a number of government and non-government services. There is evidence that inter-agency collaboration is most effective for vulnerable and at-risk children and families at the high end of the continuum of need, whose needs cannot be met by a single agency operating in isolation.

Endnotes

[1] *Child Protection Act 1999* (Qld) s. 159B(b).
[2] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, vol. 2, Productivity Commission, Canberra, p. 15.2.
[3] Bromfield, L & Holzer, P 2008, *A national approach for child protection: project report*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.
[4] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children*, Australian Research Alliance for Children & Youth.
[5] Exhibit 187, Submission of Department of the Premier and Cabinet, 12 March 2013 [p5].
[6] Submission of Bravehearts, 15 March 2013 [p6].
[7] Submission of Australian Association of Social Workers, August 2012 [p9].
[8] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp44–5].
[9] Exhibit 191, Submission of Queensland Health, March 2013 [p2].
[10] Submission of UnitingCare Community, 15 March 2013 [p7: para 35].
[11] Statement of Helen Ferguson, 18 April 2013, Attachment 1, Document 1 [p1].
[12] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[13] Statement of Helen Ferguson, 18 April 2013, Attachment 1, Document 3 (1b), (1c).
[14] Department of Communities 2010, *2009–10 Child protection partnerships report: annual report on the operations of Queensland government agencies relevant to child protection*, Department of Communities, Brisbane.
[15] Department of Communities 2011, *Helping out families: final implementation evaluation report*, Department of Communities, Brisbane.
[16] Submission of Anglicare Southern Queensland, November 2012 [p3]; Submission of Queensland Council of Social Service, 28 September 2012 [p18].
[17] Submission of Department of Communities, Child Safety and Disability Services, 15 March 2013 [p25].
[18] Exhibit 116, Statement of Dr Elisabeth Hoehn, 16 October 2012 [p4].
[19] Submission of UnitingCare Community, October 2012 [p8: para 30]; Submission of Queensland Council of Social Service, 28 September 2012 [p18].
[20] Submission of Churches of Christ Care, September 2012 [p3].
[21] Submission of Ipswich Women's Centre Against Domestic Violence, September 2012 [p5].
[22] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp34, 38].
[23] Exhibit 116, Statement of Dr Elisabeth Hoehn, 16 October 2012 [p4].
[24] Submission of Australian Association of Social Workers, August 2012 [p9].
[25] Submission of UnitingCare Community, October 2012 [p18: para 78].
[26] DCCSDS 2013, *Helping out families: phase 3 outcomes evaluation report, child safety strategic policy and intergovernmental relations*, Brisbane.
[27] DCCSDS 2013, *Helping out families: phase 3 outcomes evaluation report, child safety strategic policy and intergovernmental relations*, Brisbane.
[28] Department of Communities 2010, *2009-10 Child protection partnerships report: annual report on the operations of Queensland government agencies relevant to child protection*, Department of Communities, Brisbane.
[29] Submission of UnitingCare Community, October 2012 [pp18–9: para 79].
[30] Submission of UnitingCare Community, October 2012 [pp5–6: para 18].
[31] The Allen Consulting Group 2008, *Child protection secondary intervention programs and services final report: a comparison of Queensland, Victoria and New South Wales*, Department of Child Safety.
[32] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, February 2013 [pp11-3].
[33] Submission of Anglicare Southern Queensland, November 2012 [p3]; Submission of Queensland Council of Social Service, 28 September 2012 [p18], Submission of Australian Association of Social Workers, August 2012 [pp8–9]; Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3].
[34] Submission of Anglicare Southern Queensland, November 2012 [pp3–4]; Submission of UnitingCare Community, 15 March 2013 [p6: para 32].
[35] Submission of Queensland Council of Social Service, 15 March 2013 [p5].
[36] Submission of UnitingCare Community, 15 March 2013 [p6: para 32].
[37] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[38] Department of Communities 2011, *Helping out families: final implementation evaluation report*, Department of Communities, Brisbane.

[39] Scott, D 2012, 'Reducing child abuse and neglect: reviews, reforms and reflections', Australian Institute of Family Studies seminar series presentation, Melbourne, 6 September 2012.
[40] Submission of UnitingCare Community, October 2012 [p8: para 34].
[41] Submission of Mission Australia, September 2012 [p12].
[42] Exhibit 187, Submission of Department of the Premier and Cabinet, March 2013 [p3].
[43] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p45].
[44] New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.
[45] Scott, D 2012, 'Reducing child abuse and neglect: reviews, reforms and reflections', Australian Institute of Family Studies seminar series presentation, Melbourne, 6 September 2012.
[46] Submission of Queensland Council of Social Services, 28 September 2012 [p9].
[47] New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.
[48] Council of Australian Governments 2009, *Protecting children is everyone's business: national framework for protecting Australia's children 2009–2020*, Commonwealth of Australia, Canberra, p. 13.
[49] FaHCSIA 2013, *Family support program – funding*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/family-support-program-funding-0›.
[50] FaHCSIA 2013, *Family and children' services*, Australian Government, viewed 4 February 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/family-and-children-s-services#cfc›.
[51] Edwards, B, Wise, S, Gray, M, Hayes, A, Katz, I, Mission, S, Patulny, R & Muir, K 2009, *Stronger families in Australia study: the impact of communities for children*, Occasional Paper No. 25, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.
[52] FaHCSIA 2013, *Programs and services*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services›.
[53] FaHCSIA 2013, *Our responsibilities*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities›.
[54] Exhibit 116, Statement of Dr Elisabeth Hoehn, 10 October 2012 [pp5-6].
[55] Barlow, J & Calam, R 2011, 'A public health approach to safeguarding in the 21st century', *Child abuse review*, vol. 20, no. 4, pp. 238–255.
[56] Exhibit 116, Statement of Dr Elisabeth Hoehn, 10 October 2012 [p8].
[57] The Australian Government funds the Communities for Children initiative under their Family Support Program. Communities for Children aim to prevent child abuse and neglect by building parenting skills and stronger and more sustainable families and communities. Communities for Children are located in disadvantaged communities across Australia and the program has a focus on developing local service networks as well as providing direct services to families with children from birth to 12 years of age, and in some locations, families with adolescents. Programs delivered include parenting support, family and peer support, facilitated playgroups, case management and home visiting services.
[58] The Management of Young Children Program provides an early and proactive intervention program for parents which promotes skill building and relationship development. In MYCP, parents are trained in multiple skills including praise, instruction giving, behaviour tracking, problem solving, and prompting and shaping desirable, purposeful behaviour. The program runs for about six weeks for parents of children aged two to seven: Department of Education, Training and Employment 2012, *Management of young children program (MYCP)*, Queensland Government, viewed 23 June 2013, ‹http://education.qld.gov.au/studentservices/behaviour/resources/mycp.html›.
[59] Meeting with State Manager, SupportLink, 20 September 2012.
[60] Submission of Queensland Catholic Education Commission, March 2013 [pp34–5]; Submission of UnitingCare Community, 15 March 2013 [p3: para 10; p7: para 35].
[61] Exhibit 191, Submission of Queensland Health, March 2013 [p2].
[62] Submission of Bravehearts, 15 March 2013 [p6].
[63] Submission of Family Inclusion Network (Brisbane), February 2013 [pp6–7].
[64] Sammut, J 2010, *Child protection underbelly sells out at risk kids*, The Drum, ABC, viewed 19 June 2013, ‹http://www.abc.net.au/unleashed/jeremy-sammut-29958.html›.
[65] World Health Organization and International Society for Prevention of Child Abuse and Neglect 2006, *Preventing child maltreatment: a guide to taking action and generating evidence,* World Health Organization; Gilbert, R, Spatz Widom, C, Browne, K, Fergusson, D, Webb, E & Janson, J 2009, 'Burden and consequences of child maltreatment in high-income countries', *The Lancet,* vol. 373*,* no. 9657, pp. 68–81; Wang, CT & Holton, J 2007, *Total estimated cost of child abuse and neglect in the United States*, Prevent Child Abuse America, Chicago.
[66] Brown, DW, Anda, RF, Tiemeier, H, Felitti, VJ, Edwards, VJ, Croft, JB & Giles, WH 2009, 'Adverse childhood experiences and the risk of premature mortality', *American Journal of Preventive Medicine*, vol. 35, no. 5, pp. 389–396.

[67] Gilbert, R, Spatz Widom, C, Browne, K, Fergusson, D, Webb, E & Janson, J 2009, 'Burden and consequences of child maltreatment in high-income countries', *The Lancet,* vol. 373*,* no. 9657, pp. 68–81; Vinnerljung, B & Sallnäs, M 2008, 'Into adulthood: a follow-up study of 718 young people who were placed in out-of-home care during their teens', *Child and Family Social Work*, vol. 13, no. 2, pp. 144–155.

[68] Wang, CT & Holton, J 2007, *Total estimated cost of child abuse and neglect in the United States*, Prevent Child Abuse America, Chicago; US Department of the Treasury 1998, *The economic costs of smoking in the United States and the benefits of comprehensive tobacco legislation*, viewed 24 June 2013, ‹http://www.treasury.gov/press-center/press-releases/Documents/tobacco.pdf›.

[69] Taylor, P, Moore, P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne; Access Economics 2006, *The economic costs of obesity*, Diabetes Australia.

[70] Segal, L & Richardson, J 1994, 'Economic framework for allocative efficiency in the health sector', *Australian Economic Review,* vol. 27, no. 2, pp. 89–98; Segal, L & Mortimer, D 2006, 'A population-based model for priority setting across the care continuum and across modalities', *Cost Effectiveness and Resource Allocation*, vol. 4, no. 6.

[71] Segal, L & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence-based strategy', *Child Abuse Review*, vol. 20, pp. 274–289.

[72] Amos, J, Furber, G & Segal, L, 'Understanding maltreating mothers: a syntheses of relational trauma, attachment disorganization, structural dissociation of the personality and experiential avoidance', *Journal of Trauma and Dissociation*, vol. 12, no. 5, pp. 495–509; Segal, L & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence-based strategy', *Child Abuse Review*, vol. 20, pp. 274–289.

[73] Taylor, P, Moore, P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne; Access Economics 2006, *The economic costs of obesity*, Diabetes Australia.

[74] Productivity Commission 2011, *Report on government services 2011*, Australian Government, Canberra.

[75] Segal, L, Gospodarevskaya, E & Delfabbro, P 2012, *Pattern of out-of-home care - a South Australian out-of-home care exit cohort*, Health Economics & Social Policy Group, University of SA.

[76] Lee, S, Aos, S & Miller, M 2008, *Evidence-based programs to prevent children from entering and remaining in the child welfare system: benefits and costs for Washington*, Washington State Institute for Public Policy, Olympia.

[77] Cohen, JT, Neumann, PJ & Weinstein, MC 2008, 'Does preventive care save money? Health Economics and the presidential candidates', *The New England Journal of Medicine*, vol. 358, pp. 661–663; Dalziel, K, Segal, L, Mortimer, D 2008, 'Review of Australian health economic evaluation - 245 interventions: what can we say about cost-effectiveness?', *Cost Effectiveness and Resource Allocation*, vol. 6, no. 9.

[78] Maynard, A, Bloor, K & Freemantle, N 2004, 'Challenges for the National Institute for Clinical Excellence', *British Medical Journal*, vol. 329, 227–229.

[79] Bilukha, O, Hahn, R, Crosby, A, Fullilove, M, Liberman, A, Moscicki, E, Snyder, S, Tuma, F, Corso, P, Schofield, A & Briss, P 2005, 'The effectiveness of early childhood home visitation in preventing violence: a systematic review', *American Journal of Preventive Medicine*, vol. 28, pp. 11–39; Guterman, N 1999, 'Enrollment strategies in early home visitation to prevent physical child abuse and neglect and the "universal versus targeted" debate: a meta-analysis of population-based and screening-based programs', *Child Abuse & Neglect*, vol. 23, pp. 863–90; Howard, K & Brooks-Gunn, J 2009, 'The role of home-visiting programs in preventing child abuse and neglect', *Future of Children*, vol. 19, pp. 119–146; MacMillan, H, Wathen, J, Fergusson, D, Leventhal, J & Taussig, H 2009, 'Interventions to prevent child maltreatment and associated impairment', *The Lancet*, vol. 373, no. 9659, pp. 250–266; Mikton, C & Butchart, A 2009, 'Child maltreatment prevention: a systematic review of reviews', *Bulletin of the World Health Organization*, vol. 87, pp. 353–361; Sweet, M & Appelbaum, M 2004, 'Is home visiting an effective strategy: a meta-analytic review of home visiting programs for families with young children', *Child Development*, vol. 75, pp. 1435–56; Hahn, R, Bilukha, O, Crosby, A, Fullilove, M, Liberman, A, Moscicki, E, Snyder, S, Tuma, F, Schofield, A, Corso, P & Briss, P 2003, 'First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation: findings from the Task Force on Community Preventive Services', *Morbidity & Mortality Weekly Report Recommendations and Reports*, vol. 52, no. RR–14, pp. 1–9; MacLeod, J & Nelson, G 2000, 'Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review', *Child Abuse & Neglect*, vol. 24, pp. 1127–1149; Geeraert, L, Van den Noortgate, W, Grietens, H & Onghena, P 2004, 'The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: a meta-analysis', *Child Maltreatment*, vol. 9, pp. 277–291.

[80] Segal, L, Opie, R & Dalziel, K 2012, 'Theory! The missing link in understanding the performance of neonate/infant home visiting programs for the prevention of child maltreatment: a systematic review', *Milbank Quarterly,* vol. 90, pp. 47–106.

[81] The studies described in this report were identified through a comprehensive literature search in December 2011 using standard databases, bibliographies, key authors, key journals and the grey literature. A total of

1,335 articles were examined against the inclusion criteria (a self-described family support/parent program, measured child abuse outcome of child abuse/neglect, report or substantiation, removal to out-of-home care, reunification with birth family), a controlled trial, English language and that did not include newborn or infant home-visiting. The results for 24 distinct programs and program strategies that met the search criteria formed the evidence base.

[82] Brook, J & McDonald T 2007, 'Evaluating the effects of comprehensive substance abuse intervention on successful reunification', *Research on Social Work Practice*, vol. 17, pp. 664–672.
[83] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p14].
[84] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p35].
[85] Submission of Dr Jan Connors, February 2013 [p2].
[86] Submission of Mission Australia, September 2012 [p13].
[87] Submission of UnitingCare Community, October 2012 [p6: para 21].
[88] Submission of Queensland Council of Social Service, 28 September 2012 [p25].
[89] Submission of Queensland Catholic Education Commission, March 2013 [pp34–5]; Exhibit 187, Submission of Department of the Premier and Cabinet, 12 March 2013 [p5]; Exhibit 191, Submission of Queensland Health, March 2013 [p2]; Submission of UnitingCare Community, 15 March 2013 [p2: para 8]; Submission of BoysTown, 15 March 2013 [pp4–5].
[90] Exhibit 191, Submission of Queensland Health, March 2013 [p2]; Submission of Queensland Catholic Education Commission, March 2013 [pp34–5]; Submission of UnitingCare Community, 15 March 2013 [p2: para 8]; Submission of Bravehearts, 15 March 2013 [p6].
[91] Submission of Queensland Council of Social Service, 15 March 2013 [p7].
[92] Submission of UnitingCare Community , 15 March 2013 [p3: para 13]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p16]; Submission of BoysTown, 15 March 2013 [pp4–5].
[93] Statement of Helen Ferguson, 15 April 2013 [p4: para 21].
[94] Statement of Helen Ferguson, 15 April 2013 [p4: para 24].
[95] Statement of Helen Ferguson, 15 April 2013 [p4: para 23].
[96] Statement of Helen Ferguson, 15 April 2013 [p4: para 22].
[97] Statement of Helen Ferguson, 15 April 2013 [p4: para 28].
[98] Statement of Helen Ferguson, 15 April 2013 [p4: para 27].
[99] Statement of Helen Ferguson, 15 April 2013 [p4: para 28].
[100] Statement of Helen Ferguson, 15 April 2013 [p4: para 29].
[101] Statement of Helen Ferguson, 15 April 2013 [p4: para 30].
[102] Statement of Helen Ferguson, 15 April 2013 [p4: para 31].
[103] Statement of Helen Ferguson, 15 April 2013 [p4: para 32].
[104] Exhibit 191, Submission of Queensland Health, March 2013 [p1].
[105] Submission of UnitingCare Community, 15 March 2013 [pp2–3: para 9].
[106] Submission of UnitingCare Community, 15 March 2013 [p3: para 10].
[107] Submission of UnitingCare Community, 15 March 2013 [p3: para 13].
[108] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p16].
[109] Department of Communities 2011, *Helping out families: final implementation evaluation report*, Department of Communities, Brisbane.
[110] Freiberg, K, Homel, R & Branch, S 2010. 'Circles of Care: The struggle to strengthen child developmental systems through the Pathways to Prevention Project', *Family Matters*, no. 84, Australian Institute of Family Studies, Melbourne, pp. 28–34.
[111] Exhibit 191, Submission of Queensland Health, March 2013 [p2]; Submission of Queensland Catholic Education Commission, March 2013 [pp34–5]; Submission of Ethnic Communities Council of Queensland, February 2013 [p2].
[112] Submission of Ethnic Communities Council of Queensland, February 2013 [p2]; Submission of Australian Association of Social Workers, March 2013 [p5: para 2]; Submission of Life Without Barriers, 15 March 2013 [p4].
[113] Submission of Queensland Council of Social Service, 15 March 2013 [pp9–10].
[114] Submission of Queensland Catholic Education Commission, March 2013 [pp34–5].
[115] Submission of Queensland Council of Social Service, 15 March 2013 [pp9–10].
[116] Exhibit 191, Submission of Queensland Health, March 2013 [p2]; Submission of Queensland Catholic Education Commission, March 2013 [pp34–5].
[117] Submission of Queensland Council of Social Service, 15 March 2013 [pp9–10].
[118] Submission of Ethnic Communities Council of Queensland, February 2013 [p2].
[119] Submission of Family Inclusion Network Queensland (Townsville) [p5]; Submission of Ethnic Communities Council of Queensland, February 2013 [p2].

[120] Submission of Australian Association of Social Workers, March 2013 [p5: para 2].
[121] Submission of Ethnic Communities Council of Queensland, February 2013 [p2].
[122] Freiberg, K, Homel, R & Branch S 2010. 'Circles of Care: the struggle to strengthen child developmental systems through the Pathways to Prevention Project', *Family Matters*, no. 84, Australian Institute of Family Studies, Melbourne, pp. 28–34.
[123] Bromfield, L, Lamont, A, Parker, R & Horsfall, B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems: the co-occurrence of domestic violence, parental substance misuse, and mental health problems*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.
[124] McDonald, M & Rosier, K 2011, *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[125] McDonald, M & Rosier, K 2011, *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[126] Submission of Mission Australia, September 2012 [p11].
[127] Submission of Family Inclusion Network Queensland (Townsville), 'Supporting families and stronger futures', September 2012 [p18].
[128] Submission of Family Inclusion Network (Brisbane), March 2013 [p6].
[129] Submission of Anglicare Southern Queensland, November 2012, [pp3–4].
[130] Submission of Anglicare Southern Queensland, November 2012 [pp7–8].
[131] Submission of Anglicare Southern Queensland, November 2012 [p8].
[132] Submission of Anglicare Southern Queensland, November 2012, [pp3–4].
[133] McDonald, M & Rosier, K 2011, *Interagency collaboration Part B: Does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[134] McDonald, M & Rosier, K 2011, *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[135] McDonald, M & Rosier, K 2011, *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[136] Submission of UnitingCare Community, 15 March 2013 [p2: para 8].
[137] Submission of UnitingCare Community, 15 March 2013 [p4: para 18–20]; Submission of Life Without Barriers, 15 March 2013 [p4].
[138] Submission of Queensland Catholic Education Commission, March 2013 [pp34–5].
[139] Submission of UnitingCare Community, 15 March 2013 [pp2–3: para 9].
[140] New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.
[141] Submission of Queensland Catholic Education Commission, March 2013 [pp34–5]; Submission of UnitingCare Community, 15 March 2013 [p4: para 18–20].
[142] Submission of Professor Bob Lonne, 18 March 2013 [p1].
[143] McDonald, M & Rosier, K 2011, *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.
[144] Morrison, T 1996, 'Partnership and collaboration: rhetoric and reality', *Child Abuse and Neglect*, vol. 20, no. 2, pp. 130–1.
[145] Statement of Annette Whitehead, 8 March 2013 [p1].
[146] Statement of Annette Whitehead, 8 March 2013 [p15].
[147] Statement of Annette Whitehead, 8 March 2013 [p16].
[148] Statement of Annette Whitehead, 8 March 2013 [p15].
[149] Statement of Annette Whitehead, 8 March 2013, Attachment 6.1 [pp1–5].
[150] New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.
[151] Children's Workforce Development Council 2007, *The lead professional: practitioners guide*, Children's Workforce Development Council, United Kingdom.
[152] Submission of Life Without Barriers, 15 March 2013 [pp4–5]; Submission of UnitingCare Community, 15 March 2013 [p7: para 36]; Second submission of Queensland Council of Social Service, 15 March 2013 [p13].
[153] Submission of UnitingCare Community, 15 March 2013 [p4: para 16].
[154] Submission of Professor Bob Lonne, 18 March 2013 [p1].
[155] Submission of Queensland Council of Social Service, 15 March 2013 [p13].
[156] Submission of Life Without Barriers, 15 March 2013 [p5].

Chapter 6
Child protection and the non-government service sector in Queensland

This chapter focuses on the important role non-government organisations in Queensland will play in the proposed reform. It begins by giving an overview of the sector, which is diverse, has emerged over time according to historical priorities and policies, and is highly complex with overlapping and indistinct categories of service. It then discusses the main challenges facing the sector in delivering child protection services, and concludes by examining how capacity can be enhanced and how relationships with the government sector can be strengthened so that the sector is prepared to perform a critical role in the reformed child protection system.

6.1 Overview

From early in Australia's history, social services were the domain of churches, which set the philosophy and policy direction for reducing community poverty and hardship. Charity dollars were supplemented by government grants to achieve public policy outcomes and, gradually, faith-based non-government organisations grew, especially in the latter of half of the 20th century.

Secular non-government bodies, based on social justice and human rights principles, emerged in response to the growing demand for social services. For-profit organisations entered the market in some parts of the human services sector, with audited and accredited systems and the capacity to make use of profitable contracts to establish new business fields.[1] Over time, the dichotomy between profit and not-for-profit blurred as various hybrids such as social enterprises secured commercial opportunities, both to deliver services and use profits to cross-subsidise non-commercial activities.

Growth in funding to the non-government service sector has been accompanied by a shift from government support of 'good works' to a business-oriented purchaser-provider model. A 2010 report, commissioned by the Queensland Council of Social Service, describes the impact of this shift:[2]

> In the past 10 years, both state and federal governments have supported the growth of capability in the health and community services industry. Competitive purchasing policies have been used to expand services and to improve quality and efficiency within the sector in order to increase the value of services delivered and to maximise social and economic outcomes. In both community and government-initiated responses, drivers for action tend to be:
>
> - fairness — sharing public resources for a more equitable society

- utilitarian — increasing the productive contribution of all to the community and reducing the cost to society of more expensive [tertiary] services
- respect and value for every person, relief of suffering, social justice.

The 2010 Productivity Commission research report *Contribution of the not-for-profit sector* found that governments choose non-government agencies to deliver services due to perceptions that non-government agencies:[3]

- are best placed to understand and respond to community needs and are closer to the target group of a particular service
- can access resources that are generally unavailable to the government, such as volunteers and private sponsorship
- have considerable expertise and links to target groups, particularly when they have a history of involvement in an area
- are more flexible and adaptable to client needs and are able to package government-funded services with other services
- are better-positioned to focus on the actual delivery of services while government agencies focus on their core business of policy, administration and reporting
- offer value for money and can deliver services at lower cost and higher effectiveness.

All levels of Australian government encourage a strong not-for-profit sector. The sector is seen as having particular advantages in delivering human services because organisations are able to strengthen the social and human capacity of the community as well as provide services. They add value not just through service delivery but also by the way they work — for example, by fostering social cohesion and a sense of community.[4]

The 2013 Queensland Commission of Audit suggests that greater use of existing outsourcing models is likely to drive more innovative and cost-effective outcomes for functions, including child safety and social inclusion.

As in the rest of Australia, non-government service delivery in Queensland has expanded markedly over the last decade. The Queensland Government's 2009 submission to the Productivity Commission stated that:

> The Queensland Government's investment in the not-for-profit sector grew by 40 per cent between 2003–04 and 2007–08. In 2008–09 the Queensland Government provided $1.067 billion for grants and $163M in capital grants. Funding amounts can be significant with a number of large organisations now receiving in excess of $100M per year from the Department of Communities alone.

Some non-government human service agencies deliver a single service. They have few assets and a small number of staff. Others are very large, multi-dimensional, international organisations delivering a wide range of services using funds from government, clients, commercial businesses and philanthropy. Some have developed highly sophisticated management structures with professional boards while others operate under the governance of voluntary community management committees.

To be successful in this competitive environment, organisations have had to adopt modern business approaches and develop business management expertise. For many not-for-profit organisations, the organisational change has created tensions between remaining true to their mission and operating with business-like efficiency. The competitive market has also attracted more for-profit businesses in some parts of the

human services sector. In particular, listed companies operate in health, aged care, child care, and employment services.

Efforts to map, understand and analyse the non-government human services sector are hindered by the very nature of the sector being diverse, spontaneous and dispersed, and not coming under a single industry body. More recent attempts to integrate services to provide holistic responses to clients with multiple needs have increased the difficulty of capturing a detailed picture of discrete service provision.

The 2010 Productivity Commission report into the contribution of the not-for-profit sector emphasises this diversity: [5]

> … submissions to this study highlight the truly diverse nature of human services provided by not-for-profits, which include: aged care; disability services; child, youth and family support; rehabilitation services; palliative care; alcohol and drug services; mental health services; Indigenous health and housing support; community and emergency housing; offender and prisoner related support; victim support; services to people who are homeless; sexual assault and domestic violence services; rescue and emergency services; legal assistance; and health promotion and prevention.

6.2 The non-government human services sector

Services related to child protection are delivered by a section of the human services sector known as the community services sector. See Figure 6.1 for a diagrammatic representation of how child protection services fit within the broader human services sector. Services are provided by both for-profit and not-for-profit organisations in the non-government sector.

The Queensland non-government community services sector reflects the diversity and complexity described in the previous section. While the actual scope of the sector is widely debated, the 2010 sector report commissioned by the Queensland Council of Social Service estimated that 1,500 not-for-profit and 1,000 for-profit organisations deliver community services.[6]

An Australian Bureau of Statistics national survey of non-government organisations in 2009 estimated the expenditure of the Queensland community services sector to be $4.6 billion. Based on the national proportion of profit and not-for-profit expenditure, Table 6.1 provides an indicative breakdown of expenditure in 2008–09 on frontline delivery and supporting functions by non-government organisations in Queensland.

Figure 6.1: How the community services sector intersects with the human services sector

Source: Norton, M 2010, *The Community Services Sector 2010*, report commissioned by Queensland Council of Social Services, Brisbane, p. 12

Table 6.1: Estimated expenditure on community service activities by type of activity and organisation, Queensland, 2008–09

	For profit non-government organisations (estimated)	Not-for-profit non-government organisations (estimated)	Government services (estimated)	Total
Direct community service activities	$1,211.7m	$2,501.3m	$847.9m	$4,560.9m
Non-direct community service activities	$89.4m	$279.6m	$276.1m	$645.0m
Payments to others for direct service activity	$35.4m	$54.8m	$937.5m	$1,027.7m
Training for staff	$20.1m	$48.9m	$51.4m	$120.3m
Total	**$1,356.6m**	**$2,884.6m**	**$2,112.9m**	**$6,353m**

Source: Norton, M 2010, *The Community Services Sector 2010*, report commissioned by Queensland Council of Social Services, Brisbane, p. 40

Notes: Community service activities are defined in the National Classification of Community Services developed by the Australian Institute of Health and Welfare. *Direct community service activities* include a range of community services such as protection, disability and aged care services and exclude income support, taxation concessions, acute health care and public housing. *Non-direct community service activities* include social planning and policy development, advocacy and social action, fundraising, community development, service delivery development, administration of funding, monitoring, licensing and regulation, retirement village self-care units and overseas activities. Queensland components are estimated from proportions at the national level.

Funding

Organisations are funded by state and Australian Government departments with local governments usually providing in-kind support.

Queensland Government departments that provide funds to community services are:

- Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (services for Queenslanders from culturally and linguistically diverse backgrounds)
- Department of Communities, Child Safety and Disability Services (child safety, family support, youth services, seniors, domestic violence, disabilities) — the department is a major source of funding
- Department of Community Safety (supervision of community-based officers)
- Department of Education, Training and Employment (early childhood, training and employment)
- Queensland Health (community health, mental health, drug and alcohol, maternal and child health)
- Department of Housing and Public Works (community housing)
- Department of Justice and Attorney-General (community justice, gambling fund)
- Queensland Police Service (community connection, drug strategy).

The Australian Government funds non-government organisations to deliver services to disadvantaged client groups through the departments of:

- **Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).** FaHCSIA funds grants for families and children, housing support, disability and carers, Aboriginal and Torres Strait Islander Australians, and mental health. The family and children's programs include community playgroups, family and relationship services, and the Communities for Children program (which is located in disadvantaged communities and incorporates prevention and early intervention programs to improve family functioning, safety and child development).
- **Education, Employment and Workplace Relations.** This department funds services related to early childhood programs, employment programs (including for people with a disability), youth services, and Aboriginal and Torres Strait Islander employment and schooling, including services related to the Closing the Gap strategy.
- **Health and Ageing.** This department funds community-health programs related to substance abuse, mental health, community care, rural health, and Aboriginal and Torres Strait Islander health.

Federal tax exemptions that apply to some types of not-for-profit organisations are discussed later in this chapter under 'Increased business costs'.

Local governments support community service organisations in-kind through exemption from rates, maintenance of community venues, access to venues at minimal or no cost, and through grants usually below $5,000. There is no record of aggregate financial allocations by local governments to community services.

It is difficult to develop an accurate picture of investment in the sector across portfolios. It is also challenging for service providers, individuals and families to navigate this complex service system. It has been estimated that there are over 2,000 community

directories in Queensland that attempt to link individuals and families to services and community groups and these quickly become out of date.[7] One of these, is the website *My Community Directory,* which lists over 2,200 organisations in Queensland that provide community services through 22,000 points of service across the continuum from universal to tertiary services, including community support and health services (66%), sporting and recreation groups (6%) clubs and other associations (45%). The organisation, Community Information Support Services, estimates that the directory contains 60 per cent of services and has over 40,000 users monthly, showing the interest and need for service information.

Regulation

Not-for-profit organisations are regulated under several Acts. Queensland bodies can be registered under the *Associations Incorporation Act 1981*, as a charity under the *Collections Act 1966,* or as a cooperative under the *Cooperatives and other Societies Act 1997,* and submit annual returns to the Office of Fair Trading. Alternatively, organisations with non-profit objectives can be registered under the *Corporations Act 2001* and meet reporting requirements of the Australian Securities and Investment Commission. Aboriginal and Torres Strait Islander organisations can become corporations under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006.* The Office of the Registrar of Indigenous Corporations maintains a public register.

Services provided

The Queensland non-government community services sector, which has an estimated annual income of $5.3 billion, is a major provider of services across the child protection continuum.[8] These services span the child protection-related spectrum of primary, secondary and tertiary services.

As discussed above, it is difficult to fully map non-government services in Queensland according to their purpose, funding amounts and locations. It is harder still to develop a holistic and complete picture of how these services affect the lives of children and families and the extent to which they prevent, or respond to, incidents of child maltreatment. This is particularly the case for primary services and some secondary services. For example, while children and parents may access early years services, homelessness or a domestic violence program, it is not easy to determine or measure how these services have influenced child protection outcomes. There are several national minimum dataset collections for discrete programs, but overall there is minimal and disconnected national reporting about the number of parents, children and families who receive services or about the outcomes achieved.

Some large non-government agencies deliver almost a full suite of primary, secondary and tertiary services. For example in 2010–11, Mission Australia delivered 32 services in Queensland, supporting 34,878 individuals and 2,525 families, with a staff of 557 workers including 3 per cent who identified as Aboriginal or Torres Strait Islander. Services included:

- early childhood education and care services in three centres in Queensland
- Communities for Children services in three locations (Inala–Goodna, Cairns and Yarrabah), supporting 25,588 families
- the Pathways to Prevention Project in Inala and Carole Park, designed to transition young children from disadvantaged communities into school through universal and targeted intervention including intensive family support

- Project Circuit Breaker, which provided an intensive family support service to 150 families with children between 9 and 17 years
- Referral for Active Intervention Services in Inala–Goodna, Ipswich and Caboolture–Deception Bay, which supported over 900 families
- the Out of Community Care program, a residential care service in Far North Queensland for young people aged 12 to 17 years who have complex to extreme support needs.
- the Mornington Island Safe House, which provides safety for children and young people while supporting them to remain in their community.[9]

Youth and Family Service (Logan City) Inc. is a medium-sized organisation that provides general and specialist services within a defined region. These include youth services, domestic violence, mental illness, housing and homelessness, and family support and counselling. The service operates youth programs that provide case-management support to at-risk young people through the Youth at Risk Initiative (Youth Link), Logan Beenleigh Young Person's Project (The Next Step), Logan Youth Legal Service, and Volatile Substance Misuse. The service is a partner in the pilot department's Helping out Families initiative in Logan (see Chapter 5) and provides family group conference services to children, young people and their families.

Single-focus, single-location organisations include:

- Phoenix House in Bundaberg, which provides sexual violence prevention and intervention services with counselling and support for people of all ages and gender, and a therapeutic preschool for children aged 3–5 years who are at risk of, or have experienced, harm.
- Young Parents Program Inc. in Brisbane, which provides support for young mothers under 23 years during pregnancy and in the early years with their babies.

It is difficult to gauge the number, size, reach and contributions of smaller non-government organisations throughout the state. PeakCare advocates government funding for 'a range of organisations, not just large organisations in the hope that this creates economies of scale and savings to government' and that diversity and difference in the non-government sector should be encouraged because it yields innovative practice, offers clients a choice of service provider and allows the specific targeting of particular groups or locations.[10] The Commission supports the continued engagement of small organisations, particularly those in regional and remote communities, as they can provide flexible, targeted responses that are suited to their communities and can maintain local infrastructure.

A small number of for-profit businesses have entered the market for child protection services. In 2011–12, five proprietary limited businesses were funded to deliver child protection services and a further two to deliver broad community services.[11]

The range of funding for programs varies greatly. Funding for delivery of departmental Child Safety services in 2011–12 ranged from $9,400 to $28 million with 40 organisations receiving below $100,000 and 41 receiving above $100,000. Seven organisations received more than $5 million.[12] Community services funding:

- ranged from $20,757 to $165,665 per year for Child and Family Hubs[13]
- ranged from $2 million to $2.5 million per year for Early Years Centres[14]
- averaged $1 million per year for Referral for Active Intervention services[15]

- averaged $2.5 million per year for Intensive Family Support services (under Helping Out Families).[16]

These figures do not indicate the size of a non-government agency or the services they provide. Seeking and securing funding from multiple sources has been a strategy used by non-government agencies to plan for and assure their future.[17] A survey of Australian not-for-profit organisations in 2006–07 found that over 50 per cent of social service delivery was funded from other sources including businesses and households.[18] The Centre for Corporate Public Affairs investigated trends in corporate community investment on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs.[19] The study reported that an estimated 10 per cent of the income of not-for-profit organisations was contributed by corporations through a range of partnership models.

While the issues discussed in this chapter relate to the broad non-government sector, the scope of the remainder of this chapter is on non-government services funded by the department.

As noted above, the department is a major funding source for non-government agencies throughout Queensland with UnitingCare Community alone receiving $91 million per annum. While the department funds a range of other services (including neighbourhood centres, general and gambling counselling), the scope of this chapter is focused on family support and child protection services and services that have a clear link to child protection. The combined funding for non-government service delivery by the department in 2011–12 was $500 million,[20] of which $222 million was allocated to 82 non-government organisations to deliver 279 services or programs to children, young people and families throughout Queensland.[21] Services include:

- family support services and intensive family support services
- specialist counselling services for children including sexual abuse counselling
- out-of-home care services such as foster and kinship care, intensive foster care, residential care, therapeutic residential care, safe houses and supported independent living
- domestic and family violence prevention/response services
- mental health services
- housing and homelessness services
- youth services
- disability services
- sexual assault services.

The department contracts services through more than 100 program types with discrete service requirements, although it is currently reducing the program types to 10 in response to a recommendation of the Commission of Audit:[22]

> Social Inclusion services funded by the Department of Communities, Child Safety and Disability Services be rationalised and consolidated, to reduce fragmentation and create a more integrated and strategic framework for the delivery of services.

The Commission of Audit also recommended that the government publish each year a list of all grant programs. Some information is already provided through the government's open data source website,[23] but it is not in a format that makes it easily

accessible to the public. The Commission agrees that a regularly updated source of information about organisations and their services would save time and effort for clients, referrers, decision-makers allocating resources, and potential start-up businesses.

Recommendation 6.1

That the Family and Child Council (proposed in rec. 12.3) ensure the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.

6.3 The role of the non-government sector in the reformed child protection system

As noted in earlier chapters of this report, the Commission envisages a bigger role — indeed, a critical role — for the non-government sector in the reformed child protection system, with collaboration being the key to success.

In its reformed system (detailed in Chapter 15 of this report), the Commission has built-in mechanisms for collaboration at all levels, to ensure non-government organisations have a strong voice alongside their government partners in driving policy and practice change. Chapter 12 outlines the membership of each of the oversight bodies planned for the reformed system — each one provides a 'seat at the table' for the non-government sector.

Submissions from representatives of several non-government organisations made strong arguments in favour of the non-government sector taking a more active role in managing the case plan of individual children in their care, and even to devolve long-term guardianship to individual non-government agencies. It has been argued that this would enable non-government agencies to make more expeditious decisions, which would help children in care to lead more 'normal' lives.

Mr David Bradford, Principal Consultant for Dav'Ange Consulting, has proposed that government could devolve all direct-care functions relating to children in care to non-government organisations, which already happens in Victoria. The *Children, Youth and Families Act 2005* (Vic) allows for certain-case management functions relating to child protection to be contracted to another agency when it is in the best interests of the child. Victoria's Child Protection practice manual notes that 'when cases are contracted, Child Protection retains ultimate responsibility for the case', but it nevertheless allows certain case-management functions to be performed by a non-government agency. Exceptions are:

- case-planning decisions
- investigation of a report
- preparation of a disposition report (a court report relating to the placement and care of child)
- endorsement of a case plan
- major decisions that are outside the case plan, such as removal, or return, of a child, or a significant change to the arrangements for contact between the child and their family

- placement changes, including placement in a secure welfare service
- Children's Court applications
- specific guardianship decisions — for example. permission for interstate or overseas travel or permission to marry.

Under these arrangements, the agency participates in case planning, implements the case plan with the child and provides progress reports on its implementation, but is not responsible for finalising the plan.

The Commission can see merit in introducing an arrangement of this nature in Queensland, once the current reform framework has been well established. However, there are some difficulties that preclude implementation of the model at this point. The next section of this chapter explores the current challenges in implementing this more expansive role for non-government organisations.

6.4 Impediments to service delivery

A review of the literature, the evidence provided to the Commission and initiatives in other jurisdictions all indicate there are three main challenges facing non-government organisations in delivering child protection services. These relate to their:

- relationship with government
- ability to cope with regulatory and administrative demands
- capacity to deliver high-quality services across the state.

Relationship with government

The expansion of government-funded arrangements for service delivery, largely through the contracting of services, has been both good and bad for the non-government sector. While many organisations have grown rapidly and expanded their services across the state, others have struggled with bureaucratic requirements and the uncertainty of government funding.

The beneficial effects relate to improved quality and accountability of service delivery. Contestability of services has made non-government agencies more business-like and professional and has created incentives to encourage improved performance and innovation in service design and delivery. These factors have, in turn, led to improved outcomes for some clients and have increased the transparency of non-government agencies through greater reporting and accountability, enabling government to focus on what it considers are the most pressing problems in the community.[24]

However, the shift to contracting and competitive selection of providers has not always been beneficial for the sector, which has traditionally had a very different way of delivering services compared with government. While government services aim for uniformity of delivery, non-government services tend to lay emphasis on experimental, needs-based delivery that is responsive to a particular client group or community. This creates a tension between the innovation of a non-government agency and the public accountability and consistency requirements of government.

The increasing reliance on government funding has also contributed to a power imbalance between government and non-government organisations. This can mean that non-government agencies are contracted to deliver services where they have had no or little say in the development of policies and programs. It can also compromise their role

as independent advocates for their clients. The very pursuit of government funding can distract agencies from their original purpose and strengths, a process referred to as 'mission drift'.[25]

Non-government agencies can be perceived and act as a delivery arm of government and, like government, be unable to respond flexibly as opportunities arise because they are bound by contract deliverables. They can even take on the bureaucratic characteristics and behaviour of government agencies as they grow into large businesses and become systems-oriented. Roles within non-government agencies can become more specialised and distinct, weakening the connections of the agency with their community.

Finally, non-government agencies can become more exposed to the political risks associated with government services, such as changes in the level of public support for government funding.

In short, the shift to contracting services appears to have had a detrimental effect on the relationship between government and the non-government sector. Both the national work undertaken by the 2010 Productivity Commission on the contribution of the non-government sector and submissions to the Commission from non-government agencies in Queensland stress that non-government agencies are dissatisfied with the relationships they have with government.

The Productivity Commission found that, while government agencies looked on their engagement with community agencies in the delivery of human services as a 'partnership', community agencies described their relationship with government as unequal, with governments having 'the upper hand', imposing 'top down' solutions and requiring not-for-profits to comply with 'over the top' reporting requirements.[26] The Productivity Commission concluded that 'the underlying relationship between government and the not-for-profit sector has deteriorated … the relationship has become unnecessarily adversarial and lacking in trust'.[27]

Shergold describes the 'profound and unresolved tension' arising from a lack of appreciation of the difference between receiving subsidies for community-driven activities and receiving payments to deliver government programs. He suggests that if the not-for-profit operated as a 'trader', it would ensure that the payments received should fully cover the costs of the delivery of the government program:[28]

> … [and] a small surplus that could be converted back into the social mission. Instead, government programs operate as though the payment is a subsidy and services are cross-subsidised by the community organisations. Hence, although the government and community organisations are mutually dependent, the relationship is skewed in favour of 'those who hold the funds'.

Concerns raised by non-government agencies to the Productivity Commission were that:

- governments are not making the most of the knowledge and expertise of community agencies when formulating policies and designing programs
- service contracting has weaknesses because it:
  - encourages non-government agencies to be seen as an arm of government and take on the behaviour of government agencies
  - erodes the independence of community agencies
  - is inherently biased in favour of large organisations, which in turn contributes to a loss of diversity in the sector

- service contracting is poorly applied by Australian governments because:
  - service agreements and contracts are of a short-term nature
  - there is an inappropriate transfer of risk from government to non-government agencies
  - tendering and reporting requirements are disproportionate to the level of government funding and risk involved in the delivery of some services
  - service agreements are used to micro-manage services
  - government imposes collaboration through 'lead provider' models
  - many non-government agencies require a number of contracts if their organisation is to remain viable.

The Productivity Commission recommended improving engagement processes between non-government and government agencies including a stronger focus on relational as well as contractual governance.

The views of non-government agencies

In Queensland, disenchantment between non-government and government organisations has built over time. In its submission to this inquiry, PeakCare traces evidence of the poor relationship back to the 2004 Crime and Misconduct Commission foster care inquiry, which found that the then Department of Families did not always treat non-government service delivery partners as true 'partners'. The Crime and Misconduct Commission recommended the development of a service delivery partnership between government and non-government organisations.[29] PeakCare's 2009 submission to the Productivity Commission indicated little progress had occurred at that time in the development of a partnership and that a 'them and us' culture had arisen. It attributed the dominance of the service-contracting model to the power imbalance between government and non-government agencies. Further, PeakCare asserted that non-government agencies are rarely consulted by government in any significant or meaningful capacity on practice or policy matters, and government responds to noncompliance by services with fear-based and punitive measures, impeding the capacity of government and non-government agencies to work in genuine partnerships.

The submissions by non-government agencies to the Commission indicate that poor engagement between government and non-government agencies remains a problem. PeakCare suggests that the current state of partnership between the department and non-government organisations varies widely with some 'highly effective and respectful' working relationships and some 'adversarial' relationships where the department tells the funded organisation 'what to do and how to do it, sometimes irrespective of this being contrary to service agreements, departmental policy or service standards'.[30]

Peak body submissions argued that the department struggles to manage its complex and sometimes awkward relationships with non-government agencies, including its roles of funding, monitoring compliance with service standards and funding agreements, and jointly delivering services to clients.[31] Organisations feel pressured to accept placements in residential facilities, even when they have assessed a potential resident's behaviour as not being good for the dynamics within the home.[32]

The Commission recognises the tension that arises between the various roles of the department. However, these are not dissimilar to all government agencies that have a regulatory as well as a service delivery function. It is not feasible or desirable to create separate entities within government for each of these functions. Economies of scale

alone have directed governments towards larger administrative units rather than smaller, single-purpose ones. Good governance requires open accountability and ethical walls to clearly differentiate between the regulatory arm and the service arm. Specialist units across government, such as the Ombudsman and the Queensland Audit Office, provide reinforcement by overseeing each agency's responsibility to meet the high standard of prudence demanded by the *Financial Accountability Act 2009* and its associated guidelines. The Commission considers that making the internal compliance mechanisms more visible to the public would allay some of the suspicion and mistrust that have been evident in hearings and submissions (see Chapter 12).

Lack of engagement in the development of initiatives can lead to frustration for non-government organisations. For example, the Domestic Violence Prevention Centre Gold Coast Inc. was selected to tender in early 2010 for the enhancement of domestic violence prevention services under the new Helping Out Families initiative. However, the organisation believed there was 'little or no community consultation in regard to how the pilot would be implemented until after the tenders were accepted and successfully funded'.[33]

Another organisation described the difficulty of working cooperatively in delivering services: [34]

> It is hard to develop good working relationships with [child safety officers]. It could be really different. I spent a lot of time creating relationships with managers and team leaders and between teams. Maybe their supervision process is about dotting the "i-s" rather than about the best outcome for the child. I saw it as a trainer and it seemed like they were scared.

A non-government worker voiced regret at lost opportunities in creating innovative solutions and observed that 'the greatest examples of innovation have been achieved when there are strong partnerships developed between [non-government] organisations and government organisations.'[35] A power imbalance between the parties marred the working relationship for another service provider as the department required information about clients but would not share its information 'retreat(ing) behind legislation'. Lack of communication 'creates tension, disrespect and unnecessary work for both parties and can have a negative effect on the outcomes for clients'.[36]

Some organisations reported more constructive relationships. For example, one chief executive of a large service provider highly commended a regional office for its sustained support and help in the complex task of establishing licensed child safety services in remote communities.[37]

The views of the department

Despite the view from the non-government sector that the power is with the department, departmental officers say that they often feel 'held over a barrel' by their service providers, citing the limited market for service providers, particularly outside south-east Queensland, as the reason.[38] Departmental staff say they spend considerable time working with organisations to help them meet the standards required and, in reality, very few organisations are defunded.

The Commission's survey of Child Safety staff showed some tensions in the relationship between frontline workers and non-government organisations, and that this tension can affect joint service delivery. Some non-government agencies are viewed as excellent while others are seen as under-performing. Some staff value non-government services and consider they are effective and provide high-quality services with highly skilled and qualified workers. They think that funding should be increased so they can provide more

services as well as expand their role in child protection service delivery. Staff commented that 'many of the non-government organisation workers have more skills than I do' and 'non-government agencies have the capabilities to [conduct intensive in-home support and regular unannounced visits] and parents happily engage with these organisations as they are independent of the department'.

Interviews with staff from both non-government organisations and departmental Child Safety service centres confirmed there are strong partnerships occurring in some areas, with daily contact enabling joint problem-solving.

Other Child Safety officers suggest that the quality of non-government agency service delivery is compromised by a lack of qualified staff. These officers commented that 'funded non-government services in my area are largely staffed by people without qualifications who blur boundaries and do not have the skills to do the work they are employed to do' and 'generally they lack the professionalism, lack the consistent staff and fail to fulfil their services as required for a variety of reasons … they struggle with high staff turnover, low pay rates, low training or inexperienced staff'.

A number of Child Safety staff suggested that the relationships between Child Safety and non-government agencies are problematic and need attention. For example, comments included:

> [I]nformation sharing between non-government agencies is time-consuming and they are unhelpful … we are all working for the same goal overall!
>
> [T]endency for services to blame the department
>
> [A] more fair and equitable relationship needs to be established between Child Safety and our [non-government organisation] partners.

Ideas for improving the relationship

The Productivity Commission agrees that poor relationships between government and non-government agencies are an impediment to improving services. While noting that service contracting has brought some benefits, the model of service contracting has been poorly implemented by governments, and the model of engagement has not been chosen to suit the purpose at hand. Possible models include individualised funding arrangements or operational grants. A 'joint venture' model, where service delivery requires a high level of cooperation and collaboration between government and service provider, would be most appropriate for experimental approaches to intractable problems. They cite the Palm Island Community Company (described in detail in Chapter 11) as an example of a successful joint venture.[39]

Other strategies to break down barriers include improving engagement processes, ensuring service agreements and contracts are of a reasonable duration, improving risk management processes, streamlining tendering, contracting and reporting requirements, and adopting a common set of core principles for service contracts.[40]

The Productivity Commission concluded that cultural change is required on the part of both government and non-government organisations, and that non-government organisations have a role to play in reducing the level of suspicion they hold of government intentions. Non-government agencies need better information about government accountability frameworks and how governments operate. For example, the Productivity Commission suggested that non-government agencies need to understand that it is appropriate for government to have the flexibility to adjust the level of funding to seek improved outcomes and to reflect changing priorities.

The Australian Research Alliance on Children and Youth commissioned a study into how organisational change could reduce the incidence of child abuse and neglect in Australia.[41] The study examined ways that systems and organisations could collaborate to deliver the best outcomes for children. Based on the high complexity and diversity inherent in child protection, the study described it as a 'very wicked problem' — that is, it 'goes beyond the capacity of any one organisation to understand and respond to, and there is often disagreement about the causes of the problems and the best way to tackle them'.[42] The report argued that the current authoritative approach to child protection needed to shift to a collaborative one, requiring systems and organisational change. Shifting the focus from statutory responses to early intervention and prevention demands increased coordination and collaboration across primary, secondary and tertiary services. Multi-faceted strategies need to span systems across organisational, jurisdictional and government and non-government lines. The report concluded that 'sustainable change could only be achieved if there is long-term collaboration and coordinated delivery of services across all organisations and systems that affect children and youth'.[43] The benefits and challenges of collaboration have been discussed already in Chapter 5 of this report.

The former Queensland Government engaged with the non-government sector through the Queensland Compact, which was a whole-of-government commitment with the non-government sector to actions such as improving the sharing of data and information, adopting collaborative approaches to policy development, improving funding arrangements, developing the workforce and improving culturally competent practice.[44] The current government is considering options for engagement with the non-government sector arising from an independent review of the Queensland Compact conducted in November 2011.[45]

The Child Protection Partnership Forum, which was established after the 2004 CMC Inquiry, has continued in various forms. It is the department's key mechanism for collaboration with non-government organisations and other government stakeholders on complex child protection issues. The forum meets quarterly and progresses work in the areas of support for families at risk of entering the child protection system, placements for Aboriginal and Torres Strait Islander children, participation by children and young people and transition to independence.[46]

Interviews with representative members of the forum and organisations outside the forum revealed that the forum was not an effective partnership. Non-government members were dissatisfied with the quality of the information the department gave them, and departmental staff expected a more strategic approach from the sector. One member representative regretted the lack of connection with the Child Safety Directors Network and the lack of information about other related activities on the ground across government. He considered that as a peak body, his organisation should have the opportunity to speak to the network about what is happening in child protection.[47]

The Queensland Council of Social Service suggests that the forum does not effectively capitalise on the knowledge and expertise of the non-government sector or support innovative ideas and contributions. Both the Queensland Council of Social Service and PeakCare advocate an enhanced and 'true' government and non-government partnership to improve outcomes for children and families.[48] PeakCare suggests that this partnership should allow for the independence and autonomy of non-government agencies as well as clarify the many roles of the department. The organisations argue that a genuine partnership of this nature would span policy development, planning, program design (including the development of funding information), and service delivery.[49]

UnitingCare Community, Mercy Family Services and Churches of Christ Care suggest that an equal relationship between government and non-government agencies would involve:

- viewing non-government agencies as organisations with their own governance structures and standards and not as branches of the department
- consulting on the needs of communities before the department decides what services are needed
- greater collaboration on policy development and implementation
- subjecting the department and non-government agencies to the same quality processes
- true consultation to address emerging needs, trends and performance issues
- recognising the role of non-government organisations as case managers in their own right, particularly where there is a direct relationship with the child such as in residential or semi-independent care
- sharing information in relation to carers, children and young people.[50]

Similar difficulties in engaging with the department were reported by one for-profit business, with lack of communication over several months leaving staff and business managers uncertain about their future.[51] Businesses and sole traders do not have voting rights as members of the Queensland Council of Social Service, and so, in the absence of an industry body of their own, their views may have limited representation.

The Queensland Council of Social Service advocates a new, 'multidisciplinary, intersectoral group to share their collective knowledge in the deliberation of strategic issues relating to child protection in Queensland'. This group would develop a clear work plan, report directly to the Minister for Communities, Child Safety and Disability Services and would prepare an annual report for parliament.[52]

The Commission views the development of strong collaborative partnerships between the government and the non-government sector as essential to the successful implementation of the Child Protection Reform Roadmap.

To effect the change quickly it will be necessary for leaders in each government agency involved, centrally and regionally, to seek expert advice and develop skills in cultural change-management approaches that will embed in their organisations new ways of working that are productive and meaningful. This cannot be achieved without some investment in time and in establishing efficient mechanisms to achieve sound processes within sensible time limits. The benefits in terms of developing sustainable and mutually acceptable ways of operating that prevent the current roadblocks cannot be underestimated. Senior executives in both government and non-government agencies need to accept responsibility for the effectiveness of the engagement as one of their key performance indicators. Representation of the non-government sector at all levels will bring sector information and grounded experience to discussions and decision-making as well as demonstrate the importance of the partnership.

Recommendation 6.2

That the Queensland Government forge a strong partnership between the government and non-government sectors by:

- including a non-government sector representative at all levels of the governance structure outlined in the Child Protection Reform Roadmap
- establishing a stakeholder advisory group (comprising government and non-government organisations) within the Department of Communities, Child Safety and Disability Services to implement policy and programs required by the Child Protection Reform Roadmap.

Recommendation 6.3

That the Family and Child Council (proposed in rec. 12.3) support the development of collaborative partnerships across government and non-government service sectors, and regularly monitor the effectiveness and practical value of these partnerships.

Ability to cope with regulatory and administrative demands

The non-government sector raised the following difficulties with funding arrangements, describing them as factors adversely affecting their ability to provide services:

- compartmentalisation of funding into narrow service types and contracts
- inconsistencies across program types and regions
- increased business costs associated with service delivery.

Compartmentalisation of funding

The Commission has heard that inflexible funding obligations act as a barrier to providing services to the children and families who need them. Non-government organisations highlighted their lack of authority to transfer funds across service centres to respond to emerging needs.

Current funding arrangements create silos because funding is connected to particular Child Safety service centres rather than to the services themselves. The department's inability to work across regions means that resources can be under-used and some families in need may not be able to access a suitable service when they need it.[53] UnitingCare Community provides the following case study to illustrate this point:[54]

> Recently, a UnitingCare Community Family Intervention Service in one region had an abundance of referrals, whereas a Family Intervention Service in another region had insufficient to meet their target outputs. This was despite repeated attempts to obtain referrals from the child safety service centres within their region. Approval was sought to take on referrals waiting in the other Family Intervention Service. However, this was declined on the basis that the service was in another child safety region. The difference in the number of referrals between the two Family Intervention Services in question may in part be attributed to the fact that Referral for Active Intervention and Helping Out Services exist in one region and not the other.

UnitingCare Community suggests that the lack of funding in certain regions across the continuum of child protection services means that either some families miss out on the help they need or a service that is funded to provide tertiary-level services accepts clients with secondary-level concerns, and vice versa.[55] For example, a Family

Intervention Service recently received referrals regarding families who were assessed as low-level risk and would have benefited from a less-intensive family service.[56] However, these families were unable to access a less-intensive Referral for Active Intervention or Helping Out Families service because neither was available in their region. Hence, the families were left with no choice but to seek help from the Family Intervention Service.[57]

The Child Protection Practitioner's Practice Group argues that the core requirement for non-government agencies to build capacity is adequate resourcing. The competitive environment 'creates pressure and limitations to the actual service delivery as agencies strive to become a service provider at reduced costs'. This flows on to affect qualifications and experience levels of staff and the level of support that can be given clients, making achievement of meaningful outcomes problematic.[58]

Churches of Christ Care argues that if non-government organisations received a pool of funding that broadly indicates the number and type of placements required, this would allow flexibility across placement types and regions.[59]

Outputs versus outcomes

The Commission is aware of the concerns expressed by some non-government organisations about the 'purchasing of outputs' (services) and their preference for measuring outcomes (results).

Churches of Christ Care, for example, recommended that the current focus on outputs should become a focus on outcomes.[60] Outcomes would be sustained reunification, school attainment, employment, absence of pregnancy, obtaining a driver licence, reduced rates of youth detention and adult incarceration, as well as the progress young people make in meeting their own goals.[61]

PeakCare submits that inflexibility in service agreements is due to the department's policy of funding outputs, and that this limits the support that is available to a family.[62] Service delivery funding is provided for a number of placements attached to a specific service type (for example, foster care, specialist foster care, residential placements and semi-independent living) in one specific geographical location. PeakCare considers that flexibility in eligibility criteria and a focus on outcomes rather than outputs would allow agencies to provide 'step down' services such as post-reunification support by the same service provider that supported the reunification process.[63]

However, rather than solve the problem, outcome funding could have undesirable results for clients and organisations. If, for example, 60 out of 100 clients successfully make the desired behavioural change where the contract required 80 per cent success, would the organisation get paid for the other 20? Either the price for successes would have to be increased to cover the time spent on working with unsuccessful clients or the organisation would screen out the less likely achievers, leaving many of the most vulnerable and high-need clients without any help. Evidence of sustainable outcomes for the targeted client group informs a funder about which service types to fund in the future. But for a given contract, funding for outputs makes it clear what service is to be provided.

Output funding has not been understood by some providers. Some typical objections are:

- An output represents a discrete service such as counselling or personal support. The department has stipulated that a service provider can only be funded for a narrow range of outputs, primarily to minimise the complexity of reporting. However, the service provider may actually want to deliver a bundle of outputs to a client across

their range of services and may not easily predict the combination of outputs before assessment. The agency needs to be able to select from a pool of output types. Hence, a broader program framework that incorporates an array of outputs may more truly represent how integrated services should be provided.

- As service providers are funded to deliver outputs such as 'hours of a service' or number of places (residential), some practitioners perceive that funding only covers direct service delivery of an output and that they are not recompensed for professional development, supervision or travelling costs. However, the unit price of the output incorporates all the direct and indirect components necessary to deliver the service. It is counted as hours of service delivery to give a true record of the amount of service that clients receive. If the organisation itself has a clear understanding of its unit costs, including overheads, it will be able to determine whether or not the amount offered by the department is viable, and negotiate accordingly.
- In a true output-funding model, once the price is negotiated for the service, the provider will deliver the quantity to the agreed quality. However, contrary to that model, the department has maintained aspects of the input-funding model by continuing to require information about expenditure. For example, quarterly financial acquittals are required and for some services, organisations are required to pay back unspent funds within that quarter. This practice is a disincentive for organisations to find efficiencies considering that if they deliver the service more cost-effectively they do not keep the funds. It is also unfair as it is not reciprocated if the organisation makes a deficit in the period.

As in the commercial world, as long as the service is delivered to specification, the original agreement on price should stand. If the organisation does not deliver the specified quantity of output hours or places, then it is to be expected that it has to either deliver the missing amount in the next quarter or pay back the cost of the undelivered amount. As many human services have peaks and flows across seasons and client episodes, a reconciliation of hours delivered over a longer time span may be more realistic and administratively more efficient than every three months.

Issues of this nature not only make it difficult for organisations to operate in a business-like way and to have sufficient certainty to build a team of skilled workers, they also erode the trust between the department and service providers. Frontline contract managers find they are in the position of prescribing contract management practices that strain the working relationship and complicate negotiations about service quality. The department needs to communicate clearly about the intent of output funding and provide performance information to the sector that would demonstrate its value.

The Commission supports the Commission of Audit recommendation for the rationalisation of social inclusion services and for the department to work with the non-government sector to help it establish broader and more viable service solutions. [64]

The Commission considers that the contracting of services to the sector needs to facilitate flexible delivery to match the unique needs of clients and the different intensity of need over time, as discussed in Chapter 5.

Variations in policies, monitoring and reporting requirements across programs and regions

As stated above, many not-for-profit organisations delivering services for the department operate across regions and across programs. The department has hundreds

of performance indicators across its programs, which means that reporting requirements vary and in some instances require stand-alone data-management systems. Individual practices of departmental contract managers may also differ, making it hard for program managers to have certainty about what is expected of them: [65]

> There needs to be consistency across the board. I currently work with two different child safety officers and have found that one is more flexible and will manage risk whereas the other is a lot less inclined to manage risk so children are removed or more orders are taken.

The department needs to clarify to staff and colleagues what needs to be consistent and what can vary according to context. Ambiguity and uncertainty are costly to all involved and can damage the collegiate relationship. On the other hand, rigidity limits innovation and concentrates too much on process. In Chapter 12 the Commission recommends that the department establish internal quality-assurance mechanisms that are managed regionally.

Consistency between regions will be important for issues that have an impact on clients and stakeholders operating across regions. However, local innovation to improve practice is to be encouraged and it is not the intention of the Commission to endorse a stringent regime focused on systems rather than on thoughtful professional judgements.

The Ethnic Communities Council of Queensland argues that 'the system of reporting must be streamlined and the same standards and assessment procedures must apply to all points in the system, including the department'.[66] A common performance measurement framework is proposed in Chapter 12.

Increased business costs

Increased financial pressures on all businesses have been felt since the global financial crisis of 2008. Non-government organisations have faced these financial pressures through reduced investments and donations, combined with increased demand on their services because of more people seeking help. Some corporate sponsors have redirected community funding to disaster relief.[67] Expansion of the number of charities has made the fundraising dollar highly competitive. Corporate donors and philanthropic funds have reviewed their commitments, tightened their criteria and increased their accountability standards.

The past 10 years has seen considerable growth in regulation that has captured non-government organisations along with other businesses. However, in many instances not-for-profit organisations are not in the position to increase their price more than the consumer price index. Regulations and administrative requirements that incur substantial costs to organisations are:

- building regulations such as changes in fire safety, safety glass and disability access
- food safety and alcohol regulations affecting fundraising, community activities and provision of meals for clients
- child restraints, which incur costs to all organisations that transport children in motor vehicles
- bus certification requiring six-monthly inspections and maintenance for organisations transporting clients

- national workplace health and safety legislation, which includes volunteers within the definition of 'workers' and required policy changes, mandatory annual fire services training and imposes higher penalties
- WorkCover premiums and policies
- privacy legislation with restrictions on marketing, confidential disposal, maintaining and archiving records
- requirement for increased staff skills and constant upgrade of systems due to increasing online interactions with different government agencies (which at least has the advantage of reducing paperwork)
- taxation complexity including goods and services tax, fringe benefits tax, payroll tax, parental leave, requiring increased expertise and systems — varying levels of tax benefit and loss of tax status for some not-for-profit organisations
- industrial relations law including National Employment Standards, formalisation of roles and responsibilities, stringent documentation of performance management actions to remove staff for poor performance, rules around contracted staff, penalty rates, length of shifts, children's work hours
- from July 2013, the compulsory employer contribution to superannuation will increase gradually from 9 per cent to 12 per cent in 2019.

Insurance premiums have risen substantially across the board, partly due to predicted increase in the severity of extreme weather events.[68] Non-government organisations also face liability for volunteers[69] and costs associated with preventive measures such as security staff, video cameras and alarms. Increased fuel, power and water costs have triggered infrastructure costs to reduce future expenditure, with associated upgrades such as solar heating, water storage and fuel-efficient vehicles.[70]

An expectation of professionalism from the general public means that, whereas not-for-profits previously had a market advantage from unpaid, amateur help, they now have to present a corporate image and need staff and volunteers with expertise across all areas of business. Boards of directors, which are mostly composed of volunteers, now manage large and complex portfolios of services and have much greater legal responsibility than association committees of the previous century. Thus board members need to have professional qualifications and expertise and offer services such as accountancy and legal advice pro bono.

Organisations have had to develop and maintain information technology infrastructure and expertise so they can communicate efficiently with clients, maintain records and interact with government. Many not-for-profits face the problem of ageing assets, which require upgrading to meet public and regulatory standards. In many parts of Queensland, organisations have experienced considerable losses during recent disasters.

Historically, charitable organisations have been granted tax exemptions on the premise that they are providing public benefits that would otherwise be paid by the taxpayer. Not-for-profit organisations may qualify as charities, charitable institutions, deductible gift recipients or public benevolent institutions and so may be exempt from one or more of the following: income tax, filing a tax return, fringe benefit tax and goods and services tax in prescribed circumstances. All organisations with staff are required to submit pay-as-you-go returns to meet employee tax liabilities.[71]

The federal government has commenced reforms to reduce the regulatory burden for not-for-profit organisations, introduce a statutory definition of charity, and align definitions and treatment across states and territories. The Australian Charities and Not-for-Profit Commission was established in October 2012 to regulate charities and not-for-profits. From July 2013, charities must submit an annual financial report using the Standard Chart of Accounts. Over the next four years, charities will be reassessed under the new definition of charity.[72]

The not-for-profit sector has traditionally been able to provide services at a lower price than the public service because of lower wages. In 2006, 75 per cent of community service workers and 38 per cent of social workers earned below $600 per week on average.[73] In 2010, a social worker working around 38 hours per week earned approximately $800 per week in the community sector compared with over $1,000 in government or for-profit sectors.[74]

From 2009, standard wages for community services increased significantly through pay equity cases at state and federal levels. In May 2009 the Queensland Industrial Relations Commission awarded increases in pay of 18 to 37 per cent from 2009 for community services workers to be introduced by 2014.[75] The Productivity Commission reported that both employer and employee groups involved in the case agreed that community service work was undervalued, citing:

- the female characterisation of 'caring' work
- the evolution of the work from voluntarism
- government funding models contributing to a downward pressure on wages.[76]

The Queensland government contributed $414 million over four years to assist 316 organisations in meeting additional costs.[77] Some organisations did not pass on the increase to workers, in part because it was insufficient to cover all staff and would have caused inequities. Others passed the equivalent to all staff, regardless of their award. In 2012, following the transfer from the state award to the modern award, Fair Work Australia ruled that organisations receiving the previous funds, which did not pass them on in full, were required to back-pay the wage increases to staff by July 2014.[78] A pay-equity case ruling in February 2012 increased wages under the Social, Community, Home Care and Disability Services Industry Award 2010 from 1 December 2012 to be phased in by 2020.[79] The increase does not reach the level of the Queensland 2009 wage case initially, but any staff on that pay scale cannot be disadvantaged and so retain the higher rate. In addition, work conditions of the modern award apply, such as penalty rates. As a result, there is a complex array of pay scales with various arrangements for back-pay and leave loading.

Organisations expressed frustration at the apparent lack of recognition by the government of their fixed costs:

> Levels of funding are determined by the department which has an impact on the wages available to employ staff … The department is the major competitor for staffing and can offer higher wages as well as incentives such as those provided to employees in rural and remote areas.
>
> Non-government organisations face increasing and on-going costs to cover changes in workplace health and safety requirements, industrial relations and wages and on-costs such as fuel and utilities. At the same time, non-government organisations have recently experienced 'efficiency dividends' from government.

Some not-for-profit organisations have responded to the tightening of income by cutting services, drawing on reserves, selling assets, imposing staff redundancies, reducing hours of workers, increasing the proportion of staff in part-time work and considering mergers.[80] Many staff also contribute a considerable number of volunteer hours.

Submissions also mentioned the costs associated with the monitoring and reporting of licensing, contracts and standards. Different data collections and reporting requirements within the department, across state government and with federal agencies frequently require separate data systems, separate audits and duplication of reporting of corporate information in different formats. These are discussed as a part of accountability and red-tape reduction in Chapter 12.

The Commission of Audit has proposed greater contestability to enable more organisations to enter the market and compete for price. However, consideration needs to be given to efficient procurement processes that take into account the work required to prepare bids both within the government and the applicant organisations, time delays for service delivery, and downstream effects of raising community expectations where tenders are unsuccessful. For these reasons, in rural and remote areas, targeted requests for offer may better suit specialist services and small amounts of funding. For any procurement method, specifications should be very clear so that applicants are able to submit proposals that they know will be given due consideration.

The Commission of Audit recognises the weakness of the market in rural and remote areas and refers to procurement models that support smaller service providers. These are particularly relevant for Aboriginal and Torres Strait Islander service providers that operate under 'hub and spoke' models (whereby smaller non-government agencies act as delivery entities, with governance provided by a larger, central non-government agency) and partnership models (whereby specialised or niche non-government agencies partner with larger organisations). These models allow niche non-government agencies to retain their independence while drawing on the economies of scale and governance capacity of larger entities.[81]

The Productivity Commission emphasises the importance of establishing a fair price for contracted services: [82]

> The government's funding relationship with the sector is both significant and complex. For all types of funding, a good relationship requires a clear understanding of the costs of the funded service or activity — so that government can undertake due diligence and NFPs can manage well and sustainably.
>
> While recognising government initiatives underway, the [Productivity] Commission recommends broader use of robust costing of funded activities. Cost estimates should be consistent, appropriate and comprehensive over all direct and indirect costs of the funded service or activity. They should also allow for the likelihood of cost variations over the period of the funded activity and causes of systemic variation in costs between NFPs.
>
> As a guide, in addition to direct costs (such as employees and direct operational expenses), costs should include:
>
> - relevant share of overheads. This includes the fixed costs of running the organisations that can be apportioned to the funded activity, and would include:
>   - staff training and other mechanisms to support governance, unless funded by government

    - the annualised cost of capital used in the service, allowing for depreciation
- the cost of taking on and managing risk, including the relevant share of insurance and legal costs
- costs associated with monitoring, reporting and evaluating. As well as ensuring that funded organisations can afford to undertake monitoring and reporting activity, and evaluation where required, this would provide incentives for agencies to only ask for data that are necessary and valued
- costs of reaching required standards, including the cost of related training
- an appropriate share of the costs of meeting other regulatory requirements (including reporting), such as for public liability insurance or related to privacy legislation.

To avoid taking children from remote communities to Cairns or Mount Isa, ACT for Kids established five safe houses within the children's communities. The organisation advised that the length of time it takes to establish effective local partnerships through extensive engagement and consultation with local leaders to create culturally appropriate services needs to be factored into service agreements.[83]

The Commission of Audit recommends that departments work more closely with non-government providers to find the most cost-effective ways of delivering a range of other social services, including public education, public transport, health, housing and community support services, primarily for those most in need. Further, it found that business as a whole is impeded by government approval and regulatory processes. Both the Office of Best Practice Regulation and the Public Sector Renewal Board require departments to examine their regulatory practices to ensure they are delivering on the government's efficiency and effectiveness agenda. The Commission of Audit recommends the establishment of a Queensland Productivity Commission, which would take on these functions.

To sum up, the Commission has found there are significant cost and income pressures on the non-government sector, which threaten their viability and sustainability and which need to be recognised by government if it is to rely more heavily on the non-government sector to deliver child protection services. Additional sources of funding can be considered through fee-for-service and corporate social responsibility.

Recommendation 6.4

That the Department of Communities, Child Safety and Disability Services work collaboratively with non-government organisations in a spirit of flexible service delivery, mutual understanding and respect, and efficient business processes, including to develop realistic and affordable service-delivery costings.

Capacity to deliver high-quality services across the state

When the Commission of Audit proposed 'greater use of outsourcing models in human service delivery [including child safety] to drive more innovative and cost-effective outcomes', it also acknowledged that this would require investment in building capacity and strengthening governance structures of non-government providers, especially smaller ones with fewer resources.

The Crime and Misconduct Commission's submission to this inquiry stated that non-government agencies form an indispensible part of the overall child protection system and it suggested that an expansion of those services is likely to reduce the burden on

the tertiary child protection system. However, the CMC cautioned that cost-effective services must also be of a high quality: [84]

> It must be borne in mind that 'agencies that provide cheaper services because of the employment of inexperienced or unqualified staff do not necessarily represent an efficient allocation of resources. Funding needs to be directed to quality services that deliver desired outcomes for children and their families'.

Professor Peter Shergold supports the role of not-for-profits and strongly advocates a sustainable partnering arrangement with government: [85]

> I remain persuaded of the benefits of governments outsourcing delivery to community organisations.
>
> Even if full costs are paid, it is likely to remain cost-effective on a value-for-money basis. More importantly those who deliver the services, coming from a position of the heart, tend to provide a more empathic, individually-focussed service.
>
> There are advantages to NFPs too. They have more funding and with that comes the opportunity to improve organisational scale and capacity. The large NFPs who now deliver many government services have become efficient and well-managed social businesses. Their importance to government program delivery has increased their political influence.
>
> Yet the full benefits of the new relationship will remain constrained by the dual obstacles of inadequate payments and unnecessary red-tape.
>
> The expectation of governments must be that they pay a realistic price for service delivery; set the outputs, outcomes and impact measurements that are required; establish the framework of accountability necessary for the expenditure of public funds and then allow the community organisations to get on with the job. Sectoral productivity can be improved by cutting out unnecessarily prescriptive administrative oversight.
>
> Only in this way will it be possible to build the levels of trust required to establish a genuine partnership between governments and community organisations. Only when NFPs are able to contribute to the policy that they implement and are given greater autonomy in the manner in which it is delivered, will their natural tendency to social innovation be empowered.[86]

Despite the business challenges identified in this chapter, a number of non-government agencies have recommended to the Commission that the non-government sector is well placed to deliver additional child protection services, including statutory functions that are currently performed by the department.

Anglicare Southern Queensland, UnitingCare Community and Churches of Christ Care all suggest that non-government organisations could take on a bigger role in decision-making and case management, particularly for children and young people on long-term orders in relatively stable placements.[87] They argue that a transfer of case-management responsibilities to the non-government sector would provide more comprehensive and timely responses to children and improve permanency planning and outcomes as well as free-up Child Safety resources for intake, investigation and assessment, and court work. Similarly, UnitingCare Community proposes that delegating 'parental' decisions to direct carers would have a positive impact for children: [88]

> Multiple examples can be cited where day-to-day decisions involving a young person in out-of-home care were delayed, resulting in children and young people missing out on normal events such as school camps, excursions and even sleepovers. These are activities which any child should take for granted.

> These children are made to feel different and may be the only person in their class not attending these events.

The Child Safety practice manual specifies that carers are already able to, and do, make many of these decisions. However, in the most recent Views of Children survey (undertaken by the Children's Commission in 2011), 28 per cent of young people reported that permission is not often or never given in time. Responses showed that young people are not always aware of who is responsible for making the decision or the causes of delays.[89]

Churches of Christ Care further suggests that case-management responsibilities for children subject to intervention with parental agreement and protective supervision orders should be transferred to the non-government sector. It states that in the process of transitioning a 14-year-old from short-term residential care to another residential placement, staff found three possible kinship placement options but were unable to explore these further because case-management responsibility rests with the department.[90] Anglicare Southern Queensland also proposes that the non-government sector role could extend further to incorporate other departmental Child Safety functions such as contact supervision, transport of children, family group meetings and transition-from-care planning.[91]

Anglicare Southern Queensland advises that while more resources would be required to perform these functions, most non-government organisations already have the necessary infrastructure, staffing mix and capability to perform them with additional resourcing.[92] However, UnitingCare Community is more circumspect, suggesting that non-government agencies delivering these functions would need to have 'professional staff, staff development and supervision capability'.[93] The capacity of the non-government sector workforce is explored further in Chapter 10.

Both New South Wales and Victoria have expanded the roles of the non-government sector both in early intervention and prevention and in services for statutory clients. Non-government organisations in New South Wales will expand their role in delivering early intervention and prevention programs and out-of-home care services through the *Keep Them Safe* reforms. Out of a $750 million funding package, 40 per cent will fund the non-government sector.[94] A case study (next page) comparison of service delivery by government and non-government service providers, with the New South Wales Brighter Futures initiative, shows the benefits and challenges of an increased child protection role for non-government agencies in Queensland.

While acknowledging the shortfalls of the Brighter Futures initiative, the evaluation proposes that models of this nature have the potential to bring long-term benefits to the organisational culture of both partners by exposing caseworkers to different ways of working. It also improved collaborative service delivery because it was able to link government case managers to the service network by taking advantage of the existing relationship between the lead agency and other non-government organisations in the community. In addition, it developed a network of child and family services that drew on the best skills and expertise from both the government and non-government sectors. The evaluation stresses that these outcomes seemed to be a result of the initiatives and personalities of individual managers who demonstrated cooperative and collaborative behaviour rather than the model itself.[95]

Case study

Brighter Futures targets children at risk of child abuse and neglect due to acute problems such as parental mental illness, drug and alcohol abuse, and domestic and family violence, as well as less acute problems such as a lack of parenting and social skills and problems with children's behaviour. Support may be for two years.

Brighter Futures has been implemented as an 'integrated cross-sectoral partnership' where families may be case-managed by early intervention staff within Community Services or by a non-government lead agency. At the time of the evaluation of Brighter Futures, 50 per cent of families were case-managed by Community Services and 50 per cent of families were case-managed by non-government agencies. Under the current Brighter Futures guidelines, this proportion has shifted slightly to 60 per cent of families now being case-managed by non-government organisations and 40 per cent by Community Services.[96]

The evaluation found that:

- some non-government agencies demonstrated a great capacity to respond to the needs of client families, while others showed they lacked the capacity to deliver consistent, high-quality services
- some agencies had difficulties recruiting and retaining qualified, trained and/or experienced staff due to work conditions inequities with the government sector
- Community Services managers retained case management of higher needs, higher risk families due to lower qualification requirements of non-government caseworkers and less access to training
- non-government agencies were oriented towards family support while government case workers were oriented towards a child protection service model
- government case workers had to collect and record more information than non-government case workers.

The Brighter Futures evaluation offers insight into the dynamics of the relationship between government and non-government services. Although the model espoused cooperation and collaboration, it was ultimately shaped by institutional hierarchies of power. This inequitable relationship was evident in a number of practices, most notably the exchange of information. Similarly, while government staff consistently viewed the model positively, non-government staff felt that they were required to constantly prove themselves to Community Services.[97]

One of the main purposes of referring more cases to the not-for-profit sector is to reduce the number of children and families entering the statutory system, as well as to meet the needs of children and families before they escalate. As explained in Chapter 4, the Commission considers there is a potential role for the not-for-profit sector in diverting children and families who do not meet the threshold at several points along the intake, assessment and investigation pathway. These are:

- initial contact, including referrals from mandatory reporters that are not considered to require a response within 24 hours (a 'dual pathway')
- assessment of service requirements and referral for:
- intakes to Child Safety that are not assessed as notifications
- notifications not requiring a full investigation (differentiated response)
- substantiated notifications not in need of protection
- substantiated notifications in need of protection that do not require a statutory response.

The Commission supports expansion of the role of non-government organisations in case management and casework for statutory clients, where those organisations have sufficient capacity and capability. This includes full monitoring of foster carers, including investigation of matters of concern, with the department maintaining an

oversight role. The department needs to maintain responsibility for reviewable and accountable decisions, including a child's contact with family, financial decisions and placement decisions. It is recommended in Chapter 8 that the recruitment, assessment and management of foster carers are fully outsourced.

Joint case management and casework, which already occurs for children in out-of-home care who are also subject to a youth justice intervention, requires very clear specification of roles and responsibilities, a shared practice framework and open communication. Chapter 9 of this report recommends that non-government agencies be funded to provide case management for young people up to 21 years who have left the care system, and Chapters 7 and 11 discuss the development of joint casework with non-government agencies for young people in the statutory system to be developed over time.

Recommendation 6.5

That the Department of Communities, Child Safety and Disability Services review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory child protection system.

Building the capacity of the non-government sector

The Commission is confident that the non-government sector has the will, the energy and the ability to ensure the efficiency and innovation that will be required to work toward improving services to vulnerable children and families. But does it currently have the capacity?

While some non-government agencies in Queensland are undoubtedly delivering high-quality services, the evidence to the Commission indicates that others are struggling to provide the level and quality of service that children and families need.

Serious workforce planning and development challenges have been identified within the sector and these are discussed, along with similar problems in the government workforce, in Chapter 10. Sector capacity, however, is broader than workforce development. In its submission, BoysTown recommends that an industry plan should be developed for the sector to establish an effective partnership between the government and non-government sectors. In particular, BoysTown recommends that this plan should analyse the existing capacity of the sector to respond to the reforms, examine workforce planning requirements and devise effective strategies to further grow the sector.[98]

A similar approach is currently being implemented in New South Wales. Under the *Keep Them Safe* reforms, New South Wales has developed a capacity-building plan for the non-government sector.[99] As part of this process, the concept of 'capacity' was defined as having 'the ways and means needed to do what has to be done'. It is much broader than simply skills, people and plans — it includes 'commitment, resources and all that is brought to bear on a process to make it successful'.[100] The plan addresses relationships between the government and non-government sectors, improving outcomes, reducing red tape and strengthening governance.[101]

Mr Bradford suggests that the concept of not-for-profit organisation has to shift towards a community business, defined as 'a commercially focused entity that uses profit to fund services and return value to the client'. Such an organisation would not rely only on government grants but would balance client needs with business needs.[102] The Commission recognises that many large not-for-profit organisations have moved in this

direction over the past 10 years and, while grappling with keeping to their mission and values, have adopted strong governance and accountability mechanisms. Business approaches are now required not only by government but also by corporate and philanthropic funding sources to prove the efficacy of the funding to stakeholders and donors. While there are benefits and efficiencies, the increased costs of administration must be factored in. As business entities, organisations are better-placed to determine whether they can provide a service to the specification and price government requires.

Increasingly, large not-for-profit organisations are investigating social return-on-investment methodology, which is well-developed in the United Kingdom (and which the Commission proposes for Queensland in Chapter 5). With pressure to show results in monetary terms, business tools such as cost–benefit analysis and benefits realisation are used to convert the personal change in behaviour resulting from interventions into dollar equivalents. Calculations can be based, in production terms, on the opportunity cost of unemployment through lost tax revenue and spending capacity, and on societal savings resulting from a reduction in the use of tertiary services such as incarceration, acute hospital care, drug and alcohol rehabilitation or homelessness.[103] Economic modelling of this nature is being used to implement social impact bonds that guarantee an investor a return on their investment through achievement of social outcomes.[104]

In effect, organisations are making a business case similar to for-profit businesses in order to secure funding by converting time costs to monetary costs. Developing the capacity of non-government organisations to consider their cost–benefit has advantages in improving efficiency and focusing the organisation on the desired change. A difficulty with this approach, particularly for mission-based organisations, is the extent to which non-monetary values such as long-term connectedness and trust, which give better long-term outcomes to clients, are overlooked as a result.

The Productivity Commission and the Commission of Audit both emphasised the need to develop the capacity for not-for-profit organisations to contribute to and conduct evaluations. In their submission to the Productivity Commission, the Smith Family[105] noted:

> The existence of a dedicated Research & Evaluation capacity within non-profits is less widespread than it should be, and the sector as a whole relies too heavily on external consultants and partnerships with academia to make sense of the work they do.

The Commission recognises the importance of research and evaluation in ensuring that resources are being used effectively. This is discussed further in Chapter 12.

Although there are several peak bodies representing the special interests of their member non-government organisations, and there have been some attempts within the sector to present a common voice, there is not a developed community services industry body. Information needed by those operating in the sector and by government is fragmented and government is not well informed about how it is faring economically. There is no collective information about its outputs or about cost–benefit. The Health and Community Services Workforce Council is well placed to provide advice on workforce issues, but not on broader issues relating to managing and growing community service organisations as viable businesses and a sustainable sector across the state.

Considering the size of the workforce and its contribution to the Gross State Product both through downstream spending of wages and positive impact on the economic activity of the community, a strong, coordinated community services industry would be

of benefit both to government and the community. A sector-driven body with similar functions to the Queensland Chamber of Commerce and Industry would build the capacity of the community services industry across child and family services, explore different business models, work with government on reducing regulatory costs, strengthen governance, identify ways to produce efficiencies and improve delivery of services. While such a body needs to be developed by the sector itself, the Commission considers that the Family and Child Council should facilitate the process as part of the investment in building capacity recommended by the Commission of Audit.

Recommendation 6.6

That the Family and Child Council (proposed in rec. 12.3) lead the development of a capacity-building and governance strategy for non-government agencies, especially those with limited resources, that will:

- improve relationships between government and non-government agencies
- facilitate the establishment of a community services industry body, which will champion the non-government service sector in its delivery of high-quality community services.

6.5 Summary

The role of the non-government service sector in delivering human services has grown rapidly in recent years with governments in all Australian jurisdictions relying more and more on non-government agencies to deliver specific programs to particular groups and communities in an effort to deal with social problems.

In Queensland, the non-government service sector is already playing an important role in the delivery of family support and child protection services. As elsewhere in Australia, the sector has expanded over the last decade and will expand further if the reforms proposed in this report are implemented: the sector can expect to provide more services and assume more responsibilities. Indeed, several non-government agencies have told the Commission that the non-government service sector is well placed to deliver statutory functions that are currently performed by the department.

The Commission clearly views the non-government sector as playing a critical role in the reformed child protection system. However, as this chapter has demonstrated, there are currently some challenges and impediments for the sector to overcome. These relate to its relationship with government; its ability to cope with increasing regulatory and administrative demands; and its capacity to deliver high-quality services to all parts of the state. In particular, non-government agencies drew the Commission's attention to the difficulties that arise when departmental funding is compartmentalised into narrow service types and contracts; when there are inconsistencies across program types and regions; and when the business costs associated with service delivery continue to rise.

While some non-government agencies in Queensland are undoubtedly delivering high-quality services already, despite these challenges, the evidence to the Commission indicates that others are struggling to provide the level and quality of service that children and families need. As acknowledged by the Queensland Commission of Audit, investment in building capacity and strengthening governance structures of non-government providers, especially smaller ones with limited resources, is required.

To help achieve this, the Commission has made a number of recommendations in this chapter, including that the newly established Family and Child Council should work with the sector to establish an industry body that will consolidate, advocate on behalf of, and champion the non-government service sector in its delivery of high-quality community services to Queenslanders.

The Commission views the development of strong collaborative partnerships between the government and the non-government sector as an essential component of the implementation of the Child Protection Reform Roadmap, described in detail in Chapter 15 of this report.

Endnotes

[1] Submission of David Bradford, April 2013.

[2] Norton, M 2010, *The Queensland community services sector 2010,* Queensland Council of Social Service, Brisbane, p. 6.

[3] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[4] Housego, A & O'Brien, T 2012, 'Delivery of public services by non-government organisations', *Australian Journal of Public Administration*, vol. 71, no. 2, pp. 211–220.

[5] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 299.

[6] Norton, M 2010, *The Queensland community services sector 2010,* Queensland Council of Social Service, Brisbane.

[7] Meeting with My Community Directory, 31 January 2013, Brisbane.

[8] Health and Community Services Workforce Council 2013, *Community services*, Workforce Council, viewed 25 June 2013, ‹http://www.workforce.org.au/community-services/community-services.aspx›.

[9] Submission of Mission Australia, September 2012 [pp2–11].

[10] Submission of PeakCare Queensland Inc., October 2012 [p74].

[11] Queensland Government 2013, *Grants funding paid to organisations from Department of Communities, Child Safety and Disability Services 2011-2012*, viewed 18 June 2013, ‹ https://data.qld.gov.au/dataset/grants-funding-paid-to-organisations/resource/d64161f3-5648-4bc9-ac5c-db480fb71573›.

[12] Queensland Government 2013, *Grants funding paid to organisations from Department of Communities, Child Safety and Disability Services 2011-2012*, viewed 18 June 2013, ‹ https://data.qld.gov.au/dataset/grants-funding-paid-to-organisations/resource/d64161f3-5648-4bc9-ac5c-db480fb71573›. Note that: The total funding differs from the amount shown in the financial statements as: the amounts are cash figures only and do not include accrued or prepaid grants; the amounts do not include Foster Care payments, child-related costs and allowances, individual transitional placement packages, fee for service arrangements and Community Recovery subsidies; some interagency transfers have been excluded.

[13] Statement of Annette Whitehead, 8 March 2013 [p28].

[14] Statement of Annette Whitehead, 8 March 2013 [p15].

[15] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.

[16] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.

[17] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[18] Australian Bureau of Statistics 2009, *Not-for-profit organisations, Australia, 2006-07*, viewed on 25 June 2013, ‹http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/8696.0Main+Features12008-09?OpenDocument›.

[19] Centre for Corporate Public Affairs 2008, *Relationships matter: not-for-profit community organisations and corporate community investment,* Department of Families, Housing, Community Services and Indigenous Affairs, Melbourne.

[20] Queensland Government 2013, *Grants funding paid to organisations from Department of Communities, Child Safety and Disability Services 2011-2012*, viewed 18 June 2013, ‹ https://data.qld.gov.au/dataset/grants-funding-paid-to-organisations/resource/d64161f3-5648-4bc9-ac5c-db480fb71573›. Includes Communities, Youth Justice Services and Women, Homelessness, Child Safety, Aboriginal and Torres Strait Islander and Multicultural Affairs. Note that Youth Justice Services and DATSIMA transitioned to other departments on 1 May 2012.

[21] Health and Community Services Workforce Council 2013, *Child protection services*, Workforce Council, viewed 6 June 2013, ‹https://www.workforce.org.au/community-services/child-protection.aspx›; Health and Community Services Workforce Council 2012, *Community Services Sector Industry Skills and Workforce, Development Report June 2012*, Workforce Council, Brisbane.

[22] Queensland Commission of Audit 2013, *Queensland Commission of Audit — final report*, vol. 1, Queensland Government, Brisbane, p. 44.

[23] See Queensland Government 2013, *Queensland Government data*, viewed 23 June 2013, ‹https://data.qld.gov.au/›.

[24] Housego, A & O'Brien, T 2012, 'Delivery of public services by non-government organisations', *Australian Journal of Public Administration*, vol. 71, no. 2, pp. 211–220; Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[25] Weisbrod, B 1998, *To profit or not to profit: the commercial transformation of the not-for-profit sector*, Cambridge University Press, Cambridge.

[26] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 309.

[27] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 381.

[28] Shergold, P 2011, *Can governments and community organisations really collaborate?*, The Conversation, University of Western Sydney, viewed 7 June 2013, ‹http://theconversation.com/can-governments-and-community-organisations-really-collaborate-394›.

[29] Submission of PeakCare Queensland Inc., October 2012 [p67].

[30] Submission of PeakCare Queensland Inc., October 2012 [p73].

[31] Submission of PeakCare Queensland Inc., October 2012 [p73].

[32] Submission of Churches of Christ Care, September 2012 [p5].

[33] Submission of Domestic Violence Prevention Centre Gold Coast Inc., March 2013 [p6].

[34] Meeting with Chief Executive Officer, Large Non-government Organisation, February 2013.

[35] Survey, Non-government Sector Staff, February 2013.

[36] Submission of Youth and Family Service (Logan City) Inc., October 2012 [p2].

[37] Meeting with Chief Executive Officer, Large Non-government Organisation, February 2013.

[38] Meeting with Regional Service Centre Manager, January 2013.

[39] Productivity Commission 2010, *Contribution of the not-for-profit sector: productivity commission research report*, Productivity Commission, Australian Government, Canberra; Housego, A & O'Brien, T 2012, 'Delivery of public services by non-government organisations', *Australian Journal of Public Administration*, vol. 71, no. 2, pp. 211–220.

[40] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[41] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children,* Australian Research Alliance of Children and Youth, Canberra.

[42] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children,* Australian Research Alliance of Children and Youth, Canberra, p. 105.

[43] The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children,* Australian Research Alliance of Children and Youth, Canberra, p. 107.

[44] Queensland Government 2011, *The Queensland Compact: Compact Governance Committee action plan November 2008 - March 2012*, Queensland Government, Brisbane.

[45] Meeting with Senior Officer, Department of Communities, Child Safety and Disability Services, January 2013.

[46] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p84: para 367].

[47] Meeting with Chief Executive Officer of Peak Body, January 2013.

[48] Submission of Queensland Council of Social Service, 28 September 2012 [p25]; Submission of PeakCare Queensland Inc., October 2012 [p74].

[49] Submission of PeakCare Queensland Inc., October 2012 [p75]; Submission of Queensland Council of Social Service, 28 September 2012 [p25].

[50] Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, 15 March 2013 [p5].

[51] Meeting with and records provided by For-profit Service Provider, March and April 2013.

[52] Submission of Queensland Council of Social Service, 28 September 2012 [p25].

[53] Submission of UnitingCare Community, October 2012 [p15: para 64].

[54] Submission of UnitingCare Community, October 2012 [p15: para 64].

[55] Submission of UnitingCare Community, October 2012 [p15–6: para 65].

[56] Submission of UnitingCare Community, October 2012 [p16: para 65].

[57] Submission of UnitingCare Community, October 2012 [p16: para 65].

[58] Submission of the Child Protection Practitioner's Practice Group (jointly facilitated by the Australian Association of Social Workers and PeakCare Queensland Inc.), March 2013 [p38].

[59] Submission of Churches of Christ Care, 21 September 2012 [p7].

[60] Submission of Churches of Christ Care, 21 September 2012 [p5].

[61] Submission of Churches of Christ Care, 21 September 2012 [p6].

[62] Submission of PeakCare Queensland Inc., October 2012 [p75].

[63] Submission of PeakCare Queensland Inc., October 2012 [p75].

[64] Queensland Commission of Audit 2013, *Queensland Commission of Audit — final report*, vol.1, Queensland Government, Brisbane, p. 44.

[65] Survey, Non-government Sector Staff, February 2013.

[66] Submission of Ethnic Communities Council, March 2013 [p7].

[67] Centre for Corporate Public Affairs 2009, *Impact of the economic downturn on corporate community investment: Final report*, Department of Families, Housing, Community Services and Indigenous Affairs.

[68] Financial Ombudsman Service 2012, *Fact Sheet: Insurance Premium Increases*, Australian Government, viewed 6 June 2013, ‹www.fos.org.au/public/download.jsp?id=18981›.

[69] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 256.

[70] Meeting with Medium Service Provider, May 2013.

[71] Australian Tax Office 2011, *Tax basics for non-profit organisations: a guide to tax issues affecting non-profit organisations including charities, clubs, societies and associations*, Australian Government, Canberra; Australian Tax Office 2011, *Addendum to tax basics for non-profit organisations*, Australian Government, Canberra.

[72] Australian Charities and Not-for-Profit Organisations 2012, *Timeline of what charities need to do*, Australian Government, Canberra, viewed 6 June 2013, ‹http://www.acnc.gov.au/ACNC/Manage/Ongoing_Obs/Timeline/ACNC/Edu/Mge_Timeline.aspx?hkey=cb174026-f52d-4364-bb66-af785432b46b›.

[73] Norton, M 2010, *The Queensland community services sector 2010,* Queensland Council of Social Services, Brisbane, p. 81; Australian Bureau of Statistics 2006, *Census of Population and Housing*, Australian Government, viewed 6 June 2013, ‹http://www.abs.gov.au/websitedbs/censushome.nsf/home/historicaldata2006?opendocument&navpos=280›. Calculated from number of community services workers at each pay range using midpoint pay range with a maximum of $2000 per week.

[74] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[75] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 266.

[76] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 266.

[77] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra, p. 266.

[78] Fair Work Ombudsman 2012, *New transitional pay equity regulation in Queensland*, Australian Government, viewed 7 June 2013, ‹http://www.fairwork.gov.au/factsheets/FWO-fact-sheet-New-Transitional-Pay-Equity-Regulation-in-QLD.pdf›.

[79] Fair Work Ombudsman 2012, *Equal remuneration order,* Australian Government, viewed 7 June 2013, ‹http://www.fairwork.gov.au/industries/social-and-community-services/pay/pages/equal-remuneration-order.aspx#rates-of-pay-from-1-december›.

[80] Centre for Corporate Public Affairs 2009, *Impact of the economic downturn on corporate community investment: final report*, Department of Families, Housing, Community Services and Indigenous Affairs.

[81] Queensland Commission of Audit 2013, *Queensland Commission of Audit — final report*, vol. 3, Queensland Government, Brisbane, p. 192.

[82] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[83] Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country', September 2012 [pp5–6].

[84] Exhibit 196, Submission of Crime and Misconduct Commission, March 2012 [p2].

[85] Professor Peter Shergold, AC, Chancellor of the University of Western Sydney, and previous secretary of the Department of the Prime Minister and Cabinet, chairs the Western Australian Government's Partnership Forum, which includes senior government representatives and the not-for-profit community sector. See ‹http://www.partnershipforum.dpc.wa.gov.au/EventsAndNews/Documents/Fact%20Sheet%201%20Partnership%20Forum.pdf›.

[86] Shergold, P 2011, *Can governments and community organisations really collaborate?*, The Conversation, University of Western Sydney, viewed 7 June 2013, ‹http://theconversation.com/can-governments-and-community-organisations-really-collaborate-394›.

[87] Submission of Anglicare Southern Queensland, November 2012 [p5]; Submission of UnitingCare Community, October 2012 [p11: para 44]; Submission of Churches of Christ Care, 21 September 2012 [p4].

[88] Submission of UnitingCare Community, October 2012 [p4: para 44].

[89] Children's Commission 2013, *Views of children and young people in foster care survey: health and wellbeing*, Commission for Children and Young People and Child Guardian, Brisbane.

[90] Submission of Churches of Christ Care, 21 September 2012 [p4].

[91] Submission of Anglicare Southern Queensland, November 2012 [p5].

[92] Submission of Anglicare Southern Queensland, November 2012 [p5].

[93] Submission of UnitingCare Community, October 2012 [p11: para 46].

[94] NSW Government 2013, *Non-government organisations*, NSW Government, viewed 18 March 2013, ‹http://www.keepthemsafe.nsw.gov.au/ngos›.

[95] Social Policy Research Centre 2010, *The evaluation of Brighter Futures, NSW Community Services' Early Intervention Program: final report*, University of New South Wales, Sydney.

[96] Family & Community Services, *Brighter Futures*, New South Wales Government, viewed 7 March 2013, ‹http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/early_intervention_services/brighter_futures.html›.

[97] Social Policy Research Centre 2010, *The evaluation of Brighter Futures, NSW Community Services' Early Intervention Program: final report*, University of New South Wales, Sydney.

[98] Submission of BoysTown, 15 March 2013 [p2].

[99] NSW Government 2010, *Workforce development and NGO capacity building plan*, NSW Government, viewed 1 March 2013, ‹http://www.keepthemsafe.nsw.gov.au/ngos/capacity_building_and_workforce_development›.

[100] KPMG 2010, *Keep Them Safe: a shared approach to child wellbeing: a plan for building the capacity of non-government organisations (NGOs) to take an extended role in service delivery and for developing the workforce, Discussion Paper*, NSW Government, p. 4.

[101] NSW Government 2010, *Keep them Safe: a shared approach to child wellbeing: workforce and NGO Capacity building plan: a plan for building the capacity of NGOs to take an extended role in services and for developing NGO and government workforce to implement changes related to KTS*, NSW Government.

[102] Submission of David Bradford, April 2013.

[103] Ralser, T 2007, *ROI for nonprofits: the new key to sustainability*, Wiley and Sons Inc., New Jersey.

[104] Disley, E, Rubin, J, Scraggs, E, Burrowes, N & Culley, D 2011, *Lessons learned from the planning and early implementation of the Social Impact Bond at HMP Peterborough*, Ministry of Justice, United Kingdom.

[105] The Smith Family 2009, *The Smith Family submission to the Productivity Commission study into the contribution of the not-for-profit sector to Australia*, Queensland Government, viewed 7 June 2013, ‹http://www.pc.gov.au/__data/assets/pdf_file/0011/89552/sub059.pdf›, p. 25.

Chapter 7
A new practice framework for casework

The child protection system exists to protect at-risk children from abuse and neglect. It can do this best by helping parents give their children the right environment for growing to healthy, responsible adulthood. This chapter describes the current decision-making framework for Child Safety officers and proposes a new child protection practice framework for Queensland — one that is largely focused on engaging with families. The chapter describes how the new framework will operate with current case-planning processes such as family group meetings and permanency planning. The chapter concludes with a discussion of the importance of individual case plans for children in out-of-home care.

7.1 Overview

While early and preventive interventions are preferable, it is never too late to intervene effectively with families who have children in, or are at risk of entering, out of-home care. The child protection system must not only provide relevant services to children but must effectively deliver services to parents so they can have the opportunity to change their behaviour and provide a nurturing family environment.

The consequences of separating children from their parents — in terms of how separation affects the child — have been discussed earlier in this report. There is a vast amount of research identifying the consequences of child abuse and neglect, but there is comparatively little research on effective processes for interventions and the outcomes of such interventions. In other words, there has been little research on how a child's removal affects the family as a whole.

The research that has been done mainly consists of smaller studies of parental perceptions of family functioning after child protection intervention, rather than large-scale quantitative studies. The research into family perceptions generally paints an unhappy picture.[1] A small qualitative study conducted in the United States of parental perceptions on the helpfulness of child protection interventions found that only 50 per cent of families reported some benefit and, more concerning, 22 per cent reported that child protection interventions had actually harmed their families. In 2007, Bromfield and Osborn commented on the experience of parents with reunification services provided by child protection authorities:

> Birth parents experience a sense of powerlessness, alienation, sadness, loss and despair after having their children removed … Parents reportedly found involvement with child protection both threatening and confusing and

> experienced overt exclusion from out-of-home care services in Australia … The challenge for case workers is to ensure the involvement of natural parents, while at the same time ensuring the safety of the child and not compromising placement stability …
>
> There is a need for ongoing support and services for natural parents of children in care … Methods that engage, encourage and empower natural parents may assist them to maintain contact with their children and work towards personal change and family reunification. In brief, the findings indicated that ethnicity, neglect and parental capacity were the primary predictors of reunification … Family contact increased the likelihood of reunification, but some groups of children were less likely to experience family contact. Better support for natural parents may help to increase the likelihood of family contact and reunification.[2]

An important issue that needs to be acknowledged as part of any review of the child protection system is the possibility that, along with the harm suffered by children in their family of origin, the system itself may have a harmful impact when those children are brought into its care. This has been termed 'systems abuse' by some commentators, meaning 'the abuse or neglect that children suffer at the hands of systems involved in their care, education, health and welfare'.[3] Systems abuse can involve:[4]

- a failure to consider children's needs and wishes, rendering them 'invisible'
- a lack of service provision to children or a failure to coordinate or deliver programs effectively
- services that are inadequate, inappropriate or inaccessible
- additional physical, sexual or emotional abuse and neglect occurring within alternative care placements.

Systems abuse can be seen in:[5]

- multiple placements and placement disruption for children in foster or other alternative care (often unrelated to actions by the child), leading to an inability for the child to reach normal developmental milestones (such as achieving attachment with a continuous carer, or achieving educational goals due to disruption of schooling)
- separation of siblings in care and lack of contact and connection with families of origin
- a lack of funding for services, leading to a shortage of services and to workers carrying high workloads that prevent them from providing adequate services to individuals
- a lack of funding for services also leading to the engagement of inadequately skilled and trained staff, and to compromises in the level of professional supervision required, so service delivery can be less than optimal
- the need for a child to repeat their story to multiple professionals engaged to investigate, assess and provide services to them
- the trauma of being removed from the home, sometimes when a perpetrator of abuse should be the one removed.

However, when applying these research findings to the Queensland context it should be noted that in a recent survey of children in out-of-home care conducted by the Commission for Children and Young People and Child Guardian (Children's Commission)

90 per cent of young people and 88 per cent of children reported that they were better off since going into care.[6] In the CREATE Foundation survey, Queensland had the highest national rating, along with New South Wales, for the item 'I feel at home' and rated high nationally in relation to:[7]

- how comfortable respondents felt in discussing issues with their caseworker
- how helpful the caseworkers have been in supporting respondents
- being able to see caseworkers as often as required
- how well they felt cared for by the system.

In recognition of these findings, the Commission proposes a renewed focus on working directly with children and families from when they first enter the statutory child protection system. This renewed focus will allow:

- children to remain at home, or spend a short time in care before reunifying with family
- an overall 'net gain' for the child, and for society more generally, when a longer period in care is preferable
- children to become responsible adults and potential parents.

7.2 Current approaches to decision-making

Child Safety officers make demanding, even profound, decisions in very difficult circumstances where emotions are high and the consequences of getting it wrong are serious. They do this in the full knowledge that their decisions may become the subject of intense public scrutiny.

The media has influenced child protection decisions by entering the debate about child maltreatment. On the one hand, this has been a good thing because it has helped expose child abuse and neglect as widespread problems. On the other hand, media profiling of particular cases can be sensationalist and simplistic, as well as damaging to the morale of the workforce.

Media coverage of child maltreatment results firstly in a noticeable increase in demand for child protection services, especially following the release of findings from an inquiry. This, in turn, leads to higher workloads for practitioners already operating in an often under-resourced environment.

A second impact is a rise in unrealistic public expectations of what a child protection system can do for children. This puts pressure on the system, which can never prevent all child maltreatment.

A third impact of increased media attention has a more direct and deleterious effect on the child protection workforce and occurs following:[8]

> … the often sensationalist media reporting that frequently focuses on blaming individual workers or highlights 'systems in crisis'. This can leave child protection workers feeling `besieged and demoralised', lower staff morale and consequently have an impact on staff retention.

Connolly and Doolan propose that a risk-averse response by social workers to child protection matters has been created through increased public and media coverage of public inquiries — coverage that tends to fixate on finding a scapegoat.[9] This risk-averse

response has created a forensic approach to reports of child abuse and neglect, so much so that families presenting with generic problems get a 'one-size-fits all' response that subjects them to intervention regardless of need. This problem is discussed in Chapter 4 in terms of the government's response to the Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care (2004 CMC Inquiry), which was itself a response to 'flashpoint' incidents in the system that had received substantial media coverage.[10]

As well as the practice manual, Child Safety Services has provided its workers with a suite of tools called the Structured Decision Making tools, which clearly articulates the points a Child Safety officer must consider when making decisions about children in need of protection, see Table 7.1 below.

The tools are designed to help Child Safety officers make decisions, not supplement their personal judgements or add unnecessarily to their workload. In reality, many Child Safety officers, already struggling with administrative burdens and increasing caseloads, tend to over-rely on the tools to expedite difficult decisions.[11] These tools can also be over-relied on by inexperienced workers.[12]

The Structured Decision Making tools were introduced by the Department of Communities, Child Safety and Disability Services (the department) in the wake of the 2004 CMC Inquiry, which was critical of the department's investigative procedures. The Crime and Misconduct Commission recommended that the department look at ways to improve processes for intakes and assessments and also to improve the recording of reasons for decisions. Two independent academics reviewed and compared a number of options before recommending the Structured Decision Making tools.[13]

Structured Decision Making tools have been criticised for:

- producing overly risk-averse decisions, and therefore increasing the number of children in care[14]
- applying to Queensland inappropriately (because the evidence base is entirely from the United States)[15]
- not adequately assessing Aboriginal and Torres Strait Islander children's 'spiritual, emotional, mental, physical and cultural holistic needs'[16]
- oversimplifying situations and not dealing well with complexity[17]
- undermining the 'development of skills and knowledge required in child protection',[18] resulting particularly in a lowering in the quality of professional judgements[19]
- adding to the administrative burden placed on child protection workers and making it harder for workers to focus on the 'human service' element of their roles[20]
- being used as accountability tools rather than as an aid in decision-making.[21]

However, several submissions defend the Structured Decision Making tools as a useful mechanism for helping workers make critical decisions. One Child Safety officer states that the tools augment his professional judgement by reminding him to consider a multiplicity of relevant factors when making decisions, thus helping him to arrive at a more 'holistic' assessment.[22] The Queensland Catholic Education Commission comments that, without the use of the Structured Decision Making tools, decisions

would be left to the knowledge and experience of the particular workers involved, which in the past has led to inconsistency in decision-making.[23]

Table 7.1: A description of the Structured Decision Making tools

SDM tool	When to use	Decision
Screening criteria	For all concerns received about children, including unborn children, excluding matters of concern	Is this matter a notification or child concern report?
Response priority	For all notifications received about children and unborn children, excluding matters of concern	What is the appropriate timeframe response for the notification?
Safety assessment	At the commencement of every investigation and assessment, excluding matters of concern and notifications relating solely to unborn children When circumstances change during ongoing intervention Prior to returning a child home At case closure	Can the child remain safely in the home? What does the child need to be safe in the home?
Family risk evaluation	For all investigation and assessments, excluding matters of concern and notifications relating solely to unborn children	Should there be ongoing intervention to address the risk in the family?
What are the required contact standards between the child safety officer and child/family?	Prior to a family group meeting to develop a case plan (Intervention with Parental Agreement, child protection order) As part of the review of the case plan. Do not complete when closing the case	What are the child's needs that will be addressed in the case plan?
Parental strengths and needs assessment	Prior to a family group meeting to develop a case plan (Intervention with Parental Agreement, child protection order) As part of the review of the case plan where the goal is either for the child to remain safely in the home or the goal is reunification. Do not complete when closing the case	What are the three priority parental needs that will be addressed in the case plan?
Family risk re-evaluation	As part of the review of a case plan or a support plan where the children are in the home (support service, Intervention with Parental Agreement, child protection order). Used when closing an ongoing intervention case	What is the ongoing risk to the child? Will the in-home ongoing intervention continue?
Family reunification assessment	As part of the review of a case plan where at least one child is out of the home and the goal is reunification (child protection order)	Should reunification occur, should reunification efforts continue or should an alternative long-term stable living arrangement be pursued?

Source: Department of Communities (Child Safety) 2009, *Practice resource: structured decision-making — an overview*, p. 4

The United States Children's Research Center, which developed the tools, stresses that a balance needs to be achieved between encouraging an appropriate degree of reliance on the tools and promoting independent professional judgement. In its submission, the Children's Center responds to the criticisms by pointing out the following:

- The tools form a decision-support system that is not intended to replace professional judgement but to enhance it by ensuring that decisions are consistent and valid, and by reducing bias through ensuring that the same factors are considered for every family.
- The Children's Center has continued to work with the department to ensure the tools reflect the local Queensland context and has twice recalibrated them for Queensland to ensure their continued validity; this was done by testing them against 3,583 Child Safety cases in 2008 and 4,243 cases in 2011.
- There is no evidence to suggest that the Structured Decision Making tools are more administratively burdensome than any other like system of assessing family risk.
- The tools have been specifically designed to assist in complex decision-making by focusing decision-makers on information that is relevant to the decision and

eliminating information that is not relevant — hence, it is not correct to assert that the tools do not deal well with complexity.

- The tools work best when implemented 'with fidelity, including an understanding of the purpose of the tools at all levels of Child Safety'. The Children's Center suggests that their effective use depends on continual education and training to weave them into strong child- and family-based assessment practices, as well as regular coaching, conferencing and supervision to promote critical thinking. It further encourages routine review of data to monitor activity and assessment completion rates.[24]

Nearly all Child Safety officers (95%) responding to the Commission's survey agreed they use their professional judgement in conjunction with the Structured Decision Making tools. Most (80%) also said they were supported in using their judgement to override the tools. However, a quarter of officers (24%) admitted they never applied overrides and a further 41 per cent did so in less than 10 per cent of decisions. The department's view is that 'the process for child protection is to use an officer's professional judgement' and that the tools should only be used as an aid.[25]

Oversight and review processes have tended to place a counterproductive and inappropriate emphasis on compliance with the tools, rather than on assessing the quality of professional judgement in particular cases. The Commission examined a sample group of Child Death Case Reviews and found that, in some of these reviews, there was criticism of workers not complying with the tools, even though the noncompliance had had no effect on the outcome of the case — that is, there was no causal connection between noncompliance with Structured Decision Making tools and the death of the child.

On balance, the Commission concludes that some of the concerns over the Structured Decision Making tools may be justified, but can be lessened by emphasising and encouraging the use of professional judgement in casework. In this way, reliance on the tools alone — whether as a risk-averse prop or to make up for inexperience — is less likely. The over-reliance on the tools might have been further exacerbated by high-staff turnover and by changes to the recruitment policy for Child Safety officers, implemented by the department in 2008, which broadened the qualifications required for these positions. In Chapter 10, the Commission recommends a return to core qualifications for Child Safety officers (see further discussion in Chapter 10).[26]

The Commission is of the view that the department's continued use of the Structured Decision Making tools needs to be supported by a strengths-based practice casework approach. Accordingly, discussed and recommended below is a practice framework based on the Signs of Safety model, which, if implemented, could be used in conjunction with the tools to rebalance casework and decision-making back in favour of professional judgement. This is vital because it is sound, evidence-based, nuanced, contextualised and individuated professional judgement that best recognises the complexity and uniqueness of every child's and every family's situation. The Signs of Safety model emphasises the importance of gathering contextual information relating to the family (for example, the position of each family member and the strengths within each family) before making a decision.

7.3 Strengthening casework and practice

Submissions to the Commission, as well as discussions with frontline staff, indicate that less value is being place on casework and professional practice within Child Safety, and more on compliance and reporting.[27] Added to this, the Commission has received many submissions that are critical of aspects of Child Safety's work with parents. For example, the Family Inclusion Network Queensland (Townsville) alleged these failures:[28]

- unrealistic and inappropriate expectations being placed on parents
- inability of Child Safety staff to form a productive relationship with parents
- lack of collaboration with parents and extended family members
- lack of hands-on support from Child Safety officers
- inflexible working hours preventing work with families after hours and on weekends

The Action Centre for Therapeutic Care (ACTCare) points out the following problems with family casework practices: [29]

- parents often do not disclose all relevant information, fearing their child may never be returned
- parents may not assist in identifying potential kin placements out of fear that Child Safety might take the children of other family members, or that a family member may never return their child
- there is often little communication by Child Safety with the parent
- the crisis period is often an opportunity to address parental behaviour because of the motivation to have children returned — it is not unusual for parents to lose hope when there is no quick resolution
- there are very few relevant, free and effective counselling options for parents during the crisis phase
- family reunification services are not usually run from a therapeutic perspective, rarely work with the children and parents together, and very rarely employ trained family therapists.

A submission from ACT for Kids states that effective intervention programs for families depend on qualified, resourced, dedicated staff working within structures that enable them to engage with the family. Child Safety staff must work with families to determine their own goals, and then work with other integrated services to provide holistic and intensive support to address risk factors.[30] A joint submission from UnitingCare Community, Mercy Services and Churches of Christ stressed: 'It is not acceptable to bring children into a child protection system that they cannot get out of because of a lack of competent and timely case management.'[31]

The need for practitioners to partner with parents is a common theme from the submissions. Families consistently report a lack of trust and poor communication during interventions. For Child Safety officers to help families respond to child protection concerns, practice frameworks must be implemented that are based on inclusion, trust and respect, and are empowering to the families. Goals must be reasonable and achievable. Where a child has been placed in out-of-home care, the aim should be to

attend to immediate safety needs (with a view to reunification if possible) and then to the concerns that do not pose an immediate threat to the safety of the child.

The needs of families vary, both from each other and across time. Providing the right support at the right time is critical to good outcomes for families and to reducing demand on the system.

The Commission has formed the view that support to families in the statutory child protection system must be delivered when needed and be flexible enough to adapt to a family's unique situation. We are convinced that changes must be made to how practitioners engage with families, and consider the Signs of Safety practice framework, described below, a good model for refocusing practice in Queensland.

7.4 Signs of Safety practice practice framework

The Signs of Safety practice framework was developed in Western Australia in 1993 and has been in operation within Western Australia's Department for Child Protection since 2008. It has been adopted in the United States, Canada, the United Kingdom, Sweden, the Netherlands, New Zealand and Japan. Ongoing research and development is occurring in a number of jurisdictions.

The framework aims to keep children safely at home with their families wherever possible. It is based on the idea that creating sustainable changes in a family requires intentional, deliberate effort by caseworkers to identify signs of safety that already exist within the family, and then to work collaboratively with family members to meet the protection needs of children in the home.[32] The approach asks and answers this key question: 'How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?'

The Signs of Safety model recognises that child protection practice can become inappropriately risk-dominated and crisis-focused. Workers can be driven by cases that have 'blown up', horror stories from the past, and supervision and case discussions that frequently centre on worst-case scenarios. A sporting analogy can be used to describe the ill-effects of these negative drivers: no successful sporting coach anywhere in the world would allow players on his or her team to focus excessively on their worst games, greatest failures and worst fears, and realistically expect a good performance.[33]

Signs of Safety functions not just at an individual caseworker level but at a whole-of-organisation level to focus on and showcase good practice; that is, on what works for families and for practitioners. It includes a process of **appreciative inquiry** to support complex decision-making by concentrating on and reviewing what is working well, rather than giving undue attention to a retrospective analysis of what went wrong. The approach can be a powerful tool for engaging practitioners in organisational development and strengthening practice throughout the organisation.

Effective implementation of Signs of Safety depends on strong endorsement by the department's senior officers. The Department of Child Protection in Western Australia states in its Signs of Safety Child Protection Practice Framework:[34]

> The reality is that models of practice have only limited impact unless organisational procedures, strategies and managerial style complement the practice approach. A collaborative, strengths-based practice approach that demands rigorous thinking, emotional intelligence and compassion will be

> undermined in an organisational culture that privileges audit compliance and command and control leadership. Experience clearly indicates that where an agency's CEO and senior management have a deep acuity to the realities of frontline practice and a strong connection to their field staff this always creates a deeper and more sustained implementation of the Signs of Safety.

Signs of Safety directly challenges frontline practitioners and managers to stop focusing on:

- the immediate incident before the worker
- the meeting of short-term performance outcomes
- anxiety about worst-case scenarios
- making short-term gains for a child at the expense of attempting a long-term, sustainable difference.

Signs of Safety drives change in processes and discretionary decision-making practices. More importantly, it requires a cultural shift at the organisational level. An understanding of the Signs of Safety framework and the appreciative inquiry approach should extend to senior managers including the director-general of the department. Because child protection operates in an uncertain environment, this can be a big challenge to senior leadership roles in which the desire for certainty, predictability and risk control can overwhelm the need for an open, inquiring approach to complex problems. Essentially, this can bring a 'command and control' style of leadership into conflict with one that requires a 'collaborative, strengths-based practice approach that demands rigorous thinking, emotional intelligence and compassion'.[35]

Western Australia has developed case studies to exemplify the practice. The East Kimberley case study on the next page shows how the practice enabled the Department for Child Protection and the parents of a newborn to share a common goal of keeping the child safe within the family. The family's weaknesses are clearly evident, and therefore the safety risks for the child, but the solution to the problem is found by identifying and using the family's strengths: in this case, their instinctual love for their newborn, and the wider family network.

Signs of Safety recognises that risk assessment and management is at the heart of good child protection practice, and that this is not a one-off event but something that a child protection worker must do constantly. The framework seeks to 're-vision' risk assessment — that is, to shift from the view that risk is something bad and to be avoided to the view that risk is always present but can be managed. The framework also recognises that a comprehensive approach to risk:

- is forensic in exploring harm and danger, but also willing to explore strengths and safety
- brings forward clearly articulated professional knowledge while drawing on family knowledge and wisdom
- is designed to fully involve all stakeholders, both professionals and family — from the judge to the child, from the child protection worker to the parents and grandparents
- is naturally holistic since it brings everyone to the assessment table.[36]

There are four domains for inquiry:

- What are we worried about? (past harm, future danger and complicating factors)

- What's working well (existing strengths and safety)
- What needs to happen (future safety)
- Where are we on a scale of 0 to 10 (where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be abused or re-abused)?

Case study: East Kimberley

The family comprises an Aboriginal couple with a (then) unborn baby, from a remote community but living in a regional town in the East Kimberley. The father had three children to another relationship all of whom were in care due to violence and grog. Child protection had serious concerns for the safety of the unborn baby once born, due to high levels of alcohol use and violence between the couple. There did not appear to be a lot of hope that this baby would be able to go home with mum and dad.

Signs of Safety meetings (mapping the worries, good things in the family and what needed to happen) made it clear to the parents that child protection was so worried about the amount of grog drinking and fighting between the couple that they didn't think baby could go home if nothing changed.

The family and child protection had lots of meetings, sitting and talking, listening and working out what needed to happen to keep baby safe.

Child protection was very clear about what needed to happen for baby to be with the parents:

- There needed to be a family member in the home that didn't drink to be boss of baby.
- Both parents had to be grog-free for three months after baby was born to show they could care for baby.
- Parents and child protection would pull together a safety network of family and support people to help the parents to look after baby. The safety network included extended and kinship family members, community support workers and child protection staff.

Mum, dad and baby did live with a family member after baby was born for a few months. Mum and dad say this was a good time because there was no grog, they felt strong and they had family and child protection on their side. Mum and dad also say they felt that they were given a fair go and time to show they could stop drinking. Mum says she stayed off the grog because she had people giving her support and she had her baby.

Mum and dad and baby are back in their remote community, off the grog and are keeping baby safe. The family and child protection have a strong working relationship and this is continuing to help keep baby safe.

Source: Provided by the Department for Child Protection, Western Australia, 26 April 2013.

Effective use of Signs of Safety depends on clear and rigorous understanding of the distinction between:

- past harm, future danger and complicating factors
- strengths and protection, based on a working definition that 'safety is regarded as strengths demonstrated as protection (in relation to the danger) over time'.

Signs of Safety also emphasises the need for a common language between practitioners and families, to enable shared understanding and respect. It requires:

- all statements to be in straightforward, easily understood language, rather than professionalised language
- statements to be focused on specific observable behaviour, avoiding jargon and judgement-loaded terms
- the skilful use of authority when some level of coercion may be required
- an underlying assumption that assessment is a work in progress rather than a definitive set piece.

As Signs of Safety has developed, it has included processes designed to involve children in the child protection assessment and to help them understand why professionals are intervening in their lives. Four tools have been developed to involve children and young people throughout the life of the child protection case:

- Three Houses Tool
- Fairy/Wizard tool
- Words and Pictures Explanations
- Words and Pictures Safety Plans.

In the Peel District case study below, the family and the Department for Child Protection worked together to agree on their mutual concerns for the children. The process also enabled the parents to talk to their children in a constructive way about why they had been removed, therefore confronting the trauma of their removal. The identification of a 'safety network' is a key step in ensuring that, to the extent that there is still risk of violence in the home, violence is minimised by the presence of other responsible adults. The real benefit of the process was a constructive engagement between the parents and the department, which established a sound basis for a future relationship.

The effectiveness of Signs of Safety as a practice approach has been the subject of several studies including internal qualitative reports, a few externally commissioned evaluation reports and a number of published articles. The key themes that consistently emerge in these studies regarding practitioner and parent–child experiences are:

- improvements in the practitioners' experiences, skills and job satisfaction
- better relationships between parents and practitioners
- greater involvement of families in child protection processes.[37]

The National Society for the Prevention of Cruelty to Children surveyed child protection practitioners in England who were using the Signs of Safety approach in their practice. The practitioners were asked about their experiences of using these methods and their general views about Signs of Safety. Their responses are summarised below:

- Signs of Safety helps to create partnerships and good working relationships with parents.
- Using Signs of Safety means that action and change are more likely to happen.
- Signs of Safety helps to identify risk.
- The Assessment and Planning Form and the Three Columns were thought to be effective analytical tools.

- Signs of Safety stops global labelling and helps the practitioner be more specific about issues.

Case study: Peel District

The family comprises mum and dad, who is employed, and four children, in outer metropolitan Perth. Child protection became involved because of physical and verbal abuse by the father toward the children, and physical violence and fighting between the father and mother, making the children scared of their father. The parents denied the abuse.

The children were removed due to the seriousness of the concerns and to create immediate safety. Work started immediately to return the children home.

Signs of Safety meetings occurred throughout the case, mapping what the department and family were worried about, what was working well in the family and what needed to happen, including progressive next steps.

Following removal of the children, the Words and Pictures Explanations tool was used to engage the parents in understanding more deeply what the department's worries were and what needed to happen to have the children return to their full-time care. This tool encourages the parents to develop an explanation for the children. This included that the fighting, and dad's hitting of mum and the children, was worrying all the adults including mum and dad, and that while this was happening the children were not safe at home and were in care, and this fighting needed to stop for the children to be able to come home.

A safety network — family and friends to support mum and dad in caring for the children when they come home, and to look out that the fighting doesn't frighten the children again — was established. The Words and Pictures Explanations tool also had to be shared with the safety network.

The Words and Pictures Explanation provided the platform for a Words and Pictures Safety Plan, a set of rules that was understood by everyone, including the children. The purpose of the plan was to develop a way for the children to be safe at home with mum and dad.

The children were returned home 16 days after being removed from their parents' care. A solid working relationship between the family and child protection was developed and persists. The department monitors the safety plan and provides family support.

The parents report that they are working hard to show they can keep their children safe. They feel they have been heard and are not being blamed by child protection, and so are able to focus on what they need to do to bring their children home. They feel they better understand the individual needs of all their children.

Source: Provided by the Department for Child Protection, Western Australia, 26 April 2013.

For effective implementation of Signs of Safety, it would not just need to be understood and used at all levels of the department, other organisations administering the system (including non-government partners, the courts and other agencies involved in oversight) would also need to understand it. Anglicare, a major non-government provider of child protection services, agrees that Signs of Safety could provide a shared assessment and planning framework between government and non-government agencies.[38]

Integration of Signs of Safety with Structured Decision Making

One of the benefits of the Signs of Safety framework is that it complements the Structured Decision Making tools, which are supported by the department's Integrated Client Management System (where child protection decisions are recorded).

Some key features of the Signs of Safety model already have parallels in the current system. The Signs of Safety 'safety plans' are similar in principle to the safety plan that a Child Safety officer develops in accordance with the Structured Decision Making tools to ensure the safety of a child at home during the investigation and assessment stage. The second parallel process is the current **family group meeting**, which is required under the Act as the forum in which to develop agreed case plans. Additionally, the current child's strengths and needs assessment and the parental strengths and needs assessment are processes not dissimilar in principle to the underlying premise of the Signs of Safety approach.

There are also key differences between the two models. While the Structured Decision Making tools provide a decision-making framework for the assessment of risk, Signs of Safety provides a framework for engaging families in child protection work. Signs of Safety helps practitioners engage families in a more collaborative and supportive way. Therefore, the perceived ill-effects of the Structured Decision Making tools could be reduced by use of the Signs of Safety approach. These two frameworks could co-exist in the Queensland child protection system and provide practitioners with a more sophisticated framework for practice than is currently available to them.

The Commission has formed the view that any overuse, misuse or misinterpretation associated with the current use of the Structured Decision Making tools could be overcome by integrating the Signs of Safety approach with the Structured Decision Making tools. There is precedent for this: Signs of Safety has been adopted in several jurisdictions in the United States where the Structured Decision Making model is also in place. Also, 14 Californian jurisdictions are trialling hybrid models that fuse Structured Decision Making tools and Signs of Safety strategies.[39] All counties in Minnesota currently use Structured Decision Making tools and many have embraced the Signs of Safety model.[40]

After the integration of Signs of Safety with Structured Decision Making in Olmsted County, the number of children with whom child protection officers worked tripled, the number of children entering care halved, the number of child protection matters brought before the court halved, and recidivism rates for child abuse and neglect fell to 2 per cent.[41] In Carver County, Minnesota, there have been similar trends after the integration of Signs of Safety with Structured Decision Making in 2004. In 2004–05, Carver County terminated parental rights in 21 families; by 2007, only four families had parental rights terminated and placements of children in out-of-home care had declined, along with the number of child protection matters before the court.

This approach helps to clarify thinking about past, present and future harm, deepens understanding about how to identify acts of protection, and integrates findings from Structured Decision Making assessments to inform decisions about current intervention strategies.[42]

During the Signs of Safety assessment process, 'harm and danger statements' are developed. 'Harm statements' are simple behavioural statements about the caregiver's actions, the harm that has been incurred, and the resulting worries the practitioner has about the future. Under the framework, 'harm' is defined as the result of past actions by

a caregiver towards a child that have hurt the child physically, developmentally or emotionally. 'Danger statements' are behavioural statements about future harm that include who is worried, what the parental actions are that are likely to result in harm, and what the potential impact on the child will be.[43] Finally, the approach asks practitioners to assess the risk — the resulting likelihood of repeated future harm.

The benefit of this model is that, rather than focusing on the investigation of whether past harm has occurred, it encourages practitioners to assess how likely it is that harm will occur in the future along with the likely severity of that harm. This allows practitioners to identify children who are the most likely to suffer severe harm and target protective interventions towards these children.

The department's submission supported the introduction of Signs of Safety for use in conjunction with the current Structured Decision Making tools.[44] Families involved in the child protection system, as reported by the Family Inclusion Network, support the adoption of the Signs of Safety approach and, if the Structured Decision Making tools are retained, view its implementation as critical.[45] Bravehearts expressed support for consideration of the Signs of Safety model because it focuses on 'strengths-based family engagement'.[46]

The Commission expects that the introduction of a Signs of Safety approach to casework would help practitioners by providing a method of engaging vulnerable children and their parents. It is also a practice approach that would enable the Structured Decision Making tools to be used for their intended purpose — this is, as a support to professional decision-making.

Implementation of Signs of Safety (or similar)

As set out above, the department has specifically supported the introduction of Signs of Safety. However the Commission is aware that Signs of Safety has just recently been trademarked.[47] This means initial consultancies required for implementation can only be performed by certain licensed individuals. The Commission notes this because it does not, through its recommendations, wish to tie the department to any particular provider. The department may wish to use alternative providers who use the same strengths based framework, but not under the licensed name.

Whichever provider is used, there will be organisational costs for implementation. Western Australia Department of Child Protection has told the Commission that the annual budget for implementation and training is $200,000 per annum.[48] The key elements for effective implementation that incur a cost to the organisation are set out below. Owing to differences in structure and staffing numbers, the costs for Queensland will be different from those in Western Australia but, as experienced by Western Australia, many of these elements may be able to use existing resources redirected to learning and working with Signs of Safety.

The main elements are as follows:

- Project management including the establishment of a steering group of the key executives, project director, and organisational consultant for five years. Most of the costs associated with this were within existing resources except for the dedicated project director (Western Australia had this for the first three years).
- Policy development including a framework document, the realignment of the practice guidelines with the Signs of Safety framework and possible adjustment to the case-management information system. Most of these costs may be absorbed

within existing policy resources, but there will likely be some additional information technology costs incurred in adjusting the integrated case-management system.

- Learning, including base training for staff and partner agencies, advanced training for supervisors and learning and development staff, practice leader development days three or four times a year, skills development workshops, work-based learning activities, case consultation, and changes to the departmental learning infrastructure to accommodate the new framework. The recent trademarking of Signs of Safety means that external training must be performed by a person licensed by Resolutions Consultancy.

The costs for Western Australia are based on the training requirements for 2,250, Department of Child Protection staff. By comparison, in 2011–12 the department had 2,501 child safety full-time equivalent staff.[49] The Commission acknowledges there will likely be some additional costs for Queensland in the first year of implementation where changes are required to learning infrastructure and information management systems. However, given there is a similar sized workforce in Queensland compared with Western Australia, the Commission believes it is reasonable to assume that the approximate ongoing cost of Signs of Safety will be similar to that of Western Australia at $200,000 per annum.

The Commission is conscious of the fiscal constraints facing the government and is therefore recommending a Signs of Safety–based approach as an extremely cost-effective strategy to improve casework and outcomes for children in care.

Recommendation 7.1
That the Department of Communities, Child Safety and Disability Services implement the Signs of Safety practice framework (or similar) throughout Queensland.

7.5 Case planning

Once an investigation is complete and a decision has been made that a child is in need of protection, the Child Safety officer must decide whether an intervention will be sought and, if so, in what form. A fundamental principle under section 5B(e) of the Child Protection Act is that the state should only take the action that is warranted in the circumstances to protect the child. There are other interventions available under the Act short of a child protection order and the removal of the child into out-of-home care (these will be discussed in Chapter 13). Under section 51C of the Act, where any of these interventions are provided in response to a child who is in need of protection, the child must have a case plan.

The Child Safety practice manual requires a Child Safety officer to do the following in preparation for developing the case plan:

- gather information about the child and family, including a criminal and domestic violence history check on parents
- assess the child's strengths and needs using the Structured Decision Making tools
- assess the parent's strengths and needs using the Structured Decision Making tools, to determine the three priority needs — these should be determined in

consultation with the parents and using the professional judgement of the Child Safety officer, and should consider:

  - those needs that score the highest
  - those needs that cause the most harm or risk to the child
  - those needs that are most likely to prevent reunification

- decide on the intervention required to keep the child safe, consulting where necessary (e.g. with the recognised entity about its views of the planned approach for Aboriginal and Torres Strait Islander families)
- explore service options, liaising with service providers to discuss their involvement in the case-planning process and negotiating an immediate referral to a service
- seek approval for any expected expenditure related to developing the case plan.

Section 51B of the Act provides that a case plan may include:

- the goal or goals to be achieved
- arrangements outlining where and with whom the child will live, including interim arrangements
- services to be provided to meet care, protection and wellbeing needs
- information about what the department will be responsible for and what the parent or carer will be responsible for
- the child's contact arrangements with his or her family or others
- arrangements for maintaining the child's cultural or ethnic identity
- a proposed review date for the plan.

Case plans are required to enable timely decision-making, must be able to be understood by those involved, must give priority to the child's need for long-term stable care and continuity of relationships, and must be consistent with the principles outlined in section 51D of the Act. Most importantly, the case plan must be developed collaboratively with the child, the parents and other appropriate family members, an Aboriginal or Torres Strait Islander agency or person (if the child is Aboriginal or a Torres Strait Islander), and must facilitate the involvement of any other appropriate organisation (such as a local health service). The department is required to provide any information required by each of these participants to enable their effective participation in developing the plan.

The department already undertakes joint case management and casework with youth justice caseworkers for young people subject to a youth justice intervention (young people on dual orders). In these cases, the youth justice caseworker and the Child Safety officer coordinate service delivery, with the youth justice caseworker having an opportunity to participate in developing or reviewing the child’s case plan. Information is exchanged between the two and the Child Safety officer is required to attend particular meetings relating to the progress of the child on youth justice orders.

This joint casework model could provide a potential basis for adaptation to joint casework with non-government organisations, as recommended in Chapter 6 as a longer-term plan. Chapter 9 proposes that casework for children after they have transitioned from the care system, and up to the age of 21, be devolved to the non-

government sector. A move to joint casework with children in out-of-home care can follow as a next phase of development in the joint casework approach.

Section 51G of the Act outlines the family group meeting process as the principal forum for the development of the plan and section 51H provides that a case plan must be agreed on at a family group meeting.

The Child Safety practice manual requires a Child Safety officer to 'regularly assess' the progress of the case plan. Section 51V of the Act requires it to be reviewed at least every six months for children who have no long-term guardian and at least every 12 months for children who do have a long-term guardian. Once the case plan has been developed, endorsed by the department and distributed to all those involved, the allocated Child Safety officer is responsible for working with the family to implement the goals and activities outlined in the case plan.[50]

After the 2004 CMC Inquiry, the department released two discussion papers (*Stopping the drift*, and *Improving permanency for children in care*) and implemented a range of mechanisms to support case planning, including legislative change relating to family group meetings, policy requirements for risk and child-needs assessments, cultural plans, transition-from-care plans, education support plans and child health passports.

The recommendations appear to have had varying effects. There are continuing concerns about the family group meeting process and it is clear that many children and young people in care are unaware of what is in their case plans, including whether the plans are regularly reviewed.[51] Additionally, the Commission has heard that, while in many instances these plans are developed, there are serious concerns about their degree of implementation and review.[52]

The remainder of this chapter will examine these concerns in more detail.

7.6 Family group meetings

One of the central mechanisms of the existing child protection system that could be improved by the introduction of a Signs of Safety–based approach is the family group meeting. Section 51G of the Child Protection Act provides that the purposes of family group meetings are to:

- provide family-based responses to children's protection and care needs, and
- ensure an inclusive process for planning and making decisions relating to children's protection and care needs.

They are the principal means for developing, agreeing on and reviewing a child's case plan.

A family group meeting must occur within 30 days of the decision that a child is in need of protection and must be attended by:

- the child, if they are able to understand, and the child's legal representative
- the child's parents and any other family members whom the convenor considers will make a useful contribution to the case plan
- a support person for the child and/or for the child's parent
- any other person with whom the child has a significant relationship

- if the child is an Aboriginal or Torres Strait Islander, a representative of a recognised entity
- a representative of the department
- any other person whom the convenor considers will make a useful contribution to the plan.

Most family group meetings are convened by officers of the department, although private convenors may be engaged. The Child Safety practice manual establishes that a convenor must be independent of the case. The convenor's role is to:

- plan the meeting and prepare each participant
- facilitate the meeting
- record the case plan developed at the meeting
- Currently, there are about 35 dedicated convenor positions.[53]

New Zealand first legislated for family group conferences in 1989 with the aim of empowering families to take a role in resolving child protection concerns.[54] The conferences were adapted from Maori and Pacific Islander family practices and bring together immediate and extended family, children and professionals in a family-led decision-making process.

The family group conference has a three-stage process. In the first stage all participants discuss the child protection concerns. At the second stage, the family has private time together. At the third stage, an agreement is sought as to whether the child is in need of protection and, if so, a plan is developed to keep the child safe. The family group conference is a central decision-making process in the New Zealand child protection system, with decisions having the same status as those made by courts.

The New Zealand model has been influential. Most child protection systems in Australia have now adopted some form of family group conferencing — known in Queensland as the family group meeting. However, the role played by conferences in Australian jurisdictions is substantively different from their role in New Zealand.[55] In particular, Australian models have generally not afforded conferencing the same degree of decision-making power. In most jurisdictions, to be enforceable, decisions made during conferencing must be later endorsed by the child protection department or courts. Advocates of family group conferencing have recommended wider use of the New Zealand model of conferencing, with its stronger decision-making and enforcement powers, as a way of increasing the autonomy of Aboriginal and Torres Strait Islander communities in child protection decisions.[56]

Improving family group meetings in Queensland

In Queensland, there will usually be at least three departmental officers at the family group meeting — the convenor, the Child Safety officer and the team leader. So many departmental participants can reinforce any perceived or actual power imbalance and disadvantage already felt by the family. Submissions have also pointed out that the independence of the process is compromised by the fact that the convenor is a departmental officer and that the meetings are held at Child Safety service centres.[57] Moreover, it would generally appear that the current departmental approach to family group meetings has lost sight of the importance of the second stage of the process, 'private family time', in involving and empowering the family to identify placement

options, support contact arrangements and assist in developing responses to solve the identified child protection problems.[58]

Since the introduction of the family group meeting, several options have been tried to improve the convenor's role. Consultation with various stakeholders for the 2007 evaluation of family group meetings showed that private facilitators were well received. However, stakeholders also spoke well of family group meetings where designated departmental convenors used the New Zealand Family Group Conference model to facilitate family group meetings.[59]

Discussion at the Commission's peak bodies' roundtable also revealed that the New Zealand conferencing model has not been implemented with fidelity in Queensland. Key features that have been omitted from the Queensland version are:

- developing a partnership between the family, departmental officers and other professionals to work on child protection concerns collaboratively, and
- building parenting capacity.

Collaborative case planning involving government and non-government partners in the process is of particular importance for a child subject to dual child protection and youth justice orders. In his statement to the Commission, Steve Armitage noted that a large proportion of children in youth justice orders are also subject to intervention by Child Safety Services. This requires joint planning and assessment approaches to service delivery and planning and collaborative practice across all government service providers[60]. It is particularly important therefore to ensure that all relevant stakeholders are involved in the development of case plans.

The Family Inclusion Network told the Commission that parents feel powerless in the family group meeting; that they report feeling anxious, intimidated and compelled to agree to unreasonable conditions and targets.[61] An observational study of 11 family group meetings held in Queensland found that there was no requirement for families to be offered private family time or for the family group meeting to be held at a neutral venue.[62]

Family group meetings can become particularly combative when litigation is underway. The department may try to argue that a meeting to discuss a case plan is about case planning only and is entirely separate from the court process. The Australian Association of Social Workers (Queensland) argues that 'family group meetings may be used by Child Safety officers as a forum for collecting evidence against families' and the intent of the family group meeting process has been 'diminished as workers experience the pressure to meet both court and performance obligations'.[63] Lawyers consider a case plan to be a crucial piece of evidence and a family group meeting an opportunity to advocate for their client.[64]

A submission from the Youth Advocacy Centre highlights the need for inclusive case planning — one that is child and family friendly, non-adversarial, not dominated by Child Safety staff and that results in a case plan that is understood by everyone.[65] Foster Care Queensland states:[66]

> What makes a [family group meeting] successful is the work that goes into them, the preparation, the engaging of family in a meaningful way before the conference, the insurance [*sic*] that all family have the opportunity to attend and have a say in the child/ren's ongoing safety and wellbeing and the need to allow family to take ownership of the concerns by coming up with their own plan to meet the safety and wellbeing of the child/ren. Whilst Child Safety must

> have bottom lines, it is the way in which these are communicated to the family which empowers them to come up with innovative ways about how they as a family can meet all of the child/ren's protective needs as a family.

Many of the responses to the Commission's legal workforce survey also found problems with how the family group meetings are convened and conducted by the department. These comments are summarised below:

- Problems arise when the convenor is not in a specialist position, but is simply a team leader or senior practitioner who is not independent from the decision-maker.
- The department rarely follows its legislative pathway in relation to convening family group meetings.
- Convenors should be nationally accredited mediators, independent of the department. This would eliminate perceptions of bias or lack of impartiality.
- Family group meetings should be convened away from the Child Safety service centre in child-friendly areas. (One possibility might be holding them at the child and youth advocacy hubs proposed in Chapter 12.)
- Agendas should be sent to relevant parties in advance of the family group meeting. All too often parties and separate representatives are seeing material and case plans for the first time at the family group meetings.
- Family group meetings should be organised by someone external to the department as the department 'finds it difficult to comply with the legislative requirements for holding family group meetings'.

The department has a different view of the meetings. In its submissions, it mentions the following problems:

- family members may be difficult to contact or do not attend scheduled meetings
- family group meetings convened by a private convenor are more time-intensive than departmentally convened meetings
- lack of agreement on case-plan outcomes, responsibilities or actions can delay the development of a case plan for a child.[67]

The department cautions against the use of private convenors in all cases, principally because of the cost implications, but proposes additional guidance in the Act to specify the conditions under which a private convenor should be appointed. The department goes on to nominate the Signs of Safety practice framework as a mechanism that would help put families at the forefront of the process in the family group meeting: [68]

> 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.

The Commission concludes that the current family group meeting process is too adversarial and not focused on collaborative and family-driven decision-making. The perceived lack of independence of the process and the lack of private family time are

major flaws in the implementation. It is apparent that the intent of the process has been compromised and may result in poor decision-making, poor case planning, and ultimately poor outcomes for children subject to statutory intervention.

The Commission considers that the adoption of a Signs of Safety–based practice framework throughout the department, with its focus on engaging with the family and involving the family in decision-making and planning, should have a beneficial effect on the way that the family group meetings are held. In conjunction with this, there needs to be renewed emphasis on providing 'private family time' in the process, as this is a key feature of the family group meeting model:

> Providing family groups with time to meet on their own enables them to apply their knowledge and expertise in a familiar setting and in ways that are consistent with their ethnic and cultural decision-making practices. Acknowledging the importance of this time and taking active steps to encourage family groups to plan in this way signifies an agency's acceptance of its own limitations, as well as its commitment to ensuring that the best possible decisions and plans are made.[69]

The Commission considers that the perceived lack of independence in the process could be reduced by shifting the meeting place for family group meetings from the departmental offices to a location suitable to the family, such as the family's home or one of the proposed child and youth advocacy hubs (see Chapter 12). The Commission considered whether to propose that family group meetings should be convened by external convenors, but decided on balance against making it a requirement for the following reasons:

- the expense involved in engaging an external convenor for all family group meetings
- the fact that numerous other jurisdictions, including New Zealand where the model was developed, do not require external convenors and have proven that appropriately qualified and experienced independent convenors from within the department are able to run the process effectively.

Nonetheless, the Commission is of the view that the department must ensure that the convenor is someone who has a specialist background (e.g. legal/mediation/ facilitation) and reports to, and is subject to direction by, a senior officer external to, and independent from, Child Safety service centres.

The Commission considers it important to retain and make appropriate use of the option to appoint an external convenor where the matter requires careful attention to address power imbalances or to better cater to the needs of the particular parties.

The Commission has concluded that family group meetings should become a pivotal mechanism for engaging with families at this point in the process if the following occurs:

- a faithful adoption of the family group meeting process as it was originally designed to operate in New Zealand, including the granting of private family time
- the implementation of a Signs of Safety–based approach
- having convenors report to a senior officer independent of the Child Safety service centre
- holding the meetings away from the department at the family's home or in the proposed child and youth advocacy hubs.

Improving family group meetings for Aboriginal and Torres Strait Islander families

The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs states in its submission that having a community organisation convene family group meetings might help overcome some of the difficulties associated with the process, particularly for Aboriginal and Torres Strait Islander families. However, these non-government organisations would need to be adequately resourced and trained to perform the role.[70]

In 2002, Victoria introduced a co-convenor model for family group meetings with Aboriginal families. Aboriginal Family Decision Making (AFDM) meetings involve a departmental convenor working with an independent Aboriginal convenor from a recognised Aboriginal-controlled agency.[71] In addition to the two convenors, AFDM meetings may involve the child, the child's parents and extended family, as well as Elders or other community representatives, or professionals agreeable to the child's family. This model allows Aboriginal workers to play the primary role in coordinating family group conferencing for Aboriginal children and families.

A small-scale review conducted by Linqage International in 2003 and involving 12 families found a high-level of acceptance of AFDM among meeting participants and indicated a reduced rate of re-notification to child protection services. In 2012, the Report of the Protecting Victoria's Vulnerable Children Inquiry recommended that AFDM be adopted as the preferred decision-making process for Aboriginal children subject to a substantiated child protection notification.[72]

In 2010, the Children's Commission also expressed concern about the cultural appropriateness of the current family group meeting process for Aboriginal and Torres Strait Islander families in remote communities. It reported that departmental staff believed the process was damaging practitioners' ability to achieve the best outcomes for families. The report quoted two officers as follows: [73]

> There are language barriers [with Aboriginal and Torres Strait Islander families]. [family group meeting convenors] don't have any rapport with them. I don't find it a satisfactory process. I think we should probably do fee-for-service in those hub areas, like pay people — local people to convene the meetings. It would be more appropriate, more culturally appropriate.
>
> … the costs and the time involved [with having a departmental convenor organise the family group meeting] instead of getting, say, a local Thursday or Torres person who can speak Creole, it just doesn't make any sense to me. We've put the argument across but … there are practice considerations that I have concerns about.

The report recommended that the department consider using local Aboriginal and Torres Strait Islander people as specialist convenors to prepare and convene family group meetings for Aboriginal and Torres Strait Islander children and their families, where these families live in remote communities. The department accepted this recommendation; however, it is unclear if implementation occurred.

Given the level of over-representation of Aboriginal and Torres Strait Islander children in all parts of the child protection system and the strong emphasis on families in these cultures, the importance of the family group meeting cannot be underestimated. Any improvements to the way in which these families are engaged should be given serious consideration. The Commission considers the Victorian approach has merit and

proposes that the department pilot a co-convenor model based on the AFDM model operating in Victoria.

Recommendation 7.2
That the Department of Communities, Child Safety and Disability Services improve the family group meeting process by ensuring that:

- meetings are conducted by qualified and experienced independent convenors within the department who report to a senior officer outside the Child Safety service centre
- the department retain the capacity to appoint external convenors, where appropriate, to address power imbalances and better cater to the needs of particular parties
- meetings are held at a location suitable to the family, such as the family's home or at a proposed child and youth advocacy hub
- convenors ensure that appropriate private family time is provided during the meeting, consistent with the intent of the family group meeting model.

Recommendation 7.3
That the Department of Communities, Child Safety and Disability Services develop and implement a pilot project to trial the Aboriginal Family Decision Making model for family group meetings in Aboriginal and Torres Strait Islander families.

7.7 Planning for stability for children in the child protection system

Ultimately, the aim of any case planning for children and young people in the statutory care system is to achieve a permanent, stable home for children. It is only through stability that children can form the attachments necessary to rebuild their lives. It is preferable that this permanent and stable home is with the child's own family whenever it is safe for the child to be at home.[74] To this end, it is incumbent on the department to work with families to build their capacity to parent their children at home.

Of course, there will continue to be some parents unwilling or unable to protect their children within the foreseeable future, if ever. In these cases, alternative safe, stable, secure and adequate long-term care should be available. The Act expresses a clear preference for placement of these children with kin and that a child should have a stable living environment.[75]

A conceptual framework for permanency

Permanency outcomes can be conceptualised as options along a continuum starting with providing support to families to allow children to stay safely at home, planning for reunification after protective removal, seeking long-term guardianship to kin or foster carers, exploring 'open' adoption as an option, and considering long-term guardianship to the chief executive as a last resort.

Permanency for children in out-of-home has three different dimensions:[76]

- relational permanency — the experience of having positive loving, trusting and nurturing relationships with significant others, which may include the child's parents, siblings or carers
- physical permanency — stable living arrangements for the child with connections to their community
- legal permanency — legal arrangements associated with permanency, which in Queensland are long-term guardianship child protection orders.

This framework recognises that children in out-of-home care have more needs then just stability of placement. They also require the continuation of existing, and establishment of new, enduring relationships. Existing relationships can be maintained through family contact, community connections and relationships at school, while new relationships can be formed with care providers. It is important to note that continuity of placement alone is unlikely to result in permanency and that placements need to meet the child's social, emotional and physical needs to have the best chance of achieving permanency.[77] The stability of a supportive placement that meets the child's needs is important for all children in out-of-home care, not just those placed on long-term child protection orders. Placement changes often disrupt connection with parents, siblings, extended family, school and other significant people in the child's life. Such disruptions can substantially reduce the likelihood of successful reunification with parents and can lead to psychological difficulties in developing a sense of self.

Compounding the issue of achieving placement stability for children in out-of-home care in Queensland is their increasing length of stay in care and the associated increase in placement instability the longer they remain in care. To provide the best possible chances for children to obtain permanency, it is imperative that placement matching (including therapeutic placement interventions) occurs and care providers are supported. Placement types and enhancing physical permanency are discussed further in Chapter 8.

Permanency for children in Queensland

Reliable assessment of permanency outcomes for children in out-of-home care is hampered by a lack of historical data. The department only recently (April 2011) introduced 'reason for case closure' (i.e. where the child exited care) into its database.[78] In response to a summons, the department has indicated that of the 1,350 children and young people who exited care in 2011–12 (at any age), most were reunified with parents.

While a long-term guardianship order to the chief executive is often considered a permanency goal, the data indicate that the rates of stability are less than ideal. Of the 3,692 children and young people subject to long-term orders to the chief executive as at 30 June 2012, 11 per cent (338 children) were aged 0–4 years.[79] These children may spend many years in out-of-home care with high likelihood of multiple placements during that time.

The Commission is concerned at the high number of children and young people subject to multiple short-term orders because this could indicate that many children are 'drifting' in care without achieving either reunification with the family or long-term out-of-home care.

The department contends that the length of time in care and the number of short-term orders are not a valid basis for applying for a long-term order. Rather, it points out that in circumstances where reunification is gradually becoming more likely, a series of short-term orders may be in the best interests of the child.[80]

The Commission agrees that the decision to apply for a long-term order should be based on the individual needs of the child. However, it is important to consider how long the department should pursue reunification and how often it should subject a child to a short-term order. A child's developmental needs, and the undisputed fact that permanency, stability and attachment are very important to a child, must be taken into account.

Reunification

The preferred permanency option for children in out-of-home care should be reunification with their family of origin. Where it has been necessary to remove a child from their family for the child's own protection, a case plan must be developed without delay to enable the child to be reunified with their family, unless this option is inappropriate or unsustainable. A viable reunification assessment must be conducted with every case-plan review for children living in out-of-home care and subject to short-term child protection orders. These reviews must be conducted at least every six months. When reviewing the suitability for reunification, the Child Safety officer must consider progress made in meeting case-plan goals, the level of risk in the family, the safety of the child on return, and the frequency and quality of parent–child contact visits.[81] There are three possible outcomes of the reunification assessment process:

- reunification is recommended, based on risk reduction, favourable progress with parent–child contact arrangements and a safe, or conditionally safe, home environment
- reunification services are continued, by maintaining the out-of-home care placement and continuing reunification efforts with the assessed household
- alternative long-term stable living arrangements are pursued and efforts towards reunification are ended — this does not mean that the child will cease contact with their family, but prompts a change to the case-plan goal.

An important component of reunification is the need to carefully plan the contact a child has with its family. As put by Life Without Barriers: 'Contact needs to be considered for each family, including the location of the contact and the frequency. Contact arrangements should be reasonable and reviewed regularly to ensure that reunification continues to progress'.[82] Maintaining contact or, at least connection, with family is discussed in more detail later in this chapter.

The Children's Commission submission states that: [83]

> While the [Child safety practice manual] requires the reunification process to be a planned process of assessment, under the Child Protection Act there is no requirement for the department to assess or make a decision about reunification at the expiry of a short-term custody order. The consequence of this is that in circumstances where the department does not conduct an assessment and does not make a decision about reunification, the custody order will expire and the child will return to their parents.

The Commission's discussion paper elicited conflicting views about the extent to which the department focuses on reunification. Some submissions asserted there was no

effort made by the department to work with families to enable reunification (Family Inclusion Network, Child Protection Practitioners Practice Group, Queensland Alcohol and Other Drug Practitioners Ltd, and South West Brisbane Community Legal Service). Others asserted that reunification is pursued beyond a reasonable timeframe (Foster Care Queensland, Queensland Council of Grandparents).

Despite the stated intention of the Structured Decision Making tools to help departmental officers make decisions about reunification, there have been claims that reunification is being pursued unrealistically in some cases and without reference to the parents' ability to change. For example, Dr Elisabeth Hoehn, a consultant child psychiatrist, gave evidence to the Commission that: [84]

> At present in Queensland, there is a strong focus on reunification, with variable support and intervention to provide high risk and vulnerable families with the knowledge and skills that they require [to] change their parenting practices effectively to retain their children in their care. However, there isn't always a clear assessment of the parent's capacity to change and it often takes considerable time to identify those families where the parents do not have the capacity to change. The consequence of this is that children often move between various placements with foster parents and back to their biological parents with the possibility of further abuse and neglect during the process. This can have potentially very negative effects on the developing brain and the child's ability to trust in relationships as being safe and secure.

The Commission views safe and stable reunification as the paramount goal of the statutory child protection system. But there are cases where reunification may not be possible or advisable. In recognition of this, the department is said to engage in 'concurrent planning', which includes the option of reunification but also has alternative plans if reunification is not feasible.

Concurrent planning involves simultaneously pursuing reunification and alternative permanency arrangements and, where possible, placing a child or young person with foster carers who are also approved adoptive parents. The department states that concurrent planning occurs so that alternative options can be pursued without loss of time, should reunification not proceed.[85] However, despite departmental efforts to implement concurrent planning, some submissions still argue that the emphasis largely remains on reunification.[86]

Achieving timely legal permanency

Despite the departmental timeframes associated with applying for long-term child protection orders, some children and young people remain on consecutive short-term orders.[87] A large proportion of children have remained on short-term child protection orders rather than progressing to permanent out-of-home care — one submission puts the numbers as 1,597 children and young people (38%) on a short-term order for two or more years, including 12 on short-term orders for 10 or more years.[88]

The department has stated that the reasons children and young people may be on consecutive short-term orders are that:

- the case plan indicates the duration of the existing order has not provided sufficient time to resolve the child's care and protection needs
- the case review identifies that the child's care and protection needs are likely to be resolved within the period for which the subsequent short-term order is sought

- the additional timeframe is warranted in the child's and family's circumstances.[89]

Timely decision-making can prevent children 'drifting' in care. However, there is no agreed time that can be applied across the board to decide when parents are unable to care for their children in the longer term.

The Structured Decision Making tools set out guidelines as to when long-term child protection orders of the child should be sought:

- When a child is aged under 3 years, a long-term out-of-home care placement will be pursued when:
    - the risk level has remained 'high' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
    - the contact has been rated as 'fair', 'poor' or 'none' for 12 consecutive months, or the child has been in and out of out-of-care placement for 18 of the past 24 months
    - the household has been deemed 'unsafe' for 12 consecutive months or the child has been in and out of out-of-home care placement for 18 of the past 24 months.
- For children aged 3 years and over, a long-term out-of-home care placement will be pursued when:
    - the risk level has remained 'high' for 18 consecutive months, or the child has been in and out of out-of-home care placement for 24 of the past 30 months,
    - the contact has been rated as 'fair', 'poor' or 'none' for 18 consecutive months or the child has been in and out of out-of-home care placement for 24 of the past 30 months
    - the household has been deemed 'unsafe' for 18 consecutive months or the child has been in and out of out-of-home care placement for 24 of the past 30 months.

In the discussion paper, the Commission called for submissions on the question of when the focus should shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement.

The Child and Adolescent Fellows submission to the Commission stresses that a key consideration should be that all children need attachment figures to thrive and that consistent long-term relationships and minimal transitions in care are important for all children.[90] Other submissions to the Commission indicate there is a need to consider brain development when planning for permanency. The Australian Association for Infant Mental Health, Queensland Branch, stated in their submission that brain development is most crucial between birth and 3 years, indicating a need to provide security and stability for young children.[91] It further notes that: [92]

> Not all families/parents are amenable to early intervention, support or treatment. Some parents are not going to change in time to be an effective or safe caregiver. We have to be realistic about the capacity of some parents to change to be good enough carers in time for their infants.
>
> The best interest of the infant [should be] the deciding factor in decisions rather than a high focus mainly on reunification and a thorough parenting capacity

> assessment leading early on to an intervention treatment plan that is very individualised, specific, accountable and enforceable.
>
> Qualitative data does indicate that in Queensland, while infants may not experience as many moves as older children, there is still a small percentage of very young children shifting from home to home. These multiple moves place children at an increased risk for poor outcomes with regard to social–emotional health and the ability to develop secure healthy attachments.

Dr Stephen Stathis, in evidence before the Commission, indicated that for children who are identified at birth as being in need of removal and unlikely to ever go home, there is a maximum period of three years to secure permanency.[93] Dr Stathis goes on to indicate that in addition to providing intensive support to parents early, the second 'plank' is to provide trained, educated foster parents who view the child as permanently part of their family, with a third plank being to provide support to the parents after the child is removed.

PeakCare submits that adherence to a too-rigid time limit is not appropriate:

> Meeting a child's needs for long-term stability, security and continuity relies on purposive, individualised, culturally appropriate case planning, rather than an adherence to too-rigidly prescribed time frames for permanency decisions that limit, rather than invite, thorough and comprehensive consideration of each child's needs and circumstances. Without some latitude incorporated within the policy and practice guidance provided to decision-makers about the point of time at which a 'shift' in the case plan goal should occur (albeit with clearly stated expectations about ways in which children's needs for stability, security and continuity are to be properly attended to), there are risks that some permanency planning decisions may be made too soon, others may be unduly delayed and, of greatest concern, some decisions may be made that should not be made.[94]

Brydon maintains that the central issue is the need to make decisions that account for a child's developmental timeframes, which are different from those of adults, and that this decision-making challenges many areas of welfare practice concerned with parental rights and parental capacity to change.[95] Brydon also indicates that parental compliance with a plan does not always equate with change when considering timeframes and permanency goals.

The Commission has concluded that, while the imposition of more rigid timeframes for shifting from reunification to permanency planning has little support, the practice of 'rolling short-term orders' must be stopped. Children and their families must be given certainty. This issue, and the need to ensure that appropriate support is provided to the family before reunification is abandoned, is discussed further in Chapter 13. If concurrent planning is carried out effectively and the current guidelines are adhered to by Child Safety officers, then planning for permanency should be done from the start and provide for timely permanent placement once the reunification efforts are no longer sustainable.

Adoption as a permanency option

The Commission has heard that long-term guardianship orders, both to the chief executive and to others, are not having the intended effect of providing a child with sufficient stability. It has been argued that they do not offer the requisite stability because they may be 'contested in court by birth families on an ongoing basis'. This is said to impede a child's bonding with both the foster carer and their family.[96]

Furthermore, long-term guardianship orders terminate on the child's 18th birthday. An alternative provided for in section 51V of the Child Protection Act is that a child may be legally adopted.

Adoption is a controversial option which divides the community. Past practices of forced adoption, particularly in the Aboriginal and Torres Strait Islander community, but also in the wider population, have caused a mistrust of adoptions generally:[97]

> Children whose families reported members being forcibly removed show two to three times the social and emotional problems of those who were not removed. The fact that such actions by the state were rationalised as being in 'the best interests of the child' and that a destructive policy was vaporised through the mainstream mores of the times does little to assuage current concerns. In fact, it may well contribute to the continued wariness of adoption in the Australian context.

Following the March 2013 national apology for forced adoption, Sammut examined the issue of adoption.[98] He argues that family preservation profoundly harms children by prolonging the time spent either in the custody of abusive and neglectful parents, or languishing in 'temporary' and unstable foster care while awaiting family reunions that are highly prone to break down. He further states that early removal and adoption is a proven and effective response to child abuse and neglect, and that family preservation does more harm than good by exposing children to serious maltreatment, leading to attachment problems and other psychosocial disorders. Citing the Commission's October 2012 *Options for reform* paper, Sammut notes the Commission's contention that adoption is only one response to permanency planning as evidence of the tensions between the fledgling support adoption is regaining and the institutionalised support for family preservation. Sammut concludes:[99]

> It's time for us to acknowledge that many children in underclass families, including children in too many underclass single-mother families, would be better off being removed and adopted.

Changes to policy and legislation in the United States and the United Kingdom have promoted adoption as a permanency outcome.[100] New South Wales has also recently sought to place more focus on permanency by promoting adoption. Ultimately, adoption is not an option that would generally gain wide support in Queensland. Anti-adoption sentiment is a social fact that makes any decision between family preservation and adoption difficult to resolve strictly in accordance with the paramount principle (the best interests of the child).

Since 2009, Queensland's adoption laws have provided for 'open adoptions', which allow for the adoptive child and the birth parents to know one another. This recently introduced practice is said to have overcome many of the previous problems of adoption.[101] The *Adoption Act 2009* provides that the degree of openness can be settled through the agreement of an 'adoption plan' between the adoptive parents and the birth parents. The practice is based on the belief that 'children benefit from knowing their birth parents and the circumstances of their adoption'.[102] On the other hand, 'open adoption' may be less attractive to some prospective adoptive parents than traditional forms of 'closed adoption'.[103]

Submissions to this inquiry demonstrate that adoption as a permanency option for children in out-of-home care remains a contentious issue.

Life without Barriers supports an increase in the use of adoption: [104]

> Adoption or other similar placement options should be more readily available to enhance the stability of children and young people in care. The current child protection and adoption legislation does not allow for this, creating significant issues for a number of young people under Life Without Barriers' care in Queensland who have articulated that they would like to be adopted by a carer or family member.

The Family Inclusion Network (Townsville), on the other hand, opposes the use of adoption as a permanency option: [105]

> FIN Townsville is totally opposed to both closed adoption and to the forced termination of parental rights with a view to securing adoption. Furthermore, FIN Townsville is opposed to the use of open adoption except in circumstances when it is the birth parents' first preference, when their parental consent is given freely, and when grandparents' support is also forthcoming. Adoption only works well if it is truly 'voluntary'.

When applying the principles of permanency planning to Aboriginal and Torres Strait Islander families, there are a number of additional factors that need to be considered to ensure the process is respectful and appropriate. Notably, there is no traditional practice akin to western adoption in Aboriginal communities, and the history of the Stolen Generations means that Aboriginal communities may have negative views on adoption and permanency planning.[106]

As described in *Bringing them home* (the report on the Stolen Generations), adoption is an 'alien concept' for Aboriginals and is 'incompatible with the basic tenets of Aboriginal society':[107]

> Adoption is alien to our way of life. It is a legal status which has the effect of artificially and suddenly severing all that is part of a child with itself. To us this is something that cannot happen even though it has been done.

The above observations and comments, combined with the historical events associated with the Stolen Generations, mean that any permanency provisions or planning must be carefully considered and strongly engage family, community and relevant Aboriginal and Torres Strait Islander organisations. It is a difficult balance to work sensitively with the family and community of an Aboriginal or Torres Strait Islander child while also remaining focused on a child's needs for security and stability.

Ultimately, however, the evidence of children's developmental timeframes cannot be ignored when weighing competing factors to determine the best interests of the child. The Commission does not accept the notion that permanency planning for Aboriginal and Torres Strait Islander children should be any different from the principles applied to permanency for non-Indigenous children, with cultural identity factors nevertheless playing a crucial part in decision-making.

A 2011 Department of Communities practice paper has highlighted some research that found adoption almost doubled where full disclosure of voluntary relinquishment by case workers was openly discussed with families, leading to a conclusion that discussing the option can lead to greater use of it.[108] The practice paper cautions that parents would need to understand the full legal consequences of this decision, but nevertheless suggests that open and professional discussions with parents may lead to more acceptance of adoption as a permanent placement option for children in care.

The Commission recognises that adoption may be a suitable permanency option for some children in out-of-home care and should be pursued in those cases, particularly for children aged under 3 years. As such, adoption should be routinely and genuinely considered by Child Safety officers as one of the permanency options open to them when deciding where to place a child in out-of-home care. Given the polarising nature of this placement option for children in out-of-home care, careful consideration must be made before selecting this option. An experienced and judicious approach must be applied to the balance between family preservation and adoption. The Commission acknowledges that adoption within child protection is a contentious issue in Australia; however, while family preservation remains the preferred policy approach, adoption will remain as one option in a suite of permanency options.

Recommendation 7.4
That the Department of Communities, Child Safety and Disability Services routinely consider and pursue adoption (particularly for children aged under 3 years) in cases where reunification is no longer a feasible case-plan goal.

Maintaining contact with family and community as part of the case plan

Continuity and connections between children in care and their family of origin are critical because research shows that:[109]

- parental visiting helps maintain long-term attachments between children and their families
- family contact increases the likelihood of reunification
- parental visits enhance the psychological wellbeing of children in care.

Additionally, children who enter care after the age of 6 years and then grow up in care are likely to reunite with their family after leaving care anyway, particularly where the birth family's life circumstances have improved, making the need for safe contact with family particularly important.[110]

Submissions raised concerns about the need to ensure children and young people feel a sense of 'connectedness', even when they are placed with long-term guardians. This may include connections with people, places or communities,[111] and recognition that, even when placed in a long-term placement, children need contact with family.[112]

The Family Inclusion Network Queensland (Townsville) asserts that: [113]

> Long-term guardianship options work best with the cooperation of the birth family and proposed guardians should be willing to sign an agreement that guarantees family members will have access and input into a child's life. To not do so would not only harm that child and their family, but also the child's relationship with the guardian family.

In considering contact, caseworkers and others should be aware that there are at least three reasons for children in care to have contact with their families:[114]

- To enable parents to maintain attachment and continuity for the purpose of preventing family breakdown and helping a child's return home.
- So parents, relatives and the child can maintain a relationship to ensure that even if the child does not return home, they will still know their identity, enjoy ongoing biological family links and have this supplementary support.

- For a child to have knowledge of their identity and history, despite the fact that maintaining a meaningful relationship with their biological family may be untenable. This is generally in situations where there is high conflict or where there are concerns for the child's safety.

While placement with kin is generally seen as a good thing, consideration needs to be given to a carer's ability to manage contact and the wishes of children and young people who may either not want any contact or who may want more contact with their family. The Commission has heard that children and young people wish for more control over the amount of contact with family. Some research has shown that they want more flexible contact, rather than regular and frequent contact. For some children, contact may occur outside of formal, supervised environments (whether approved or not) and there is a need to ensure children and young people are able to make good choices and protect themselves as much as possible.[115]

Maintaining contact for infants and young children

In relation to parental contact with infants, it has been found that the frequency of contact has no impact on the rate of reunification one year after an infant has been brought into care. It appears that problems arise when infants need to leave their carer to be transported to their family without regard for their attachments or routines of feeding and sleeping. This underlines the need to build relationships between carers and parents, which can be challenging and complicated, along with providing support for parents at contact and finding ways to reduce disruption for infants.[116]

Despite departmental guidelines and papers on practice issues, the Commission received a number of submissions expressing frustration with the levels of contact of children and young people with their family and culture, inconsistency in contact arrangements, accessibility of contact venues, inflexible contact times and insufficient after-hours capacity.[117]

Research to date gives little guidance about the nature of the contact that might be needed for children who are placed permanently in care at a young age. Additionally, it does not show whether contact undermines or disrupts placements. What is known is that many children and young people indicate a desire to have more frequent contact with family than they currently have.[118]

Meaningful contact with siblings and extended family

Although there are good reasons and a clear preference for siblings to be placed together, this is not always possible. Data provided by the department show that most children and young people with siblings placed in out-of-home care in 2011–12 were placed together.[119] For those children not placed with their siblings, some children and young people have spoken of the importance of maintaining family contact including with siblings and extended family members.[120]

Separation from siblings is often very difficult for children. There is a strong need to maintain regular contact between separated siblings as these may be the most enduring relationships they have, with half-siblings being as important as full-siblings in some cases.[121] Brothers and sisters are often a powerful source of emotional support when children are separated from their parents, especially if the sibling relationship helped compensate for poor parenting.[122]

Appropriate contact with extended family should also be encouraged and facilitated if this is in the interests of the child or may provide a positive role model throughout a child's life, despite where they live.

Overall, it appears that the best contact is flexible rather than controlled or supervised. Where supervision is required it needs to respect the need of children and parents for informality as far as possible and for it to occur in family-friendly environments. If intensive or close supervision is required, there is a need to ask why and reconsider perhaps whether contact is really in the best interests of the child, listening carefully to the child's views.[123]

The Commission recognises there are numerous factors affecting contact practices, which cannot be easily prescribed in policies and guidelines. However, it is of the view that more can be done to improve contact levels and quality in Queensland. The location, frequency and type of contact all need to be closely related to permanency goals. If a child or young person is unable to return home, an ongoing mentoring role from within the family should be considered. This is especially important given that many children and young people return to family on leaving care — a relationship with a mentor can have good long-term results. The Commission expects that the new casework framework based on Signs of Safety, with its key focus on engaging with families, will increase the emphasis on maintaining contact with families for those children in out-of-home care.

Maintaining cultural connections

Cultural support plans are an important part of case planning for every child who identifies with a particular minority cultural or linguistic group, especially an Aboriginal and Torres Strait Islander child or young person. The plan is meant to be reviewed six monthly and must include information about:

- the child's clan, language, ethnic, cultural, Island and/or community group
- the parents' and siblings' clan, language, ethnic, cultural, island and/or community group
- arrangements for activities or experiences that will support and preserve the child's cultural identify and connection to community and culture
- supports required by the carer to maintain activities outlined in the cultural support plan
- people with whom arrangements have been made for contact with the child to support and develop their cultural identity.

The quality of the cultural support planning for Aboriginal and Torres Strait Islander children placed outside the specifications of the child placement principle have been questioned during this inquiry. Some evidence before the Commission has cast doubt on the thoroughness of these plans and the quality of their implementation.[124] Calls have been made to improve the quality and scrutiny of cultural support and provide better support for non-Indigenous carers looking after Aboriginal and Torres Strait Islander children.[125]

The 2004 CMC Inquiry identified that Aboriginal and Torres Strait Islander children and families were at a particular disadvantage: [126]

> … the needs of Indigenous children are significantly greater than those of non-Indigenous children but the level of resourcing to meet these needs is

> significantly lower… it appears that in its [the department's] dealings with many Indigenous people it is perceived as not demonstrating an appropriate level of understanding of culturally specific factors.

Data provided by the Children's Commission confirm a range of deficiencies in cultural support planning for Aboriginal and Torres Strait Islander children. A 2010–11 review of 327 case plans shows: [127]

- 40 per cent of children did not have information about their cultural background recorded in their plans
- 65 per cent of plans contained only reference to general cultural activities such as participation in NAIDOC Week[128]
- 38 per cent did not identify the support that would be required to maintain cultural identity
- 21 per cent did not include details of significant people who would assist the child in maintaining and supporting their cultural identity.

In its submission to the Commission, Link-Up Queensland expressed that cultural support plans are essential to ensure that Aboriginal and Torres Strait Islander children maintain their connection with family, community and culture. Link-Up suggests: [129]

> A framework for developing the documenting cultural support plans should be developed with Aboriginal and Torres Strait Islander organisations. Cultural support plans should include identification of parents and other family members who have been removed from their parents as children. The cultural support plan should be developed, implemented and reviewed by a designated Aboriginal and Torres Strait Islander organisation in partnership with key stakeholders.

A number of submissions have highlighted specific problems with cultural support of children removed from their homes in Far North Queensland. The Commission has been told that some children are being removed far from their home communities of Cape York and the Torres Strait with little ongoing contact with families and community and little prospect of return.[130] It has been noted that, once removed from community, these children may have neither an Aboriginal and Torres Strait Islander carer nor worker involved in their lives.[131]

The Commission has concluded that cultural support planning is not adequately meeting the needs of Aboriginal and Torres Strait Islander children and young people. Further to this, the implementation of plans that are developed appears to fall short of community expectations. Supporting the cultural needs of children and young people is particularly imperative in circumstances where they are placed outside their community. Improvements to cultural support for children and young people in out-of-home care must occur as part of any effort to reduce intergenerational trauma and loss of connection to community.

Recommendation 7.5
That the Department of Communities, Child Safety and Disability Services include in the cultural support plans for Aboriginal and Torres Strait Islander children a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background.

The Commission also heard evidence about the difficulties in maintaining connections to family, community and culture for children from culturally and linguistically diverse backgrounds. The removal of a child from a migrant, particularly a refugee family, can have serious ramifications in the family's broader settlement context.[132] Newly arrived migrant and refugee families often do not have access to extended family or community support, and the unavailability of kinship and cultural carers can result in children being placed outside their family and cultural groups, sometimes a large distance away.[133] In this context cultural support planning for children from culturally and linguistically diverse backgrounds is crucial for meeting their cultural needs and ensuring consideration is given to their cultural identity in determining their best interests.

Currently, there is little research or data on this topic. Consequently, the evidence base is insufficient to inform Child Safety officers in their case planning for these children. In the context of this lack of knowledge and understanding, contributors to this inquiry have argued for a two-way information exchange between the department and culturally and linguistically diverse communities and organisations. Through consultation and engagement, it is argued that the department will be better able to ascertain the diverse needs of children and families and, consequently, tailor culturally appropriate responses.[134]

The Commission has also heard evidence that most Child Safety frontline staff have not completed cultural and linguistic diversity awareness training, which diminishes their capacity to communicate with these children and their families and, critically, to find culturally appropriate solutions.

In Chapter 5, the Commission proposed that the department, in collaboration with others, identify the needs of their local communities. This process should enable departmental officers and other partners to find out the extent to which their communities include members from different cultural and linguistic backgrounds. Where those communities are present, the department should consult with the community and their representative organisations to ensure that their frontline staff, foster and kinship carers and non-government service providers are given appropriate cultural training. This would promote culturally sensitive casework and context-specific practice models and resources, as well as enhance their capacity to develop appropriate case plans for children from culturally and linguistically diverse backgrounds.

Recommendation 7.6
That the Department of Communities, Child Safety and Disability Services include in the local family-support needs plans information on the different cultural and linguistic groups in their local communities, engage in consultation with those communities to determine what cultural support they can provide to children in care and ensure that their frontline workers, foster and kinship carers and non-government service providers are given appropriate cultural training, and that the cultural support plans specify arrangements for regular contact with at least one person who shares the child's cultural background.

7.8 Planning for the education and health needs of children in out-of-home care

Research consistently shows that children and young people in care are likely to have worse long-term outcomes than those who are not in care. One study of Australian young people who had left care found that:

- 57 per cent had completed Year 10 or less
- 21 per cent were completing or had completed Year 12
- 64 per cent were unemployed or on sickness or supporting parent benefits
- 35 per cent were living in refuges, short- to medium-term supported accommodation programs or temporarily with friends
- 50 per cent reported experiencing homelessness since leaving care.[135]

Other information shows that children and young people in the care system have higher rates of earlier onset of sexual activity; higher rates of sexually transmitted infections; higher rates of earlier pregnancy and parenting; higher rates of sexual abuse including participation in sexual exploitation through sex work; and higher rates of problem sexual behaviour and sexual behaviour that causes concern. These children and young people also have less access to sexual health services and to sexuality education and information.[136]

For these reasons, it is important that the case planning for children in care provides appropriate education and health services as well as cultural support. Case planning should also plan for the transition from care (this is the subject of Chapter 9).

Meeting a child's educational needs

The trauma and abuse children and young people suffer before going into out-of-home care can contribute to poor educational outcomes, but there are also contributing systemic factors in the out-of-home care system and the education system.

Factors affecting poor education outcomes for children in out-of-home care can be broadly described under the following four categories:

- **out-of-home care system:** such as instability of placements, unsuitability of placements and a lack of therapeutic care
- **teacher skills and resources:** including a lack of resources and training in schools and the need for a teachers to make a commitment to children and young people in out-of-home care
- **practice processes:** such as no time for individual assessment and planning, high-casework turnover, time and resource pressures on residential care workers and caseworkers, and a lack of culturally sensitive practice
- **suitability of mainstream schools and lack of alternative settings:** including high rates of absenteeism, truanting, suspension and school drop-out, lack of fit between learning and behavioural difficulties and special intervention schools, and lack of appropriate and tailored alternative settings.[137]

In the Australian Association of Social Workers submission to the Commission, Professor Karen Healy notes that:[138]

> Young people who have been in out-of-home care face significant educational disadvantage including lower level education attainment and access to post secondary education. Research demonstrates that children and young people in out of home care often fall behind in school, are excluded and after care, access higher and further education at a much less rate than their non-care peers (3% compared to 40%).

The comments below from children and young people who have experienced out-of-home care in Queensland highlight the impact systemic issues have on their education:[139]

> Because of all of my placements I had a very disrupted education which I don't think was ever taken into consideration that I might need some extra help at school.
>
> Changing placements means new schools. School didn't understand I was at the level [of other students my age]. They assume we're not up to most of the school standards.
>
> Making friends is hard because you change schools so much and you feel isolated because you're by yourself.
>
> If you're not stable at home, your schoolwork means shit.
>
> When you're in a resi you don't always have access to a computer, which makes it hard and then you have to spend your lunch time writing assignments or doing homework when you could have done it at home.
>
> Sometimes I wanted to go to school, but there was just so much other stuff going on. I didn't know where I was going to be sleeping.

In recognition of the challenges facing children and young people in out-of-home care in the education system, all school age children on a short-term or long-term child protection order are required to have an education support plan, which is reviewed annually. The school principal (or nominee) is assigned a budget to develop the plan (jointly with other key stakeholders, including the child), and monitor and review it. The education support plan includes information on:

- a child's educational goals and plans
- what the child is good at
- what the child needs help with
- what the child needs at school to reach his or her goals
- sports and friends.

There is conflicting evidence about how many children in out-of-home care have education support plans. In 2010–11 the department reported that 82.8 per cent of children had an education support plan, 10.9 per cent had plans under development and 6.2 per cent did not yet have plans. However, only 53.2 per cent of young people who participated in the *Views of children and young people in foster care survey* reported they had a plan. Another third (34.1%) of these survey participants reported not knowing if they had an education support plan and the remaining 12.7 per cent reported they did not have an education support plan.[140]

Recent evaluations and research point to a number of failings with education support plans.[141] They have been found to be poorly implemented and funded with no monitoring to ascertain if funds are being spent as intended. There is also evidence that they are not developed as a collaborative effort, as intended, but are often left to the schools to develop on their own with little participation from Child Safety officers, carers or the child — only a third of the children with plans said that they had been involved in the development of their plan.[142] There is also said to be a tendency for education support plans to focus on managing behaviour, rather than on engaging the child academically.[143]

These findings are reflected in the views of some children and young people in out-of-home care: [144]

> Not being involved in school/teacher/parent and caseworker meetings — makes you feel like you're being gossiped and talked about.
>
> It should be a necessity for children to go along to case meetings about their education support plans, unless they choose not to.
>
> I am labeled the foster care kid and treated differently from the outset.
>
> I got teased for needing special help [laptop, etc]. Sometimes the department does things wrong by trying to replace family with things you buy with money.

However, some more favourable comments were made:

> My teachers and students in my school treat us normal. They don't give us a hard time.
>
> My teachers were all involved in my education support plan. This helped because everyone knew what was going on.

The failings identified above may help explain why, despite the operation of education support plans, children and young people in out-of-home care consistently perform worse academically than their peers in the general population.[145] Results from the 2011 National Assessment Program — Literacy and Numeracy (NAPLAN) indicate the gap that exists in literacy and numeracy skills between children in out-of-home care and their peers:[146]

- for Year 3 students only 74.5 per cent of children and young people in out-of-home care achieved the national minimum standard for reading compared with 92.8 per cent in the general population
- for Year 5 students only 64.6 per cent of children and young people in out-of-home care achieved the national minimum standard for persuasive writing compared with 90.2 per cent in the general population
- for Year 7 students only 71.0 per cent of children and young people in out-of-home care achieved the national minimum standard for numeracy compared with 94.6 per cent in the general population
- for Year 9 students only 50.7 per cent of children and young people in out-of-home care achieved the national minimum standard for persuasive writing compared with 85.0 per cent in the general population (Department of Communities, Child Safety Services [DRAFT partnerships report provided 7 April 2013]).

Also, a higher proportion of children and young people in care were exempt from the NAPLAN tests, ranging from 12 to 17 per cent in some assessment areas and year levels compared with 1.7 per cent or less for the general school population. Students may be

exempted from testing if, for example, they have significant or complex disability. Exempt students are reported as below the minimum standard in national and jurisdictional data and will therefore have contributed to the lower proportions meeting minimum standards.

While performance on NAPLAN is a national child protection measure and may bring attention to the educational needs of this group, the Commission questions the validity of the comparison considering the different characteristics of the cohort. The measure is limited to children who have been in out-of-home care for more than two years. A quarter of this group has a disability and many with extreme needs are likely not to be developing at an age-level norm. A third of children are Aboriginal and Torres Strait Islander children (compared with close to 7% of the overall cohort), and these children perform at a lower level. An unknown proportion has developmental delay due to attachment disorders and trauma and mental health problems resulting from abuse. As shown above, others are distracted by immediate concerns about family and their accommodation. These factors suggest that as a group, their educational outcomes will not match that of their age group.

What is important is that each child is given the educational support needed to progress from where they are. Hence, a more valuable form of assessment of educational outcomes would gauge progress in accordance with the child's developmental level and learning using a holistic evaluation of the child's attendance, behaviour and achievement across semesters, which is now easily available in the school's electronic records.

There is also evidence that a higher proportion of children in out-of-home care have been suspended or excluded from state schools in Queensland.[147]

The education support plan program is a joint initiative of the department and the Department of Education, Training and Employment. The department's budget was $6.65 million in 2011–2012 and actual expenditure by Education, Training and Employment was $6.6 million.[148]

The funding is provided to schools for the development of an education support plan for any student from Year 1 to Year 12 in out-of-home care who is subject to a child protection order granting custody or guardianship to the chief executive.

The Department of Education, Training and Employment reported it received $6.3 million in 2010–11 to provide support to 4,064 students in Years 1 to 12 in out-of-home care. This equates to $1,550 per child — however, the funding is allocated on an as-needs basis rather than equally to each child. The department has indicated that 76 per cent of the 4,369 children and young people in care enrolled in schools had accessed funding through their education support plan.[149]

In its submission to the Commission, the Department of Education, Training and Employment reported that it has recently begun a project with the department to improve the educational outcomes of children in out-of-home care with a focus on improving individual student achievement and academic success. As well as improving the data collection and tracking of students eligible for education support plans, the project includes the development of regional operational plans that highlight clear performance measures for students and ensure that schools are taking responsibility for driving better educational outcomes.[150]

The Commission supports this increased focus on performance measures that reflect students' achievements and on ensuring that schools take responsibility for educational outcomes for children in care. It is consistent with one of the Commission's key themes — that everyone takes responsibility at their point of responsibility. This approach is also consistent with the Commission's proposal in Chapter 12 that the child protection responsibilities of the Department of Education, Training and Employment be specified in the Minister Charter Letters and that outcomes are specified in senior executive performance agreements.

Meeting a child's health needs

To manage the health needs of children in care, every child who is in out-of-home care for more than 30 days where custody is granted to the chief executive is required to have a child health passport. The passport contains relevant documentation and information that a carer requires to meet the day-to-day health needs of the child and aligns with the *National clinical assessment framework for children and young people in out-of-home care*.[151] The passport is updated throughout a child's time in out-of-home care and includes the immunisation details, Medicare card, details of a baseline health assessment or annual health check, a health plan, follow-up appointments and specialist referrals and outcomes, health alerts for allergies etc., and other health-related information that would help a carer meet their health needs. The passport accompanies the child when they change placement. A copy of the passport will be provided to parents if the child returns home or to the young person when they transition from care. Child Safety has reported that as of October 2012, 94.2 per cent of children and young people required to have a child health had one or was in the process of getting one.[152]

The Child Safety officer, in consultation with the carer, must coordinate a comprehensive health assessment and health plan with a GP or child health nurse within 30 days. Any specialist referrals required are then made.

The Children's Commission states that 83 per cent of all young people in care reported having a health check in the last 12 months. Nearly all carers of young children (95.7 per cent) indicated that children in their care had a health check in the last 12 months.[153]

Evidence presented to the Commission clearly shows that children in out-of-home care in Queensland have significant health needs and that there are insufficient health services available to meet those needs, especially in the areas of mental health and disability. (This accords with the experience in other parts of Australia.)

A study of households where abuse was substantiated found a high percentage of those households had children and young people with 'high needs'. Of those 'high needs' households:[154]

- 50 per cent have one or more children with a significant developmental or physical disability
- 48 per cent have one or more children with a diagnosed mental health disorder or behavioural problem.

The department's submission indicates that 22 per cent of children in out-of-home care have a disability and 17 per cent have severe and complex psychological and/or behavioural problems.[155]

Evolve — a partnership between the department, Queensland Health and the Department of Education, Employment and Training — delivers a coordinated range of intensive mental health and disability behaviour support services for children and young people in out-of-home care with severe emotional and behavioural problems. Services are provided as follows:

- Queensland Health's Evolve Therapeutic Services, which provides a mental health therapeutic response through a multidisciplinary clinical team.
- Department of Communities Evolve Behaviour Support Services which provides positive behaviour support services through a multidisciplinary team of psychologists, speech and language pathologists and occupational therapists.

Evolve Therapeutic Services and Evolve Behaviour Support Services work in collaboration with state and non-state school guidance officers and child safety officers. In 2011–12 the total budget for Evolve was $25.65 million comprising $18.24 million (paid to Queensland Health) for the Evolve Therapeutic Services and $7.4 million (paid to Disability Services) for Evolve Behaviour Support Services. However, the actual spend for 2011–12 was less, being a total of $21.8 million ($16.2 million through Evolve therapeutic services and $5.6 million through Evolve behaviour support).[156]

The Evolve Interagency Services Performance Report 2009 and 2010 reports:

- Reductions in clinical symptoms across a range of behavioural and emotional indicators of function and overall wellbeing. These reflect improvements in aggressive and other behaviour, as well as self-care and independence and emotional difficulties
- Increases in the child or young person's involvement in other activities
- Improvement in the child or young person's family relationships
- Improvements in the carers knowledge and their understanding of the child or young person's difficulties and relationships with Carers
- Improvements in problems with scholastic and language skills
- Increased placement stability
- A more functional engagement in peer relationships and with their wider environment
- Improvement in attendance at and participation in educational/vocational activities.[157]

Queensland Health report that Evolve Therapeutic Services demonstrate some success in addressing the health issues for children and young people in contact the statutory system. Evolve has supported over 6,000 foster carers and has been described as a successful way of helping children and young people and of supporting foster carers by providing: [158]

> … psychological and emotional behaviour support for some of the most troubled children in care. The program has been quite remarkable and foster carers had fed back that they have been very appreciative of learning why these children are behaving that way and the mechanisms for them to deal with it.

However, Evolve was designed to address the 20 per cent of children and young people in care with the most extreme psychological and behavioural problems as these are the ones who cause the most anxiety in the system and are probably the most costly.[159] This

means there are a large number of children and young people who are unable to access the support they need.

The department points out that there are no services for those children who fall outside of the criteria for intervention by Queensland Health–funded Child and Youth Mental Health Services and Evolve. The department submits there is a need for earlier intervention to prevent escalation of children's mental health to the stage of a severe mental health disorder.[160]

Gaps in the provision of mental health services are also highlighted by the Child and Adolescent Health Fellows (Qld Faculty) submission to the Commission:[161]

Funding and service provision is often offered on the basis of diagnosis rather than need (access to psychotherapy via Medicare, ascertainment for education funding, disability support funding, treatment in some Child and Youth Mental Health Services). Diagnosis alone is not a useful indicator of disability or need. There are therefore difficulties for children in care in accessing services. Services specifically for this population of children irrespective of diagnoses such as [Evolve] and education funding Education support plans have been helpful in bridging the gap.

There are children however whose therapeutic needs do not get met. There is a need for flexible, accessible, trauma and attachment informed psychotherapy services which can follow children and support their carers long term if necessary discharge them and then allow them re-entry when they need support negotiating a particularly difficult developmental stage or when they face one of the serial losses this population of children experience and deteriorate.

Concerns about meeting the mental health needs of infants and very young children have in particular been raised with the Commission. The submission from the Royal Australian and New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, advises that a 'multi-disciplinary approach, such as that provided by the Child and Youth Mental Health Services and Infant Mental Health Services, is recommended for comprehensive assessments of infant and very young children and those presenting with the more severe or complex symptomatology'.[162] The Child and Adolescent Health Fellows (Qld faculty) identifies referral of the birth to 5-year age group for supports as infrequent: [163]

> [Evolve] and Child and Youth Mental Health Services are theoretically set up to provide care to children from 0-18. However the 0-5 group are infrequently referred. In the Evolve population this is probably explained by the fact that although babies and very small children can present at the extreme and complex end of the spectrum we as adults find the signals that very young children are distressed or not functioning difficult to read. This is unfortunate because this early period of life is one in which there is much neurodevelopment and capacity for recovery. It is also a period when templates for attachment are laid down.

The Commission has also heard that 'All children with an intellectual impairment are at increased risk of mental disorders if they experience abuse or neglect and this can be missed due to that impairment. Therefore, all children with intellectual impairment should have a comprehensive mental health assessment when entering into care.'[164]

To respond to some of the problems associated with young children with mental health disorders the Child and Adolescent Health Fellows (Qld faculty) recommends that Evolve Therapeutic Services be extended to other populations, including under fives, especially

children in foster care, children on supervision orders with parental agreement or who are being reunified and disengaged youth. It also proposes that all children in care have comprehensive assessment at entry, drawing on input from an interagency care team. [165]

The Commission supports these proposals and agrees with the department that more specialist services are required to meet the needs of children and young people earlier. By earlier, the Commission means earlier in terms of:

- the severity of the emotional and behavioural problems experienced by the child or young person
- the age at which the child or young person can access the specialist services
- the stage in the statutory process that the child or young person has reached.

The Commission notes that the Evolve program has been providing services to an increasingly younger client group as it has developed. The 2009 and 2010 Performance Report notes that the referral data highlighted that children in the 4 to 5 year age range increased by 60 per cent and children in the 6 to 12 year age range increased by 38 per cent. This shift reflects their aim to provide intervention at an earlier age to achieve more effective outcomes.[166] Furthermore, the department advises that in 2011, the Evolve program expanded the eligibility criteria to include children and young people on interim orders granting custody and guardianship to the Chief Executive, thus allowing for services to be provided at an earlier stage of the child protection intervention. In December 2012, agreement was reached between the Evolve partners to allow further regional discretion, including referring a child or young person subject to statutory intervention but living at home.[167]

The Commission is impressed by the reported outcomes of the Evolve programs, especially in terms of placement stability, and considers that if the interventions were available earlier as proposed above, then more children might be able to be kept at home, returned home, or kept in more stable out-of-home care.

The Commission also supports the proposal for a more comprehensive assessment of the needs of children in care at entry. This proposal is consistent with the National Clinical Assessment Framework for children and young people in out-of-home care (Australia). The framework which was endorsed by the Council of Australian Government in April 2009, proposes a tiered approach to age-appropriate assessments that cover the key domains of physical health, developmental and psychosocial and mental health. It includes the following core elements:

- Preliminary Health Check: should be commenced as soon as possible and ideally no later than 30 days after entry to out-of-home care to determine areas of immediate concern
- Comprehensive Health and Developmental Assessment: should be completed within three months of placement
- Further specific assessments and management, following the Preliminary Health Check and/or the Comprehensive Health and Developmental Assessment, in accordance with the needs of the individual child or young person on a case by case basis
- Health Management Plan: including a personal health record, which should be integrated with other management plans to have a single plan for the child or young person.

- Follow-up monitoring in accordance with the clinical needs of individuals
- Care Coordinator Health officer: person responsible for ensuring required health and development assessments occur, referrals to specialist services are made, and that there is continuity of information and services.

A core element of this framework that is missing in the Queensland system is the Comprehensive Health and Developmental Assessment to be conducted after 30 days. The introduction of such an assessment is important to ensure that children are provided with appropriate specialist services as early as possible so as to maximise the chances of a good outcome for them.

Recommendation 7.7
That, in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the Department of Communities, Child Safety and Disability Services, in conjunction with Queensland Health, ensure that every child in out-of-home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.

Recommendation 7.8
That the Department of Communities, Child Safety and Disability Services negotiate with Queensland Health and other partner agencies to develop a service model for earlier intervention specialist services for children in the statutory child protection system, including those still at home. This may require the expansion of the Evolve program or the development of other services to meet their needs, or a combination of both approaches.

7.9 Summary

This chapter has attempted to put forward a model for a new way of engaging in casework with children and families in contact with the child protection system. The model, used in conjunction with the current Structured Decision Making Tools, will help Child Safety officers better engage with families in order to arrive at timely decisions based on the individual needs of children and families.

The model discussed is the Signs of Safety framework, which has been in operation in Western Australia's Department of Child Protection since 2008. Signs of Safety aims to keep children safely at home with their families wherever possible. It moves away from a risk-dominated and crisis-focused position to an 'appreciative inquiry' approach that builds on the 'signs of safety' (or strengths) already existing within the family. Signs of Safety functions not just at an individual caseworker level but at a whole-of-organisation level to showcase good practice; that is, to focus on what works.

This chapter describes the model in detail and suggests that it, or one like it, should be adopted by the department. The Commission is convinced that frontline child protection workers need more opportunity to demonstrate the excellent casework skills that they have been, in many ways, impeded from demonstrating to date. This will be done by:

- introducing a practice framework that focuses on risk balancing and strength-based family engagement
- aligning the existing casework tools (the Structured Decision Making tools and the Child Safety practice manual) to enable innovative and creative casework

- providing Child Safety officers with the skills and tools they need to return children who have been removed as quickly as possible
- skilling and supporting the Child Safety workforce to enable them to provide exceptional casework to children and families in the statutory system.

The introduction of a practice framework such as Signs of Safety, and the associated change in workplace culture that this will require, is another critical element of the Commission's vision for a reformed child protection system for Queensland.

Children need connection with their families, even if they are never reunified, to help them develop their own personal identity. They also need to understand the context for the decisions that others, having considered their views and the issues facing the family, have made on their behalf. Conscientious, professional and committed casework (as well as access to the right services at the right time) is the key to successful reunification or to timely decisions to place a child in permanent alternative care.

The importance of coordinating the numerous services provided to children and young people in out-of-home care should not be underestimated when seeking to improve the life outcomes for this cohort. By removing children and young people from their family of origin, the government takes on the onerous responsibility of ensuring these children and young people have access to the necessary services and are provided with opportunities to achieve better life outcomes than if they had been left with their family. This can only be achieved through a whole-of-government and a whole-of-sector approach and all parties, including parents and children, clearly understanding their obligations and rights. As stated in the Child Protection Bill 1998, no child deserves to be worse off as a result of forced separation from their kin.

Endnotes

[1] Dale, P 2004, 'Like fish in a bowl': parents' perceptions of child protection services', *Child Abuse Review*, vol. 13, no. 2, pp. 137–157.

[2] Bromfield, L & Osborn, A 2007, *Getting the big picture: a synopsis and critique of Australian out-of-home care research*, Child Abuse Prevention Issues report no. 26, Australian Institute of Family Studies, Melbourne.

[3] Cashmore, J 1997, 'Systems abuse' in John, M (ed.), A charge against society: the child's right to protection, Jessica Kingsley Publishers, London, pp. 33–47.

[4] Cashmore, J 1997, 'Systems abuse' in John, M (ed.), A charge against society: the child's right to protection, Jessica Kingsley Publishers, London, pp. 33–47; Tomison, A & Tucci, J 1997, 'Emotional Abuse: the hidden form of maltreatment', *Issues in Child Abuse Prevention*, no. 8.

[5] Cashmore, J 1997, 'Systems abuse' in John, M (ed.), A charge against society: the child's right to protection, Jessica Kingsley Publishers, London, pp. 33–47; Sammut, S 2011, *Do not damage and disturb: on child protection failures and the pressure on out of home care in Australia*, Centre for Independent Studies, Policy Monograph 122; Tomison, A & Tucci, J 1997, 'Emotional Abuse: the hidden form of maltreatment', *Issues in Child Abuse Prevention*, no. 8.

[6] Children's Commission 2013, *Views of children and young people in foster care survey: health and wellbeing*, Commission for Children and Young People and Child Guardian.

[7] McDowall, J 2013, *Experiencing out-of-home care in Australia: the views of children and young people (CREATE report card 2013)*, CREATE Foundation, Sydney.

[8] Institute of Child Protection Studies 2012, *National analysis of workforce trends in statutory child protection*, Institute of Child Protection Studies, Australian Catholic University, p. 7.

[9] Connolly, M & Doolan, M 2007, 'Child deaths and statutory services: Issues for child care and protection', Communities, *Families and Children Australia*, vol. 2, no. 1, pp. 26–38.

[10] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane.

[11] Submission of Churches of Christ Care, March 2013 [p4]; Submission of PeakCare Queensland Inc., October 2012 [p83].

[12] Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: Observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616.

[13] Stewart, A & Thompson, C 2004, *Comparative evaluation of child protection assessment tools*, Griffith University, Brisbane.

[14] Transcript, Professor Karen Healy, 5 September 2012, Brisbane [p35: lines 32–40].

[9] Transcript, Professor Karen Healy, 5 September 2012, Brisbane [p16: line 28];

Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p137: line 15].

[16] Exhibit 21, Submission of Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, February 2012 [p12]. See also Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p18].

[17] Submission of PACT Foundation, 1 November 2012 [p2]; Submission of Dr Jan Connors, 28 September 2012 [p9]; Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616.

[18] Submission of Australian Association of Social Workers, March 2013 [p8]; Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: Observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616.

[19] Submission of Australian Association of Social Workers, August 2012 [p14].

[20] Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: Observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616; Healy, K & Lonne, B 2010, *The social work and human services workforce: report from a national study of education, training and workforce needs*, Australian Learning and Teaching Council, Strawberry Hills.

[21] Transcript, Dr Jan Connors, 7 November 2012, Brisbane [p70: line 13]; Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: Observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616.

[22] Submission of Daniel Stewart, March 2013 [p5].

[23] Submission of Queensland Catholic Education Commission, March 2013 [p30].

[24] Submission of National Department of Crime and Delinquency Children's Research Center, 13 March 2013.

[25] Transcript, Brad Swan, 13 August 2012, Brisbane [p56: line 38].

[26] Transcript, David Bradford, 30 October 2012, Ipswich [p10: line 15].

[27] Transcript, Robert Ryan, 31 October 2012, Ipswich [p50: line 10].

[28] Submission of Family Inclusion Network (Townsville), September 2012.

[29] Submission of Action Centre for Therapeutic Care, 28 September 2012 [pp8–9].

[30] Submission of ACT for Kids, 'The critical importance of early intervention as evidence by quantitative data', September 2012 [p8].

[31] Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, 15 March 2013 [p2].

[32] Park, K 2010, *Assessing child safety through an integrated practice model: the Structured Decision Making system and Signs of Safety*, National Council on Crime and Delinquency Children's Research Center, Madison.

[33] Turnell, A & Edwards, S 1997, 'Aspiring to partnership: The Signs of Safety approach to child protection', *Child Abuse Review*, vol. 6, pp. 179–190.

[34] Department for Child Protection 2011, *The Signs of Safety child protection practice framework*, Government of Western Australia, p. 31.

[35] Department for Child Protection 2011, *The Signs of Safety child protection practice framework*, Government of Western Australia, p. 31.

[36] Department for Child Protection 2011, *The Signs of Safety child protection practice framework*, Government of Western Australia, p. 13.

[37] Bunn A, 2013, *Signs of Safety in England: an NSPCC commissioned report on the Signs of Safety model in child protection*, NSPCC, London.

[38] Submission of Anglicare Southern Queensland, April 2013 [p6].

[39] Hatton, H & Brooks, S 2011, *Enhancing child safety and building partnerships with families through supported decision making casework: evaluation of in class trainings for Signs of Safety*, Center for Human Services, University of California, Davis.

[40] Skrypek, M, Otteson, C & Owen, G 2010, *Signs of Safety in Minnesota: early indicators*

of successful implementation in child protection agencies, Wilder Research.

[41] Meitner, H 2012, *An introduction to safety mapping, harm and danger statements, and*

the Three Houses with Heather Meitner, viewed 21 November 2012, ‹http://www.youtube.com/watch?v=kzsr-DC8DDU›.

[42] Freitag, R 2011, *The SDM system and family engagement: integrating practice models for better outcomes*, National Council on Crime and Delinquency Children's Research Center, Madison.

[43] Meitner, H 2012, *An introduction to safety mapping, harm and danger statements, and the Three Houses with Heather Meitner*, viewed 21 November 2012, ‹http://www.youtube.com/watch?v=kzsr-DC8DDU›.

[44] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p27].

[45] Submission of Family Inclusion Network (Townsville), March 2013 [p10].

[46] Submission of Bravehearts Inc., 15 March 2013 [p9].

[47] Resolutions Consultancy 2012, *Home of the Signs of Safety*, viewed 18 June 2013, ‹www.resolutionsconsultancy.com›.

[48] Correspondence from Terry Murphy, 22 May 2013.

[49] Statement of Timothy Hodda, 1 November 2012, Attachment 7.

[50] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

[51] Submission of CREATE Foundation, September 2012 [p28].

[52] Transcript, Professor Karen Healy, 5 September 2012, Brisbane [p48: line 20].

[53] Statement of Scott Findlay, 21 September 2012 [p3: para 17].

[54] Connolly, M 2006, 'Fifteen years of family group conferencing: Coordinators talk about their experiences in Aotearoa New Zealand', *British Journal of Social Work*, vol. 36, pp. 523–540; Harris, N 2008, *Family group conferencing in Australia 15 years on*, Australian Institute of Family Studies, Melbourne.

[55] Harris, N 2008, *Family group conferencing in Australia 15 years on*, Australian Institute of Family Studies, Melbourne.

[56] Ban, P 2005, 'Aboriginal child placement principle and family group conferences', *Australian Social Work*, vol. 58, no. 4, pp. 384–394.

[57] Submission of Australian Association of Social Workers, August 2012 [pp6–7], Submission of Queensland Public Interest Law Clearing House, September 2012 [p19], Submission of Aboriginal & Torres Strait Islander Women's Legal Service NQ Inc., October 2012; Submission of Legal Aid Queensland, 26 October 2012 [p16].

[58] Submission of Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, November 2012 [p20].

[59] Murray, G 2007, *Evaluation report: family group meetings policy*, Legal Aid Queensland.

[60] Statement of Steve Armitage, 16 August 2012 [pp13, 16].

[61] Family Inclusion Network 2007, *Family inclusion in child protection practice*, Family Inclusion Network, Townsville, p. 6.

[62] Healy, K, Darlington, Y & Yellowlees, J 2012, 'Family participation in child protection practice: an observational study of family group meetings', *Child & Family Social Work*, vol. 17, no. 1, pp. 1–12.

[63] Submission of Australian Association of Social Workers, August 2012 [p6].

[64] Submission of Legal Aid Queensland, 26 October 2012 [p16]; Submission of Queensland Law Society, 20 March 2013 [p13].

[65] Submission of Youth Advocacy Centre Inc., March 2013 [p14].

[66] Submission of Foster Care Queensland, March 2013 [p11].

[67] Submission of Department of Communities, Child safety and Disability Services, December 2012 [pp58–9].

[68] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p78].

[69] American Humane Association 2010, *Guidelines for family group decision making in child welfare*, American Humane Association, Englewood, p. 12.

[70] Exhibit 185, Submission of Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, March 2013 [p17].

[71] Harris, N 2008, *Family group conferencing in Australia 15 years on*, Australian Institute of Family Studies, Melbourne.

[72] Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne.

[73] Children's Commission 2010, *Out-of-home care: mandatory and essential services audit report*, Commission for Children and Young People and Child Guardian, p. 132.

[74] DCCSDS 2012, *Permanency planning, policy no. CPD594–3*, Department of Communities, Child Safety and Disability Services.

[75] *Child Protection Act 1999* (Qld) ss. 5B(g), (h), (k).

[76] DCCSDS 2011, *Child safety service centres*, Queensland Government, Brisbane, viewed 7 May 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres›.

[77] Tilbury, C & Osmond, J 2006, 'Permanency planning in foster care: Research review and guidelines for practitions', *Australian Social Work*, vol. 59, no. 3, pp. 265–280.

[78] Statement of Patrick Sherry, 17 January 2013 [p4: para 24].

[79] Statement of Brad Swan, 28 February 2013, Attachment 4, Theme 6, Question 2.

[80] Statement of Patrick Sherry, 17 January 2013 [p6: para 36].

[81] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practicemanual›.

[82] Submission of Life Without Barriers, 15 March 2013 [p7].

[83] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p33: para 41].

[84] Exhibit 116, Statement of Dr Elisabeth Hoehn, 16 October 2012 [pp21–2].

[85] Statement of Patrick Sherry, 17 January 2013 [p6: para 38].

[86] Submission of NMW, 15 May 2012; Submission of PG, September 2012.

[87] As outlined above, the family reunification assessment under the Structured Decision Making tool specifies timeframes within which reunification must occur, before a long term stable out-of-home care placement is pursued. When a child is aged under three years, a long-term out-of-home care placement will be pursued when:

- the risk level has remained 'high' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the contact has been rated as 'fair', 'poor' or 'none' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the household has been deemed 'unsafe' for 12 consecutive months or the child has been in an out-of-home care placement for 18 of the past 24 months.

For children aged 3 years and over, a long-term out-of-home care placement will be pursued when:

- the risk level has remained 'high' for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months
- the contact has been rated as 'fair', 'poor' or 'none' for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months
- the household has been deemed 'unsafe' for 18 consecutive months or the child has been in an out-of-home care placement for 24 of the past 30 months: DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practicemanual›.

[88] Statement of Brad Swan, 28 February 2013, Attachment 1.

[89] Statement of Patrick Sherry, 17 January 2013 [pp5–6: para 34].

[90] Submission of Child and Adolescent Fellows (Qld Faculty), 28 September 2012 [p3].

[91] Submission of Australian Association for Infant Mental Health, September 2012 [p2].

[92] Submission of Australian Association for Infant Mental Health, September 2012 [pp6, 10].

[93] Transcript, Dr Stephen Stathis, 7 November 2012, Brisbane [p30: line 40].

[94] Submission of PeakCare Queensland Inc., March 2013 [p30].

[95] Brydon, K 2004, 'Barriers to permanency planning: what the literature suggests', *Children Australia*, vol. 2, no. 3, pp. 16–21.

[96] Submission of National Adoption Awareness Week, 7 December 2012 [pp3–4].

[97] Humphreys, C 2012, '"Permanent" care: is the story in the data?', *Children Australia*, vol. 37, no. 1, p. 6.

[98] Sammut, J 2013, 'The fraught politics of saying sorry for forced adoption: implications for child protection policy in Australia', *Issue Analysis*, The Centre for Independent Studies, no. 138.

[99] Sammut, J 2013, 'The fraught politics of saying sorry for forced adoption: implications for child protection policy in Australia', *Issue Analysis*, The Centre for Independent Studies, no. 138, p. 16.

[100] Rath, A 2001, *Permanency planning and adoption: briefing paper no 2/2001*, NSW Parliamentary Library Research Service.

[101] Tregeagle, S, Cox, E, Voigt, L & Moggach, L 2012, 'Are we adequately considering children's rights to a family? The importance of open adoption to young people in long-term care', *Developing Practice: The Child, Youth and Family Work Journal*, no. 31, pp. 64–69.

[102] Explanatory Notes, Adoption Bill 2009 (Qld) s. 92.

[103] Quartly, M & Swain, S 2012, 'The market in children: analysing the language of adoption in Australia', *History Australia*, vol. 9, no. 2, pp. 69–89.

[104] Submission of Life Without Barriers, 15 March 2013 [p8].

[105] Submission of Family Inclusion Network (Townsville), March 2013 [pp12–3].

[106] Secretariat of National Aboriginal and Torres Strait Islander Child Care 2004, *Permanency planning*, SNAICC News.

[107] Australian Human Rights Commission 1997, *Bringing them home report*, Australian Government, Canberra, p. 28.

[108] Department of Communities (Child Safety Services) 2011, *Permanency planning: practice paper*, Queensland Government, Brisbane.

[109] Delfabrro, P, Barber, J & Cooper, L 2002, 'Children entering out-of-home care in South Australian: Baseline analysis for a 3-year longitudinal study', *Children and Youth Services Review*, vol. 24, no. 12, pp. 917–932.

[110] Cashmore, J & Paxman, M 1996, *Longitudinal study of wards leaving care*, NSW Department of Community Services, Social Policy Research Centre, University of NSW.

[111] Submission of Family Inclusion Network (Brisbane), 15 March 2013 [p13].

[112] Submission of Ethnic Communities Council of Queensland, March 2013 [p4].

[113] Submission of Family Inclusion Network (Townsville), March 2013 [p12].

[114] Mossman, P 2005, 'Working out family access issues for children in out of home care in New Zealand', in Bannister, B (ed.), *Social Work Now*, Department of Child, Youth and Family Services.

[115] Kiraly, M & Humphreys, C 2011, *Breaking the rules: Children and young people in kinship care speak about contact with their families*, Child Safety Commissioner, Melbourne.

[116] Humphreys, C & Kiraly, M 2011, 'High-frequency contact: a road to nowhere for infants', *Child & Family Social Work*, vol. 16, no. 1, pp. 1–11.

[117] Submission of Aboriginal & Torres Strait Islander Women's Legal Service NQ Inc, October 2012 [p3].

[118] Cashmore, J 2000, 'What the research tells us: permanency planning, adoption and foster care', *Children Australia*, vol. 25, no. 4, pp. 17–22.

[119] Statement of Brad Swan, 28 February 2013, Attachment 1, Theme 3, Question 12 (unpublished).

[120]CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, p. 13.

[121] Kiraly, M & Humphreys, C 2011, *Breaking the rules: children and young people in kinship care speak about contact with their families*, Child Safety Commissioner, Melbourne.

[122] Connor, S 2005, *Information packet: siblings in out-of-home care*, National Resource Center for Family-Centered Practice and Permanency Planning, Hunter College School of Social Work, New York.

[123] Kiraly, M & Humphreys, C 2011, *Breaking the rules: children and young people in kinship care speak about contact with their families,* Child Safety Commissioner, Melbourne.

[124] Transcript, William Hayward, 29 August 2012, Brisbane [p34: line 1].

[125] Submission of Jenny Lanham, March 2013.

[126] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 130.

[127] Submission of Commission for Children and Young People and Child Guardian, November 2012 [pp4–5].

[128] NADOC comes from National Aborigines and Islanders Day Observance Committee.

[129] Submission of Link-Up Queensland, January 2013 [p9].

[130] Submission of Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC), March 2013 [p8].

[131] Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p24].

[132] Submission of Multicultural Development Association Inc., September 2012 [p3].

[133] Meeting with John Okello-Okanya, President, African Seniors and Elders Club and Maree Lubach, President, Queensland Council of Grandparents, 12 December 2012, Brisbane.

[134] Submission of Ethnic Communities Council of Queensland, March 2013 [pp2–3].

[135] Osborn, A & Bromfield, L 2007, 'Young people leaving care', *Australian Institute of Family Studies*, Melbourne.

[136] Brennan, H 2008, *Settings and solutions: supporting access to sexuality and relationships information for children in care*, Family Planning Queensland, Brisbane.

[137] Wise, S, Pollock, S, Mitchell, G, Argus, C & Farquhar, P 2010, *Care-system impacts on academic outcomes: research report*, Anglicare Victoria & Wesley Mission Victoria, viewed 13 November 2012, ‹http://www.anglicarevic.org.au/index.php?pageID=11144&action=filemanager&folder_id=806&sectionID=11103›.

[138] Submission of Australian Association of Social Workers, August 2012 [p17].

[139] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion , p. 18.

[140] Children's Commission 2012, 2011 Views of children and young people in foster Care Survey: Overview and selected findings, Commission for Children and Young People and Child Guardian.

[141] Tilbury, C 2010, 'Educational status of children and young people in care', Children Australia, vol. 35, pp. 7–13; Reid, N 2011, 'Evaluating Education Support Plans: Useful or Useless paperwork?', PhD thesis, University of Queensland, Brisbane.

[142] Working Group on Education for Children and Young People in Out-of-home Care in Queensland 2010, Education Matters: A call for action to improve educational participation, retention and attainment for children and young people in care in Queensland, viewed 14 November 2012, ‹http://www.ereflc.org.au/docs/EducationMattersReport.pdf›.

[143] Reid, N 2011, 'Evaluating Education Support Plans: Useful or Useless paperwork?', PhD thesis, University of Queensland, Brisbane.

[144] CREATE Foundation 2013, Consultation Report for the Queensland Child Protection Commission of Inquiry: Results of focus groups with children and young people about their experiences in out-of-home care, CREATE Foundation, Albion , p. 18.

[145] For example, the Assessment Program – Literacy and Numeracy (NAPLAN) results for 2009 showed:

- for Year 3 students only 73.1% of children and young people in out-of-home care achieved the national minimum standard for reading compared with 92% in the general population
- for Year 5 students only 53.1% of children and young people in out-of-home care achieved the national minimum standard for writing compared with 90% in the general population
- for Year 7 students only 77.9% of children and young people in out-of-home care achieved the national minimum standard for numeracy compared with 94.8% in the general population
- for Year 9 students only 48.3% of children and young people in out-of-home care achieved the national minimum standard for reading compared with 89.1% in the general population: Department of

Communities (Child Safety Services) 2010, 2009-10 Child Protection Partnerships Report, Queensland Government.

[146] NAPLAN test data for children and young people in care should be interpreted with caution due to the low numbers of students in care. The 2011 NAPLAN results for children in out-of-home care were based on 124 students in Year 3, 114 students in Year 5, 122 students in Year 7 and 130 students in Year 9.

[147] Submission of Australian Association of Social Workers, August 2012 [p17].

[148] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7 [p4].

[149] Statement of Patrick Sherry, 17 January 2013 [p25: para 163].

[150] Exhibit 190, Submission of Department of Education, Training and Employment, March 2013 [p6].

[151] The framework was endorsed by the Council of Australian Governments on 30 April 2009 and represents a long-term, national approach to help all Australian children. It aims to improve responses to the health needs of children and young people in out-of-home care and ultimately improve their health outcomes. Specifically, the Framework aims to provide better consistency and improve coordination of health care assessments and services for all children and young people in out-of-home care.

[152] Statement of Brad Swan, 26 October 2012, Attachment 4, Theme 7.

[153] Children's Commission 2013, *Views of children and young people in foster care survey: health and wellbeing*, Commission for Children and Young People and Child Guardian.

[154] Department of Child Safety 2008, *Characteristic of parents involved in the Queensland child protection system: report 4: households with high needs children*, Queensland Government.

[155] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p92].

[156] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7 [p4].

[157] Statement of Brad Swan, 19 March 2013, Attachment 4.

[158] Transcript, Corelle Davies, 21 August 2012, Brisbane [p56: line 3].

[159] Transcript, Corelle Davies, 21 August 2012, Brisbane [p 57: line 30].

[160] Submission of Department of Communities, Child safety and Disability Services, December 2012 [pp92–3].

[161] Submission of Child and Adolescent Fellows (Qld Faculty), 28 September 2012 [pp13–4].

[162] Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September 2012 [pp29–30].

[163] Submission of Child and Adolescent Fellows (Qld Faculty), 28 September 2012 [p12].

[164] Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September 2012 [p41].

[165] Submission of Child and Adolescent Fellows (Qld Faculty), 28 September 2012 [pp11–3].

[166] Statement of Brad Swan, 19 March 2013, Attachment 4 [p13].

[167] Statement of Brad Swan, 19 March 2013 [p5: para 36–7].

Chapter 8
Options for children in out-of-home care

Out-of-home care placements are a central feature of child protection services and one of the biggest challenges facing the Queensland child protection system. This chapter reviews the current out-of-home care placement options available and investigates whether emerging trends necessitate the development of any additional options.

8.1 Assessing children for out-of-home care

The most pressing problem for the out-of-home care system is that demand for places is outstripping supply, leading to what many describe as a 'mismatch' between the services assessed as suiting an individual and the services ultimately received by the individual.[1] As Mercy Family Services has submitted:[2]

> [T]he priority to secure the placement becomes the imperative and at times this overrides best practice considerations such as the impact on the existing placements and long term outcomes for both individual children and the group as a whole.

A lack of placements can result in a child or young person being placed somewhere that does not match their needs or is a long way from their family and existing networks. Besides availability of placements, there is evidence that the costs associated with a prospective placement can sometimes preclude it even when it is in the best of interests of the child.[3]

Section 5B of the *Child Protection Act 1999* (the Act) provides these principles to guide placement:

- the first option for placing a child in out-of-home care should be with kin
- the child should be placed with siblings wherever possible
- the child should only be placed with a parent or other who has the capacity and is willing to care for the child
- the child should be provided with stable living arrangements that include a stable connection with the child's family and community (according to the child's best interests) and that meet the child's developmental, educational, emotional, health, intellectual and physical needs
- the child should be able to maintain relationships with the child's parents and kin if this is appropriate.

The Child Safety practice manual, which mirrors the legislative principles, acknowledges that placement stability can be jeopardised when a placement does not match the needs of the child, or where the requisite supports for the child and carer are not provided. In all placement decisions, Child Safety officers are instructed to explore all kinship-care options as a first priority, and to place siblings together wherever possible. Placement of an Aboriginal or Torres Strait Islander child must be made following the hierarchy of placements outlined in section 83 of the Act, and in consultation with a recognised entity.

The practice manual instructs Child Safety officers to choose an appropriate placement based on the goals outlined in the case plan, after a careful assessment of the child's strengths and needs (supported by the Structured Decision Making tools — see Chapter 7), and after assessing the skills and abilities a prospective carer might be required to have. Placement decisions should also consider the need of the child to maintain connections to family, community and culture, as well as the impact on other children in the placement. Where appropriate, the views of the child should be taken into account.

When deciding whether a particular placement option meets the needs of a child, the Child Safety officer assesses the level of support needed by each child. The support needs of a child entering out-of-home care are described in Table 8.1 (next page). They range from moderate to extreme.

Once a placement decision has been made, a placement agreement is entered into between Child Safety and the approved carer. The agreement outlines the supports and services to be provided to the carer based on the child's assessed needs. The child and the parents are informed about the decision and the reasons for the decision, as well as provided with information about how to have the decision reviewed by the Queensland Civil and Administrative Tribunal.

Although the department does not collect data about the outcomes of these assessments, a 2002 analysis of 300 case files calculated that more than half of children in out-of-home care were assessed at the 'moderate' level (57%), a quarter (26%) were assessed as having 'high' needs, and only 17 per cent were assessed as having complex or extreme needs.[4] These proportions still appear to inform Child Safety's modelling.[5] However, evidence presented to the Commission is that the complexity of children's needs in out-of-home care is increasing.[6] To ensure the availability of appropriate out-of-home care placement options for the current cohort of children needing a placement, the department should conduct a more up-to-date analysis of the support needs of children.

Recommendation 8.1
That the Department of Communities, Child Safety and Disability Services identify the number of children in its care at each level of need — moderate, high, complex, extreme — to determine whether the capacity of current placement types matches the assessed needs of children in care. This should be done on a regional basis.

Table 8.1: Assessed need levels of children in out-of-home care and related placement options

Need level	Description	Placement options
Moderate	Needs typical of most children in care as a result of the harm and trauma they have experienced and that can be managed through limit setting or other interventions	Kinship care Foster care Licensed supported independent living service (ages 15 to 17 years) Safe houses Licensed residential care service
High	Needs that indicate serious emotional, medical or behavioural issues that require additional or specialist input	
Complex	Needs that significantly impact on the child's daily functioning, usually characterised by health conditions, disability or challenging behaviour	Licensed residential care service Intensive foster care Specific response care Therapeutic residential care service
Extreme	Needs that have a pervasive impact on the child's daily functioning, usually characterised by the presence of multiple, potentially life-threatening health or disability conditions, and extreme challenging behaviour that may necessitate a constant level of supervision and care	

Source: Department of Communities, Child Safety and Disability Services, *Child Safety practice manual*, chapter 5, pp. 10–13

Placement types and funding arrangements

Queensland uses a range of placement types for children who are unable to remain with their families. These are:

- family-based care, which includes kinship care and foster care (including intensive foster care)
- residential care
- therapeutic residential care
- Aboriginal and Torres Strait Islander safe houses (see Chapter 11 of this report)
- specific response care (see Chapter 8), and
- supported independent living (that is, children transitioning from care to independence — see Chapter 9 of this report).

All out-of-home care placement options are funded by the department through Child Safety Services (with the majority of these grant-funded and the rest provided through 'transitional' funding). The bulk of coordination and support is provided by non-government organisations — with the exception of foster and kinship care, which are coordinated and supported by Child Safety as well as the non-government sector.

Table 8.2 provides an overview of the current use of out-of-home care options in Queensland and Table 8.3 sets out the average full-year costs for each out-of-home placement type in Queensland.

As shown in Table 8.3, Queensland's reported average expenditure per child in out-of-home care was $49,515 for the 2011–12 financial year. This positioned Queensland as the fifth most expensive jurisdiction, with the Northern Territory the most expensive at $80,256 per child and Tasmania the least expensive at $39,333. Both Victoria ($56,652) and Western Australia ($60,493) also spent more per child in out-of-home care than Queensland.[7]

Table 8.2: Out-of-home care placement options by funding and placement type, Queensland, 30 June 2012

Funding and placement type	Approved places	Per cent
Grant-funded placements	**8,110**	**96.5**
Home-based care		
Foster and kinship care — supported by non-government organisations	4,812	57.3
Foster and kinship care — supported by the department	2,134	25.4
Intensive foster care	586	7.0
Residential care	402	4.8
Therapeutic residential care	22	0.3
Supported independent living	100	1.2
Safe houses	54	0.6
Fee-for-service – transitional placements	**290**	**3.5**
Total places available	**8,400**	**100.0**

Source: Exhibit 9, Statement of Bradley Swan, 10 August 2012, Attachment 12f

Table 8.3: Annual cost of placement services per place by type of service, Queensland, 2011–12

Service type	Average grant and transitional placement cost per place per annum (full year effect)
Foster and kinship care (excluding carer allowances)	$6,908
Intensive foster care	$78,478
Residential care – individual (transitional placement)	$407,606
Residential care group	$216,017
Therapeutic residential care	$337,265
Safe Houses	$156,612
Specific response care	$151,265
Supported independent living	$70,670
Expenditure per child in out-of-home care	*$49,515*

Source: Department of Communities, Child Safety and Disability Services (unpublished); Steering Committee for the Review of Government Service Provisions 2013, *Report on government services 2013*, Table 15A.3

Notes: Expenditure per child in out-of-home care is published in the *Report on government services 2013* and includes all costs (including carer allowances).

In 2011–12, the department provided $290 million for grant-funded placements.[8] Approximately one-quarter of children in out-of-home care are supported directly by Child Safety in either foster care or kinship care arrangements. These are known as departmentally supported placements.

As outlined in Chapter 3, Child Safety provides 'transitional' funding to non-government organisations to place children who cannot be placed in grant-funded placements because of placement capacity, or the behaviour, disability or intellectual impairment of the child. Transitional placements account for only 3.4 per cent of children in out-of-home care.[9] In 2011–12, they cost Child Safety $75 million.

It is important to note that transitional placements are not a placement type but rather a funding model.[10] Transitional funding is provided on a fee-for-service basis and can be used to purchase any placement type that is currently funded by Child Safety, including foster care, kinship care, intensive foster care, specific response care, residential care or supported independent living.[11]

The principal advantage of transitional funding is flexibility. If a child leaves a transitionally funded placement, the funding for that placement ceases. As such, vacancies within transitional placements should theoretically not exist. In contrast, pre-purchasing placements under the current grants system leads to a situation where vacancies arise because of the need for flexibility in the out-of-home care system. The transitional placement funding model could also be used to allow for more flexibility in placement location in regional and remote locations where children currently have to leave their community because of a lack of local grant-funded placements.

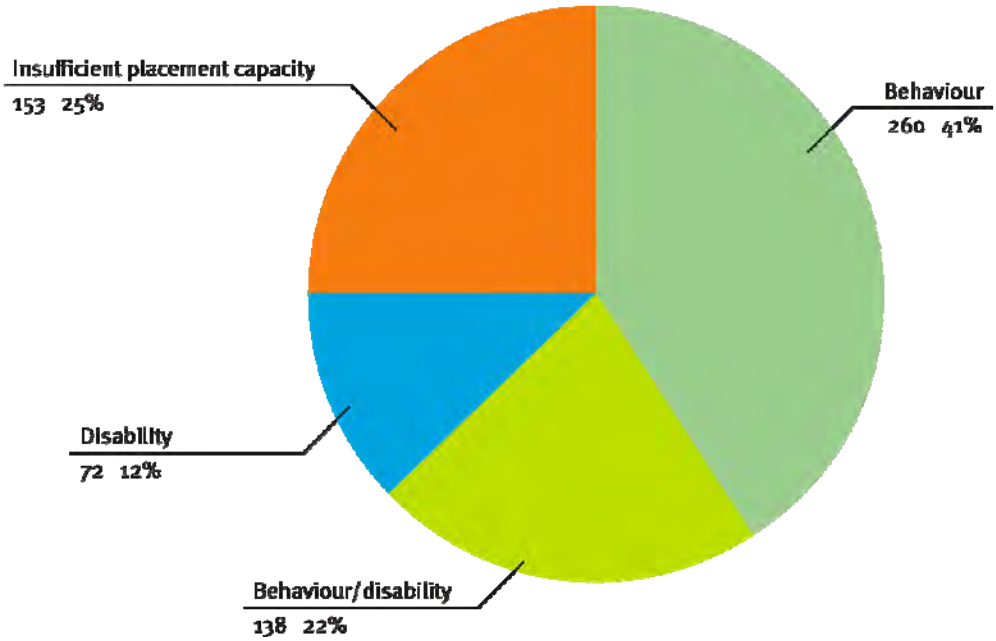
It is important to note that all transitional placements exist as a result of a shortfall in grant-funded placements. However, as can be seen in Figure 8.1 (next page), only 25 per cent of children placed in transitional placements are there because of limited capacity in grant-funded placements. Most are in transitional placements because at the time, no grant-funded placement was available to cater for the child's specific needs. For this reason, it is important to realise 'that some level of [transitional placements] will forever be a component in even the most ideal placement system.'[12]

The Commission has heard some evidence that transitionally funded residential facilities, when compared with grant-funded placements, may not be monitored to the same standards; may be more costly to fund; and may be operated by organisations with a stronger profit motive.[13]

As discussed in Chapter 3, the Commission does not find any great disparity between the per placement costs of operating a grant-funded and transitionally funded residential placement. It is also difficult to discern any difference in the quality of care provided by placements funded under the two different funding models, notwithstanding the fact that providers do not need to be licensed under the Act to operate transitional placements. However, reports received by the Commission suggest that more investigation is required to determine whether there is an adequate therapeutic element present in Queensland's transitionally funded residential placements.

Recommendation 8.2
That the Department of Communities, Child Safety and Disability Services ensure transitionally funded residential placements are subject to the same level of oversight as grant-funded residential placements.

Figure 8.1: Children in transitional placements by primary placement issue, Queensland, 2011–12



Source: Department of Communities, Child Safety and Disability Services (unpublished)
Notes: N = 623.

8.2 Family-based care

Family-based care is traditionally regarded as the best placement option for children because through it children stand the best chance of receiving the loving and nurturing care that every child should experience. Family-based care also represents the most cost-effective placement option (see Table 8.3).

Queensland has two types of family-based out-of-home care: kinship care and foster care. Both types of carers are volunteers who are eligible for fortnightly allowances that contribute towards the cost of food, clothing, household provisions and other everyday costs. Carer allowances in 2011–12 cost Child Safety $95.45 million.[14]

In addition to receiving an allowance up-front, carers are reimbursed for everyday expenses such as medical/dental bills, travel, school fees, recreational fees and child-care costs. Reimbursements come out of the budget for child-related costs, which is administered largely at the discretion of the Child Safety service centre manager. This is a major concern for carers.[15] Foster Care Queensland and PeakCare Queensland submit that higher-support-needs allowances and complex-support-needs allowances are currently being administered inconsistently from region to region, and from service centre to service centre.

The Commission is of the view that more objectivity and transparency should be instilled into the process by which child-related costs are reimbursed and higher-support-needs allowances are allocated. However, the Commission cautions that decreasing the level of discretion service centre managers have in administering child-related costs and other allowances may have a negative impact by reducing the flexibility of payments. This may lead to situations where carers previously receiving allowances or being reimbursed for child-related costs are no longer able to owing to more prescriptive policies or eligibility criteria.

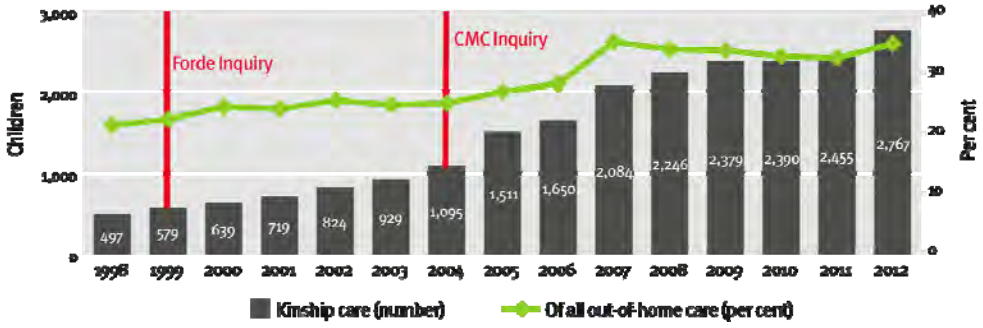
Kinship care

Kinship care refers to children placed in the care of relatives, friends or neighbours. Informal kinship care refers to arrangements made within the family for children to be looked after by the parents' kin. These arrangements do not involve the intervention of the child protection system. Formal kinship care results from intervention by the child protection system after unacceptable risk of harm to a child has been substantiated. Formal kinship care is the focus of this section.

If a child requires out-of-home care, section 5B(h) of the Act requires Child Safety to consider placing the child with kin in the first instance. 'Kin' is defined in schedule 3 of the Act as 'any of the child's relatives who are persons of significance to the child and anyone else who is a person of significance to the child.' Under section 82(1) of the Act, the chief executive may only place a child in the care of an approved kinship carer. Approval is provided for under section 135(1)(b) of the Act and section 23 of the Child Protection Regulation 2011. According to Child Safety's program description, 'the primary aim of kinship placements is family preservation', or when reunification is not possible, kinship care becomes the long-term placement arrangement.[16] Research indicates that kinship care can afford numerous benefits to children such as less disruption, more continuity, and a stronger sense of cultural identity and belonging.

As of 30 June 2012, there were 1,555 households with at least one child placed in kinship care.[17] Figure 8.3 below shows that in 2012 Queensland placed 34.6 per cent of its children into kinship care. This is well below the national average of 46.7 per cent, and is concerning given the clear benefits kinship care can bring. Much of the evidence for the low rate of kinship care points to the failure of the child protection system to recruit, support and retain kinship carers, especially in comparison with the support received by foster carers.

Figure 8.2: Children in kinship care at 30 June, Queensland, 1998 to 2012



Source: Steering Committee for the Review of Government Service Provisions 2002, *Report on government services 2002*; Steering Committee for the Review of Government Service Provisions 2013, *Report on government services 2013*, Table 15A.3

Notes: Data prior to 2001 do not include children in out-of-home care who were not on an order.

It must be noted that there are differences between kinship carers and foster carers, and these differences affect recruitment, retention and support. These are:

- Foster carers choose to become foster carers whereas kinship carers often feel compelled into taking on the care of a family member or friend.18 Kinship carers often describe a 'general parsimonious attitude by department staff … the expectation that they should be caring for their kin because they are kin, with little real understanding about the costs that that involved.'[19]

- Many kinship carers are looking after their grandchildren, which means that they are often older than foster carers.
- Kinship carers tend to be less educated than foster carers, more likely to receive their primary income through Centrelink payments than through employment, and have poorer overall health.[20]
- Children placed in kinship care are also more likely to stay for longer periods than those placed in foster care, because reunification rates are lower for children in kinship care.[21]

While the number and proportion of children in kinship care have both increased significantly over the past 15 years (see Figure 8.3), recruiting kinship carers is still proving difficult in Queensland.[22] Barriers to recruitment are as follows:

- Under the current blue card procedures, everyone in the household, not just the prospective carers, must hold a blue card. This has two consequences. Firstly, it prevents applications from being lodged because one member of the household might not want to go through the process of applying for a blue card.[23] Secondly, if only one person in the household is deemed unsuitable for a blue card, then an application for kinship care is terminated, rather than employing techniques to minimise any potential risk.[24] (See Chapter 11 for a further discussion about the blue card system in relation to Aboriginal and Torres Strait Islander carers.)
- There can never be a 'pool of kinship carers' available in case a child needs to be removed because kinship care always requires an approach that is targeted at only certain individuals.[25]
- Placement options with family and friends have often already been exhausted by the parents.[26]
- searches for prospective kinship carers are confined to blood relatives (because of a lack of knowledge of eco-mapping), and once a child has been placed with a foster carer the possibility of a kinship carer is never again considered.[27]

The Commission has heard substantial evidence regarding the failure to place all Aboriginal and Torres Strait Islander children in accordance with the Aboriginal and Torres Strait Islander child placement principle, because of the difficulty in finding appropriate kinship (and foster) carers.[28]

Additional barriers to recruiting Aboriginal and Torres Strait Islander kinship carers are:

- The paperwork required to nominate oneself as a kinship carer is onerous and 'extremely daunting' for a relative who has a low level of literacy.[29]
- Some potential carers do not have the personal identification information that must accompany the paperwork.[30]
- There can be problems finding suitable housing, coupled with overcrowding and an undersupply of housing in remote areas; related to these are housing affordability and the frames of reference used by non-Indigenous professionals to assess the home environments of Aboriginal and Torres Strait Islanders.[31]
- Child Safety is unable to take into account a prospective kinship carer's individual circumstances — for example, there is anecdotal evidence of kinship carers in 'dry' Aboriginal and Torres Strait Islander communities being disqualified as kinship carers because of previous alcohol-related offences.[32]

- Suitable carers may already be caring for children (such as nieces and nephews) and so are unable to care for more children.[33]
- Some relatives have had poor experiences with past government interventions — for example, individuals who are part of the Stolen Generations may be wary of the child protection system.[34]
- Some are facing social disadvantage and so feel that they do not have the capacity to provide care for a child or young person, despite a genuine desire to help.[35]
- The number of Aboriginal and Torres Strait Islander children and young people in care is disproportionate to the number of Aboriginal and Torres Strait Islander people who are able to provide care to these children — the Indigenous population has a younger age profile compared with the non-Indigenous population.[36]
- There can be concerns about inter-family conflict.[37]
- There are sometimes language barriers.[38]

Issues that specifically relate to retaining kinship carers are:

- poor support given to kinship carers, especially to grandparents[39]
- general unavailability of respite care in some communities[40]
- insufficient training for their roles.[41]

Over the past several years, Child Safety has worked hard in all regions to recruit kinship carers. It has advertised via television and radio, held 'kinship care week' in conjunction with 'foster care week', published advertisements in local newspapers and school newsletters, displayed kinship care posters in local places of interest and regularly worked with local non-government organisations to promote kinship caring.[42] But the problem remains.

The Commission believes two responses are required to improve the rate of recruitment and retention of kinship carers, both in the Indigenous and non-Indigenous communities. Firstly, kinship care should be provided under a stand-alone framework, instead of being treated as a subset of foster care. A 2010 literature review of kinship care in Australia stated that 'Western Australia, Queensland and Northern Territory — had no policies or procedures specific to kinship care at the time of research'.[43] Since that article was published, Child Safety has conducted a literature review and formulated a program description, with the aim of articulating the 'uniqueness and importance of kinship care'.[44] It is encouraging to note that Child Safety is beginning to view the challenges facing kinship carers in a different light from those of foster carers. This attitude needs to be further developed to ensure that Child Safety officers appreciate the importance of kinship care to the out-of-home care system.

Secondly, identification of possible kinship carers could be improved through the mandated use of genograms and eco-mapping, which are currently not used widely across Child Safety. Genograms are diagrammatic representations of all members of the family, and eco-mapping builds on the work of genograms by identifying all persons of significance to the child. Eco-mapping could occur during the safety mapping process within the Signs of Safety framework, explained in Chapter 7. The safety mapping process would help identify family and friends that could later be called on to provide kinship care if the child can not safely remain at home.

Evidence of the benefits of kinship care for children who require an out-of-home care placement has led the Commission to conclude that a concerted effort should be made

to find more potential kinship carers for children currently in out-of-home care and those entering out-of-home care.

Since Child Safety's immediate concern is to find a placement for the child, this often leaves very little opportunity for kinship carers to undergo induction training before placement.[45] This is in stark contrast to the requirements of foster carers, who must undertake training before accepting any placement. The knowledge gap becomes even more pronounced in instances where kinship carers are not issued with Child Safety guidelines or policies.[46] Several submissions to the Commission suggested it should be compulsory for kinship carers to do some form of training.[47] In a NSW study, there was a general consensus among child protection workers surveyed that 'education/training for kinship carers is essential'.[48] Training can be particularly beneficial when it is focused on the skills and knowledge required to be a carer, as opposed to focusing on parenting skills.

The Commission is aware that requirements for additional training could create more impediments to the successful recruitment of kinship carers, as suggested by Professor Clare Tilbury:

> [T]he 'gift relationship' at the core of relative care, which is characterised by altruism and reciprocity, should be protected against bureaucratised forms of social care that have no established links to better outcomes.[49]

However, what we are talking about here is not bureaucratic hoops but real support for kinship carers in taking on the responsibility for someone else's child, a child that might have complex needs. Such carers require access to training and respite.

Foster Care Queensland has pointed out that the lack of training and information for kinship carers results in these carers being more likely to breach the standards of care outlined in section 122 of the Child Protection Act.[50]

The Commission has formed the view that kinship carers require more support. The Commission believes it would be beneficial for them to have access to the same support as foster carers, including being linked to a support agency, as well as better access to respite care (preferably with other kinship carers).

Recommendation 8.3
That the Department of Communities, Child Safety and Disability Services build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of-home care placement option so that kinship carers feel they are part of the care team.

Recommendation 8.4
That the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.

Foster care

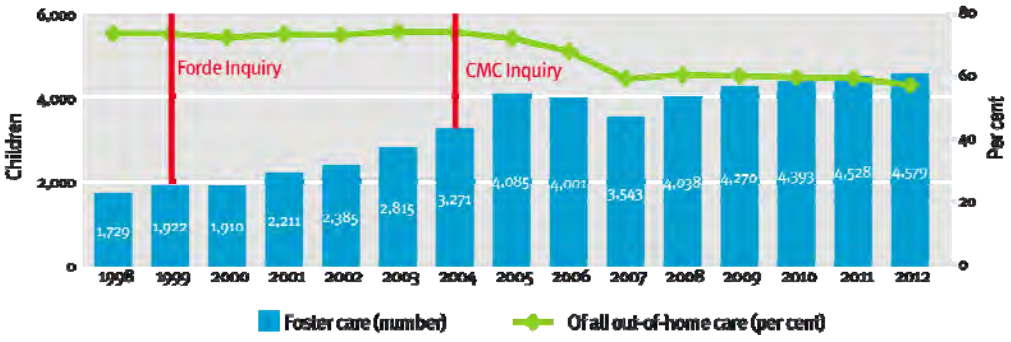
Foster care is the most common placement type for children in out-of-home care in Queensland, providing more than half of all placements, but it is under strain because of the difficulty in recruiting foster carers.[51] Acting Regional Director of the South East Region of Child Safety, Antoine Payet, told the Commission:[52]

> ... the inability of the department to recruit and retain foster carers has arguably placed a considerable strain on the traditional placement options. This has, at

times, necessitated the purchase of expensive placement options or obtaining placements for children and young people outside of their community.

The shortage of foster carers is serious because it can lead to children being relocated well outside their local communities, sibling groups being separated, and difficulties arranging parental contact.[53] While the number of foster carers has marginally grown since 2005, Figure 8.3 shows that, as a percentage of out-of-home care, the use of foster care is declining.

Figure 8.3: Children in foster care at 30 June, Queensland, 1998 to 2012



Source: Steering Committee for the Review of Government Service Provisions 2002, *Report on government services 2002*; Steering Committee for the Review of Government Service Provisions 2013, *Report on government services 2013*, Table 15A.3

Notes: Data prior to 2001 do not include children in out-of-home care who were not on an order.

In 2008, the Queensland Government allocated $15 million over five years in an effort to recruit, train and support extra carers. In 2011–12, a further $29.8 million, increasing to $35.8 million in 2012–13, was provided to non-government carer services to recruit and support carers.[54] Campaigns have included *Keeping the mob together,* which was aimed at recruiting Aboriginal and Torres Strait Islander carers, and *Foster a future.*[55] Despite Child Safety's best efforts to promote foster caring, recruitment of foster carers has become increasingly difficult. This is seen as being due to: [56]

- a decline in voluntarism
- a rise in two-parent working families
- a rise in the number of children with complex and challenging behaviour
- financial strain compounded by delays with carers receiving payments, especially reimbursements for child-related costs
- an ageing population, which means that many middle-generation people (usually women) are unable to foster because they are already caring for older family members.

Interviews conducted by Foster Care Queensland of foster carers exiting the child protection system in 2011–12 revealed:[57]

- 51.5 per cent left as a result of 'child safety-related reasons', which included not feeling valued, lack of support from staff, lack of financial support, and failing to meet the standards of care outlined in section 122 of the Act
- 42.6 per cent left for 'carer-related reasons', which included increased work demands, family reasons, time commitments and financial reasons

- 5.9 per cent left due to 'child-related reasons', most commonly because children were being reunified with their parents.

The results of Foster Care Queensland's exit interviews largely verifies existing academic literature concerning the attrition of foster carers — that foster carers mainly leave because they feel unsupported and undervalued by the child protection system.[58] Recent research suggests that foster care agencies need to provide more information about what fostering entails.[59]

A 2007 study of Queensland's Child Safety workers noted that 'workers experienced frustration when carers resisted plans for children and young people that did not involve permanent placement with the carer's own family': [60]

> … [w]orkers should be encouraged to work with foster carers as colleagues rather than service users. If workers were clear that their role includes support for carers, conflict may be minimised.

There is much to be gained if Child Safety takes an active approach to ensuring that foster carers are acknowledged as part of the care team.

A majority of foster and kinship carers (67 per cent) are supported by non-government organisations. Child Safety has been gradually transferring responsibility for the remaining carers to the non-government sector since 1992.[61] Acting Executive Director of Child Safety, Patrick Sherry has acknowledged that: [62]

> Departmentally supported foster and kinship care is considered a safe placement option but the level of support given to departmentally affiliated carers is considered to be sub-optimal. Caseloads for departmental staff supporting this cohort of carers are around 70 and there is no mechanism to maintain this caseload when numbers increase.

Foster Care Queensland recommends that all foster and kinship carers be supported by a non-government foster and kinship care agency, in recognition that carers supported by the department are not being given adequate support.

The evidence gathered by the Commission suggests that foster and kinship carers can access better support when managed by non-government agencies. Based on this evidence, the Commission recommends that the remaining departmentally supported foster and kinship carers be transferred to a non-government agency. Those carers whose foster children have complex or extreme needs will require specialist training that relates to the specific needs of the child in their care. The Commission proposes that specialist training in fostering children with complex needs be completed by both foster and kinship carers before they receive any specialist payments (a high-support-needs allowance or a complex-support-needs allowance).

With the transfer of all foster and kinship carer services to the non-government sector, recruitment strategies for these carers will become the responsibility of the organisations funded to provide support to this group.

Recommendation 8.5
That the Department of Communities, Child Safety and Disability Services transfer the provision of all foster and kinship carer services to non-government agencies, including:

- the responsibility for identifying, assessing and supporting foster and kinship carers
- developing recruitment and retention strategies
- managing matters of concern.

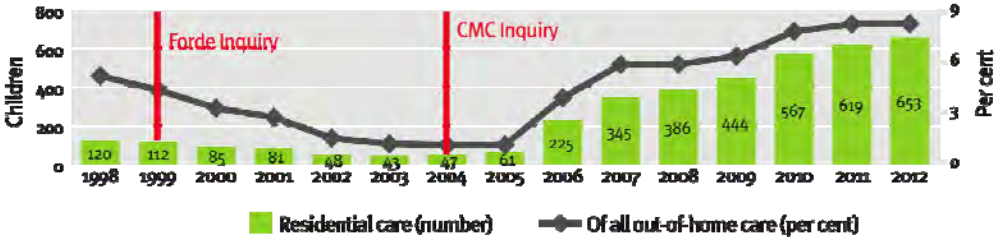
The department will retain responsibility for foster care certification and for overseeing the response to matters of concern.

Recommendation 8.6
That the Department of Communities, Child Safety and Disability Services provide foster and kinship carers in receipt of a high-support needs allowance or complex-support needs allowance with training related to the specific needs of the child.

8.3 Residential care

One of the legacies of the 1999 Forde Inquiry into the abuse of children in Queensland institutions was the closure of residential institutions in Queensland. By 2003, the number of children in residential institutions had declined dramatically, representing only 1 per cent of the total out-of-home care population (see Figure 8.4).

Figure 8.4: Children in residential care at 30 June, Queensland, 1998 to 2012



Source: Steering Committee for the Review of Government Service Provisions 2002, *Report on government services 2002*; Steering Committee for the Review of Government Service Provisions 2013, *Report on Government Services 2013*, Table 15A.3

Notes: Data prior to 2001 do not include children in out-of-home care who were not on a child protection order.

In the absence of other placement options, pressure was put on the foster care system to accommodate more children. However, foster care placements could not keep pace with the growing number of children in care, nor could foster care accommodate children and young people with severe behavioural or mental health problems.

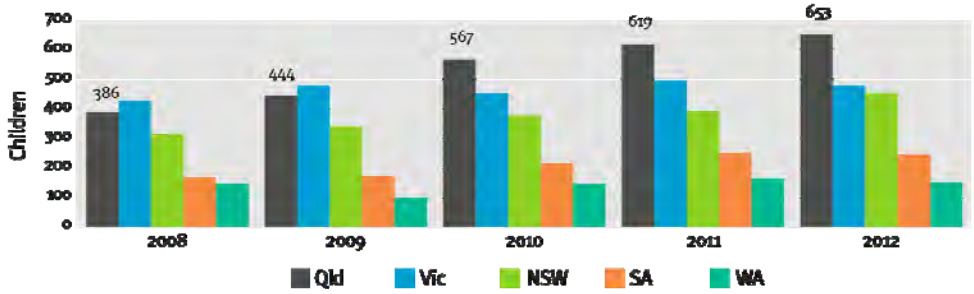
The solution was a placement option that was neither 'institutional' nor family-based.

Residential care facilities are a placement type that differs from previously discussed out-of-home care options in that it is a non–family-based model. The facilities are either owned or leased by a non-government organisation, and are typically staffed 24-hours a day by carers on either a rostered, on-call, or live-in basis. No more than six children or young people are housed together in a single facility, except for the temporary placement of siblings. The residential care service is responsible for the day-to-day care and support of the children, while Child Safety retains responsibility for their individual case management. In 2011–12, the department provided $94.3 million in grants to fund residential care facilities.[63]

As shown in Figure 8.5, the number of children in residential care rose to 653 children on 30 June 2012. Compared with other Australian jurisdictions, Queensland has the highest number of children in residential care. This equates to 8.2 per cent of the out-of-home care population.[64] According to the Acting Executive Director of Child Safety: [65]

Based on comparative data with other states, ongoing demand trends and the declining availability of foster carers, 10 per cent grant funded residential care capacity is indicated as being required to sustain a viable placement system.

Figure 8.5: Children in residential care at 30 June, Queensland and selected Australian states, 2008 to 2012



Source: Steering Committee for the Review of Government Service Provisions 2013, *Report on government services 2013*, Table 15A.18

Notes: In addition to operating residential care facilities, NSW and WA operate 'family group homes'. This figure does not include children placed in 'family group homes' in those jurisdictions.

Child Safety's current policy is to provide residential care for the purposes of:

- preparing a child or young person for reunification or for transition to a family-based placement, another type of out-of-home placement or independent living
- providing medium to long-term placements for a child or young person whose needs are best met by non–family-based care.

Yet it has been said that children and young people 'often end up in residential care following multiple placement failures', and that children can 'fail' their way into residential care.[66] A survey by the Children's Commission confirms this view, finding that young people in residential care had typically been in foster care previously, had experienced a 'moderate' level of placement instability and had not undergone any family reunification.[67] The median number of placements for children and young people before being placed in a residential care facility is four.

Although children and young people considered to have 'moderate' or 'high' needs can be placed in residential care, almost all in this type of care are considered to have 'complex' or 'extreme' needs. Behaviour is described as 'complex' or 'extreme' when a child or young person:

- engages in unpredictable acts of physical aggression or anti-social behaviour
- destroys property
- self-harms or attempts suicide
- runs away with prolonged absences
- abuses alcohol, drugs or other consciousness-altering substances
- has developmental delays or disabilities that affect daily living and self-care
- needs medical or physical care.

Residential care as a specific therapeutic response

Care facilities are no longer regarded as places where children are simply housed. Instead, there is consensus that the child's placement must serve a therapeutic purpose.[68] This consensus has emerged from an understanding that residential care facilities have become overly concerned with addressing children's behaviour at the expense of understanding how past traumatic experiences may have affected their psychological wellbeing.[69] There is general acceptance that 'simply removing children and young people from at-risk or untenable family circumstances and placing them in care does not of itself lead to an improvement in their wellbeing'.[70]

The impacts of childhood trauma can be profound. A child can be left in a permanent state of hyper-arousal and fear, have a limited ability to regulate his or her emotions, become disconnected or 'dissociate' from their environment, lack the ability to concentrate due to being constantly hyper-vigilant, and possess an underdeveloped sense of self.[71] Children in residential care often exhibit many of these characteristics.

Attachment theory also provides a lens through which to understand some of the challenges faced by children in residential care. The quality of the attachment relationships that form between the child and primary caregiver/s in infancy provide the basis for children to develop the ability to: [72]

- self-regulate their emotions
- control their impulses
- develop autonomy and a range of competencies
- conceptualise 'internal working models of self, others and the world'
- trust, empathise and relate to others.

Consequently, children who have experienced less than secure attachment relationships may not have fully developed some of these abilities.

Residential care staff face obvious difficulties in coping with the challenging behaviour exhibited by complex and extreme needs children and young people, and in providing placements that enable young people to recover from the trauma they have experienced.

The Commission has heard evidence that the Queensland Police Service is frequently called to residential care facilities in response to challenging behaviour. While not all facilities come to the attention of police, it does appear that 'contact with police is a common experience for young people living in residential care'.[73] It is damning that, as at 30 June 2012, 27.6 per cent of children in licensed care services had been charged with placement-related offending.[74] This means these children have been charged with criminal offences as a result of residential care staff making complaints regarding behaviour. Sometimes the decision to contact police can be attributed to the risk-averse policies at the residential care facility. However, the final decision to call the police is largely left to the discretion of each individual residential worker.[75]

Therapeutic responses are informed by an understanding of trauma, damaged attachment and developmental needs.[76] Residential care facilities with a strong therapeutic focus attend to children's needs and emotions, instead of simply responding to children's behaviour.[77]

In 2010, the department published *A contemporary model of residential care for children and young people in care* to provide a 'broad overarching framework' for agencies operating a residential care facility in recognition of the need for services to be shaped

by an understanding of trauma and attachment.[78] The document was not intended to replace the need for each agency to develop its own framework for practice. As the Children's Commission submitted, the model 'does not specify in concrete terms what trauma and attachment responsive care constitutes or what such care definitively precludes'.[79] Furthermore, the document is not reflected in any minimum service standards or service design specifications.

The Commission has concluded that residential care is an option for children and young people who:

- have complex behavioural problems and high levels of placement instability
- have high support needs, who are part of a sibling group who would otherwise not be placed together, who are moving on to independent living, or following a foster placement breakdown
- have emotional, behavioural and psychological problems that cannot be managed in a family-based environment.

The Commission finds some truth in the statements of Dr Frank Ainsworth and Emeritus Professor Rosamund Thorpe, that:[80]

> Some programs will of course claim to be offering 'therapeutic residential care' as this is the current favoured language but this is a dubious claim given the lack of clear program models, lack of in-house clinically qualified staff, and the low level qualification of many direct care personnel.

The Commission is of the view that all residential care services, regardless of the model of funding, require a therapeutic framework within which to deliver their services. The Commission acknowledges the complexities associated with providing residential care to children and young people suffering trauma from abuse and neglect experiences and the associated pain-based behaviour these young people exhibit. The Commission has concluded that support, training and professional development of residential staff must be a feature of residential care. Frameworks for delivering residential care vary substantially across the state. A statewide therapeutic framework, coupled with joint training and development, would assist in providing consistent high-quality residential care to children and young people.

The Commission acknowledges that children and young people will at times need to change placements, so it is important that any therapeutic work begun in one residential setting can be continued in another. For this to occur, a therapeutic approach that is consistent across all residential care placements, regardless of the model of funding, is required. Additionally, during a time of fiscal restraint it appears that cost savings could be made through a partnership between Child Safety, non-government service providers and peak agencies to develop a shared framework, along with training and development of case workers.

Challenging behaviour that leads to absconding and police attendance is a symptom of a residential system under strain. This, coupled with evidence provided by the Children's Commission that a significant number of children and young people do not perceive residential care facilities to be safe, predictable and non-threatening environments or that residential staff are acting in a supportive or sensitive manner,[81] demonstrates that Queensland is yet to implement an evidence-based, trauma-informed, residential care service model into its generic residential care facilities.

Recommendation 8.7
That the Department of Communities, Child Safety and Disability Services partner with non-government service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives.

Queensland's current pilot of therapeutic residential care facilities

In addition to the 105 generic (non-therapeutic) residential care facilities, there are four therapeutic residential care facilities in Queensland.

Therapeutic residential care facilities arose from one of the recommendations of the 2004 Crime and Misconduct Commission inquiry into the abuse of children in foster care. The recommendation called for more therapeutic treatment programs to be made available for children with severe psychological and behavioural problems.[82] Although the recommendation did not mention separate facilities (just better access to therapeutic treatment programs), in response to the recommendation four separate therapeutic residential care facilities have been established in Queensland.

Immediately following the 2004 CMC Inquiry, Child Safety established the Continuum of Therapeutic Care project, the key purpose of which was to develop a 'framework and options for evidence-based service models'.[83] The project proposed an additional out-of-home placement option — therapeutic residential care services. The report proposed creating four facilities, each housing four to six children, which would be staffed by direct-care workers employed on a live-in or rostered basis.[84] The facilities would be provided in a least-restrictive environment to minimise self-harming and violence. The target group was originally set at children aged between 12 and 17 years who were subject to child protection orders granting custody and guardianship to the chief executive, and who had either complex or extreme support needs; the age range was later revised to children between 12 and 15 years.[85]

Built in 2007–08 in Cairns, Townsville, Goodna and Morayfield, the four therapeutic residential care facilities have distinct features that set them apart from generic residential care services. These are:

- a time-limited (12–18 months) therapeutic environment, which promotes children recovering from the impact of physical, psychological and emotional trauma arising from abuse and neglect
- a community-based service, which brings together internal and external resources such as education, health and social supports
- a partnership between the young person's support networks to allow their individual needs, goals and transition plans to be met
- direct-care, trained practitioners on staff
- a philosophy of supporting adolescent development through building young people's capacity to make and sustain positive relationships with others in a range of settings.

Table 8.4 (next page) shows the current referral criteria for Queensland's therapeutic residential services.

An evaluation of the implementation of the pilot was begun in 2011 but not completed owing to there being no consensus among the various operators of the four therapeutic

residential care facilities about how the model should be assessed and what data should be reported.[86]

Table 8.4: Current referral criteria for therapeutic residential services

Out of scope	In scope
Severe intellectual/physical disability	12 to 15 years of age at time of referral
Severe autism	Cohort of children under 12 years of age or sibling group on individual assessment
Psychotic	Trauma and attachment disordered
Sexual offending behaviour (charged with or suspected of a sexual offence)	Mental health issues
Severe harm to others/criminal connections e.g. assault occasioning bodily harm, assault with weapons	Capacity to live in group setting (co-tenant)
Severe anti-social attachment disorders that would require therapeutic placement of longer duration	Ability to work towards other transition options within 18 month timeframe
Extreme toxicity in relationship between family members and Child Safety/service provider that would distract focus of service delivery from young person	Not able to be placed in other placement models
Referral due to capacity issues in other placement models	Sexualised behaviours
Unable to live/function in this model of care	

Source: Department of Communities, Child Safety and Disability Services 2009, *Therapeutic Residential Care Services: State-Wide Protocol*, p. 8

A 2011 evaluation of a similar therapeutic residential care model being rolled out across Victoria does provide some favourable feedback of this type of model.[87] Also, the anecdotal evidence from therapeutic residential care providers in Queensland is that, once the facility is well established, young people do make significant progress in these placements, enabling them to step down to less intensive residential care facilities.[88]

While the cost of Queensland's therapeutic residential care facilities ($337,285 per place per annum) are significantly higher than those of Queensland's generic residential care facilities ($216,017 per place per annum), it has been argued that they represent value for money on the basis that a 'very focused intervention' over a short time is preferable to a child languishing in a generic residential facility for many years.[89]

The Commission has also heard that agencies operating therapeutic residential services have experienced:

- difficulty recruiting appropriately skilled staff who are able to provide a therapeutic response to young people
- inappropriate referrals from Child Safety for young people who are actually 'out of scope' because of significant mental health, criminal or substance abuse problems
- unreasonably high expectations that young people's behaviour will change immediately.

The Commission is of the view that this model, as it currently operates in Queensland, should be comprehensively evaluated.[90]

Recommendation 8.8
That the Department of Communities, Child Safety and Disability Services complete, and report to government about, the evaluation of the pilot therapeutic residential care program that was begun in 2011.

8.4 Secure care

Secure care is generally a placement option delivered through purpose-built facilities that provide for the containment of children and young people. Secure-care models are designed to restrain and protect children in circumstances where they pose an immediate and serious risk to themselves or another person.[91] As discussed above, children and young people with 'complex' or 'extreme' needs include a cohort that:

- regularly abscond and self-place
- put themselves in harm's way or are at risk of harming someone else
- display serious risk-taking behaviour that leads to severe abuse and exploitation, particularly sexual exploitation
- exhibit complex trauma symptoms, not simply difficult behaviour
- have completely disengaged from services
- cannot be suitably placed in either residential or therapeutic residential care services.

Secure-care facilities operating in other jurisdictions provide intensive therapy, case management and support in response to a child's identified needs for a specified period ranging initially from three days to six months. Although secure-care models vary between jurisdictions, most are designed to act as 'circuit breakers', with a focus on containing imminent risks.[92] Placements are made only as a last resort when there are no less-restrictive alternatives available and where other placement options have not succeeded or are unlikely to succeed. The authority that determines whether a child is placed in a secure-care setting is either a judge or a departmental chief executive subject to judicial oversight.

If a child regularly absconds from care, he or she has less chance of dealing with any underlying trauma or attachment problems. Secure care is proposed by some as a placement option that assists these children confront their problems in a safe place.[93]

Secure care in other jurisdictions

Secure care currently operates in New South Wales, New Zealand, Victoria and Western Australia. The Northern Territory is investigating it as an additional out-of-home care option. Unlike some overseas jurisdictions, secure-care models that operate in Australia and New Zealand function separately from juvenile detention centres. Children in child protection are housed in separate facilities from those in the juvenile justice system.[94]

Queensland does not currently have secure care as one of its placement options. Section 18 of the Child Protection Act does permit Child Safety to take a child who is at immediate risk of harm into its custody, but the Act does not permit Child Safety to hold that child against his or her will. However, under Child Safety's Positive Behaviour Support policy, restrictive practices may be used 'as a last resort to avert risk of harm to the child or anyone else'.[95] This does not permit the 'proactive use of a restrictive practice and prohibits planned practices such as containment and seclusion'.

Child Safety has previously examined whether secure care should be implemented in Queensland. A departmental policy paper states there was a 'paucity of academic literature regarding impacts of the use of secure care, other than in the mental health or criminal justice setting.'[96] For those jurisdictions that operate secure care solely within the child protection system, there is a dearth of evidence relating to the outcomes.

The Sherwood House program in New South Wales holds some promise, recording significant reductions in incidents of aggression and self-harm among its residents.[97] However, the program has only been operational since February 2009 and has only had 12 residents, so it is difficult to know the short-term and long-term outcomes. Low placement numbers result from children typically spending 18 months or more in the program and the fact that the facility accommodates a maximum of six children. Some have argued that Sherwood House's longer placement durations cater more adequately for complex needs. However, an independent review of Sherwood House recommended that containment should be limited to between one and three months, and a 'step down' component should be integrated into the program to allow reductions in the levels of restriction imposed on children. The cost of the program is about $2.6 million per annum — or between $433,000 and $650,000 per child.

In comparison, Victoria's secure welfare service averaged 466 admissions each year between 2004 and 2006; in 2004 and 2005, the average length of stay was nine days.[98] Again, there is little evidence about the outcomes for children who have been placed in Victoria's secure welfare services — the evidence that does exist points to high rates of re-admission (about 50% of all residents). On admission to secure welfare services, the most frequently reported concerns for children were: risk-taking, lengthy or continuous absconding and minimal sense of belonging. A 2011 analysis of Victoria's therapeutic residential pilot program demonstrated that a therapeutic environment could reduce risk-taking behaviour through providing enough staff and the right mix of residents.[99] The reduction in risk-taking was evidenced through reduced police attendance, less absconding and fewer admissions to Victoria's secure welfare facilities. Furthermore, training residential staff to manage risks can lead to much less use of restrictive practices, particularly the practice of restraining children.[100] The Commission does not have costings for the Victorian facility, but the model incorporates infrastructure for both an in-house health clinic and a school run by the Victorian Department of Education, and is therefore likely to require substantial resources.

Moreover, there is consensus among professionals in those fields who use restrictive practices that such practices should be phased out. In its first report card, the National Mental Health Commission expressed concern at the use of involuntary practices in the mental health field. Such practices include involuntary treatment, seclusion and restraint. The National Mental Health Commission recommended that the use of involuntary practices be reduced Australia-wide:[101]

> We need to ensure the rights of patients to have treatment provided in the 'least restrictive' manner and to learn more about managing patient environments and treatment approaches to improve a sense of therapy and recovery.

The need for secure care

The need for a secure option for children in care was first raised in hearings for this inquiry by Detective Senior Sergeant Peter Waugh, who said: [102]

> We are reliant on present legislation. We are relying on the voluntariness of children to stay in an environment. It doesn't work. We're in a situation where we're trying to give them support; we're trying to get them in a stable sphere where we can start to work with them. In relying on their voluntariness to actually do that is they continue to leave, they continue to come back. We're not in a position to do any significant proper work with them to improve them.

After release of the Commission's discussion paper on 3 May 2013, Coroner John Lock published his findings on the death of Leanne Thompson while in the care of the department.[103] The Coroner noted that the discussion paper had considered the range of options for children in out-of-home care, particularly for older children with complex and high needs. The Coroner referred to comments by Leanne Thompson's father, Damien Rockett, who said 'the only way for the authorities to successfully intervene was for them to be given the power to remove a child to a safe and secure place so that she could get the medical and psychiatric care and rehabilitation from health care professionals to be able to make more informed and mature choices without being influenced by a need for drugs'.[104] The Coroner sent the findings of his inquest to the Commission for consideration in the context of this inquiry, adding impetus to the Commission's deliberations on this issue.

The Commission sought the views of witnesses and interested parties, and called for submissions as to whether secure care should be introduced in Queensland by asking what alternative out-of-home care models should be considered for older children with complex and high needs.[105]

In its submission to the Commission, the Queensland Branch of the Faculty of Child and Adolescent Psychiatry, of the Royal Australian & New Zealand College of Psychiatrists described a small group of young people with significant problems who might benefit from a secure-care placement:[106]

> We estimate the majority are adolescents but a few are younger. They come to the attention of mental health, child protection and other social services through intermittent contact, usually in crisis via emergency department presentations or encounters with police. They rarely contact through business hours services and are difficult to access to form relationships with. When placed they tend to exhibit destructive behaviours that lead to placement breakdown such as physical aggression to carers, destruction of property and self-harm and they have a history of absconding and 'living rough'. They are often engaging in substance misuse, have an antisocial peer group, and are at high risk of homelessness, promiscuity, antisocial and criminal behaviours, are at risk from others from exploitation and assault (including sexual assault). They are at increased risk of premature death from misadventure (e.g. from the effects of substance abuse), suicide or even at the hands of others. They are resistant to engaging with services and may not see themselves as having a problem.

Currently, these young people tend to be placed in residential care, but according to the submission they are difficult to place anywhere and do not necessarily appear to benefit even from active engagement and intensive follow-up options (such as those provided by Evolve Therapeutic Services). The Faculty noted that these young people do not meet the criteria for detention under the *Mental Health Act 2000*, nor do they appear to benefit from acute mental health care (that is, care that is provided in a short 2–3-week admission).[107]

During the hearings, Dr Stephen Stathis (Child and Adolescent Psychiatrist) spoke in favour of legal provisions in the United Kingdom that provide a therapeutic model of care for children including returning them to the secure home if they leave it before the treatment is finished.[108] Dr Stathis explained that children enter the secure home due to challenging and sometimes delinquent behaviour, but once admitted their physical and mental health needs are assessed and managed. Dr Stathis suggested the UK model could operate in Queensland for 6–12 month periods with special ministerial consideration to hold a child aged under 13 years.

In his evidence to the Commission, Detective Senior Sergeant Philip Hurst (Officer in Charge of the Sunshine Coast District Child Protection and Investigation Unit) advocated an expansion of the range of placement options available to match the diverse needs of children, and that a containment model for particular young people could be considered as part of any expansion.[109] Detective Senior Sergeant Hurst commented that these kinds of young people display both mental health problems as well as discipline problems.

Submissions from Action Centre for Therapeutic Care and the Benevolent Society also supported expanding the range of placement options to include a therapeutic secure-care model for 'extreme cases'.

Another witness in hearings, Ms Kristina Farrell (manager of a supported accommodation service) expressed her agreement with a secure-care model, although she also cautioned about the difficult transition for young people who have lived successfully in a highly structured environment, once they turn 18 and leave the care system.[110]

Ms Michelle Bellamy (the director and manager of residential services at Youth Lifestyle Options) appeared to favour a secure-care model as a last resort, and only after a range of other services, such as mental health services, had been tried and failed. Ms Bellamy's evidence in the hearings was that while 'you don't want to have anyone in a secure model at all', it would be beneficial for short periods to enable a 'spike' in behaviour to settle before a longer-term plan can be made.[111]

Mercy Family Services added its support for calls to investigate establishing a type of 'therapeutic secure care service' for children and young people in the Queensland child protection and out-of-home care system.[112]

When asked in hearings whether there were non-government organisations that would have the capacity to provide a secure-care service, Ms Farrell stated:[113]

> Yes … a model which is still, you know, responsive to their therapeutic needs as well as being able to put discipline and boundaries around them and structure around them, yes, I think that's a model that most of the current service providers are able to run and provide.

She also noted, however, that such a service would need to be staffed by people with specific skills and a different set of skills from those of current staff.

Mr Gregory Wall (the service manager for Churches of Christ Care) also commented that a secure-care service would need to be 'very clearly identified'. While agreeing that some groups of young people would benefit from being in a secure-care facility, it would need to 'be very clear about what it is you're trying to work on while they're there'. Mr Wall warned of the potentially negative impact of grouping young people with protective needs and those with complex behaviour together in one place, and that designing a facility might need to take this into account.[114]

Mr Paul Glass (the manager of House C in Logan, a service run by Silky Oaks) commented that, while there is always a preference for young people to have choice about agreeing to the behavioural expectations in a residential facility, providing containment for some young people might be beneficial.[115] His colleague Mr Darren Frame (the chief executive officer of Silky Oaks) commented that he would need to satisfy himself of the proposed model envisaged before deciding whether to tender for a service of this nature.[116]

Concerns about restrictive practices have been expressed by a number of individuals who made submissions to this inquiry.[117] First among those concerns is that such practices may detract from focusing on providing therapeutic responses to children in need.

The use of restrictive practices in Queensland's existing health facilities is seen by many as unsuited to the needs of children in care. The *Disability Services Act 2006* (Qld) defines 'restrictive practices' as generally including the use of either containment, seclusion or restraint (chemical, mechanical or physical). Section 197 of the *Public Health Act 2005* (Qld) allows a medical officer to hold a child at a health facility for up to 48 hours if the officer believes the 'child has been harmed' or 'is at risk of harm' and is likely to suffer harm if the officer does not intervene. Section 12(1) of the *Mental Health Act 2000* (Qld) similarly provides for the detention of a person suffering from a mental illness, defined as 'a condition characterised by a clinically significant disturbance of thought, mood, perception or memory.' Section 12(2) of the Mental Health Act adds that behaviour such as engaging in immoral conduct, using drugs or alcohol, or engaging in antisocial or illegal behaviour is not, by itself, indicative of a mental illness.

If the child's substance abuse or other behaviour is not assessed to be the result of a mental illness, then the hospital is unable to admit the child under an involuntary treatment order. If the child does submit to voluntary treatment, there is no guarantee that he or she will follow the treatment through to its conclusion. There is a concern, therefore, that hospital-based mental health in-patient services are able to deal with acute risks only, instead of also managing chronic conditions.[118]

Secure care for Queensland

In raising the question about the need for secure care in Queensland, the Commission has considered all the opinions that have been offered, both those expressing a strong wish to introduce this option and those who are strongly opposed to it. This issue, perhaps more than any other, has divided stakeholders and highlighted the complex needs and challenges of some young people in the child protection system. Responding to this group of children poses one of the toughest policy and practice tests for government.

An example of the difficult nature of grappling with the issue of secure care is provided in the case of South Australia. In that state, the Mullighan Inquiry's 2008 report on children in state care recommended a therapeutic secure-care facility for children exhibiting high-risk behaviour, as an option of last resort. While the South Australian Government supported this recommendation at the time the report was released, it sought advice from the Guardian for Children and Young People to determine how the facility should operate. By 2010, and following advice from the Guardian for Children and Young People, the South Australian Government had reversed its position and did not support the recommendation with the following explanation:[119]

> The Guardian stated that the Government should not proceed with the introduction of secure facilities and recommended that a number of priorities to protect children should be given attention, such as:
>
> - Improved intensive therapeutic services for children in existing residential and family-based care, including those in youth training centres
> - Protection behaviours training and sexual health education available to all residents of residential facilities

- Amendment to the *Summary Procedure Act 1921* to restrain adults who exploit children by offering them shelter, drugs or other goods in return for sexual services.

Although not insurmountable, the Commission has identified a number of obstacles to implementing secure care in the Queensland context, not the least of which is that detention of individuals of any age is commonly perceived as a punitive measure that risks 'twice punishing' children who have been victims of abuse.[120]

Under the *Legislative Standards Act* 1992 (Qld) any legislation enabling the use of secure care in Queensland would need to have sufficient regard to the rights and liberties of individuals. This includes ensuring that any interference with rights and liberties exercised under administrative power is subject to appropriate review.

Queensland's Child Protection Act permits Child Safety to act in *loco parentis* (in the place of a parent). However, a parent has no lawful right to detain a child in a manner akin to holding a child in a secure-care facility, despite how some may translate section 280 of the Criminal Code, which states that:[121]

> It is lawful for a parent or a person in the placement of a parent, or a schoolteacher or master, to use, by way of correction, discipline, management or control, towards a child or pupil, under the person's care such force as is reasonable under the circumstances.

It is the Queensland Police Service's submission that this section 'could be considered in the development of policies to ensure the effective management, discipline and control' in Queensland's general residential care facilities. But ultimately, questions of parental control must be viewed in the context of current-day values. As Justice Kennedy noted, when referring to the corresponding provision in Western Australia's Criminal Code: [122]

> Section 257 of the Code itself is largely representative of 19th century attitudes. Its reference to the 'correction' of an 'apprentice' by the use of reasonable force requires no comment. What is clear, however, is that the section is to be applied having regard to the standards currently prevailing in the community, those standards having altered markedly during the course of this century.

There is no corresponding power to detain adults who exhibit difficult or socially undesirable behaviour that falls short of criminal conduct or that meets the criteria to allow an adult to be detained under the Mental Health Act.[123]

Secure-care models require strong external oversight. In jurisdictions where secure care is operating, decisions to use this option are made by a judge or are subject to judicial oversight. This, in turn, raises concerns about providing sufficient legal representation for children who are the subject of secure-care applications (legal representation is discussed in Chapter 13). Strong external oversight would be particularly important for any secure-care model in Queensland, in light of the fact that this model shares many undesirable aspects of former Queensland orphanages and residential institutions that operated under the former *Children's Services Act 1965*. [124] Under sections 60–61 of the repealed Children's Services Act, a child could be committed to the care and control of the former department 'if the child is or appears to be uncontrollable.' These provisions were removed following the 1999 Forde Inquiry, which also recounted former practices of punishing children who absconded from institutions and commented that such institutions operated in 'closed environments, with little opportunity for meaningful interaction with the local community'.[125]

As Queensland does not currently have a facility that could be used for the purposes of secure care, the cost of constructing, let alone staffing, one is likely to be high.[126] The Northern Territory Government has allocated $4 million in capital works funding for its two secure transitional care facilities; the operating cost for the secure-care facilities in Western Australia is approximately $688,000 per child per annum.[127] Given that Queensland's population is physically dispersed and that child protection practice dictates that a placement should be within reasonable proximity to a child's family and community to enable family contact, a suitable location for such a facility would be hard to find.[128]

Finally, secure care might have pronounced detrimental effects on children from minority backgrounds and young women. For instance, between 2004 and 2006, 16 per cent of all clients in Victoria's secure welfare were of Aboriginal descent.[129] In contrast, Aboriginal children only represented 10.97 per cent of Victoria's out-of-home care population in 2006. Western Australia's Kath French Secure Care Centre admitted 45 young people during the 2011–12 financial year, 44 per cent of whom were Aboriginal.[130] This is comparable with the proportion of Aboriginal young people in Western Australia's out-of-home care population, which is 46 per cent. It is difficult to take solace in these figures because the over-representation of Aboriginal people in Western Australia is not limited to one placement type. In relation to girls and young women, admissions to secure-care services in Victoria and New South Wales point to higher proportions of females in secure care. Studies of Scottish secure-care accommodation show that girls and young women are more likely to be admitted to secure accommodation, especially on the basis that they are at risk sexually.[131] The tendency for such programs to affect girls disproportionately was observed in Queensland when 'care and control orders' were used to detain girls who were seen to be in 'moral danger'.[132]

During this inquiry, it became apparent to the Commission that secure care for children in the child protection system is controversial with strong arguments on both sides of the debate.[133] There is no doubt, however, that children who display challenging behaviour make demands on families and professionals. Therefore, the Commission finds that the introduction of a therapeutic secure-care placement option for Queensland would provide the following benefits:

- It would provide an alternative form of care for children and young people whose behaviour can be dangerous to themselves or others. Where these young people are placed in existing residential care facilities they may jeopardise the safety and wellbeing of other residents. Providing a different option for these young people may therefore protect those in residential care facilities.
- Secure care has the potential to provide direct and intense therapeutic services tailored to the particular needs of young people who are placed there.
- There could be merit in providing a young person with 'circuit breaker' style intense intervention to enable behaviour to settle, as part of a longer-term plan for management of the young person.

The Commission recognises there is a potential for abuse in establishing secure care, particularly considering the abuse of children in care identified by the 1999 Forde Inquiry in this state, and by similar inquiries in other jurisdictions. A secure-care model for Queensland would need to be accompanied by strong safeguards to ensure that a child is only placed in secure care as a last resort, where the safety of the child or another is at risk, and where other responses, such as mental health or other services, have been tried and have failed.

The Commission proposes that the department be tasked to develop plans for the introduction of a model of therapeutic secure-care service for children as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service. In the introduction of the service, the following issues will need to be resolved:

- the potential for such a model to draw more children into the child protection system — that is, children relinquished by parents who do not have access to appropriate early-intervention services or services that operate on the outskirts of the mental health system
- the challenging behaviour may be symptomatic of underlying problems — whether they be related to trauma, attachment or mental illness
- the need to ensure that children are always treated in a caring, supportive and respectful manner, and that their rights are protected
- the need to provide protection for the child and for members of the public.

What the department should consider in developing a secure-care model

The Commission is mindful of the requirements of the terms of reference for this inquiry, and in particular, the requirement that recommendations 'should be affordable, deliverable and provide effective and efficient outcomes'. Therefore, any model proposed for Queensland would need to be subject to the effective and efficient tests that have been applied to other reform proposals considered by the Commission and contained in this report. There is some potential, for example, for a purpose-built facility to be funded and established only to have it stand empty either due to a lack of applications by the department or a lack of orders granted by the Supreme Court. Part of any feasibility study for the introduction of secure care would need to include consideration of the costs to the department of making application to the Supreme Court and of providing adequate legal protection to young people.

The establishment of a secure-care placement option in Queensland would need to consider:

- the likely number of children and young people it might be relevant for, and an understanding of where those children and young people are likely to be located in Queensland. This would need to align with any work arising from the Commission's Recommendation 8.1 to ascertain the number of children in care at each level of need to ensure the current placement types match the assessed needs of children in care
- the likely cost of the model, compared with an estimate of the costs associated with not providing the option
- the likely outcomes for young people held in secure care, compared with the outcomes for young people who fall into the 'secure care' cohort but who do not have access to secure care as a placement option (this answer is likely to be found in a closer exploration of the benefits of interstate models for individual young people)
- the costs of mental health services required

- the period for which a young person would be detained in the secure-care placement — whether this should be short-term as in other Australian jurisdictions, or for longer periods.

The Commission's view is that:

- The model would need to include programs with strong therapeutic elements that have been found to be successful, and that are provided by a qualified and committed workforce.
- A clear statutory test would need to be legislated, linked clearly to the best interests of the child and balanced with the public interest (so that the child would be protected from self-harm and other members of the community would be protected from the child's actions). The application could only be made as a last resort and after other initiatives had been tried and failed. The test should be sufficiently high to ensure that orders of this nature were only applied for in very narrow circumstances.
- If a child were to meet the statutory test, an application could be made by the department for an order to admit the child to secure care; most probably the application would be for an order issued by the Supreme Court, due to the very serious nature of the decision being considered.
- Ongoing judicial supervision would be required to ensure that the need for the order continues to exist, and that a lesser intervention could not be considered.
- The facilities would need to ensure that containment or any restrictive practices used would be minimised to the extent that a young person would be prevented from leaving, or that there would be a power to return the young person should they abscond.
- The facilities should be designed so as to minimise any impact on the local neighbourhood.
- Consideration should be given to enabling children and young people to have appropriate, ongoing contact with their family or significant others, including that contact is facilitated by the service provider.

Recommendation 8.9
That, if and when the Queensland Government's finances permit, the Department of Communities, Child Safety and Disability Services develop a model for providing therapeutic secure care as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service.

8.5 Alternative out-of-home care placement options

The Commission has explored alternative options to existing placement types and identified two options as worthy of further exploration. These are professional carers and the use of boarding schools.

Professional carers

As outlined earlier in this chapter, a combination of factors is causing the Queensland child protection system to feel added stress. Those factors are:

- problems recruiting and retaining volunteer foster carers and kinship carers

- larger numbers of children with complex and extreme needs
- a heightened mismatch between foster carers and children due to the reduced pool of foster carers to draw on.

A number of organisations and individuals responding to this inquiry have proposed that a professional carer model should be seriously considered for Queensland.[134] This model is yet to be adopted in any Australian jurisdiction but the one that comes closest to it in Queensland is 'specific response care' (also known as 'paid foster care'), which is only available under limited circumstances.

Specific response care allows for approved foster or kinship carers to be employed by a licensed non-government organisation, or an organisation that is actively applying for a licence. It is designed to cater for children with extreme needs and so non-government organisations must be satisfied that prospective carers have the knowledge, skills and expertise to provide the right support. Specific response carers receive a taxable wage in exchange for providing care in their own home. They are required to:

- provide a therapeutic environment
- assist children with relational, behavioural and emotional problems so as to reduce ongoing risks of placement instability
- support reconnection with family and community (where required), and
- help the child develop the skills to transition successfully within six months to a less intensive form of out-of-home care.

This model is underdeveloped as all placements are transitionally funded and, as of September 2012, there were only three specific response care placements funded.[135] Consultation with child protection stakeholders conducted between 2010 and 2011 found there was 'general agreement that the department needs to expand specific response care.[136] However, the uniqueness of this model has presented problems relating to carers' homes being classed as 'workplaces' within the context of workplace health and safety legislation.[137]

A professional care model would share many of the characteristics of specific response care in that it would involve remunerating carers with a wage rather then an allowance for providing care in their own homes. However, unlike specific response care, a professional care model would:

- be seen and promoted as a valid career choice for people with relevant tertiary qualifications
- acknowledge that some children with complex or extreme needs require assistance from carers with high-level qualifications, expertise and experience
- incorporate placements that are not time-limited to six months but could become a permanent form of placement for the child
- cater for some children currently in transitional placements, in circumstances where it is appropriate for the child to be placed in a family-based environment
- ensure carers are well remunerated (in addition to covering child-related costs) and are entitled to holiday leave, paid respite, superannuation and support to maintain professional development.

'Professionalising' foster care may attract prospective foster carers who would otherwise be dissuaded from fostering because current remuneration levels do not reflect the level

of skills required to care for some children, nor do current remuneration levels reflect the wages many individuals would be earning if they were not foster caring.[138] A focus on carers' skills might be more beneficial than simply basing remuneration on the needs of the particular child placed with the carer at a particular time.[139] Professional caring may suit those with a range of tertiary qualifications including 'psychology, health sciences, education and other welfare-related disciplines'.[140]

Some organisations and individuals have raised concerns about the remuneration of this form of family-based care. One of these concerns is that paid caring jeopardises the child's chance at a 'normal' family life because the parenting role is placed second to the carer's professional role.[141]

Others argue that the primary motivation for foster caring should be altruistic. For example, Foster Care Queensland believes the desire to become a carer: [142]

> … is born of the willingness to care and as such provides the child or young person with a caring family based environment where children should be able to bond and attach to that family and its environment free from harm.

A 2005 survey of foster carers revealed that a significant number of respondents expressed concern about increased remuneration attracting 'the wrong people who would only foster for the money'.[143] Another study noted that: [144]

> … critics of professional foster care are voicing concerns about robbing family foster care of the essential qualities of family life — informality, spontaneity, and unconditionality.

Furthermore, remuneration can complicate relationships between the carer and the child, causing some children to question whether the carer simply views their relationship as a financial transaction.[145] However, it is important to bear in mind that others working with children are already remunerated for their services. For example, many of the children who would benefit from professional care are currently placed in transitionally funded residential services where workers are remunerated for their services.

There are a number of other drawbacks to implementing professional care. For example, there is potential for a carer's life to become more directly managed by their employer. As one commentator notes:[146]

> Family life/the workplace can then be subject to even greater scrutiny, as for example, in relation to risk averse 'safe care' agency policies that determine whether a child is allowed to sit on a foster carer's lap for a bedtime story.

Some foster carers had difficulty conceptualising how 'the 24-hour nature of foster caring could fit into a "normal" eight-hour working day'.[147] Another consequence of the employment status of a professional carer is the need to resolve issues of vicarious liability for torts (e.g. negligence) committed by the carer in the course of professional duties.[148]

The intersection between a professional carer approach with the existing family-based placement option has been examined by Foster Care Queensland, which notes that: [149]

> The notion of professionalisation of Foster Care is seen by carers as contempt for their ability to provide care and FCQ views carers as professionals who have a role to play in the partnership that makes up alternative care. Carers are professionals and the more that the culture within the child protection system see them as something less only exacerbates the system's inability to recruit because the current carer pool are treated as something less than professional.

The Commission acknowledges that many foster carers are not provided with sufficient information regarding the children in their care, nor the reasons children are moved to other placements, leading many to rightly perceive they are not considered part of a child protection team. However, the introduction of professional care need not interfere with services provided by existing foster carers in Queensland. In fact, Foster Care Queensland recognises that a small cohort of children with extreme needs may benefit from a professionalised model of care.[150]

The Commission believes that professional care should be aimed at a group of children who are either transitionally placed in a residential service or placed in grant-funded residential care facilities. Targeting highly qualified carers for these children may increase placement stability and educational attainment; furthermore, there is some evidence that potential carers with tertiary qualifications would be interested in pursuing careers as professional carers.[151] Given the high demand for placements across the out-of-home care system and the increasingly complex needs of children in the system, it is desirable to draw on the expertise of a previously untapped resource. This is consistent with the second three-year action plan for the *National Framework for Protecting Australia's Children 2009–2020* and the recommendation of the Protecting Victoria's vulnerable children Inquiry.[152]

Recommendation 8.10
That the Department of Communities, Child Safety and Disability Services investigate the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.

Boarding schools

Some councils in the United Kingdom use boarding schools as a way of providing children in care with stability and preventing them from being constantly moved between foster placements.[153] As at 31 March 2012, 960 children in the care system were in residential schools in England, representing 1 per cent of the total number of children in care.[154] Some charitable organisations separately finance a number of other disadvantaged children to attend boarding schools.[155]

This type of placement seldom occurs in Australia, even though there is no doubt that for many children in care a boarding school education can brings benefits, such as:

- opportunity to make friends
- wider educational opportunities
- an increased sense of independence and individuality
- preparation for life as an adult through building confidence.

A negative aspect of boarding school, as pointed out by one submission to this inquiry, is that boarding school could further alienate children in care from their community and delay possible departmental reunification efforts.[156]

Notwithstanding these observations, it is also true that a boarding school placement can be particularly beneficial for vulnerable children if it allows them to stay in closer contact with their parents and families than if they had been placed in foster care. Relationships between children and their families can even improve because the

separation can provide much-needed respite for both parties, and children can become more engaged in their education in a boarding environment. In the United Kingdom, evaluations of such programs have found this approach works well for children who can meet the academic requirements of a boarding school.[157]

Also, this strategy is designed to help children with difficult and complex home lives who might benefit from the stability and routine that a boarding school environment can offer. For children in care who might come from abusive or violent households, a boarding school could be a welcome reprieve from an unsafe home environment, create the opportunity for developing healthy and supportive relationships and provide a quality education not otherwise available.

Use of boarding schools in Queensland

As at 30 June 2012, Child Safety was paying for five Queensland children in care to attend and live in boarding schools.[158]

Basic boarding school fees in Queensland currently vary between $40,000 and $50,000 per year. This does not include the cost of uniforms or extras such as excursions, extra-curricular tuition or school camps. Should a child in care be funded to attend boarding school, there would still be additional care costs including: case-management by the school, oversight by Child Safety, holiday respite care, travel, clothing, counselling, medical and dental, which would all need to be met. Depending on the criteria for placing children, there might also be a need to employ specialist health professionals to work with children to address trauma-induced challenging behaviour and related difficulties. Learning supports might also be required.

However, given the already high costs of providing out-of-home care to children and the variable outcomes for children and young people, the Commission is of the view that boarding school education and/or placements should be considered.

The Cape York Institute for Policy and Leadership has submitted that boarding schools on Cape York catering for children from Aboriginal and Torres Strait Islander communities may already have additional capacity that could be developed, with further funding, to cater to the needs of children in the care system or at risk of entering it.[159]

Currently, boarding schools are not used an actual placement option for out-of-home care. This is because the child's carers continue to make daily decisions relating to the child, such as approval of excursions, school reports, extra-curricular activities, as well as caring for the child during school holiday periods.160 Hence, Child Safety will only fund attendance at a boarding school if the child is the subject of an order granting guardianship or custody to the chief executive (e.g. a child in foster care), or the child is subject to a child protection care agreement with the child's parents.[161]

The Commission proposes that there could be benefits in making the boarding school the actual carer of the child. Section 82 of the Act lists the types of care services available to the department and section 82(1)(f) provides for an open category — 'if the chief executive is satisfied another entity would be the most appropriate for meeting the child's needs'. It is acknowledged that looking after children with higher needs than the average student could raise concerns for schools. The department would need to consult with relevant schools to determine their capacity and willingness to take on such a role, and as to what support they would require.

Recommendation 8.11
That the Department of Communities, Child Safety and Disability Services increase the use of boarding schools as an educational option for children in care and consult with boarding school associations about some schools becoming carers (under s. 82 of the *Child Protection Act 1999*).

8.6 Summary

In Queensland demand for child protection placements is outstripping supply, leading to a mismatch between the services assessed as suiting an individual and the services ultimately received by the individual.

Queensland currently uses a range of placement types for children who are unable to remain with their families. These are: family-based care (kinship and foster), residential care, therapeutic residential care, specific response care, supported independent living, and Aboriginal and Torres Strait Islander safe houses (discussed in Chapter 11). There are no secure-care facilities.

The bulk of coordination and support is provided by non-government organisations — with the exception of foster and kinship care, which are coordinated and supported by Child Safety as well as the non-government sector. All out-of-home care placement options are funded by the department through Child Safety Services (with the majority of these grant-funded and the rest provided through 'transitional' funding).

Queensland is the second least expensive jurisdiction in Australia for out-of-home care, after Tasmania. In 2011–12, the department provided $290 million for grant-funded placements. In addition, Child Safety provided $75 million in transitional funding to non-government organisations to place children who could not be placed in grant-funded placements because of placement capacity or the particular needs of the child. This Commission has not discerned any difference in the quality of care provided by placements funded under the two different funding models, but would nonetheless like to see the two receive the same level of scrutiny and oversight.

The most cost-effective placement option is family-based care, with foster care being the most common. Research clearly shows that foster and kinship care afford numerous benefits to children, but recruiting and retaining suitable carers remain ongoing challenges for Child Safety. The Commission has recommended improving the training and respite options for carers, especially kinship carers and those caring for children with complex needs. There is also much to be gained if Child Safety starts to treat foster and kinship carers as part of the care team. To help in the recruitment of kinship carers, the Commission also encourages use of genograms and eco-mapping.

Residential care as a placement option arose in the wake of the 2004 Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care. There are 105 'generic' (non-therapeutic) residential care facilities in Queensland and four therapeutic residential care facilities. The Commission is of the view that all residential care facilities require a therapeutic framework within which to deliver their services and recommends that Child Safety partner with peak agencies and non-government residential care service providers to develop a suitable framework.

In response to some concerns expressed during the inquiry, the Commission has looked at a proposal for introducing secure-care facilities into Queensland as a placement option for high-risk young people who may self-harm or harm others. The Commission

recommends that this option should be introduced to provide a therapeutic model of care for children in a secure environment as an option of last resort, when the state's financial position is strong enough to fund it.

Finally, the Commission has explored additional options to existing placement types and identified two worthy of further exploration: professional carers and boarding schools. The former would go a long way towards meeting the needs of those children and young people with complex and extreme problems. The latter could help children with difficult and complex home lives who might benefit from the stability and routine that a boarding school environment can offer.

Endnotes

1 Submission of Mercy Family Services, December 2012; Submission of UnitingCare Community, 15 March 2013; Submission of UnitingCare Community, October 2012.
2 Submission of Mercy Family Services, December 2012 [p32].
3 Transcript, Robert Ryan, 31 October 2012, Ipswich [p17: lines 14–38].
4 Department of Child Safety 2006, *Progress in reforming the Queensland child protection system: report to the Crime and Misconduct Commission, January 2006*, Department of Child Safety.
5 Statement of Patrick Sherry, 17 January 2013 [pp15–6: para 90].
6 Statement of Pam Steele-Wareham, 21 September 2012, Attachment 1 [p36] (unpublished);Transcript, Kristina Farrell, 5 February 2013, Brisbane [p52: lines 25–8]; Statement of Bernadette Harvey, 10 October 2012 [p3: para 20].
7 Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, vol. 2, Productivity Commission, Canberra, Table 15A.3.
8 Exhibit 9, Statement of Brad Swan, 10 August 2013, Attachment 7.
9 Statement of Patrick Sherry, 17 January 2013, Attachment 18.2; Exhibit 9, Statement of Brad Swan, 10 August 2012 [p126: para 547].
10 Transcript, Nicola Jeffers, 26 September 2012, Townsville [p100: line 15]; Statement of Patrick Sherry, 17 January 2013 [p17: para 101].
11 Statement of Patrick Sherry, 17 January 2013 [p17: para 101, p23: para 144].
12 Statement of Patrick Sherry, 17 January 2013 [p17: para 101].
13 Transcript, Michelle Bellamy, 7 February 2013, Brisbane [pp95–6]; Exhibit 161, Statement of Darren Frame, 31 January 2013 [pp6–7]; Exhibit 155, Statement of Greg Wall, 4 February 2013 [pp9–10: para 50].
14 Statement of Brad Swan, 8 October 2012, Attachment A [p17].
15 Submission of Foster Care Queensland, 15 August 12 [p8].
16 DCCSDS 2012, *Kinship Care: program description*, Department of Communities, Child Safety and Disability Services, Brisbane, p. 7.
17 Australian Institute of Health and Welfare 2013, *Child protection Australia, 2011-12*, Child Welfare Series No. 55, AIHW, Canberra.
18 Submission of Winangay Resources Inc., September 2012 [p2].
19 Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p64: lines 44–50].
20 Yardley, A, Mason, J & Watson, E 2009, *Kinship Care in NSW: finding a way forward*, University of Western Sydney, Social Justice Social Change Research Centre and Association of Children's Welfare Agencies, Bankstown.
21 Paxman, M 2006, *Outcomes for children and young people in kinship care*, Issues Paper, December 2006, NSW Department of Community Services, Ashfield.
22 Statement of Alicia Kelly, 5 October 2012 [p5: para 31].
23 Transcript, Joan McNally, 11 September 2912, Cairns [p107: lines 26–7].
24 Exhibit 69, Statement of Susan Lagana, 18 September 2012 [pp 4-5: para 25–6].
25 Transcript, Natalie Lewis, 16 January 2013, Brisbane [p50: lines 35–46].
26 Statement of Alicia Kelly, 5 October 2012 [p5: para 31].
27 Exhibit 108, Recruitment and Retention of Kinship Carers: Literature Review, Current Kinship Care Practice in South East Region and Recommendations for Future Practice, June 2011. This exhibit is subject to a not for publication order.
28 Statement of Heather (Kelly) Murdock, 8 October 2012 [p3: para 19].
29 Transcript, Allison Glanville, 14 January 2013 Brisbane [pp60–1].
30 Statement of Phillip Brooks, 4 October 2012 [p4: para 23].
31 Statement of Deidre Mulkerine, 10 August 2012 [p4: para 89]; Exhibit 62, Statement of Pauline Carlton, 6 September 2012 [pp3–4: para 28–9]; Exhibit 58, Statement of Joan McNally, 5 September 2012 [p3: para 22]; Submission of Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) Advisory Association Inc., 11 December 2012 [p4]; Statement of Phillip Brooks, 4 October 2012 [p4: para 22–3]; Tilbury, C 2007, 'The regulation of out-of-home Care', *British Journal of Social Work*, vol. 37, no. 2, pp. 209–224.
32 Submission of Bravehearts Inc., 15 March 2013 [p30].
33 Exhibit 80, Statement of Josh Stafford, 28 August 2012 [pp3–4: para 10.1].
34 Exhibit 81, Statement of Paul Garrahy, 4 October 2012 [p5: para 26].
35 Exhibit 81, Statement of Paul Garrahy, 4 October 2012 [p5: para 26].
36 Exhibit 81, Statement of Paul Garrahy, 4 October 2012, [p5: para 26]; Office of Economic and Statistical Research 2012, *Census 2011: Aboriginal and Torres Strait Islander population in Queensland*, Queensland Treasury and Trade, Brisbane.

37 Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country, 28 September 2012 [p8].
38 Statement of Michael Linnan, 21 September 2012 [p15: para 76]; Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p40].
39 Statement of Name withheld, September 2012; Submission of Kyabra Community Association Inc., 27 September 2012 [p7]; Exhibit 135, Statement of Dr Maree Crawford, 16 October 2012 [p5].
40 Exhibit 135, Statement of Dr Maree Crawford, 16 October 2012 [p5].
41 Exhibit 108, Recruitment and Retention of Kinship Carers: Literature Review, Current Kinship Care Practice in South East Region and Recommendations for Future Practice, June 2011. This exhibit is subject to a not for publication order.
42 Statement of Nicola Jeffers, 2 November 2012, Attachment A.
43 Boetto, H 2010, 'Kinship care: a review of issues', *Family Matters*, Australian Institute of Family Studies, no. 85, p. 67.
44 Exhibit 102, Statement of Kenneth Dagley, 25 October 2012, Attachment 8.
45 Submission of Winangay Resources Inc., September 2012 [p2].
46 Submission of Queensland Council of Grandparents Inc. and KinKare, March 2013 [p4].
47 Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p21: para 4.5]; Submission of Foster Care Queensland, 15 August 2012 [pp15, 25–6].
48 McHugh, M 2009, *A framework for practice for implementing a kinship care program, final report*, Social Policy Research Centre, Sydney, p. 105.
49 Tilbury, C 2007, 'The regulation of out-of-home care', *British Journal of Social Work*, vol. 37, no. 2, p. 221.
50 Submission of Foster Care Queensland, 15 August 2012 [p6].
51 Statement of Mark Sprenger, 4 October 2012 [p5: para 30].
52 Statement of Antoine Payet, 26 September 2012 [p4: para 24].
53 Statement of Mark Sprenger, 4 October 2012 [p5: para 30].
54 Statement of Patrick Sherry, 17 January 2013 [pp18–22].
55 Statement of Patrick Sherry, 17 January 2013 [pp18–22].
56 Statement of Bernadette Harvey, 10 October 2012 [pp3–4: para 20]; Statement of Antoine Payet, 26 September 2012 [p4: para 24]; McHugh, M & Valentine, K 2011, *Financial and non-financial support to formal and informal out-of-home carers*, Occasional Paper No. 38, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra; McHugh, M 2013, *Placement stability in foster and kinship Care*, Social Policy Research Centre, University of New South Wales.
57 Submission of Foster Care Queensland, 15 August 2012, Appendix 2 [pp5–8].
58 Lonne, B, Parton, N, Thomson, J & Harries, M 2009, *Reform child protection*, Routledge, Abdingdon.
59 Randle, M, Miller, L, Dolnicar, S & Ciarrochi, J 2012, 'Heterogeneity among potential foster carers: an investigation of reasons for not foster caring', *Australian Social Work*, vol. 65, no. 3, pp. 382–397.
60 Thomson, J 2007, ''Child protection workers' perceptions of foster carers and the foster care system: a study in Queensland', *Australian Social Work*, vol. 60, no. 3, pp. 343–4.
61 Exhibit 9, Statement of Brad Swan, 10 August 2012 [p122: para 531].
62 Statement of Patrick Sherry, 17 January 2013 [p16: para 92].
63 Statement of Brad Swan, 14 September 2012 [p2].
64 Australian Institute of Health and Welfare 2013, *Child protection Australia 2011-12*, Child Welfare Series No. 55, AIHW, Canberra, p. 78, Table A21.
65 Statement of Patrick Sherry, 25 January 2013 [p4: para 17].
66 McLean, S, Price-Robertson, R & Robinson, E 2011, *Therapeutic residential care in Australia: taking stock and looking forward*, Australian Institute of Family Studies, Melbourne, p. 3.
67 Children's Commission 2012, *2011 views of young people in residential care survey – overview and selected findings*, Brisbane.
68 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September 2012 [p22]; Submission of Anglicare Southern Queensland, November 2012 [p11].
69 Bloom, S 2005, 'The Sanctuary model of organizational change for children's residential treatment', *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations*, vol. 26, no. 1, pp. 65–81; Children's Commission 2012, *2011 Views of young people in residential care survey – responding to trauma and attachment needs in residential care: what young people's perceptions tell us about how well we're doing in Queensland*, Brisbane.
70 Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne, p. 236.
71 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, 27 September 2012 [p9]; Barton, S, Gonzalez, R & Tomlinson, P 2012, *Therapeutic residential care for children and young people: an attachment and trauma-informed model for practice*, Jessica Kingsley Publishers, London.

72 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, 27 September 2012 [p8]; Children's Commission 2012, *2011 Views of young people in residential care survey – responding to trauma and attachment needs in residential care: what young people's perceptions tell us about how well we're doing in Queensland*, Brisbane, pp. 2–6.
73 CREATE Foundation 2012, *Reducing the criminalisation of young people in residential care: Feedback from Children and Young People about their experiences in residential care*, August 2012, CREATE Foundation, Albion, p. 37.
74 Statement of Patrick Sherry, 25 January 2013 [p29].
75 Exhibit 149, Statement of Philip Hurst, 31 January 2013 [p5: para 26–8].
76 McLean, S, Price-Robertson, R & Robinson, E 2011, *Therapeutic residential care in Australia: taking stock and looking forward*, Australian Institute of Family Studies, Melbourne; Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne.
77 Macdonald, G, Millen, S, McCann, M, Roscoe, H & Ewart-Boyle, S 2012, *Therapeutic approaches to social work in residential child care settings*, Social Care Institute for Excellence, London; Children's Commission 2012, *2011 Views of young people in residential care survey – responding to trauma and attachment needs in residential care: what young people's perceptions tell us about how well we're doing in Queensland*, Brisbane.
78 Department of Communities & PeakCare Queensland 2010, *A contemporary model of residential care for children and young people*, Department of Communities, Brisbane, p. 9
79 Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p79].
80 Submission of Dr Frank Ainsworth and Emeritus Professor Rosamund Thorpe, March 2013 [p2].
81 Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p81].
82 Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 194.
83 Statement of Brad Swan, 14 December 2012, Attachment 4 (unpublished).
84 Statement of Brad Swan, 14 December 2012, Attachment 4 (unpublished).
85 Statement of Brad Swan, 14 December 2012, Attachment 4 (unpublished).
86 Statement of Patrick Sherry, 25 January 2013, Attachment 1.14 [p27].
87 Verso Consulting 2011, *Evaluation of the therapeutic residential care pilot programs: final summary & technical report*, Department of Human Services.
88 Submission of Action Centre for Therapeutic Care, 28 September 2012 [p10]; Wall, S, Redshaw, S & Edwards, K 2012, *Beyond containment – driving change in residential care – A Queensland, Australia model of therapeutic residential care*, Paper presented at the European Scientific Association on Residential & Foster Care for Children and Adolescents (EUSARF), Glasgow.
89 Statement of Brad Swan, 8 October 2012 [p17]; Transcript, Pauline Carlton, 12 September 2012, Cairns [p74: lines 40-7].
90 Submission of Action Centre for Therapeutic Care, 28 September 2012 [p10]; Wall, S, Redshaw, S & Edwards, K 2012, *Beyond containment – driving change in residential care – A Queensland, Australia model of therapeutic residential care*, Paper presented at the European Scientific Association on Residential & Foster Care for Children and Adolescents (EUSARF), Glasgow.
91 Department of Human Services 2013, *Placement in secure welfare services*: a*dvice 1459*, 10 January 2013, State Government Victoria, viewed 19 February 2013, ‹http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/secure-welfare-placements/?a=660415›; Department for Child Protection 2011, *Kath French Secure Care Centre: practice guidelines 14 June 2011*, Government of Western Australia.
92 Mullighan, E 2008, *Children in State Care Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal Conduct,* State of South Australia, Adelaide, p. 467; NSW Office of the Children's Guardian 2002, *Is there a place for secure care in the provision of services for children and young people?*, NSW Office of the Children's Guardian, Sydney.
93 Exhibit 176, Martin and Associates 2012, *Review of Sherwood House*, March 2012 [p50]. This exhibit is subject to a not for publication order.
94 For example, *Children and Young Persons (Care and Protection) Act 1998* (NSW) s. 246.
95 Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p84].
96 Statement of Brad Swan, 14 December 2012, Attachment 1.
97 Exhibit 172, NSW Department of Family & Community Services n.d., *Sherwood House Outcomes*; Exhibit 176, Martin and Associates 2012, *Review of Sherwood House*, March 2012 [pp2, 13, 53–5]. These exhibits are subject to a not for publication order. Transcript, Janice Carroll, 12 February 2013, Brisbane [p80: line 5];Unsworn statement of Shelley Wall, 17 January 2013, [p7: para 58].
98 Frederico, M, Jackson, A, & Black, C 2010, *More than words – the language of relationships: take two third evaluation repor*t, School of Social Work and Social Policy, La Trobe University, Bundoora, p. 82. See also Meeting with Maribyrnong Girls Unit, 10 December 2012, Victoria; Frederico, M, Jackson, A, & Black, C 2006, *"Give sorrow words" – a language for healing, take two - second evaluation report 2004 – 2005*, School of Social Work and Social Policy, La Trobe University, Bundoora.

99 Verso Consulting 2011, *Evaluation of the therapeutic residential care pilot programs: final summary & technical report*, Department of Human Services.
100 Day, A, Daffern, M & Simmons, P 2010, 'Use of restraint in residential care settings for children and young people', *Psychiatry, Psychology and Law*, vol. 17, no. 2, pp. 230–244.
101 National Mental Health Commission 2012, *A contributing life: the 2012 national report card on mental health and suicide prevention*, National Mental Health Commission, Sydney, p. 45.
102 Transcript, Peter Waugh, 4 October 2012, Beenleigh [p17: line 8].
103 Leanne Thompson was a 15-year-old girl who died under suspicious circumstances. She had been in state care before moving in with a convicted criminal and drug user, against the advice of Child Safety.
104 Inquest into the death of Leanne Melissa Thompson [p9: para 55].
105 Queensland Child Protection Commission of Inquiry 2013, Discussion paper, Queensland Child Protection Commission of Inquiry, Brisbane, pp. 134–5.
106 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September [p22].
107 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September [p23].
108 Transcript, Dr Stephen Stathis, 7 November 2012, Brisbane [p19: line 1].
109 Transcript, Philip Hurst, 4 February 2013, Brisbane [p35: lines 34–43].
110 Transcript, Kristina Farrell, 5 February 2013, Brisbane [p69: line 45–p70: line 6].
111 Transcript, Michelle Bellamy, 7 February 2013, Brisbane [p107: lines 14–40].
112 Submission of Mercy Family Services, December 2012 [p46].
113 Transcript, Kristina Farrell, 5 February 2013, Brisbane [p63: lines 1–10].
114 Transcript, Gregory Wall, 5 February 2013, Brisbane [p130: line 37 – p131: line 6].
115 Transcript, Paul Glass, 6 February 2013, Brisbane [p35: lines 30–5].
116 Transcript, Darren Frame, 6 February 2013, Brisbane [p127: lines 5–33].
117 Submission of CREATE Foundation, March 2013 [p28]; Submission of Queensland Law Society, 20 March 2013 [pp6–7]; Submission of Youth Advocacy Centre Inc., March 2013 [pp9–11]; Exhibit 191, Submission of Queensland Health, March 2013 [p8]; Submission of Anglicare Southern Queensland, April 2013 [p11]; Submission of Commission for Children and Young People and Child Guardian, 15 March 2013 [pp11–2]. See also Transcript, Margaret Allison, 26 February 2013, Brisbane [p105: line 6]; Transcript, Natalie Lewis, 16 January 2013, Brisbane [p60: line 12].
118 Submission of Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry, Queensland Branch, September 2012 [p23]; Rosech–Marsh, A 2012, '"Out of control": making sense of the behaviour of young people referred to secure accommodation', *British Journal of Social Work*.
119 Government of South Australia 2010, *Second annual report by the Minister for Families and Communities to the Children in State Care Commission of Inquiry Report*, November 2010, Government of South Australia, Adelaide.
120 Northern Territory Council of Social Service 2012, *Submission to Department of Children and Families: secure care*, July 2012, Northern Territory Council of Social Service, Alice Springs, viewed 18 June 2013, ‹http://www.ntcoss.org.au/sites/www.ntcoss.org.au/files/Secure%20Care%20Submission.pdf›, p. 4; Mullighan, E 2008, *Children in State Care Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal Conduct,* State of South Australia, Adelaide.
121 Statement of Brad Swan, 14 December 2012, Attachment 9.
122 *Higgs v Booth* (Unreported Judgment, Supreme Court of Western Australia, Kennedy J, 29 August 1986).
123 Submission of Queensland Law Society, 20 March 2013 [p6].
124 Exhibit 196, Submission of Crime and Misconduct Commission, 22 March 2013 [pp5–9].
125 Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 107.
126 Statement of Brad Swan, 14 December 2012, Attachment 1.
127 Transcript of Margaret Allison, 26 February 2013, Brisbane [p107: line 25].
128 Statement of Brad Swan, 14 December 2012, Attachment 1.
129 Frederico, M, Jackson, A, & Black, C 2010, *More than words – the language of relationships: take two third evaluation repor*t, School of Social Work and Social Policy, La Trobe University, Bundoora.
130 Department for Child Protection 2012, *Annual report 2011–2012*, Government of Western Australia, Perth.
131 Mitchell, F, Rosech–Marsh, A & Robb, L 2012, *Taking stock of alternatives to secure accommodation or custody for girls and young women in Scotland*, Criminal Justice Social Work Development Centre for Scotland, Edinburgh.
132 Submission of Professor Bob Lonne, March 2013 [p7]; Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 122.
133 Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, 15 March 2013 [p6]; Exhibit 188, Submission of Queensland Police Service, March 2013 [p44]; Submission of The Benevolent Society, January 2013 [p19]; Submission of the CREATE Foundation, March 2013 [p28]; Submission of Queensland Law Society, 20 March 2013 [p7]; Submission of Youth Advocacy Centre Inc., March 2013 [pp9–11];

Transcript, Margaret Allison, 26 February 2013, Brisbane [p105: lines 5–38]; Exhibit 191, Submission of Queensland Health, March 2013 [p8]; Submission of Anglicare Southern Queensland, April 2013 [p11]; Transcript, Natalie Lewis, 16 January 2013, Brisbane [p60: line 12]; Submission of Commission for Children and Young People and Child Guardian, 15 March 2013 [pp11–2].

134 Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p79]; Submission of Action Centre for Therapeutic Care, 28 September 2012 [pp14–6]; Statement of Antoine Payet, 26 September 2012 [p4: para 24–5]; Submission of The Benevolent Society, January 2013 [p19]; Exhibit 62, Statement of Pauline Carlton, 6 September 2012 [p3: para 26]; Exhibit 131, Statement of Dr Anja Kriegeskotten, 17 October 2012 [p9]; Submission of Anglicare Southern Queensland, November 2012 [p7]; Submission of UnitingCare Community, 15 March 2013 [p11]; Submission of Churches of Christ Care, March 2013 [pp7–8]; Submission of PeakCare Queensland Inc., 22 October 2012 [p55].

135 Statement of Nicola Jeffers, 2 November 2012, Attachment A, Annexure 6.

136 Department of Communities 2011, *Specialist foster care review: consultation report*, Department of Communities, Brisbane, p. 20.

137 Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p78].

138 Transcript, Antoine Payet, 3 October 2012, Beenleigh [pp37–8]; Kjeldsen, C & Kjeldsen, M 2010, 'When family becomes the job: fostering practice in Denmark', *Adoption & Fostering*, vol. 34, no. 1, pp. 52–64.

139 Hutchinson, B, Asquith, J & Simmonds, J 2003, '"Skills protect": towards a professional foster care service', *Adoption & Fostering*, vol. 37, no. 3, pp. 8–13.

140 Habel, L, Clark, R & Segal, L 2013, 'Interest from tertiary educated persons in fostering children with higher care needs under a professional (paid) model compared with general foster care', *Australian Social Work*, vol. 66, no. 1, p. 21.

141 Schofield, G, Beek, M, Ward, E & Biggart, L 2013, 'Professional foster care and committed parent: role conflict and role enrichment at the interface between work and family in long-term foster care', *Child and Family Social Work*, vol. 18, no. 1, pp. 46–56.

142 Submission of Foster Care Queensland, August 2012 [p17].

143 McHugh, M 2006, 'Indirect costs of fostering and their impact on carers', *Communities, Families and Children Australia*, vol. 2, no. 1, p. 80.

144 Testa, M & Rolock, N 1999, 'Professional foster care: a future worth pursuing?', *Child Welfare*, vol. 78, no. 1, p. 110.

145 Kjeldsen, C & Kjeldsen, M 2010, 'When family becomes the job: fostering practice in Denmark', *Adoption & Fostering*, vol. 34, no. 1, pp. 52–64.

146 Schofield, G, Beek, M, Ward, E & Biggart, L 2013, 'Professional foster care and committed parent: role conflict and role enrichment at the interface between work and family in long-term foster care', *Child and Family Social Work*, vol. 18, no. 1, p. 46.

147 McHugh, M 2006, 'Indirect costs of fostering and their impact on carers', *Communities, Families and Children Australia*, vol. 2, no. 1, p. 80.

148 Morgan, P 2012, 'Ripe for reconsideration: foster carers, context, and vicarious liability', *Torts Law Journal*, vol. 20, no. 2, pp.110–144.

149 Submission of Foster Care Queensland, August 2012 [p17].

150 Submission of Foster Care Queensland, August 2012 [p17].

151 Habel, L, Clark, R & Segal, L 2013, 'Interest from tertiary educated persons in fostering children with higher care needs under a professional (paid) model compared with general foster care', *Australian Social Work*, vol. 66, no. 1, pp. 8–25.

152 FaHCSIA 2012, *Second three-year action plan, 2012-2015: National Framework for Protecting Australia's Children 2009-2020*, Commonwealth Government, Canberra; Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne.

153 Morgan, R 2007, 'Boarding school care', *Adoption and Fostering*, vol. 31, no. 1, pp. 100–105.

154 Department for Education 2012, *Statistical First Release: Children looked after in England*, 25 September 2012, London, viewed 3 December 2012, ‹http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012v2.pdf›.

155 Morrison, C 2007, *Breaking through: how boarding schools can transform the lives of vulnerable children*, Royal Wanstead Children's Foundation, Surrey.

156 Statement of Patrick Sherry, 17 January 2013 [p36: para 222].

157 Maxwell, C, Chase, E, Statham, J & Jackson, J 2009, *Boarding school provision for vulnerable children: pathfinder evaluation*, Research Report DCSF-RR070, Department for Children, Schools and Families, London; Morrison, C 2007, *Breaking through: wow boarding schools can transform the lives of vulnerable children*, Royal Wanstead Children's Foundation, Surrey.

158 Statement of Patrick Sherry, 17 January 2013, Attachment 27.1, Question 27.

159 Submission of Cape York Institute for Policy and Leadership, May 2013 [p26].

160 Statement of Patrick Sherry, 17 January 2013 [p38: para 233].

161 Statement of Patrick Sherry, 17 January 2013 [p36: para 226].

Chapter 9
Transition from care

This chapter focuses on the particular needs of young people when transitioning from out-of-home care. Earlier chapters of this report have argued for effective casework and targeted services so that a child has a better chance of remaining safely at home in the first place, or, if taken into care, can at some point in the future reunite with their families. However, for children with complex needs (including intellectual disabilities and mental illness), out-of-home care is often the only option. For them, the transition to independence is fraught with risk and disappointment. As the substitute parent of such young people, the state needs to support them by ensuring they have all that they need to go out into the world and become good citizens.

9.1 The importance of transition planning and support

The long-term prospects for young people who have left care are often poor. The problems they face when they transition out of the care system can be compounded by deleterious experiences while in care. The state, as the substitute parent of such young people, needs to support them by ensuring they have:

- a planned, tailored and gradual transition to independence
- suitable and affordable accommodation options
- educational opportunities
- the skills and resources to plan for and attain employment.

Good planning and adequate post-care support are essential if young people are to leave care and achieve economic and social stability. However, the Commission has found that there are disconcerting gaps both in transition planning and in the targeted provision of post-care support. Analysis of available research as well as information gathered by the Commission indicate that some young people are unaware of, or uninvolved in, their transition planning and that many young people do not receive adequate assistance during the transition to establish independence. Related to this is confusion over how long post-care support should last; that is, at what age the child should be when post-care support ceases (see section 9.4).

When a child has been in the custody or guardianship of the chief executive, there is a legal requirement under the *Child Protection Act 1999* (the Act) to ensure the child is provided with help in the transition from being a child in care to independence. Section 8 of the Act defines a child as an individual under 18, which means that any child protection order will automatically end the day before a young person turns 18. The Act's

charter of rights for a child in care establishes a child's right to receive appropriate help with transitioning from being a child in care to independence, including, for example, help with housing and access to income support, training and education. The Act does not specify an age limit on the provision of assistance, nor the period over which it should be provided. It is therefore incumbent on the state to take responsibility for supporting and transitioning young people so they can in turn fulfil their social responsibilities of becoming productive adults and effective parents.

Apart from the legal obligation, there are strong economic arguments for providing support to young people transitioning from care. There are high financial costs to not supporting young people to succeed as adults. For example, for the Victorian Government the lifetime unemployment, crime, health, housing and child protection costs (reflecting the intergenerational cycle of care) were estimated in 2005 to be an additional $738,341 per person leaving care.[1] This cost is significantly greater than the early investment needed to support young people at the time they leave care.

A 2006 study estimated that the avoidable costs to Australia in relation to a cohort of 1,150 people who had left the child protection system, across their life course from ages 16 to 60, to have been just over $2 billion gross.[2] This is a net cost to government of $1.9 billion over a 44-year period ($43 million per annum), significantly more than the cost for the same size cohort in the general population (approximately $3.3 million per annum).[3] The 2006 study also indicated that, if supports for young people transitioning from care were to be implemented, the most conservative scenario would be an estimated gross saving of $128 million for the cohort over a period of 44 years, and the most extreme scenario would be a gross saving of $760 million. The highest cost saving is found in the reduced use of mental health services, family support services and justice services.

These costs arise because young people leaving care are at greater risk of experiencing poor life outcomes — close to half of them will endure periods of homelessness and commit criminal offences. Added to this is the reality that all young people, whether transitioning from care or not, need support to develop employment and living skills, as well as social and emotional skills, before they can be expected to live independently. A sense of security, stability, continuity and social support are strong predictors of better outcomes for young people's long-term prospects after leaving care. It is important to invest, not just for the benefit of current generations, but to ensure that young people leaving care can become able parents, and therefore prevent the intergenerational cycle of abuse and neglect.

9.2 Current practice in Queensland

As indicated in Chapter 7, every case plan for a young person aged 15 or over in out-of-home care must include a 'transition from care' plan. The Child safety practice manual identifies eight key life areas that need to be considered to guide the provision of support to young people transitioning to independence. Supports and actions should be recorded in the areas of relationships and connections, cultural and personal identity, placements and housing, education and training, employment, health, life skills and financial resourcing. A child's progress towards achieving transition goals is documented as part of the child's case-plan review, or at a minimum every six months.

Managing a young person's transition from care is the responsibility of Child Safety officers (except in Logan and Goodna where a funded non-government organisation currently delivers transition-from-care support).

The target group for transition-from-care planning

There has been a 24 per cent increase in the number of young people aged 15 and over leaving out-of-home care over the last four years (from 419 in 2007–08 to 518 in 2011–12). This increase for 15 to 17 year olds is in contrast to the rate at which the total cohort of children are exiting care, which decreased by 13 per cent over the same period from 1,544 to 1,350. These changes reflect the increased lengths of time that children are staying in out-of-home care and mean that the cohort on exit is growing older.[4]

According to records of the Department of Communities, Child Safety and Disability Service (the department), as at 30 June 2012:

- there were 1,273 young people aged 15 and over who were subject to a child protection order granting guardianship to the chief executive
- transition-from-care planning had occurred for 73 per cent (927 young people), with 91 per cent (841) of these participating in their own planning
- some young people who had exited care were receiving support services past the age of 18 under what is called a 'support service case'; however, there are no data available on the number of these cases because they are not counted as part of a Child Safety officer's caseload.
- Information from Children's Commission Community Visitors in 2010–11 indicate that the situation for Aboriginal and Torres Strait Islander young people is very similar, with only a slightly higher percentage (27 per cent compared with 24 per cent) having no leaving-care plan.[5]

Funding transition from care

Funding for helping children transition from care should take into account current departmental funding (see below), the federal Transitional to Living Allowance and any other federal funding or welfare payment sources.

Departmental funding

Resources for transition-from-care plans are provided by the department. There is no dedicated funding, so costs are met from the budget for child-related costs, which are approved by the relevant Child Safety service centre manager in accordance with the young person's case plan or support-service plan.[6] For this reason, financial resources provided to young people varies across Child Safety service centres.[7]

According to the Child Safety practice manual, funding can be accessed for the duration of the transition, including by young people who have left care.

Australian Government support

The Australian Government provides financial support to young people exiting care through a dedicated Transition to Independent Living Allowance — a one-off Centrelink payment of up to $1,500 for young people aged 15 to 25 who are moving from care and who qualify for independent status — as well as the same welfare payments that are available to all young people. [8]

In addition there are national agreements that help raise the profile of young people transitioning from care.

For example, the National Framework for Protecting Australia's Children has 'supporting young people to independence' as a priority area. In October 2011 the federal, state and territory community and disability ministers endorsed a nationally consistent approach to transitioning young people from out-of-home care to independence. This approach is also underpinned by a number of principles that align with Australia's obligations as a signatory to the United Nations Convention on the Rights of the Child.[9] The national approach stresses the need for a gradual transition from care to independence, which includes:

- a strong preparation phase
- a transition phase with access to tailored support to consolidate living skills and promote independence
- an independence phase with support after leaving care to foster resilience and stability.

The National Partnership Agreement on Homelessness supports the following services:

- The **Youth Housing and Reintegration Service** funds service providers to assist all 12 to 20-year-old young people (that is, not only those leaving care) who are at risk of homelessness into housing that provides greater stability and independence. Support focuses on family and community living, maintaining tenancies and linking young people with education and employment. Under this initiative, accommodation includes supervised supported accommodation, community-managed studio units and community-managed young people studios (temporary relocatable accommodation).
- **After Care Services** assist young people who are 18-years-old and are leaving care or have recently left care to transition to independence. Where it does not have a physical presence, Housing Services in the Department of Housing and Public Works is required to engage with local non-government organisations to deliver After Care Services. These services include brokerage funds for extra support to live independently and case-management services to help with transition to independence.
- **Funding to support young people with a disability** who are turning 18 and exiting from state care to community-based living as independent adults. [10]

The National Partnership Agreement on Homelessness, which initially expired in 2012, has now twice been extended together with its funding and is not due to expire until June 2014.[11]

Young people's involvement in planning

As set out above, departmental data show that at 30 June 2012, most young people (73 per cent) had a transition-from-care plan and almost all (91 per cent) of those who had plans were involved in the planning process.

These statistics are not in themselves bad. However, they do not appear to accord with the perceptions of young people. Indeed, a national study found that only 32 per cent of eligible young people reported having a leaving-care plan, and in Queensland only 55 per cent of young people aged 16 years and over in care in Queensland reported being aware of having a transition-from-care plan.[12] Additionally, there is very little evidence of support once the young person is aged over 18. The Children's Commission measures the system as performing below the expected standard in achieving successful transitions of young people to independence.[13]

Young people reported to the Commission that much of the planning that does occur takes place in the few months before a young person is discharged from care, rather than over a few years as is required by the Child safety practice manual. In the CREATE Foundation focus groups, held for the purposes of this inquiry, young people expressed the following concerns: [14]

> They don't start preparing you for transitioning out of care soon enough. I think at the age of 15 it should start.
>
> The timing is shocking. I didn't know until I was 17 I had to plan.
>
> The planning … it's really wishy-washy.
>
> It's not very well structured. The meetings go over your head. It makes it impossible to plan.
>
> Timeframes are too short.
>
> I'm 16 and starting to freak out. No-one's spoken to me about it.

Young people also identified access to funding for leaving care as another area that requires more discussion through the planning process:

> CSOs need to be a lot more informative. All I know is I had a bit of money. My CSO didn't tell me I had [Youth Housing and Reintegration Service] funding available. It felt like I was in the dark.
>
> More funding for young people for [transition from care]. I couldn't use funding for things I really needed funding for. I needed more than just a bed.
>
> Resi needs to have compulsory savings and it helps you buy things for when you leave.
>
> You have to get three quotes on what money is to be spent on. By the time Child Safety makes a decision, the quote is expired.[15]

Transition from care will achieve the best results if it is planned and gradual and involves the young person in identifying their strengths, needs and goals for adult life.[16] The department acknowledges that, in the absence of such planning and engagement with young people, young people may not develop realistic and supported pathways to adulthood.[17] The department also acknowledges that the daily demands and workload pressures on Child Safety officers may mean that adequate resources are not being devoted to the detailed planning with young people about their transition to independence.

However, It is worth noting that delivering services to some young people leaving care is always going to be challenging, no matter how thorough the relevant policies, legislation and procedures or how available the services. Government departments need to ensure that support is delivered in a manner that means young people can engage with them. Spending time developing relationships with these young people is crucial, particularly since this group is likely to feel that the 'system' has previously failed them. The federal Department of Families, Housing, Community Services and Indigenous Affairs states that: [18]

> … the willingness and ability of these young people to engage constructively with support services and to sustain effective relationships without support is a significant issue. This may be true for many young people; however, the literature suggests that those leaving care lack trust … Lack of engagement by many of these young people is a critical issue that must be addressed if government and non-government organisations and services are to effectively reach them.

In its submission in response to the Commission's discussion paper, the department has proposed that Child Safety could develop within its workforce further specific expertise and dedicated resources to support young people during this critical phase, including transition-from-care planning and direct post-care support and coordination through support service cases when required.[19] The Commission agrees that if such dedicated resources were made available, more emphasis could be placed on planning, including engaging with the young person over the three-year planning period, as envisaged in the Child Safety practice manual.

A realignment of caseworkers' functions from those of risk managers to professional practitioners, as proposed in Chapter 7, should also allow for more proactive and constructive planning for independence. The current risk management approach arguably puts the emphasis on the short-term goal of keeping young people safe while in care, at the expense of ensuring long-term benefits.

If the overall aim of reducing demand on the system, and ultimately reducing the number of children in out-of-home-care, is achieved, then Child Safety officers will have more time to dedicate to the support of children in out-of-home care, including planning for their transition.

9.3 The nature and level of post-care support

The existing legislation, policy and procedures relating to young people leaving care in Queensland indicate a desire to provide adequate support. However, there are concerns regarding implementation, particularly in relation to lack of coordination between departments and agencies.[20]

Many young people do not receive sufficient assistance to establish stability and make an effective transition. The federal Department of Families, Housing, Community Services and Indigenous Affairs states that this is due to:

- sudden exits from care without adequate post-care support
- young people exiting care at age 18 and moving to another region or state
- insufficient outreach by post-care and mainstream services
- insufficient capacity and expertise across the system to meet the particular, and often complex, needs of young people
- insufficient support for carers to facilitate a smooth transition
- inadequate assessment of needs and planning support for young people
- young people choosing to disengage from the system
- the low profile of leaving-care services within the broader community
- disparity between policy and practice
- no whole-of-system approach to working with young people transitioning from out-of-home care to independence.

Young people must be able to gain a sense of security by having access to mentors, family and other appropriate adults who are able to guide and support them through this potentially difficult time. Having access to staff within government agencies who have an understanding of the needs and problems experienced by young people will help to improve their access to, and engagement with, housing, education, health and additional support.[21]

In a recent study submitted to the Commission, young people interviewed in Queensland also indicated that they would benefit from being linked in with a youth worker who would assist them with sustaining and changing accommodation, completing their studies, learning to drive, getting a job, maintaining relationships, accessing counselling and developing life skills.[22] The benefits of a mentoring service for young people leaving care were also raised in the Youth Advocacy Centre submission and the CREATE Foundation submissions; the latter highlighting some positive outcomes in an evaluation of the Whitelion Ramp Mentoring Program in Victoria, stating the program showed: [23]

> … many positive effects and substantial promise, including the possibility that it will produce long-term savings and benefits to the community through successful intervention in the lives of high risk, difficult to engage young people.

Collaboration between PeakCare Queensland and CREATE Foundation in 2010 to solicit the views of young people and non-government providers led to the following conclusions: [24]

- Timely service delivery is needed.
- Positive relationships must be developed between young people and Child Safety staff.
- There are significant limits on resources devoted specifically to young people.
- For non-government organisations, working in collaboration with Child Safety staff is highly challenging when working to transition young people from care to independence. This can be due to relationships breaking down when one or both parties do not fulfil their responsibilities, or competing demands and objectives result in divergent decisions being made, impacting on the quality of services delivered.

In Queensland, one Logan-based trial program (jointly funded by Child Safety and the Department of Education, Training and Employment) is delivered by Life Without Barriers. The program's primary aim is to provide practical assistance and support to young people in preparation for transition from state care. A 2011 evaluation of the program found, overall, that it was operating well and that there were clear benefits for participants.[25]

The Commission sees that the benefits for young people of engaging in this type of program could be substantial. Despite information indicating that funding for this service may not be continued by the Department of Education, Training and Employment,[26] the Commission considers that expansion of non-government transition-from-care programs would be beneficial.

Access to stable accommodation

Without stable accommodation it is difficult for young people to succeed in education, employment or training. Research published in 2005 found that there was a clear link between young people who had formal leaving-care plans (incorporating stable housing arrangements) and positive education, employment, housing and financial outcomes.[27] Despite this clear correlation, research still indicates that many young people transitioning from care find themselves homeless or in unstable accommodation.

Given the characteristics of young people in the care system, it is likely that many will initially fail in maintaining accommodation. Ongoing support is essential to ensure they

do not become chronically homeless, engage with adults who will further victimise them, or engage in criminal activity. Data indicate that the housing outcomes of young people leaving care are shaped by two factors: [28]

- the structure of the housing market
- the availability (or absence) of social relationships.

A shortage of appropriate accommodation, and the support to maintain accommodation, adversely affects the ability of young people to live independently, requiring them to return home in the short term, or enter unstable accommodation or homelessness until more suitable and safe accommodation can be found. This may leave them vulnerable to abusive parents who may not want their child to return, and can create extra tension or conflict within the family.

Evidence indicates that young people who do not find suitable accommodation are those who had a high number of placements while in care, had experienced physical or sexual abuse while in care or, before care, had a poor exit plan or had left care in crisis at a younger age. This group also experienced a lack of professional support, substance abuse and mental health problems, which de-stabilised their housing and resulted in lost accommodation because of harassment, violence or relationship breakdown.[29] The same study showed that the housing outcomes for this group were improved by addressing substance abuse, improving relationships with family, and finding the right type of support.

The Australian Association of Social Workers points out there is a lack of information in Queensland on post-care placements; that is, on where young people go on exiting care and how long they stay there. This is despite it being evident that teenagers who have been in care are overrepresented in the homeless population.[30]

Young people themselves have identified the following concerns relating to accommodation:[31]

- They are not being equipped to live independently.
- Their capacity and willingness to live independently are not discussed in the planning process.
- Housing and accommodation options are not explored early enough in the planning process, resulting in few housing options at the point of transition.
- The high rate of homelessness, the lack of suitable long-term accommodation, no priority given for subsidised or government housing all contribute to an inability to compete in an increasingly expensive private rental market.
- Government housing for young people is often located in high-unemployment areas.
- Young people sometimes have to move into temporary or crisis-type accommodation on exiting care.

An Executive Director in the Queensland Department of Housing and Public Works has also suggested that more young people leaving the care system could be gaining access to state-funded social housing. She believes there is a need to:[32]

- educate Child Safety staff about housing services that are available, such as RentConnect and the National Rent Affordability Scheme, which provide financial grants and support to access accommodation.

- give Housing Services adequate notice that a young person is due to turn 18, therefore requiring social housing.
- address the problem of different funding levels provided by Child Safety and Disability Services, which can result in a decrease in support services once a young person with disability leaves care
- clarify the current expectations regarding the role of Housing Services in accommodation. (Housing staff are primarily focused on tenancy management and not case management or direct support to tenants.)

In a study involving 40 young people — 20 from Victoria and 20 from Queensland (Brisbane and Toowoomba) — it was found that while most Queensland young people said they had had a bad experience of being in care (with poor transition-planning, if any), and had experienced a high level of homelessness, none had engaged Department of Housing assistance, support or referral. The study also found that:

> In Victoria transitional housing for young care leavers, prioritisation on the public housing waiting list, and a formalised funded system of access to an aftercare support service provide some aspects of a systemic approach. By comparison in Queensland there is a less comprehensive approach and less experience of post care support by the young people interviewed.[33]

The need for young people to be given priority access to social housing was highlighted in several submissions including the Youth Advocacy Centre submission, which stated that:[34]

> The state must give priority to young people who are leaving care for public and social housing, and safe and appropriate accommodation must be a key component of transition to independence planning.

In Queensland, young people transitioning from out-of-home care who are eligible for housing assistance may receive priority housing. For applicants aged 17 years and under the custody or guardianship of Child Safety and who are transitioning to independence, a joint action plan is developed between Housing Services and Child Safety to determine if social housing assistance is required and the urgency of any response required. If it is determined that social housing is the best solution for the young person, they are automatically streamed into the 'very high needs' category of the Housing Register, which effectively prioritises them for housing assistance.[35]

Internationally, there have been some initiatives to increase the supply of suitable accommodation for young people leaving care and provide support to reduce the risk of homelessness. This sort of initiative often involves offering government incentives to supply accommodation for young people, or regulation of services to ensure that young people are supported. Initiatives have included:

- the use of public and private sector resources
- funding providers to specifically supply accommodation for young people discharged from statutory care through supported accommodation or training centres
- allocating funds to statutory housing bodies to supply housing specifically for all young people in need of assistance
- developing statutory teams resourced to assist young people through to independence, including locating and funding suitable accommodation

- changing legislation to enforce statutory services that work with young people after discharge from care, in areas such as accommodation, education and health.

There is increasing interest in the 'Foyer' model, which originally developed in France. There are variations of the model, but its basis is that it offers accommodation along with closely linked support functions to help a young person maintain stable accommodation, achieve educational outcomes and seek and gain employment. Mentors, personal development programs and community-based activities may or may not be incorporated.

The Foyer model has been widely adopted in the United Kingdom and several schemes now operate with some success in Australia. Examples are:

- Garden Court Youth Foyer in Illawarra, New South Wales
- Miler Live N Learn Campus in Sydney, New South Wales
- Ladder Hoddle Street Youth Foyer in Melbourne, Victoria.

While this approach has attracted some criticism in the United Kingdom for being coercive and focusing more on policing behaviour than providing effective support, evidence suggests that young people in these schemes remain in education, complete courses and engage in employment, and that these models have potential as a practical strategy for dealing with homelessness.[36]

CREATE Foundation nominates the Tasmanian Transition Program, which aims to provide supported accommodation and preferential access to the public housing program for young people leaving care, as a best-practice example for addressing homelessness. The program:

- has a target group of young people up to the age of 18.5 years
- obliges young people to participate in the support arrangements necessary for them to achieve independence and sustain a stable tenancy
- requires the young person to enter into a direct tenancy for two fixed periods of about six months each:
    - The first tenancy is from 17 years of age and when an appropriate property can be found through to their 18th birthday, with the state child protection agency taking the tenancy lease.
    - The second tenancy is for six months from the young person's 18th birthday, with the state child protection agency providing support. If the tenancy is deemed successful, the young person is offered an independent tenancy either in the dwelling or at a more suitable location (with priority access) and the tenancy is operated under normal policies applicable to all tenants of Housing Tasmania.

Although there are, as yet, no rigorous evaluations of supportive housing programs over the longer term, it is understood that as long as young people participate in a program they have stable accommodation and are not at imminent risk of homelessness. The data collected also indicate that program participants experience a number of positive outcomes, including being more likely to be enrolled in school, to have earned a high school diploma, and to be employed.[37]

Education and employment planning

Education is a vital element for success in the adult world. The educational needs of young people who have been in care are significant, as many may have missed school, had little assistance or simply fallen through the gaps in the system. In addition, employment also enables young people to have a sense of purpose and belonging, and provides a foundation on which to establish stability, security and responsible adulthood.

Unfortunately, experiences while in the care system can seriously compromise a young person's ability to engage with, and succeed in, education up to the age of 18. Indeed, in focus groups with the Commission, young people themselves expressed their concerns about the education system and the impact of out-of-home care on educational experiences:[38]

> I need more education to know what I'm going to do. There's one job I'd really love to do — I want to study makeup at TAFE.
>
> There are so many dropouts of children and young people in care because they think they're failures.
>
> We need more understanding from everyone, kids and staff. Some people have been in care and they should respect that.
>
> I got bullied so much for being in care and ended up leaving school. The teachers like to broadcast it [that you're in care].
>
> The school and teachers treat you like you're dumber than you are when you're in care.

It is little surprise, therefore, that young people who leave the care system do not remain in education when they leave care, nor do they always find employment. A Chicago study found that, at the age of 19, 37 per cent of those who had recently left care were not at school or employed. Only 18 per cent of young people who had been in care attended college, compared with 62 per cent of young people in the general population.[39]

Queensland's education support plan is aimed at providing additional assistance for young people in care. Although the aim for all children in out-of-home care is to have an education support plan completed, 6 per cent, or 253 children and young people, did not have an education support plan in 2012.[40] It is also fairly common for a support plan to be developed but to remain unimplemented because of a lack of funds and difficulty linking it to a case plan.[41] This issue was discussed in Chapter 7 and recommendations have been made to remedy this.

Of further concern is research indicating that there is no specific focus by caseworkers on employment planning. Child Safety caseworkers have said that they do not have the requisite expertise or information about career development. Most caseworkers generally felt that career development was not within their remit.[42]

Internationally, there is a trend towards supporting young people who have been in care to continue with education by increasing financial support to this age group through direct funding or fee waivers. The United Kingdom's Children (Leaving Care) Act 2000 allows for young people to be fully funded by the state until the age of 23, if they are engaged in a program of study at the age of 18 through to 21.

In March 2012, the West Australian Minister for Child Protection, the Honourable Robyn McSweeney MP, announced that young people in care may enrol in recognised training courses and not pay course fees. The WA Department of Child Protection negotiated an

arrangement with the West Australian State Training providers (formerly TAFE) so that course fees could be waived for young people with a state care experience.

In terms of participation in employment, the Queensland Department of Education, Training and Employment raised concerns about the minimal options provided in the Commission's discussion paper to improve the 'employability' skills of young people exiting the care system. Considering that developing employment programs and assisting young people into employment is a federal government responsibility, the Department of Education, Training and Employment suggests that the Queensland Government lobby federal government employment services to develop strategies, in partnership with other federal and state government agencies, to provide 'wrap-around support plans that link unemployment benefits, employment plans, individual training and employability skills to improve employment outcomes'.[43]

Some models to improve employability have been proposed in the literature, such as a model for a targeted job search and employment program for each care-leaver.[44] The projected cost was $15,867 per care-leaver over a seven-year period, but this would have resulted in substantially higher savings if the young person was assisted into long-term employment instead of becoming dependent on income support payments.

Support for complex needs

As described in Chapter 7, nearly 17 per cent of young people in out-of-home care have severe and complex psychological or behavioural problems, and about the same proportion have a disability.[45] These children and young people require access to appropriate health, mental health and disability services, and for many the need does not stop when they reach 18 years. It is therefore important that post-care support cater for the special and complex needs of many young people leaving care. (Table 8.1 in Chapter 8 of this report outlines the differences between moderate, high, complex and extreme need, as described in the Child Safety practice manual.)

The department has reported the following initiatives to help young people with a disability transition from the care system:

- funding of $6 million provided to Disability Services under the National partnership agreement on homelessness ($1.5 million each your from 2008–09 to 2012–13) for transition-from-care planning for young people 15–18 years and post-care support for young people 18–25 years
- the Transition and Post-Care Support – Disability program, which funds 12 transition officers in 11 Evolve services throughout the state. The work of the transition officers is supported by a detailed practice manual developed by the department
- funding to two non-government organisations (Community Living Association and Open Minds) to provide transition-from-care planning and post-care support (this is also funded through the National Partnership Agreement on Homelessness)
- funding by Disability Services to the Young Adults Exiting the Care of the State program, which provides accommodation support and assistance with community living; Disability Services has allocated $37.149 million to support 364 young people through this program.[46]

The department has advised that an evaluation of the Transition and Post-Care Support — Disability Program has shown that the program's main strength is the role of the transition officers themselves, as well as the combined support provided by both

government and non-government agencies, the flexibility and continuity in transition support and strong links with the regions.[47]

The Commission has heard evidence from Professor Lesley Chenoweth about the marked disadvantaged experienced by young people who have an intellectual disability. They are at increased risk of: [48]

- homelessness
- exploitation and abuse, particularly sexual abuse
- unemployment
- early pregnancy
- poor mental health
- addictions
- financial debt.

The Office of the Public Advocate has highlighted to the Commission that:[49]

> The poor outcomes for young people transitioning from out-of-home care reflect the profile of adults with impaired decision-making capacity. A high proportion of both cohorts have no meaningful day activity (i.e. are not employed, not attending school or post-school education, and not accessing a supervised day activity), are socially isolated, have poor health outcomes and do not have their support needs met.

Young people who have complex needs or multiple problems are currently not being adequately serviced. The Commission has heard that young people under 18 years are 'self-selecting'50 out of care without adequate support or future plans, leading to their inability to support themselves either financially or emotionally.[51] It is likely that this group of young people are 'opting out' of care for such reasons as the perceived 'failings' of the state as a 'corporate parent' and their general mistrust of the system.[52] This reluctance to engage is compounded by the effects of past abuse and related trauma, which are often not adequately addressed while the young person has been in care. Further, for various reasons, Child Safety officers may have been unable to meet the complex needs of these young people in the areas of mental health, general health, drug and alcohol use, and education.

Child Safety has produced a practice paper, *A framework for practice with 'high-risk' young people* (12–17 years), which outlines effective approaches for this group. However, it is evident that some young people are still not accessing or being provided with appropriate support. It is the Commission's view that given a lack of specific specialist positions to work with young people leaving care in Queensland, it is even more likely that those deemed 'high risk' will fall through the gaps as Child Safety officers struggle to balance the demands of their caseloads.

As well, UnitingCare comments that Disability Services will not confirm a young person's ongoing funding until the young person turns 18, making it difficult to conduct pre-exit planning.[53] The Office of the Adult Guardian goes further and indicates that: [54]

> … there is currently a serious disconnect between the provision of services to children with a disability provided by the Child Protection Service and the provision of services by Disability Services to a disabled adult who has turned 18. This is an issue that needs to be addressed to ensure that disability is appropriately addressed no matter what the age of a person might be.

An example of the complexities of providing transition-from-care support is shown in the case study below, provided by the Life Without Barriers Transition From Care Program.

Case study – 'Carla'

Carla was referred to the program four months before turning 18. She had complex mental health needs and had been involved with the youth justice system. Work with Carla focuses on supporting her to protect herself, make good decisions in daily life and develop appropriate social behaviour.

She is also being supported through the Adult Mental Health Care Program, PHAMS and Disability Services. An application is progressing though the Queensland Civil and Administrative Tribunal to gain assistance from the Public Trustee and Adult Guardian.

Carla has been linked to a Disability Employment Network following an assessment by a Job Capacity Assessor. She has been assisted to obtain urgent medical attention and supported through critical incidents. The TFC [transition from care] Coordinator has worked with Carla to put community services in place, support her strengths, reinforce positive behaviours and celebrate her successes.

Program factors seen as contributing to these successful outcomes relate to:

- the flexibility of the program — the approach to goal planning respected Carla's capacity to plan and achieve numerous goals; short-term youth worker support was provided when necessary; and contact arrangements suited her
- a holistic approach to working with Carla, addressing the range of her transitional needs in a way that took account of her mental health needs
- client-centred, strengths-based and voluntary — which means Carla participates in the program because she wants to. She is listened to and given information to enable her to make her own decisions.

Source: Submission of Life Without Barriers May 2013, Attachment 1 [p12].

9.4 To what age should supports continue?

Queensland is the only state where legislation, policy and practice are unclear as to how long the state must continue to deliver support once young people leave the care system at 18 years of age. The department has the capacity to fund placements after 18 years, but this is seldom done and usually only for young people to finish high school. Post-care support may be provided at the discretion of the Child Safety service centre manager through a support service case. Financial assistance is available to children to support them during their transition.[55]

If a coordinated and multi-agency program of post-care support is to be introduced in Queensland, consideration must be given as to the age to which it should extend. Young Australians are increasingly dependent on their families for longer periods with nearly 60 per cent of 15 to 24-year-olds living with their parents, and the proportion of 20 to 24-year-olds living at home increasing from 37 per cent in 1996 to 40 per cent in 2001.[56] In comparison, most foster carer payments automatically cease when the young person in care turns 18, and there appear to be no data on how many young people stay with their foster carers beyond this age.

The fundamental difference for young people who are leaving the child protection system is that they do not have the 'safety net' of family and parents that young people in the general population have. Without this 'safety net', it is unlikely that young people will access services or that their long-term prospects will improve. For this reason, it is important that young people leaving care are linked with adults and mentors who are able to give them a sense of security and offer advice and support when needed during those years following leaving care, and where possible throughout their lives. Research

has consistently demonstrated that young people who have had stable accommodation and relationships while in out-of-home care do better once they leave.

It is questionable whether a young person is ready to consider planning for their independence at 15 years of age. Perhaps at this age the focus should be on acquiring basic skills needed as an adult, such as finances, part-time employment, cleaning and cooking, with more formal planning undertaken later. Also, if a young person is in a stable placement with foster or kin carers, there is a need for clarity about the security of this placement after the young person turns 18.

The Commission's discussion paper raised the question as to what age post-care support should be provided. The submissions to the Commission generally fell into two groups: those that felt young people should be supported until 21 years and those that felt they should be supported until 25 years. Those that advocated for 21 years came largely from government departments and indicated that the current government has made an election commitment to support young people leaving care until 21 years.[57] Those in support of a 25 year cut-off included mainly non-government organisations and individuals, with most adding that in the later stages support would be focused on financial assistance and assistance to complete education and training.[58]

One study recommended that an integrated model of support should be implemented for young people up to 25 years of age, again referring to the very high proportion of young people in the general population aged 18 to 29 years who remain at home with their parents, and noting that transition to adulthood is a gradual and iterative process rather than a discrete event in a young person's life.[59] Additionally, as pointed out by another study, 25 years of age reflects the convergence of full brain development, completion of post-secondary education and connection to employment, further education, child rearing and other pursuits that take place by the age of 25.[60] In a substantial review of the leaving-care system in Australia, it was concluded: [61]

> … at the very least care authorities should aim to approximate the ongoing and holistic support that parents in the community typically provide to their children after they leave home until they are at least 25 years of age.

Young people offered the following views to the Commission in relation to post-care support: [62]

> Need support up to 21 (financial, emotional, counselling). Make sure all after-care needs are met.
>
> Placements being flexible upon the young person turning 18.
>
> In mainstream society, kids get to stay with their families post 18. This isn't available to children and young people in care.
>
> Should still have someone there to access after you transition. As it is, you often have no-one to go to or turn to.

Most other jurisdictions in Australia have policies or programs that specify an upper age for post-care support of those aged 21 to 25 (see Table 9.1 below). Nationally, all jurisdictions are committed to formal transition planning and support under the National Framework for Protecting Australia's Children.[63] However, there is a difference in the nature, timing and duration of supports across jurisdictions. Although each jurisdiction has legislation relating to support for young people to transition to independence, the period that these supports are provided varies.

Although the Queensland Government has made a pre-election commitment to support young people leaving care up to 21 years of age, no policy implementation details have

yet been announced. Given the Queensland Government's commitment and the support from submissions and research for a higher age limit, the Commission is of the view that support, including financial support, should be available until at least the age of 21 years.

Recommendation 9.1

That the Child Protection Reform Leaders Group develop a coordinated program of post-care support for young people until at least the age of 21, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with non-government organisations to ensure the program's delivery.

Table 9.1: Comparison of leaving-care arrangements in Australian state and territory legislation

Jurisdiction and legislation source	What is provided
Victoria *Child Youth and Families Act 2005*, Chapter 2	The department has the responsibility to ensure the provision of services to assist in supporting a person to 21 years of age, who has been in the custody or under the guardianship of the department, and who on leaving such custody or guardianship, is of an age to, or intends to live independently
Western Australia *Children and Community Act 2004*, Part 4, Division 6 and subdivision 3	The department must ensure that a child who leaves the department's care after the age of 15 is provided with any social services that are appropriate having regard to their needs – potentially up to the age of 25 Services provided must include assisting them with: Accommodation, education and training, employment, obtaining legal advice, accessing health and counselling services Assistance may include financial assistance comprising funding contributions or grants
New South Wales *Children and Young Persons (Care and Protection) Act 1998*, Chapter 8, Part 6	The minister must arrange assistance for children over 15 years who leave out-of-home care until they reach 25, as is considered necessary having regard to their safety, welfare and well-being An extensive framework, including access to support for young people until 25 years, and in exceptional cases support can be provided beyond 25 years Assistance may include: Information about resources and services, financial assistance for obtaining accommodation, education and training, finding employment, legal advice and accessing health and counselling services The minister has discretion to continue appropriate assistance after the age of 25
Northern Territory *Care and Protection of Children Act 2007*, Chapter 2, Part 2.2	The department must ensure appropriate services to a young person who has left care, is between 15 and 25 years of age, and was last in the department's care for a period of at least 6 months, and is unlikely to be in care again The department may assist with (but not limited to) accommodation, education and training, employment, legal services, health and counselling services. This may include financial assistance
South Australia *Children's Protection Act 1993*, Part 7, Division 1	The minister must assist in providing services to assist persons who have been under custody or guardianship of the minister, to prepare for transition to adulthood Post Care Services social work program is an information, advocacy, referral and support service in the areas of health, education, employment, housing, financial management, parenting skills for anyone aged 18 or over who was in the care of the state for 6 months of more
Australian Capital Territory *Children and Young People Act 2008*, ss 503, 529I	If the department stops having parental responsibility for a child or young person (for any reason) it may arrange for financial or other assistance for that person, up to the age of 25 years The department may provide appropriate services including those relating to accommodation, education and training, finances, legal advice and counselling
Tasmania *Children, Young Persons and Their Families Act 1997*, s 7(2)(h)	Provides a requirement to support young people to successfully transition to independence. Administrative policy provides further in-depth guidelines, including a requirement of a minimal period of one year post leaving care support and provision for ongoing support up to 25 years through the After Care Support Program
Queensland *Child Protection Act 1999*, Chapter 2, Part 6 and Schedule 1	Provides a requirement to support young people to transition to independence. Further details and procedures are provided through administrative policy, with support not expected to exceed 12 months post leaving care at 18 years

9.5 The role of the non-government sector in transition from care

Non-government organisations partner with the department to help provide transition-from-care support. However, their role can be hampered by current legislation limiting their ability to manage these activities: [64]

> [UnitingCare staff] are limited in their ability to manage these activities [transition-from-care support] as under current legislation they do not have primary case-management responsibility for the young person and are prohibited from sharing information about the young person with other service providers.

Non-government organisations have told the Commission that they are interested in providing transition-from-care planning, particularly for those young people in residential care.[65] It may be unrealistic to expect child protection workers, who are managing investigations and interventions for younger children, to adequately provide post-care management of those young people. The department has noted a number of advantages in the delivery of post-care support services by non-government agencies, as is the case in many Australian jurisdictions: [66]

- Young people accessing a community agency will perceive less 'stigma' than when dealing with a statutory child protection agency.
- A community agency, ideally a youth-focused service with networks to housing, education, and employment services, will facilitate strong ongoing links to essential community support.
- A community agency is well placed to transition a young person who requires support beyond 21 years, such as young parents, young people with a disability or mental illness, or young people who have experienced sexual abuse, with ongoing support services.

Submissions responding to the Commission's discussion paper generally agreed that Queensland's non-government sector had the capacity to deliver transition-from-care planning, or could develop the capacity with the right support. As highlighted by the department in its submission, this would require additional resources and the development of specific funding agreements with organisations to provide this service. Boys Town also highlighted: [67]

> It is our belief that this work [transition from care] cannot be effectively carried out within a statutory agency due to systemic issues regarding the nature of this work. The Discussion Paper notes that transitioning young people from care requires workers to establish relationships with them that require time and consistency in contact. This is difficult to achieve in an agency striving to meet an ever changing mosaic of priorities relating to ensuring the safety of children. In resource poor environments, there will always be inherent tension between responding to crisis to meet the immediate safety needs of children with the need to provide longer term and consistent interventions with some client groups including young people transitioning from care.

The Aboriginal and Torres Strait Islander Women's Legal Services NQ Inc. indicated support for outsourcing transition-from-care planning to non-government organisations and that: [68]

> Existing services for Aboriginal and Torres Strait Islander youth be given priority to provide youth services, subject to suitable standards of governance and other suitability criteria.

The department agrees with granting non-government sector responsibility for providing transition-from-care services before the young person turns 18 years of age, but submits that the department should retain case-management responsibility for these young people because the department's statutory responsibility continues to apply till the young person turns 18. It supports the non-government sector having responsibility for both case management and service provision for young people from 18 years to 21.

UnitingCare Communities raised concerns about splitting the planning and support between two age groups — 15 to 18 year olds and 18 to 25 year olds — as there are differences in developmental and transitional needs of young people.[69] Any split in transition-from-care planning would need to take into account a young person's developmental readiness and their links to either the department or a non-government organisation.

The outsourcing of post-care services to the non-government sector is estimated by the department to cost between approximately $2.1 million and $2.46 million. These figures are based on an estimated 350 to 410 cases per annum respectively with a caseload of 20 per staff member for an average of two hours per week with each staff member costed at $120,000 per annum, including on-costs and organisational costs. These figures do not include brokerage or support funds to assist in the access to housing or further education. Options for brokerage funding include: [70]

- the non-government agencies assisting young people to access brokerage funds available through the federally funded After Care Services
- allowing young people to whom the non-government agency is providing post-care support to access departmental funding from the child-related costs budget
- funding non-government services with a budget that includes brokerage funds to provide specific support and assistance to individuals.

The Commission wishes to clarify that there is a whole-of-government responsibility to provide access to services, regardless of which agency is managing the case plan. Government needs to ensure this access is available and that there are avenues to address problems if non-government organisations are having difficulty accessing services.

Recommendation 9.2
That the Department of Communities, Child Safety and Disability Services fund non-government agencies (including with necessary brokerage funds) to provide each young person leaving care with a continuum of transition-from-care services, including transition planning and post-care case management and support.

9.6 Coordination of post-care support

Submissions to the Commission indicate the need for a coordinated approach, with all stakeholders having a key role. Foster Care Queensland's view is that:

> Taking a 'whole of village' perspective is essential. It is not just the CSO's role to do transition support. Carers, residential staff, local community centres, department of education, health and housing all need to commit to recognising and prioritising this need.[71]

The department has the same view:

> There is a shared responsibility across government to meeting the needs of young people transitioning from out-of-home care …[72]

BoysTown has also expressed the same view: [73]

> … if the State's responsibility is to act as a 'good parent' then it is imperative that adequate resources be provided to support all young people leaving its guardianship to establish their independence in a positive way in the community. This requires a partnership between whole of government services, e.g. Health and Education, as well as with the community sector.

The department acknowledges in its submission that there is a need to improve transition planning in Queensland by providing additional support to young people leaving care, both before and after the transition. Proposals include: [74]

- amending legislation to make it clear that the obligation to help a young person transition to independence may extend until 21 years of age
- enabling support service cases to be included in caseload calculations and promoting the use of these with staff as a mechanism to support transition from care
- developing a post-care support program.

In developing transition-from-care plans, it is imperative that young people are made aware of all available resources and support options to assist them once they leave care.

Transition-from-care programs in other jurisdictions

The United Kingdom's Children (Leaving Care) Act 2000 provides mandatory supports until the age of 21. The legislation focuses on the provision of finances, education until 24 years of age and training, along with the provision of a personal adviser to assist in transitional planning. One study of the impact of the legislation interviewed 106 young people and their leaving-care workers in seven local authorities.[75] This study found that most young people either felt very, or quite, well prepared for leaving care, although young people with a disability and those with emotional and behavioural difficulties felt less so. The areas where good preparation had been specifically identified included having a healthy diet, having good personal hygiene, knowing about safe sex and managing substance use. Care-leavers had received help from a wide range of people including family members, foster carers, and health and welfare professionals. Most of the young people had also had a formal leaving-care review and a comprehensive assessment of their needs before discharge.

In 1999 the United States enacted the *Foster Care Independence Act 1999*, which increased federal support to states for independent living programs, including doubling

the federal allotment for the program, which provides payment for room, board and medical coverage up to 21 years of age.[76] New legislation also created the John H. Chafee Foster Care Independence program, which emphasises independent living skills with a focus on education, employment and life skills training. Legislation introduced in 2008 established the option, by providing matched federal funding, of maintaining eligible young people 'in care' until 21 years. Eligibility is met if the young person is in high school, in post-secondary or vocational training, in pre-employment programs, employed for at least 80 hours per month, or medically exempt from the above activities.[77]

CREATE Foundation nominates Victoria as providing a best-practice example of ongoing support through a suite of services and resources for young people transitioning from care, including:

- Mentoring — all mentors are volunteers from the community and are specifically trained to work with young people leaving care.
- A post-care support, referral and information service — this service provides support for young people aged 18 to 21 years who require assistance after leaving state care. In 2009 this service was operating in eight regions with funding of $1.9 million
- Leaving care brokerage — this is flexible funding available for both those leaving state care and those young people up to 21 years who need financial support after leaving care. All regions have given an undertaking to support any young person in need, regardless of their region of origin. Financial help can be used for accommodation, education, training, employment, and access to health and community services that are not supported by Medicare. There is no monetary limit within reason, except for emergency funding which has a limit of $500. The total brokerage budget was $1.7 million in 2009.
- A leaving care helpline — this is a service for 16 to 21-year-olds who are leaving or have left care. The helpline is open from 10.00 am to 8.00 pm on weekdays and 10.00 am to 6.00 pm on weekends and public holidays.

CREATE Foundation nominates New South Wales as providing a best-practice example for transitioning young people with a disability to independence. A program (developed in partnership with the Department of Ageing, Disability and Home Care, Department of Communities, and New South Wales Housing and Human Service Accord) provides the following:

- a person-centred approach to young people leaving care
- notification to the Department of Ageing, Disability and Home Care two years before a young person exits from care
- once a referral to the program has been made, assessment of young people and establishment of a leaving care plan, with other agencies becoming engaged.

The program was evaluated by the Social Policy Research Centre, which found that it is an important and well-funded program that generally meets its objective: to support young people with a disability to manage the transition from care.

CREATE Foundation nominates the Rapid Response program in South Australia as a best-practice example of government agencies collaborating and focusing on the health, housing, wellbeing and education needs of children and young people under guardianship. The program targets all children and young people aged up to 18 years

under guardianship and includes a focus on post-guardianship supports and services to enable a smooth transition to adulthood by providing extra assistance. Government services are required to give priority access and additional services to this target group, with program guidelines designed to reduce waiting times, reduce ineligibility because of criteria restrictions, improve communication between key players and fill gaps in services. The aim of the program is to meet the needs of children and young people under guardianship in five areas:

- case management
- assessment: increasing the capacity of the system to provide psychological, developmental, physical health and educational assessments
- service response: increasing the capacity of the system to provide services required by children and young people under guardianship through all government departments
- information sharing and privacy: increasing information sharing and continuity of information
- regional guardianship service networks: adopting collaborative, holistic, multi-agency regional service networks.

The Commission is of the strong view that it is the responsibility of all government agencies and, where appropriate, key non-government stakeholders to appropriately support and fund young people leaving care, with each relevant government department needing to contribute to the leaving-care plan and post-care support. The Commission has concluded that transition-from-care planning and transition-from-care services would be best done by non-government agencies, with these same agencies being funded for case management and the provision of post-care support. While it is acknowledged that some capacity building may be required in the non-government sector, models of existing transition-from-care programs, for example the Life Without Barriers Transition from Care program, already show substantial promise. Funding agencies to provide both pre- and post-transition support would enable continuation of relationships established while the young person is in care into post-care support.

Recommendation 9.3
That the Child Protection Reform Leaders Group include in the coordinated program of post-care support, access and referrals to relevant Australian Government programs, negotiating for priority access to those programs.

9.7 Summary

Delivering services to some young people leaving care is always going to be challenging, no matter how thorough the relevant policies, legislation and procedures or how available the services. Given the level of distrust these young people may have about a system that they feel has failed them in the past, it is crucial to spend time developing relationships and building trust.

This is important because the long-term prospects for young people on leaving care depend on it.

The state, as the substitute parent, needs to support them by ensuring that they have a planned, tailored and gradual transition to independence, suitable housing, educational opportunities and the skills to gain employment. This can only be achieved with good

planning and adequate post-care support, but the Commission has found disconcerting gaps both in transition planning and in the targeted provision of post-care support. There is also confusion over how long post-care support should last after a child leaves care. Queensland is the only state where legislation, policy and practice are unclear as to how long the state must continue to deliver support once young people leave the care system at 18 years of age.

Apart from the legal obligation, there are strong economic arguments for providing support to young people transitioning from care. The highest cost saving is found in the reduced use of mental health services, family support services and justice services. These costs arise because young people leaving care are at greater risk of experiencing poor life outcomes. It is important to invest, not just for the benefit of current generations, but to ensure that young people leaving care can become able parents, and therefore prevent the intergenerational cycle of abuse and neglect.

If the overall aim of reducing demand on the system, and ultimately reducing the number of children in out-of-home-care, is achieved, then Child Safety officers will have more time to dedicate to the support of children in out-of-home care, including planning for their transition.

The existing legislation, policy and procedures relating to young people leaving care in Queensland indicate a desire to provide adequate support. However, there appears to be lack of coordination between departments and agencies. It is the responsibility of all government agencies and, where appropriate, key non-government stakeholders to appropriately support and fund young people leaving care, with each relevant government department needing to contribute to the leaving-care plan and post-care support.

In this chapter the Commission has made the case for a greater involvement of non-government agencies in transitioning young people to independence, with these same agencies being funded for post-care case management and the provision of post-care support.

Endnotes

[1] Raman, S, Inder, B & Forbes, C 2005, *Investing for success: the economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

[2] Morgan Disney & Associates Pty Ltd & Applied Economics Pty Ltd 2006, *Transition from care: avoidable costs of alternative pathways of young people exiting the formal child protection care system in Australia*, vol. 1, Morgan Disney & Associates, viewed 12 June 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/vol1_transition_care.pdf›.

[3] This estimate includes the substantially higher outlays incurred by the Australian Government, such as income support payments and health care.

[4] DCCSDS 2012, *Exiting out-of-home care,* Queensland Government, viewed 21 December 2012, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase-permanency-planning/exiting-out-of-home-care›.

[5] Children's Commission 2012, *Leaving out-of-home-care – successful transitions to independence,* Commission for Children and Young People and Child Guardian, viewed 27 May 2013, ‹http://www.ccypcg.qld.gov.au/reportsCP/successful-transitions-to-independence/index.aspx›.

[6] Child Safety Service Centres use Child Related Costs to meet the needs of children and young people subject to intervention in circumstances where the fortnightly caring allowance and Commonwealth and State Government benefits do not meet the cost. Child Related Costs need to be part of an approved case plan or placement agreement: DCCSDS 2012, *Policy statement: child related costs - client support and family contact*, Queensland Government, Brisbane. Child Safety Services has a range of policies that provide guidance on what expenses can be covered by Child Related Costs.

[7] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, p. 22.

[8] Department of Education, Employment and Workplace Relations 2011, *Transition to independent living allowance (TILA): eligibility criteria*, Australian Government, viewed 27 May 2013, ‹http://www.tila.org.au/eligibilitycriteria.html#C1›.

[9] FaHCSIA together with the National Framework Implementation Working Group 2011, *Transitioning from out-of-home care to independence: a nationally consistent approach to planning*, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/out_of_home_care_rpt.pdf›.

[10] FaHCSIA 2012, *Queensland 2010-11 NPAH annual report*, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/10_2012/qld_npah_2010-11_annual_report.pdf›.

[11] Queensland Cabinet and Ministerial Directory 2013, *Gillard government fails Queensland's homeless*, media release, 30 May, Minister for Communities, Child Safety and Disability Services: Davis, T and Minister for Housing and Public Works: Maunder, T, viewed 3 June 2013, ‹http://statements.qld.gov.au/Statement/2013/5/30/gillard-government-fails-queenslands-homeless›.

[12] McDowell, J 2011, *Transitioning from care in Australia: an evaluation of CREATE's what's the plan? campaign*, CREATE Foundation, Sydney; Children's Commission 2012, *2011 Views of children and young people in foster care survey*, Commission for Children and Young People and Child Guardian, Brisbane.

[13] Children's Commission 2012, *Leaving out-of-home-care – successful transitions to independence,* Commission for Children and Young People and Child Guardian, viewed 27 May 2013, ‹http://www.ccypcg.qld.gov.au/reportsCP/successful-transitions-to-independence/index.aspx›.

[14] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, p. 22. The CREATE Foundation is a community organisation that offers programs and activities for children and young people in care aged from 5 to 25 years.

[15] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, p. 22.

[16] Mendes, P 2010, 'Moving from dependence to independence: a study of the experiences of 18 care leavers in a leaving care and after care support service in Victoria', *Children Australia*, vol. 35, no. 1, pp. 14–21.

[17] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p94].

[18] FaHCSIA 2010, *Transitioning to independence from out of home care – discussion Paper*, Australian Government, viewed 24 October 2012, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/transitioning-to-independence-from-out-of-home-care-discussion-paper›, p. 5.

[19] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp96–7.]

[20] Submission of Australian Association of Social Workers, August 2012 [pp16–7].

[21] Cashmore, J & Paxman, M 2006, 'Predicting after-care outcomes: the importance of "felt" security', *Child and Family Social Work*, vol. 11, no. 3, pp. 232–241.

[22] Submission of Phil Crane, Judith Burton and Jatinder Kaur, 15 March 2013 [p6].

[23] Submission of Youth Advocacy Centre Inc., March 2013 [p12]; Submission of CREATE Foundation, 15 March 2013 [p36].

[24] Baker, J 2010, *Transition from Care Project*, PeakCare Queensland Inc. and CREATE Foundation, Brisbane.

[25] Submission of Life Without Barriers, 1 May 2013, Attachment 1.

[26] Submission of Life Without Barriers, 1 May 2013 [p1].

[27] Raman, S, Inder, B & Forbes, C 2005, *Investing for success: the economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

[28] Johnson, G, Natalier, K, Mendes, P, Liddiard, M, Thoresen, S, Hollows, A & Nailey, N 2010, *Pathways from out-of-home care: final report no. 147,* Australian Housing and Urban Research Institute, Melbourne.

[29] Johnson, G, Natalier, K, Mendes, P, Liddiard, M, Thoresen, S, Hollows, A & Nailey, N 2010, *Pathways from out-of-home care: final report no. 147,* Australian Housing and Urban Research Institute, Melbourne.

[30] Submission of Australian Association of Social Workers, August 2012 [p16].

[31] CREATE Foundation 2010, *What's the answer? Young people's solutions for improving transitioning to independence from out of home care,* CREATE Foundation.

[32] Exhibit 27, Statement of Deidre Mulkerin, 10 August 2012 [p19: para 76 – p20: para 80].

[33] Submission of Phil Crane, Judith Burton and Jatinder Kaur, 15 March 2013 [pp3, 6].

[34] Submission of Youth Advocacy Centre Inc., March 2013 [p12].

[35] Exhibit 27, Statement of Deirdre Mulkerin, 10 August 2012 [p12: para 45].

[36] Smyth, C & Eardley, T 2008, *Out of home care for children in Australia: a review of literature and policy, final report*, Social Policy Research Centre University of New South Wales, Sydney.

[37] Dworsky, A, Dillman, K, Dion, M, Coffee-Borden, B & Rosenau, M 2012, *Housing for youth aging out of foster care: A review of literature and program typology,* U.S. Department of Housing and Urban Development, Washington.

[38] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, pp. 19, 23.

[39] Courtney, M & Dworskey, A 2005, *Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19*, Chaplin Hall Publication, Chicago.

[40] Exhibit 32, Statement of Lynette McKenzie, 10 August 2012 [pp14–5: para 85].

[41] Tilbury, C 2010, 'Educational status of children and young people in care', *Children Australia*, vol. 35, no. 4, pp. 7–13.

[42] Tilbury, C, Creed, P, Buys, N & Crawford, M 2011, 'The school to work transition for young people in state care: perspectives from young people, carers and professionals', *Child and Family Social Work*, vol. 16, no. 3, pp. 345–352.

[43] Exhibit 190, Submission of Department of Education, Training and Employment, March 2013 [pp6–7].

[44] Raman, S, Inder, B & Forbes, C 2005, *Investing for success: the economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

[45] Submission of Department of Communities, Child safety and Disability Services, December 2013 [p92].

[46] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp48–9].

[47] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p49].

[48] Exhibit 47, Statement of Professor Lesley Chenoweth, 24 August 2012 [p7: para 36].

[49] Submission of Office of the Public Advocate, March 2013 [p4].

[50] Transcript, Darren Frame, 6 February 2013, Brisbane [p105: line 15].

[51] Transcript, De-identified Witness, 6 February 2013, Brisbane [p84].

[52] FaHCSIA 2010, *Transitioning to independence from out of home care –discussion Paper*, Australian Government, viewed 24 October 2012, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/transitioning-to-independence-from-out-of-home-care-discussion-paper›.

[53] Submission of UnitingCare Community, October 2012 [p22: para 99].

[54] Submission of Office of the Adult Guardian, March 2013 [p10].

[55] *Child Protection Act 1999* (Qld) s. 159(2).

[56] Cashmore, J & Mendes, P 2008, 'Australia' in Stein, M & Munro, E (eds.), *Young people's transitions from care to adulthood*, Jessica Kingsley Publishers, London.

[57] Exhibit 190, Submission of Department of Education, Training and Employment, March 2013 [p5]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p44]. See also Submission of UnitingCare Community, October 2012 [p23: para 103].

[58] Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, 15 March 2013 [p6]; Submission of PeakCare Queensland Inc., October 2012 [pp56, 58].

[59] Raman, S, Inder, B & Forbes, C 2005, *Investing for success: the economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

[60] Freundlich, M 2010, *Chafee plus ten: a vision for the next decade*, The Jim Casey Youth Opportunities Initiative, St Louis.

[61] Mendes, P 2009, 'Young people transitioning from out of home care: a critical analysis of Australian and international policy and practice', *Australian Social Work*, vol. 62, no. 3, pp. 388–402.

[62] CREATE Foundation 2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion, p. 23.

[63] Council of Australian Governments 2009, *Protecting children is everyone's business – National Framework for Protecting Australia's Children 2009–2020*, Commonwealth of Australia, Canberra.

[64] Submission of UnitingCare Community, October 2012 [p22: para 95].

[65] Submission of Anglicare Southern Queensland, November 2013 [p5].

[66] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p96].

[67] Submission of BoysTown, 15 March 2013 [p10].

[68] Submission of Aboriginal and Torres Strait Islander Women's Legal Services NQ Inc., March 2013 [p17].

[69] Submission of UnitingCare Community, 15 March 2013 [p13: para 65].

[70] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p47].

[71] Submission of Foster Care Queensland, March 2013 [p7].

[72] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p46].

[73] Submission of BoysTown, 15 March 2013 [p9].

[74] Submission of Department of Communities, Child Safety, and Disability Services, December 2012 [pp96–7].

[75] Mendes P, Johnson, G & Moslehuddin, B 2011, 'Effectively preparing young people to transition from out-of-home care: an examination of three recent Australian studies', *Family Matters*, no. 89, pp. 61–70.

[76] Bell, L 2002, *Information packet: transition to independent living,* National Resource Center for Foster Care and Permanency Planning, New York, viewed 13 June 2013, ‹http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/transition_to_independent_living-pkt.pdf›.

[77] *Fostering Connections to Success and Increasing Adoptions Act 2008* (USA).

Chapter 10
Child protection workforce

This chapter focuses on the most vital element in the child protection system: its workforce. As set out in Chapter 7, to achieve good results for children, the child protection system must be equipped with the right tools for case planning, decision-making and working with families. But the system also needs the best workforce to be using these tools. It must have a workforce that is 'fit for purpose'. Successful implementation of the recommendations in this report will depend in large measure on the capacity of the child protection workforce to deliver better services to children and families. The chapter examines first the government workforce and then the non-government workforce, highlighting the similar challenges faced by each but also pointing to where the challenges differ and where controversies lie. The chapter concludes by recommending a consistent and joint workforce planning and development strategy across both sectors to ensure that workers have the capacity to deliver and drive the changes required.

10.1 Why the workforce matters

Families and children cannot be supported, nor children protected, unless the workforce has the necessary skills, abilities, knowledge, aptitude and attitude for the task. Child protection is challenging, demanding and complex. The work calls for the most capable and talented of practitioners. Yet the Commission has heard that the skills and abilities of the child protection workforce in Queensland are uneven: that the current frontline is simply unable to provide the level and quality of casework to children and families that is needed.

The overall intention of the Commission's reforms is to increase the amount of direct support that is offered to children and families — support that will either keep children and families out of the statutory system or meet their needs better while they are in it. From a workforce perspective, the proposed reforms will change the way child protection practitioners do their work. It will make these important differences:

- departmental Child Safety workers will deliver casework for those children in the statutory system that, where possible, will ensure shorter stays, and
- child protection, family support and out-of-home care workers in the non-government sector will take on more responsibilities.

10.2 The government sector workforce

Child Safety Services

According to the Department of Communities, Child Safety and Disability Services (the department), there were 1,477 full-time equivalent frontline staff employed by Child Safety Services across Queensland as at 9 September 2012 (see Table 10.1). The Queensland Public Service Commission defines 'frontline' staff as people delivering a service directly to the public for greater than 75 per cent of their time.[1]

As at 30 June 2012, 89.1 per cent of the workers in frontline roles were female and 10.9 per cent were male.[2] The average age of frontline staff was 38 years.[3] Within Child Safety Services, in June 2012, 79 staff identified as Aboriginal or Torres Strait Islander.[4] The percentage of other culturally and linguistically diverse staff within Child Safety service centres was 7.24 per cent.[5]

Table 10.1: Distribution of frontline positions in Child Safety Services

Position title	Number of positions
Adoption officer	13.80
Child safety officer	885.27
Child safety officer (One Chance at Childhood)	22.00
Child safety officer (After Hours Service)	19.19
Child safety support officer	173.31
Client relations officer	6.50
Coordinator (One Chance at Childhood)	3.60
Coordinator (Out of Home Care)	13.80
Coordinator (One Chance at Childhood)	0.43
Enquiries officer	1.00
Executive director, Policy and Performance	1.00
Family group meeting convenor	35.17
Foster and kinship carer support line worker	1.42
Kinship and foster care coordinator	2.00
Manager	2.70
Manager regional operations	1.00
Principal child safety officer	6.60
Principal complaints and review officer	2.00
Regional director	7.00
Senior adoption officer	4.00
Senior adviser	2.40
Senior complaints and review officer	6.70
Senior practitioner	45.56
Scan team coordinator	14.18
Team leader	203.18
Team leader specified	1.00
Unaccompanied humanitarian minors officer	1.00
Unaccompanied humanitarian refugee minors officer	1.00
Total	**1,476.81**

Source: Department of Communities, Child Safety and Disability Services (unpublished)

The Child Safety practice manual outlines the key roles of staff, both frontline officers and those who support them in Child Safety service centres. These are summarised in Table 10.2.

Table 10.2: Roles of Child Safety service centre staff

Position title	Role
Child Safety service centre manager	The Child Safety service centre manager leads and manages a Child Safety service centre through: • the implementation of quality business and practice systems and standards • ensuring that the child protection services provided comply with relevant legislation, delegations, policies, procedures and quality standards • the establishment of enduring, productive partnerships with approved carers, the community, the public and non-government sectors • the ongoing professional development and management of staff.
Senior practitioner	The senior practitioner supports and monitors the quality of the child protection service provided to children, their families and the community through: • an 'expert' knowledge of child protection practice • mentoring and developing the practice skills and knowledge of child safety officers, child safety support officers and team leaders • monitoring and facilitating the implementation of relevant legislation, delegations, policies, procedures and quality standards • managing the ongoing improvement of child protection practice • participating in, or conducting reviews of, complex or sensitive cases.
Team leader	The team leader: • leads and supervises a team of child safety officers in the delivery of collaborative frontline child protection services to children, their families and communities • provides professional supervision to staff involved in child protection service delivery • ensures that the child protection services delivered comply with legislation, delegations, policies, procedures and quality standards.
Child safety officer	• Child safety officers provide statutory child protection services to children and families through: • undertaking the roles of an authorised officer under the *Child Protection Act 1999* • the application of relevant legislation, delegations, policies, procedures and quality standards • working collaboratively with approved carers, the community and government and non-government service providers.
Child safety support officer	Child safety support officers support the provision of child protection services to children and families through: • assisting child safety officers in their application of relevant legislation, policies and procedures • working collaboratively with approved carers, the community and government and non-government service providers.
Court coordinator	The court coordinator represents the chief executive in court matters by advising and consulting with other child safety officers and promoting a high standard of service to children in relation to court matters and the Queensland Civil and Administrative Tribunal.
SCAN team coordinator	The SCAN team coordinator coordinates the effective functioning of the Suspected Child Abuse and Neglect teams.
Family group meeting convenor	A family group meeting convenor is delegated under the Child Protection Act to convene family group meetings. The family group meeting convenor is to be independent of the case and is not to have decision-making responsibilities for the case. The convenor plans, prepares participants for and facilitates the family group meeting. The convenor also records the case plan developed at a family group meeting.
Administrative staff	Administrative staff provide support services for the staff at the Child Safety service centre. This includes administrative assistance such as reception duties, record keeping and word processing.
Business support officer	The business support officer provides financial, human resource and business support to child safety officers, including specific advice and guidance to the manager about business systems and services.

Source: Department of Communities, Child Safety and Disability Services (unpublished)

Ongoing challenges for Child Safety officers

Child protection agencies in Australia as well as other developed countries have historically faced a number of challenges relating to their frontline caseworkers.[6] The main ones are:

- a significant turnover of staff in government agencies[7] due, in part, to a high burnout rate[8]
- inexperienced staff being rapidly elevated to supervisory and managerial roles[9]
- demand for greater accountability increasing the auditing and procedural requirements of the job, particularly following the implementation of recommendations of the 2004 Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care.

Child Safety staff report excessively high workloads, inadequate support, and unwillingness by senior management and partner agencies to share the risk of keeping children at home. They also report a lack of ongoing resources for children once they have come under the guardianship of the department. All of these limitations impair the quality of their work on the one hand, and job satisfaction on the other.[10]

From April 2011 to March 2012, the separation rate for Child Safety officers was 15.98 per cent. This marked an improvement on rates in earlier years (30.31 per cent from October 2008 to September 2009, and 17.51 per cent from April 2010 to March 2011). However, staff retention remains an ongoing challenge.[11]

The difficulty of retaining a skilled child protection workforce exists in all Australian jurisdictions.[12] The national analysis of workforce trends in statutory child protection states that this is a problem because high turnover means that children and families do not receive the services they need.[13] One of the hidden costs of staff turnover is loss of continuity in the management of cases, forcing children, families, carers and agency staff to re-establish relationships with new child protection staff. The direct financial costs of staff turnover are substantial. In 2008, the department estimated that the cost of turnover per Child Safety officer was $54,964. This figure incorporates costs associated with attracting staff (for example, advertising and career fairs), processing applications, induction and training as well as lost productivity.[14] The department acknowledges that the attraction and retention of skilled workers are major challenges.[15]

The right skills for the job

The new Child Safety workforce will have a different focus than it has had previously. Many of the tasks and responsibilities currently performed by the Child Safety officer will become the responsibility of other agencies in the system. The differential pathway model proposed in Chapter 4 will mean that Child Safety officers will undertake fewer investigations. In many cases a family service assessment or a family response will be performed not by Child Safety but by a non-government agency. In those cases, it will be the non-government agency that is communicating with the family and providing the requisite support services or referrals. The Child Safety officer will work closely with workers in those non-government agencies.

In cases where a Child Safety officer conducts an investigation, it will usually be as part of a multidisciplinary team — that is, often jointly with the Queensland Police Service, and sometimes with Queensland Health.

In the Commission's hearings and in the submissions, there was much attention given to the desirable qualifications for a Child Safety officer. However, the key question is — what skills, knowledge and ability are required for the Child Safety workforce? The Commission has found that, to date, the workforce has been process-focused and risk averse — being driven by assessment tools, rather than by good practice. In Chapter 7 the Commission proposes a return to strengths-based practice, which will require the workforce to build on existing skills and develop new ones to help them focus on family intervention and reunification. Workers will need the skills to develop strong relationships with each other and with children and families. They will also require high-level analytical skills to ensure that decisions are made based on sound evidence in a complex environment, where there are always competing opinions, rights and emotions.

In the hearings, the former director of the department's Training and Specialist Support Branch, David Bradford, detailed the broad spectrum of skills required by officers focused on the statutory end of the spectrum: [16]

> … you would have to actually look at the investigative skills, problem solving skills, the ability to analyse, the ability to … plan and manage interventions, the ability to actually broker out case services and create essential partnerships … case planning work so that people could in fact create a plan, set some goals and then broker that out. You'd have to look at monitoring and evaluation type activities as well in terms of how they would actually monitor the provision of those services. There would have to be some skills around dealing with — and getting down to the very nitty-gritty, dealing with hostile and aggressive individuals, dealing with conflict, dealing with aggression. There would have to be some forensic skills, I suppose, in terms of analysis of evidence.

The department advises that the qualifications for Child Safety officers were broadened in 2008 in response to the creation of a new role for officers — one that emphasised statutory compliance and risk aversion. The range of qualifying bachelor degrees greatly expanded from core human services, social work and psychology degrees to degrees in criminal justice, law, policing, nursing, occupational therapy, anthropology and sociology. The range of qualifications extends to graduates who have never, as part of their study, had any practical experience working with children or families. Also included are degrees that do not mandate inclusion of study in psychology, child development, or the drivers of disadvantage and abuse — even at the theoretical or academic level. The rationale for this expansion was explained in the department's 2007 workforce consultation document:[17]

> Historically, these degrees [in social work and behavioural sciences] were well aligned with underpinning knowledge required to work in the child protection sector. In all cases they contain material relevant to the child and family issues which matched the respective roles of CSOs. The role has now changed. The change is not merely been in the form of repositioning the department to a solely statutory child protection focus, but in the specialisation of roles and the sophistication of systems and processes essential to working in a high risk, statutory environment. The sophistication has occurred in the form of increased evidentiary requirements, familiarity with the pseudo [sic] legal discourse, records management, forensic investigation, workload management and other specialisations.

David Bradford told the Commission that the broadening of the qualifications reflected the need to create a multidisciplinary workforce. It was also a response to the combined problems of high turnover and staff shortages.[18]

Turnover rates have eased somewhat since that time. Also, the staff shortages that gave impetus to the diversification of qualifications as one way to boost staff numbers

occurred at a time when there were only two professional social work programs in Queensland, with approximately 150 graduates annually. There are now five social work programs available in South East Queensland alone, with more than 1,500 current enrolments and a cohort of approximately 500 graduating each year, and this does not take into account the numbers of graduates from human services, psychology and social sciences. Therefore any concerns about a shortage of supply of appropriately qualified entry-level staff should now have been dispelled.

In the current environment, the department has submitted that it continues to value the core qualifications of social work, behavioural and social sciences, and human services. These qualifications are held by most of the Child Safety workforce (about 85 per cent).[19] The department supports narrowing the qualifications back to these core ones (not necessarily just social work, but also behavioural and social sciences, and human services) as a way of preparing staff for complex work that involves assessment, intervention, casework and case management with vulnerable children.[20]This would accord with practice in most other Australian jurisdictions where prerequisite qualifications are more limited to these core disciplines. The department would prefer to retain some flexibility for certain rural and remote locations.

Not surprisingly, the Queensland Branch of the Australian Association of Social Workers has criticised the move away from core human services qualifications.[21] However, other government and community organisations have also submitted that human services qualifications provide the right skills and knowledge for the Child Safety officer role. The Commission's Advisory Group supports a return to social work, human services and psychology degrees as a means of improving casework, case management, assessments, and working with children and young people, families and carers.[22] Life Without Barriers submits that Child Safety officers be required to hold tertiary qualifications, ideally in social work, psychology and human services.[23] The Youth Advocacy Centre proposes social work qualifications as a prerequisite for Child Safety officers[24] and Bravehearts agrees that 'these disciplines provide appropriate entry-level qualifications for child protection practice.' [25]

Responses from some Aboriginal and Torres Strait Islander agencies are similar, although more qualified. Consistent with the department's concerns about finding qualified staff in remote areas, the Aboriginal and Torres Strait Islander Women's Legal Service North Queensland Inc. states that tertiary qualifications should be preferred but there also should be an emphasis on life experience and attitudes.[26] The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) supports tertiary qualifications in the above fields, but states that they should be preferred, not mandatory.[27]

The Commission is of the view that it would be preferable to require university qualifications for Child Safety officers which demonstrate:

- the core competencies required for the work
- a capacity to exercise professional judgement in complex environments
- completion of a practical component of working with children and families.

The gravity of the decisions made on a daily basis by Child Safety officers about other people's lives demands rigorous standards.

Recommendation 10.1
That the Department of Communities, Child Safety and Disability Services require Child Safety officers and team leaders to have tertiary qualifications demonstrating the core competencies required for the work — with a preference for a practical component of working with children and families, demonstrating a capacity to exercise professional judgement in complex environments.

In his evidence to the Commission, David Bradford also made the suggestion that a Bachelor in Child Protection could contribute to a highly skilled and professional child protection workforce. He acknowledged that there was some opposition to this proposal (on the grounds that a specialised degree in child protection might not offer skill transferability) but argued that a bachelor in child protection, if viable, would raise the profile of the workforce by recognising the important role that these workers perform for the community at large.[28] The Commission is of the view that this is one option that should be considered as part of the workforce planning initiative proposed at the close of this chapter.

Given the interdisciplinary nature of the work, and the advantages of having a mature, experienced workforce, the Commission also suggests that it could be useful to work with universities to develop a masters degree or graduate diploma in child protection studies. This would provide a career pathway for individuals who wished to cross over from other disciplines to focus on a child protection role.

Previously, a vocational qualification had been proposed as a possible prerequisite for the Child Safety officer position. At a time when recruitment challenges were highest, an initiative was developed by the Training and Specialist Support Branch of the department to train para-professional staff to become Child Safety officers. The Child Safety–Vocational Education and Training partnership initiative was developed for skilling para-professional staff within the department to be Child Safety officers.[29] Staff who attained a diploma could qualify to become a Child Safety officer once they had also attended the entry-level training program. As at August 2012, 15 officers from this pilot were working as Child Safety officers.[30]

This alternative pathway could be considered, especially for training Child Safety officers in remote areas where it might be difficult to recruit staff. However, in the current fiscal environment, and given the considerations set out above, it would appear to be more efficient and cost effective to take advantage of the skilled workforce now graduating from universities. University education is funded by the Australian Government (and the individual), and university graduates offer a readily available resource for the child protection workforce. This is consistent with the recommendations in the Queensland Commission of Audit Report: [31]

> To reduce duplication with the Australian Government in the provision of VET services, the Queensland Government should focus state investment on certificate level training.

The Commission notes that the Child Safety Support officer role is also a crucial one for the Child Safety service centre. These officers provide essential assistance to Child Safety Officers in directly supporting children and young people. They connect with families in critical ways by, for instance, providing transport to appointments and supervising contact visits. These functions are not purely technical. They require expert inter-personal skills and cultural competency. Those roles that do not involve the exercise of statutory decision-making powers should be performed by people with relationship-building skills.

The Commission is not suggesting the introduction of a prerequisite qualification for this cohort. However, it is important that they have the skills and knowledge to do the job. At the end of this chapter, the Commission is recommending a workforce development strategy across both the government and non-government sectors. Included within this is the development of training pathways across the vocational sectors which can also serve as foundation studies for university entry. The need for appropriate skilling of the Child Safety Support Officer role should be considered as part of this project. This could provide another entry point into the Child Safety Officer role. The possibility of acquiring skills and knowledge through this alternative pathway could widen the net to include those people with valuable life experience but who do not necessarily have access at a young age to the advantages of university.

Supervision, training and support

High rates of staff turnover are undoubtedly related to a perception by Child Safety officers that they are undervalued and unsupported by the department. In the Commission's survey of frontline Child Safety staff, respondents were asked if they endorsed the statement: 'Child Safety Services invests in your professional development'. Sixty-four per cent of respondents disagreed, and a further 18 per cent were undecided. The question generated a range of comments on the existing approach to training and professional development.

The department has given the Commission extensive and detailed information on the options available for training. Much of this training is delivered online rather than face-to-face, limiting the capacity for sharing professional knowledge and experience and for developing professional relationships, and much of it is not necessarily linked to obtaining recognised qualifications. The department acknowledges that workloads and competing priorities limit staff attendance at training.

A number of submissions have suggested specific types of training for child protection staff, including training in supporting and engaging vulnerable and traumatised young people.[32] For example, the Aboriginal and Torres Strait Islander Women's Legal Service North Queensland Inc. makes several specific recommendations about training to achieve a culturally competent workforce.[33]

The Commission recognises the ongoing benefits of training and supports the department in its continued efforts to upskill its staff. In the next three to five years, training efforts and resources will need to be focused on imbuing the organisation with the ethos, knowledge and skills to implement the Signs of Safety framework (or similar). In Signs of Safety, training and practice are integrated. As described in Chapter 7, the appreciative inquiry process allows practitioners to learn from each other and from their clients in order to profit from each other's skills and strengths.

The Western Australian Department for Child Protection advises that for optimal Signs of Safety implementation, there should be base training for all staff and advanced training for team leaders, managers, and learning and development staff: [34]

> While this has many aspects, it includes prioritising time for learning including workplace learning activities as well as formal training. This also includes supervision and group supervision.

The WA department made a parallel commitment with implementing Signs of Safety to becoming a 'learning organisation.' This recognises that maintaining a skilled workforce is never-ending, and that child protection practices should be constantly interrogated and improved on. It also recognises that leadership is required at all levels of the organisation. Signs of Safety emphasises leadership training from the top down.

The material from Western Australia reflects the Commission's view that formal training courses are important. But, in a human services area, training courses can never take the place of on-the-job, day-to-day supervision. The daily challenges of child protection work are well documented. The work is stressful and involves dealing with highly traumatised clients. Child protection workers can suffer from direct, as well as secondary, trauma.[35] Routine supervision of professionals is critical to combat the stresses of child protection work, and focus on improvement in practice.

Recommendation 10.2
That the Department of Communities, Child Safety and Disability Services refocus professional development and training towards embedding across the organisation the Signs of Safety model (or similar) including a practice of 'appreciative inquiry'.

Departmental policy clearly expects professional supervision to be integrated into the work of Child Safety officers.[36] However, the day-to-day experience of practitioners appears to fall short of this goal: 77 per cent of non-government staff responding to the Commission's survey reported receiving regular, scheduled formal supervision with only 49 per cent of government respondents reporting similar levels of supervision.

Respondents' comments included:

> I think supervision should be compulsory and this should be documented. I have experienced some team leaders who are excellent supervisors and make time to professionally develop their staff and others who have not prioritised this. Without supervision, you can lack direction, guidance and professional development needed as a productive child safety officer.
>
> Supervisors have to adhere to the time allocated and not allow other 'supposedly' urgent matters to interrupt unless it's a matter of life and death. The supervisor has to value the supervision time and not to treat it as a task and be a 'taskmaster' to simply allocate and discuss cases but without interest in the welfare of the staff member.
>
> Regular formal supervision and supervision in the field are essential for all child safety officers. More provision for team leaders to do in-the-field supervision would assist.

Some survey respondents also said that they would like the opportunity to undertake external supervision resourced by the department. The department has previously paid for peer support officers to access external supervision through the Employee Assistance Service, but access to external supervision has never been available for all staff.[37] The department has stated that it supports the development of systems that provide access to specialist professional supervision within each professional stream.[38]

The department proposes an increase in the ratio of team leader to officer positions to improve access to supervision and mentoring. The department further proposes offering developmental opportunities for team leaders and managers aimed at increasing their skills at 'cultivating a culture of support within the organisation' and improving professional practice and supervision.[39]

The Commission supports these proposals but is also of the view that increased supervision and support could be achieved by changing the qualifications and position duties of the Child Safety Service Centre Manager role. Currently, there is no prerequisite qualification for this role, which focuses on managing people, processes and procedures on the premise that this can be effectively achieved without providing professional advice and support. Under the Signs of Safety model, knowledge of the

practice framework will be required at all levels. A cost-effective and practical way of delivering additional support to frontline staff could be achieved first by mandating that managers have the same qualifications as the team leaders and child safety officers whom they supervise. Secondly, the role of professional supervisor should be embedded in the manager's role description.

Recommendation 10.3
That the Department of Communities, Child Safety and Disability Services:

- review the role description for Child Safety Service Centre Manager to include professional casework supervision as an important component, and
- make this role subject to the same prerequisite qualifications as those for the Child Safety officer and team leader roles as recommended above.

Workloads

The obvious interaction between high caseloads and staff turnover has been described by the Social Work Policy Institute in the United States: [40]

> Turnover affects the workload of the workers and supervisors who remain, sometimes resulting in burnout, which may lead to additional staff turnover as well as poorer case outcomes.
>
> A comparison of high turnover and low turnover counties in New York State found that low turnover counties had lower median caseloads. A comparison of counties in California found that those with lower rates of child abuse reports also had the best paid staff, lowest rates of staff turnover and compliance with recognised practice standards.

Responses to the Commission's survey of Child Safety officers suggest that high workloads are a major impediment to working effectively with children and families in the statutory system: [41]

- 59 per cent of respondents indicated that the workload of administrative and court-related tasks was not evenly balanced with service delivery to families
- 56 per cent of respondents indicated that they were unable to spend enough time working with children and families to build a protective relationship
- 70 per cent of respondents indicated that pressure to meet performance targets made it difficult to work with families
- 46 per cent of respondents indicated that they spent 70 per cent or more of their time on administrative tasks

The Commission has also heard evidence from regional staff that the distribution of caseloads should take into account travel time and the need for better understanding of remote service delivery.[42]

The 2004 CMC Inquiry recommended that a reasonable caseload for a Child Safety officer was 15 cases. Current advice from the department is that the average caseload is 20 cases per officer, although this varies from region to region across the state.[43] The target recommended by the Crime and Misconduct Commission has never been achieved.

The Commission concludes that there is a need to reduce Child Safety worker caseloads, ideally down to 15. This will help to ensure that there is time available to undertake

exceptional casework that enables children to remain in their homes or safely return to their homes.

Recommendation 10.4
That the Department of Communities, Child Safety and Disability Services reduce the caseloads of frontline Child Safety officers down to an average of 15 cases each.

Cultural competence

Developing a culturally competent workforce is an important part of addressing the growing over-representation of Aboriginal and Torres Strait Islander children in the system. 'Capability' means the capacity to apply skills and knowledge into demonstrable, practical, on-the-job performance. The workforce must not just be sensitive to Aboriginal and Torres Strait Islander culture, but must be competent in engaging with that culture. Culturally competent practice will need to be embedded in cross-government training for, and implementation of, a Signs of Safety (or similar) model.

Feedback from the Commission's workforce surveys showed support for specific types of courses, but more notable were suggestions for on-the-job training and direct cross-cultural experience. The Commission supports ongoing training but is of the view that up-skilling can also be efficiently achieved by supporting secondments of staff between government agencies and Aboriginal and Torres Strait Islander–controlled agencies. This sharing of experiences and understandings could provide real opportunities for ongoing learning.

The Commission's discussion paper sought feedback on whether alternative, vocational education and training pathways should be made available to Aboriginal and Torres Strait Islander workers. There was some support expressed for this idea, if a pathway could be developed from a vocational training qualification to a bachelor degree qualification so that more Aboriginal and Torres Strait Islander workers could become Child Safety officers.

Both PeakCare and Bravehearts have told the Commission they do not support an alternative vocational qualification for the Child Safety officer role. Bravehearts expressed concern that a lack of tertiary qualifications would diminish knowledge, skills and training.[44] Both organisations, however, propose that Aboriginal and Torres Strait Islander workers should be supported to gain the qualifications necessary to qualify for the Child Safety officer role. The department supports a vocational education pathway particularly for its Aboriginal and Torres Strait Islander workers: [45]

> To achieve this, it is recognised that support for achievement of appropriate qualifications, alternative education and training pathways (e.g. cadetships, traineeships 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.

Similarly, the Aboriginal and Torres Strait Islander Legal Service (ATSILS) points to the need for professional, tertiary-qualified Aboriginal and Torres Strait Islander workers. ATSILS calls for an immediate transfer of para-professionals in the Child Safety support officer role to transition to a tertiary qualification, and hence to a Child Safety officer role, over the next three to five years.[46] In an environment where these support officers are surrounded by professionals — social workers, doctors, nurses, police and teachers

— it is important that they be seen as equal partners in the system and be in positions of authority and leadership to drive change.

As indicated above, as at June 2012, 79 Child Safety staff identified as Aboriginal or Torres Strait Islander, which equates to only 3.3 per cent of Child Safety staff. The Commission requested feedback on whether there should be an increase in Aboriginal and Torres Strait Islander employment targets. Most stakeholders have told the Commission they support the implementation of changes to employment targets, particularly if it increases the number of Aboriginal and Torres Strait Islander workers.[47] However, stakeholders have strongly cautioned that employment targets on their own will not '… improve workplace diversity or increase the ability of Aboriginal and Torres Strait Islander people to successfully undertake the roles, training etc.'[48]

The department points out that, without supporting strategies, employment targets: [49]

> … 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.

The Commission is of the view that culturally appropriate practice needs to be driven at all levels of the organisation, but especially by senior leaders. Of the 79 Aboriginal and Torres Strait Islander officers in the department, most are concentrated in relatively low-level positions — 62 at Administrative Officer level 4 equivalent or below, 8 at Professional Officer level 3, and one at Professional Officer level 4. There are only two Aboriginal and Torres Strait Islanders at Administrative Officer level 8, and none in any senior officer positions.

The Commission acknowledges that there is not necessarily a direct correlation between the numbers and seniority of Aboriginal and Torres Strait Islander officers in the department and the department's cultural competency. And yet, the relatively low number of Aboriginal and Torres Strait Islander workers, and the fact that they are in positions that lack seniority and authority, is an indication that cultural advice is not being given the weight it deserves. Some deficiencies relating to practice with Aboriginal and Torres Strait Islander families have been observed by many stakeholders. The Commission is of the view that the establishment of Aboriginal and Torres Strait Islander Practice Leader roles, recommended in Chapter 11, will help drive culturally competent practice through the organisation.

Recommendation 10.5
That the Department of Communities, Child Safety and Disability Services implement a program to support Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become Child Safety officers.

Cross-government workforce

Workers in agencies other than Child Safety Services play intensive and key roles in child protection practice. Foremost of these are the members of SCAN — medical practitioners, nurses and police officers. They may also include officers in that part of the department providing disability services, and officers in the federal Department of Aboriginal and Torrs Strait Islander and Multicultural Affairs. Members of the Queensland Civil and Administrative Tribunal also make key decisions relating to children in care, as do judicial officers when making custody and guardianship orders.

The introduction of the Signs of Safety (or similar) practice model will require training of officers in these partner agencies to a greater or lesser extent, depending on their roles. Base training will need to be provided to officers in these key roles, so that they understand the strengths-based decision-making framework of the department. Oversight agencies in particular need to focus on gauging the performance of Child Safety officers not by what might have 'gone wrong' with their case but by what they are doing right.

Recommendation 10.6
That the Department of Communities, Child Safety and Disability Services ensure training in the Signs of Safety (or similar) model for relevant officers in partner agencies, with an option for joint training if appropriate.

10.3 The non-government sector workforce

As pointed out in Chapter 6, the non-government sector plays an essential and deepening role in the delivery of child protection services in Queensland. Non-government agencies work closely with the department to provide services from early intervention and family support to out-of-home care. Rapid expansion of non-government services in Australia over the past decade has not only increased the number and range of services delivered to children and families, but also has meant that non-government workers have had to deal with the more complex and diverse needs of higher risk, vulnerable and disadvantaged clients.[50]

This trend is evident in Queensland also. The department has responded to the growth in referrals to the statutory sector by developing and implementing models, such as Helping Out Families (see Chapter 5), that specifically target high-end families. The trend is also evident in out-of-home care services where there are more placement options for children and young people with complex and extreme needs such as intensive foster care, residential care and therapeutic residential care (see Chapter 8).

Implementation of the reforms recommended by the Commission in this report will further expand the breadth of non-government child protection services in Queensland, particularly in terms of providing family support services to meet the needs of high-end families. However, as with the government sector, non-government service delivery depends on the skills, abilities, knowledge and aptitude of its workers. While there are some examples of exceptional practice in the non-government sector, there is also evidence that one of the biggest challenges facing the sector is its ability to attract, recruit and retain a skilled and professional workforce.

PeakCare notes that for several years both the government and non-government sectors have struggled with this challenge.[51] The department similarly states that 'the challenge is to build and maintain a sustainable workforce across the government and non-government service system that is made up of professionals with the right skills, qualifications and experience and is the right size to meet the level of demand'.[52]

The 2010 Productivity Commission identified key workforce issues in the non-government sector as: [53]

- difficulties attracting and retaining employees, and high employee turnover
- the professionalisation of the workforce (that is, more staff with higher qualifications requiring higher salaries)
- a lack of career paths and training opportunities.

Characteristics of the non-government workforce

Chapter 6 describes the complexity of the non-government sector. Because of this complexity, it is difficult to develop a clear picture of the characteristics of the non-government workforce. However, the following studies provide insight:

- In 2010, the Productivity Commission published *Contribution of the not-for-profit sector.*
- In 2010, the Community and Disability Services Ministers Advisory Council commissioned the National Institute of Labour Studies to develop a profile of the characteristics of the community services workforce across government and non-government sectors. The study explored the 'child protection' and the 'general community services' workforce.[54] The study found that almost 60 per cent of child protection workers were employed by government agencies with the remainder working for community agencies.[55]
- The *Community services sector 2010* report commissioned by the Queensland Council of Social Service analysed the community services workforce data in the 2006 census.
- In early 2013, this Commission surveyed the family support and child protection non-government workforce.

The Productivity Commission described the non-government workforce broadly as female, part-time and middle-aged. Women represented 87 per cent of employees, working an average of 31 hours per week with an average age of 41 years. Additional information from the workforce survey conducted by the National Institute of Labour Studies and the department's project indicated that:

- The workforce was mainly female with 80 per cent in the child protection workforce, 83 per cent in the community services workforce and 77 per cent in the Queensland out-of-home care sector.
- The child protection workforce was relatively young with one quarter under 30 years and 58 per cent under 40 years of age. The community services workforce was older with 15 per cent under 30 years and 62 per cent 40 years or older. In the survey of Queensland's out-of-home care sector, 14 per cent of respondents were under 25 years of age, 28 per cent were 26 to 35 years of age, 26 per cent were 36 to 45 years of age and 32 per cent were over 46 years of age
- Permanent full-time employment dominated the child protection workforce (possibly due to the 60 per cent government workforce)
- In the community sector workforce, part-time employment and permanent full-time employment were almost equal (39% and 42% respectively) and non-professionals were more likely to be employed as casuals than other groups (with 28% employed this way).

Attracting and retaining employees

As with the government sector, attracting and retaining suitable workers has been an ongoing challenge for the non-government sector. The Productivity Commission cites 2008 data from the Australian Council of Social Service where 64 per cent of non-government agencies reported difficulty in attracting appropriately qualified staff. As with the government child protection workforce, attraction and retention are influenced by how supported employees feel in their roles, potential career paths and the demands

of their workloads. One main point of difference between the government and non-government workforce is pay equity.

Pay equity

Martin and Healy's 2010 national study noted that earnings differed significantly between the government and non-government sectors, but the difference was less pronounced in Queensland than in other jurisdictions.[56] Overall, about 45 per cent of government child protection workers earned $1,200 per week or more compared with less than 10 per cent of non-government workers. In Queensland only 12 per cent of government workers earned over $1,200 per week compared with 23 per cent of government workers in Victoria, and over 40 per cent in New South Wales, South Australia and Western Australia.

Traditionally, some non-government agencies have used fringe benefits tax concessions to reduce the pay gap between government and non-government workers. According to the Productivity Commission, the benefits of these concessions are generally overestimated and, even when they are taken into account, wages in the non-government sector are still considerably lower than for equivalent positions in the public sector.

Higher levels of part-time employment in the non-government sector also contribute to pay inequity. Smaller organisations may respond to increasing expenses and insecure funding by reducing worker hours. Part-time arrangements may also be established to enable agencies to employ workers with greater skills and experience at a higher level but with fewer hours.

The Commission notes advice from the department that intensive family support services have been funded at full cost to enable them to recruit and retain the appropriate mix of professional and para-professional staff to deliver services.[57]

Wages for employees of non-government organisations are slowly improving. In 2009, the Queensland Industrial Relations Commission granted wage increases for the community services sector. The Queensland Government responded to this ruling by committing $414 million over four years to help agencies meet the increase in wage costs. In 2012, Fair Work Australia similarly ordered a gradual increase in pay rates for employees in the social and community services sector.[58] The Australian Government has committed approximately $30 million to help relevant Queensland organisations meet these obligations.[59]

With the phasing in of these wage increases, the difference between government and non-government wages will lessen. However, employees in non-government agencies will need to be appointed at the level commensurate with their role and responsibilities as well as their skills and qualifications. The funding levels of services offered by the non-government sector will need to reflect this increase in wage costs.

Despite these historic decisions and increased funding to the sector, submissions from the non-government sector to the Commission suggest that pay equity remains a serious obstacle in attracting and retaining staff. UnitingCare Community states that staff recruitment and retention are an ongoing challenge given the nature of the work, the professional qualifications required and the salaries that can be offered within the funding allocation. They suggest that this is particularly the case in rural Queensland where sole workers do challenging and complex work in isolation.

The Benevolent Society also argues that pay levels continue to inhibit entry to the workforce: [60]

> Across the child welfare workforce, it is imperative that salaries reflect the training and skills required to attract and retain people in the sector. There is strong evidence within the Australian context that without pay parity with other similarly qualified professions, there is little incentive for workers to stay in the profession.

UnitingCare Community argues that to attract qualified staff, wages in the non-government sector must achieve parity with government salaries. Without pay equity, the sector will continue to have difficulty filling professional positions, particularly at the more senior levels (that is, program manager, senior practitioner and team leader). UnitingCare Community recommends increased funding to enable greater wage parity between government and non-government child protection staff.[61]

Non-government agencies are also competing with the department to recruit suitable professionals. While many workers are attracted to working in community services because of the capacity of the non-government sector to offer a rewarding experience and flexible work arrangements,[62] non-government agencies have reported that they are unable to offer the wages and conditions such as superannuation and portable long service leave that is available to government employees. UnitingCare, Mercy Family Services and Churches of Christ point out that the department is able to draw on 'a greater funding base to develop and reward their staff, pay rural/remote incentives and the like'.[63]

While employees can negotiate individual agreements (if these offer better conditions than the award), non-government organisations are only able to offer employment according to their funding allocation. Some non-government employees such as residential care workers rely on penalty payments to improve their base salary. The Commission has been advised that staff may be recruited on the basis of a few dollars extra per hour but, without penalty payments, find themselves worse off.[64]

Employee turnover

Some organisations raised concerns about the high level of employee turnover in the non-government sector. The annual staff turnover rate has been estimated as ranging from 17 to 31 per cent compared with 13 per cent for the whole workforce.[65]

Staff turnover has a major impact on service delivery, especially in remote locations, for both the government and non-government sectors. During Commission hearings in Cairns, one departmental officer described several services that were limited by lack of staff. She concluded:[66]

> What has become obvious is that non-government agencies experience great difficulties when recruiting and retaining staff to community positions, particularly those positions that are recruited form the local community and not roles that fly-in fly-out from Cairns. Turnover impacts on client engagement and is frustrating for families who need to tell it all again and in having another person know about their private family business. From a statutory perspective, vacant positions in the non-government sector and frequent change-over delays the resolution of child protection concerns and impacts on reunification decision-making. Significantly and bluntly, a parent who needs parenting support is significantly disadvantaged if the service, while funded, has not been able to fill their positions. It is well acknowledged that recruitment to remote positions is challenging for government and non-government services and the ongoing efforts of agencies is openly discussed as a persistent concern

> in providing fair and consistent service delivery to all families, regardless of where they live.
>
> Further recruitment of local community members required intensive and tenacious training, mentoring and development to adequately equip staff to complete their roles. Non-government services are, for the most part skilling up their local employees over time to ensure the worker is able to achieve the role's requirements rather than being able to recruit workers who can immediately take on the complexities of working with families who need intensive intervention. This proves an ongoing challenge, for agencies whole line management of the local staff member is Cairns-based

Non-government agencies also find it difficult to retain staff because of the short-term nature of funding arrangements. Short-term grant funding and contracting of individualised services for children makes long-term workforce planning difficult for non-government service providers, particularly for smaller organisations[67] and when contracts are not renewed in a timely manner, workers leave employment prematurely.[68]

Similar to the government child protection workforce, turnover rates in the non-government sector are also influenced by how supported and valued workers feel in their roles and their workloads. The Commission's survey of frontline staff in non-government organisations, however, found that a high proportion of workers do feel supported and valued:

- 82 per cent thought their colleagues and management were supportive
- 81 per cent thought the workplace were supportive of staff
- 71 per cent felt listened to when they raised concerns.
- 86 per cent felt value in their team
- 72 percent believed the work is valued by their clients
- 69 per cent felt valued by the organisation
- 52 per cent felt valued by government and non-government organisations.

One worker did add the following: [69]

> While I generally agree to many of the above points, sometimes as staff we feel like secondary entities that rank in importance below things like budgetary stress/pressure, or statistical reports requested by funding bodies etc. I [would] love to see more open and transparent communication, and regular supervision. Greater management presence rather than constant closed doors. Less talk and discussion, and more confident decision making (and sticking to those decisions), which will in turn feed into better future planning.

Various points of view were expressed about workloads. The survey found that 71 per cent thought their workload was manageable but, of these, most (77 per cent) added that their workload had increased; 70 per cent felt they had enough time to spend with families, carers and children to form productive relationships. One had this to say: [70]

> This is probably a cliched response, but I do honestly feel that there are unrealistic expectations around case loads. They are increasing all the time, and when staff leave for various reasons the positions are never filled in a timely manner, which adds extra pressure on remaining staff to juggle the case between themselves until this is done. Unfortunately, I can't think of any solution that's not money related. In an ideal world with unlimited funds, we would have 2 or 3 more workers in the team to share out the case loads, we would have a small team dedicated to intake, and a team dedicated to initial

intake/recruitment/assessment. Instead, we are juggling a large case load, and also expected to do intake and initial assessments on carer applicants etc.

Qualifications

The past few decades have seen a clear trend in the professionalisation of the community services workforce in Australia.[71] 'Professionalisation' in this context refers to an occupation transforming itself into a 'profession' in the sense of requiring formal qualifications and setting higher levels of remuneration.

Sixty-four per cent of community services employees hold a post-school qualification as compared with 52 per cent in the general workforce. Between 1996 and 2006, the percentage of welfare and community workers with no post-school qualification fell from 32 per cent to 18 per cent and the proportion with a bachelor degree increased by 13 per cent. Martin and Healy suggest that this professionalisation goes beyond frontline staff with professionals also being recruited to write tender applications and meet the increasing reporting requirements attached to government funding.[72]

From the information available to the Commission, it appears that many workers in the Queensland non-government sector have professional qualifications.

The Commission's survey of staff from the non-government sector found that of the 444 respondents, 91 per cent had a community worker qualification and 66 per cent had a social work qualification. A quarter was studying and nearly half of these were undertaking masters-level studies.[73]

Some Queensland non-government agencies have clear policies that require the employment of qualified staff. Anglicare Southern Queensland states that its foster care case workers are required to be tertiary qualified in human or behavioural sciences. In addition, the organisation has recently introduced a requirement that employees complete a Certificate IV in Child, Youth and Family Intervention (Child Protection, Residential and Out-of-Home Care) to improve their knowledge of child protection legislation and practice specific to the Queensland context.[74]

However, although there has been an increase in the professional qualifications of the non-government sector over time, there appears to be a significant proportion of the non-government workforce without formal qualifications. Stakeholders in Queensland have been critical of a lack of professional qualifications in the child protection workforce and they have called for the introduction of minimum mandatory qualifications.[75] For example, UnitingCare Community has expressed concern that workers without professional qualifications are able to care for vulnerable and traumatised children[76] and PeakCare agrees that the absence of minimum entry-level qualifications is of concern, and 'especially alarming' in relation to residential care workers.[77]

Child Safety has indicated that of the residential workforce, approximately: [78]

- 35 per cent hold a Certificate I to IV
- 22 per cent hold a diploma or advance diploma
- 43 per cent hold a bachelor or postgraduate degree.

In relation to the qualifications of workers employed in residential facilities that are transitionally funded, the level of qualifications set by individual agencies is very low — many agencies only require workers to hold a blue card, driver licence and first aid certificate.[79]

One of the conclusions of the department's project into the learning and development needs of the out-of-home care sector was that the department should consider options for moving to mandatory qualifications, with particular consideration of the needs of the Aboriginal and Torres Strait Islander and culturally and linguistically diverse workforce.[80]

The department's submission reflects this recommendation in its proposal that a staged plan for the introduction of mandatory minimum qualifications be developed and implemented.[81] In particular, the department states that young people in residential care need to receive high-quality care by qualified and experienced staff and that workers in non-government family support services also need formal qualifications.

The Commission considers that a Certificate III qualification should be a necessary prerequisite for child protection roles. Unsupervised staff working with children and young people with high-level needs should have, as a minimum, a diploma-level qualification, as well as specialist training to equip them to deal with specific issues relevant to the context.

Career paths and training opportunities

Career pathways, along with training, are important mechanisms for retaining a professional workforce. The Workforce Council suggests that the non-government sector is characterised by flat career paths because the remuneration and reward structures limit the opportunity for career progression. It suggests that workers are required to move from service delivery to service and organisational management without the necessary professional development. The council advocates for a 'senior practitioner' role in the non-government sector to fill this gap.[82]

Training and professional development of the non-government sector in Queensland has primarily been provided through two initiatives:

- Integrated Workforce Development Strategy (an initiative of the Workforce Council) — no longer operating
- Community Services Skilling Plan (an initiative of Training Queensland).[83]

The Integrated Workforce Development Strategy was designed to help services plan for, attract, develop and retain a skilled workforce. Under the strategy, agencies funded by the department were able to access subsidised training and professional development opportunities and share best practice case examples. Funding for this program ceased in March 2013.[84]

The Community Services Skilling Plan aims to contribute to the development of a capable, relevant and skilled workforce. Initiatives under the plan include:

- a statewide Vocational Education and Training Strategy to link workers with relevant qualifications
- an Indigenous Mentoring Program, and
- grants to support workers to gain qualifications and undertake accredited training to work with at-risk young people with complex needs.

The plan also has a Child Protection Frontline Workers initiative.

The department's project on the learning and development needs of the out-of-home care sector noted that the Community Services Skilling Plan has an excellent record of skilling frontline workers across all departmental program areas and that it has been a cost-effective way to purchase services due to economies of scale.[85] Under the Child

Protection Frontline Workers initiative, over 40 workers will be supported to complete the Certificate IV in Child, Youth and Family Intervention (Family Support).[86]

Despite this promising initiative, the Commission has been told that for some non-government workers there are barriers preventing access to appropriate and accredited training. These barriers relate to inadequate resourcing, which limits the:

- ability of non-government service providers to meet staff education, professional supervision, development and training needs[87]
- availability of staff to back-fill, which means staff must attend training in their own time or miss opportunities.[88]

The Commission notes advice from the department that grant funding for intensive family support services allows services to use a portion of their operating budgets for training and development.[89]

In addition to existing organisational and funding barriers, pathways to further accredited education through the Vocational Education and Training system are highly complex and confusing for workers and agencies alike.[90] The Workforce Council advises that regulation of the tertiary education system is being transferred form the states to the Commonwealth and ongoing development of the child protection workforce will require workers to navigate their own career pathways and ongoing education.[91] In addition, managing training opportunities outside the training system is problematic, with PeakCare suggesting that there is no coordinated approach to training and development and no oversight of the quality of non-accredited and accredited training offered by a 'plethora' of training providers.[92]

A departmental survey of workers in the out-of-home care sector offers a snapshot of access by workers to training and professional development.[93] The survey found that:

- 15 per cent had participated in accredited training opportunities
- 14 per cent had participated in non-accredited training
- 20 per cent had participated in in-house training
- 16 per cent had attended a conference or seminar
- 14 per cent access regular supervision
- 15 per cent access informal supervision
- 6 per cent receive regular mentoring opportunities.

The main barriers to training mentioned by survey participants were: a lack of time due to workload commitments, budget restraints (including limited funding but also the prohibitive cost of training), limited availability of training, and distance to training venues. The conclusions drawn were that:

- in some parts, the training of the workforce is piecemeal while in other parts it is highly considered, planned and evaluated
- few of the training courses lead to a qualification or a unit of competency that would be recognised towards an Australian Qualification Training Framework accreditation.

In response to the training needs of the out-of-home care sector, the department recommended:[94]

> Under the Community Services Skilling Plan (CSSP) and in consultation with the non-government sector develop a comprehensive accredited and evaluated workforce strategy focussing on partnerships with registered training organisations to ensure that all training opportunities can be mapped to an Australian Qualification Training Framework accreditation and a pathway to into further tertiary education. This will assist in delivering a more qualified workforce to deliver priority frontline services and assist service providers to meet licensing requirements.

Not all non-government workers seem to experience these challenges. The Commission's survey of non-government organisations found that: [95]

- 87 per cent of respondents had undertaken induction training
- 80 per cent of respondents felt confident working with Aboriginal and Torres Strait Islander children
- 76 per cent of respondents considered the training they received was adequate
- 69 per cent of respondents felt confident working with culturally and linguistically diverse children.
- 47 per cent of respondents had cultural competency
- 77 per cent of respondents had formal supervision scheduled, although 40 per cent said it was administrative rather than practice-based.

The survey also found that employees of large non-government organisations appear to have a clear advantage when it comes to accessing training, supervision and support:

- UnitingCare Community has the capacity to deliver its own accredited training, being a Registered Training Organisation recognised under the Australian Quality Training Framework by the Training Recognition Council.[96]
- Anglicare Southern Queensland has created a Quality, Learning and Workforce directorate. Employees of the child protection and youth support programs have been 'fully supported' to undertake Certificate IV in Child, Youth and Family Intervention, Certificate IV in Front Line Management (Team Leaders), Diploma of Community Services Coordination (Coordinators) and Diplomas of Management (Service Managers). In October 2012, staff were further offered, through a Skills Queensland initiative, opportunities to under a Certificate IV in Mental Health, Certificate IV Training and Assessment or Diploma of Community Services (Alcohol, Other Drugs and Mental Health).[97]
- Anglicare Southern Queensland requires all staff in direct care child protection programs to be trained in Transforming Care and Therapeutic Crisis Intervention within six months of their employment with the organisation.[98] In addition, Anglicare Southern Queensland is currently in partnership with Cornell University and the Thomas Wright Institute to implement the Children and Residential Experiences (CARE)[99] model in all out-of-home care and youth services.[100]
- In response to skills shortages across the sector, particularly for qualified Aboriginal and Torres Strait Islander community service workers, ACT for Kids has created an Indigenous Workforce Strategy cadetship program in Cairns. Since 2009, more than 40 cadets have graduated with a Certificate III or Certificate IV in Community Services.[101]

Both Child Safety and non-government staff have recognised that in some cases, non-government workers have greater access to training and professional development than Child Safety staff. In the Commission's survey of frontline Child Safety staff, many asserted that in non-government organisations the training opportunities far exceeded those in the department, one respondent commenting 'my own professional development increased more in one year [in non-government organisations] than six years in the department'. Anglicare Southern Queensland staff stated that they wish that departmental staff had the opportunity to experience Children and Residential Experiences (CARE) training to enhance collaboration and 'challenge some of the decisions made by departmental officers 'in the best interests of the child'.[102] Benefits of joint training were noted by this non-government worker: [103]

> Within my role, I work closely with the Department of Child Safety staff. Therefore I believe it would be beneficial for me to be able to access the same training as Department of Child Safety staff are, to ensure that we are on the same page in our work collaboratively.

During the hearings for this inquiry, David Bradford agreed that joint training across the government and non-government sectors had a number of benefits. He referred to the Education Pathways program, which involved staff from the department and recognised entities and 'was held in very high regard by the Aboriginal and Torres Strait Islander non-government and government workforce'. [104] An important outcome of the program was that it 'significantly improved some of the relationships between the department and the recognised entities' and 'it led to a reduction in some of the tension that existed there'.[105] He concluded that a coordinated approach to training across the government and non-government workforce was required to establish 'a training continuum end-to-end across the Australian qualification framework' and suggested that there needs to be a network of providers providing a training and education pathway between the government and non-government sectors so people can move seamlessly between the two.[106]

While training is clearly important for the delivery of quality services, the Productivity Commission also noted that leadership capacity can determine the success or failure of a non-government organisation. With the expansion and professionalisation of non-government organisations, the responsibilities of board members have also grown over time. Individual members can face exposure to liability if a personal breach of duty causes personal injury or damage to property.

In response to these heightened responsibilities some very large not-for-profit organisations, with a complex array of funding sources and services, have moved to pay their board members so they can attract people with the required level of abilities.[107] There are limited opportunities for management and board members to undertake training because funding is directed at frontline service delivery, and money spent on training, including leadership and governance, is considered wasteful. Many stakeholders highlighted the need for government support to invest in leadership and governance training.[108]

The Commission considers that ongoing training is essential for non-government workers especially considering that many have not had the opportunity previously, and training on-the-job is critical to affirming values and strengthening practice standards. For some roles in the non-government sector (for example those agencies providing re-unification services), joint training in Signs of Safety could strengthen practice and improve outcomes along the continuum of government and non-government services.

In the next section, which encompasses government and non-government sectors, the Commission will propose recommendations that will address the issues discussed above.

10.4 Workforce planning and development — government and non-government

Evidence before the Commission demonstrates that the development of a professional child protection workforce is essential to improving service delivery and enhancing outcomes for children and families. The planning and development of such a workforce present challenges for both the government and non-government sectors.

The Health and Community Services Workforce Council is a peak body for Queensland's health and community services workforce. In its submission to the Commission, the Council suggested that the current workforce issues in child protection are a product of labour and skills shortages as well as a systems failure in education and training, that is, vocational education and training and higher education. [109] Skills shortages have been compounded by:

- an increase over recent years in both the number and complexity of child protection programs in Queensland, which has placed a strain on the capacity of the system and on the workforce in particular[110]
- limited capacity for workplace learning to implement ongoing workforce development[111]
- short-term and narrow-focused funding arrangements, which have limited the opportunities for non-government organisations to be innovative in solving problems[112]
- a lack of collaboration to link courses to job requirements.[113] For example, new graduates of some degree-level qualifications appear not to have the required skills for the sector, often have unrealistic expectations of working in the sector, and many leave the sector within 12 months. [114]

The Workforce Council suggests that the existing capacity for future workforce planning is inadequate in Queensland with limited ability for statutory and therapeutic sectors to plan well in advance of the workforce development required to deliver services. This is further mirrored in the education and training systems, which lack capacity to align workforce planning with innovation in child protection.[115]

The importance of this capacity can be understood in relation to the implementation of government policy and its impact on the workforce. For example, the Workforce Council suggests that an increasing policy focus on family support and early intervention in child protection are likely to result in increases in the number of services and programs in this area. However, such an increase may also result in a skills shortage as training and education systems catch up with increased demand for high-level family support and early intervention skills.[116] Similarly, an increasing policy and practice focus on integrated services has implications for the competencies and qualifications of the workforce to deliver integrated services.[117] Therefore, the development of policy initiatives also needs to consider, plan for and address any skills or workforce gaps or demands that implementation may have on the workforce.[118]

Some stakeholders, including the department and UnitingCare Community, have recommended to the Commission that a workforce development strategy is required to

build the capacity of the family support and child protection workforce and improve the quality of service delivery to children and families.[119] Such a workforce strategy should encompass both the Child Safety workforce and the non-government sector.[120]

The Commission is persuaded that an integrated workforce development strategy for the child protection sector is required to plan for and build the skills and capacity of the workforce over the next 10 years. While some challenges faced by the child protection workforce apply more to one or other of the sectors, there are others, such as enhancing career paths and improving access to training and professional development, that are shared across both sectors. There is also evidence that joint training opportunities improve relationships and enhance collaborative practice for children and families.

A workforce development strategy will need to consider shared practice frameworks and approaches such as Signs of Safety for government and non-government workers. It will also need to consider innovative strategies to offer professional development to the workforce; for example, cross-sector secondments and mentoring opportunities are likely to build skills and knowledge of individual workers as well as offer additional career paths for individual workers. Planning for the future workforce, particularly the growth and development of family support services, will also need to be a focus in the workforce development strategy and this will need to occur in partnership with higher education institutions, that is, universities.

The Family and Child Council is well positioned to lead the development of this broad workforce development strategy. This will allow the department to focus its development of staff on the cultural change required for the successful implementation of the Signs of Safety model. The Family and Child Council will have a broader mandate than the department to engage and integrate the non-government workforce in the universal sector; for example, family support workers employed by Early Years Centres and Children and Family Centres which are funded by the Department of Education, Training and Employment. Leadership by the Family and Child Council will also offer some independence in workforce development, particularly considering that non-government agencies have named the department as their major competitor in attracting and retaining staff. Finally, a cross-sectoral approach to the workforce strategy and capacity building will provide a vehicle for cultural change in both the government and non-government workforce and provide the best opportunity for shared understanding of practice across the child protection continuum.

Given the levels of over-representation of Aboriginal and Torres Strait Islander children and families in the statutory child protection system, cultural competence will need to be a priority of the workforce strategy. The challenges facing Aboriginal and Torres Strait Islander–controlled agencies in relation to the workforce is considered in detail in Chapter 11. However, cross-sector strategies developed by the Family and Child Council, such as agency secondments and mentoring, have great potential to build the cultural competence of mainstream child protection agencies and workers.

Recommendation 10.7
That the Family and Child Council (proposed in rec. 12.3) lead the development of a workforce planning and development strategy as a collaboration between government, the non-government sectors and the vocational education and training sector and universities. The strategy should consider:

- shared practice frameworks across family support, child protection and out-of-home care services
- the delivery of joint training
- opportunities for workplace learning including practicum placements, mentoring, and internship models of learning
- enhanced career pathways, for example, through considering senior practitioner roles for the non-government sector and creating opportunities for secondments across agencies including between government and non-government agencies
- staged approach to the introduction of mandatory minimum qualifications for the non-government sector, with particular focus on the residential care workforce
- a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework
- the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications, particularly for the Child Safety support officer role
- working with universities to investigate the feasibility of developing a Bachelor degree in child protection studies and/or a Masters level or Graduate Diploma level qualification in child protection.

Recommendation 10.8
That the Department of Communities, Child Safety and Disability Services introduce 10 Aboriginal and Torres Strait Islander Practice Leader positions (at a senior level) to drive culturally responsive practice through all levels of the organisation.

10.5 Summary

The new Child Safety workforce will have a different focus than it has had previously. Many of the tasks and responsibilities currently performed by the Child Safety officer will become the responsibility of other agencies in the system. The differential response model proposed in Chapter 4 will mean that Child Safety officers will conduct fewer investigations. In many cases a family service assessment or a family violence response will be done not by Child Safety but by a non-government agency. In those cases, it will be the non-government agency that is communicating with the family and providing the requisite support services or referrals. The Child Safety officer will work closely with workers in those non-government agencies.

At the end of this chapter, the Commission has recommended a workforce development strategy across both the government and non-government sectors. Included within this is the development of training pathways across the vocational sectors which can also serve as foundation studies for university entry. The need for appropriate skilling of the Child Safety Support Officer role should be considered as part of this project. This could provide another entry point into the Child Safety officer role. The possibility of acquiring

skills and knowledge through this alternative pathway could widen the net to include those people with valuable life experience but who do not necessarily have access at a young age to the advantages of university.

Families and children cannot be supported, nor children protected, unless the child protection workforce has the necessary skills, ability, knowledge and aptitude for the task. In addition, workers need to be supported and feel valued.

This inquiry has found that staff retention in child protection is a problem for both government and non-government sectors, though perhaps for different reasons. Government sector workers often feel over-worked and under-appreciated, resulting in burnout, while non-government organisations frequently find it hard to attract and retain staff because of pay inequities between the two sectors and the short-term nature of funding arrangements.

While many workers are attracted to working in community services because of the capacity of the non-government sector to offer a rewarding experience and flexible work arrangements, without pay equity and associated benefits such as portable superannuation, the sector will continue to have difficulty filling professional positions, especially at the more senior levels. Wages for employees of non-government organisations are slowly improving, but they are still lower than for equivalent positions in the public sector. As they improve, funding levels will need to reflect the corresponding increase in wage costs.

High workloads are often cited by Child Safety officers as a major impediment to working effectively with children and families in the statutory system. The Commission recommends that caseloads of frontline workers should not exceed 15 for each officer (in accord with a recommendation made by the 2003–04 CMC Inquiry).

For the public sector, the direct financial costs of high turnover are substantial — in 2008, they were estimated at $54,964 per Child Safety officer. Indirect or hidden costs across both sectors include loss of continuity in the management of cases, affecting the quality of care.

Although the past few decades have seen an increase in the professional qualifications of the non-government sector, there appears to be a significant proportion of the non-government workforce still without formal qualifications. Evidence suggests that a Certificate III qualification should be a necessary prerequisite for child protection roles. Unsupervised staff working with children and young people with high-level needs should have, as a minimum, a diploma-level qualification, as well as specialist training to equip them to deal with specific issues relevant to the context. Linked with this, the Commission considers that ongoing training is essential for non-government workers, especially considering that many have not had the opportunity previously, and training on-the-job is critical to affirming values and strengthening practice standards.

The Commission supports a return to core qualifications for Child Safety workers (broadened in 2008 partly as a response to staff shortages). This will go some way towards redressing the concerns of some Child Safety workers that their professionalism has been down-valued in recent years. The Commission also supports the department's continued efforts to upskill its staff through training, while stressing that training courses can never take the place of on-the-job, day-to-day supervision, which is critical to combating the stresses of child protection work. Linked to this, the Commission has called for enhancement of the Child Safety Service Centre Manager role to include professional casework supervision.

The introduction of a Signs of Safety–based framework (discussed in depth in Chapter 7) would help integrate training and practice. Officers in partner agencies will also require training in the model.

Given the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system, the Commission also recommends the introduction in each region of a new senior-level leadership position called 'Aboriginal and Torres Strait Islander Practice Leader'. While acknowledging that there is not necessarily a direct correlation between the numbers and seniority of Aboriginal and Torres Strait Islander officers in the department and the department's cultural competency, the Commission nonetheless believes that such positions could drive culturally competent practice through all levels of the organisation.

A professional child protection workforce is essential to improving service delivery and enhancing outcomes for children and families. The planning and development of such a workforce present challenges for both the government and non-government sectors. The Commission is persuaded that an integrated workforce development strategy for the child protection sector as a whole is required to plan for and build the skills and capacity of the workforce over the next decade. The Family and Child Council would be well positioned to lead the development of this broad workforce development strategy.

Endnotes

[1] Minister for Transport, Trade, Employment and Industrial Relations 2008, *Progression arrangements for Department of Child Safety frontline employees, directive no. 12/08*, Queensland Government.
[2] Statement of Scott Findlay, 21 September 2012 [p22: para 93].
[3] Statement of Scott Findlay, 21 September 2012 [p22: para 94].
[4] Statement of Scott Findlay, 21 September 2012 [p22: para 98].
[5] Statement of Scott Findlay, 21 September 2012 [p22: para 100].
[6] Alexander, K 2010, *To look at child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice*, The Winston Churchill Memorial Trust of Australia, viewed 2 May 2013, ‹http://www.churchilltrust.com.au/site_media/fellows/2009_Alexander_Katherine.pdf›.
[7] Healy, K & Meagher, G 2007, 'Social workers' preparation for child protection: revisiting the question of specialisation', *Australian Social Work*, vol. 60, no. 3, pp. 321–335.
[8] Ellett, A 2009, 'Intentions to remain employed in child welfare: the role of human caring, self-efficacy beliefs, and professional organizational culture', *Child and Youth Services Review*, vol. 31, no. 1, pp. 78–88.
[9] Alexander, K 2010, *To look at child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice*, The Winston Churchill Memorial Trust of Australia, viewed 2 May 2013, ‹http://www.churchilltrust.com.au/site_media/fellows/2009_Alexander_Katherine.pdf›.
[10] Survey, Child Safety Staff, November 2012.
[11] Exhibit 9, Statement of Brad Swan, 10 August 2012 [pp97-8: para 427].
[12] Bromfield, L & Holzer, P 2008, *A national approach for child protection: project report*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Australian Government, Melbourne.
[13] Institute of Child Protection Studies 2012, *National analysis of workforce trends in statutory child protection*, Institute of Child Protection Studies, Australian Catholic University, viewed 30 April 2012, ‹http://www.fahcsia.gov.au/sites/default/files/documents/11_2012/national_statutory_child_protection_analysis_oct_4.pdf›.
[14] Statement of Scott Findlay, 21 September 2012 [p20–1: para 86].
[15] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[16] Transcript, David Bradford, 30 October 2012, Ipswich [p13: line 34].
[17] Department of Child Safety 2007, *Review of the qualifications and training pathways*, Queensland Government, Brisbane.
[18] Transcript, David Bradford, 30 October 2012, Ipswich [p110: line 20].
[19] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p97].
[20] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp58–9].
[21] Submission of Australian Association of Social Workers, August 2012 [p3].
[22] Meeting with QCPCI Advisory Group, 2 November 2012, Brisbane.
[23] Submission of Life Without Barriers, 15 March 2013 [p11].
[24] Submission of Youth Advocacy Centre Inc., March 2013 [p12].
Submission of Bravehearts Inc., 15 March 2013 [p19].
[26] Submission of Aboriginal & Torres Strait Islander Women's Legal Services NQ Inc., March 2013 [p19].
[27] Exhibit 185, Submission of Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, March 2013 [p15].
[28] Transcript, David Bradford, 30 October 2012, Ipswich [p12: line 40].
[29] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p101: para 443].
[30] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p102: para 446].
[31] Queensland Commission of Audit 2013, *Queensland Commission of Audit – final report*, vol. 1, Queensland Government, Brisbane, p. 24.
[32] Submission of Youth Advocacy Centre Inc., October 2012 [p3]; Submission of Family Inclusion Network (Townsville), March 2013 [pp19–20].
[33] Submission of Aboriginal & Torres Strait Islander Women's Legal Service NQ Inc., October 2012 [p11].
[34] Meeting with Andrew Turnell, Signs of Safety Co-Creator and Terry Murphy, Director General, Department for Child Protection and Family Support, Western Australia, 19 February 2013, Brisbane.
[35] Goddard, C & Hunt, S 2011, 'The complexities of caring for child protection workers: the context of practice and supervision', *Journal of Social Work Practice*, vol. 25, no. 4, p. 421.
[36] Statement of Scott Findlay, 21 September 2012 [p14: para 49].
[37] Encompass Family and Community 2010, *Review of Staffcare and staff support need*, Department of Communities, Queensland.
Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p62].

[39] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p62].
[40] Social Work Policy Institute 2010, *High caseloads: how do they impact delivery of health and human services?*, The National Association of Social Workers Foundation, Washington.
[41] Survey, Child Safety Staff, December 2012.
[42] Focus Groups, Frontline Child Safety Staff, 2012; Submission of Townsville Aboriginal and Islanders Health Services, 4 October 2012 [p18].
[43] Transcript, Brad Swan, 13 August 2012, Brisbane [p62: line 30].
Submission of Bravehearts Inc., 15 March 2013 [p19].
[45] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p59].
[46] Submission of Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, April 2013.
[47] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, March 2013 [p5].
[48] Submission of ACT for Kids, March 2013 [p12].
[49] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p62].
[50] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.
[51] Submission of PeakCare Queensland Inc., October 2012 [p90].
[52] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[53] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.
[54] The child protection workforce was defined as providing social support and social assistance services to children and young people who have experienced, or are at risk of abuse, neglect or other harm. Such services include out-of-home care services that provide care for children and young people who are placed away from their parents or family home for reasons of safety or family crisis; and receiving and assessing allegations of child abuse, neglect or other harm to children. The general community services workforce was defined as 'social support and assistance services provided directly to children and families. These activities include only services that are not covered by child protection, youth justice and disability services and are not directed specifically at the aged, at providing housing or supported accommodation, or crisis services.
[55] Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.
[56] Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.
[57] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p45].
[58] Struthers, K 2012, *Landmark pay rise: Queensland to get its fair share*, media release, 1 February, Minister for Community Services, Housing and Women, viewed 29 May 2013, ‹http://statements.qld.gov.au/Statement/Id/78623›.
[59] FaHCSIA 2012, *Queensland social and community services providers*, Australian Government, viewed 29 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/fair-pay-for-social-and-community-services-workers/queensland-social-and-community-services-providers›.
[60] Submission of The Benevolent Society, January 2013 [p21].
[61] Submission of UnitingCare Community, October 2012 [p28: para 130].
[62] Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.
[63] Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, 15 March 2013 [p4].
[64] Meeting with Residential Care Service Provider, April 2013.
[65] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.
[66] Exhibit 58, Statement of Joan McNally, 5 September 2013 [p6: para 38–9].
[67] Submission of PeakCare Queensland Inc., October 2012 [p90].
[68] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p9].
[69] Survey, Non-government Organisation Staff, February 2013.
[70] Survey, Non-government Organisation Staff, February 2013.
[71] Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.

[72] Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.

[73] Survey, Non-government Organisation Staff, December 2012.

[74] Submission of Anglicare Southern Queensland, November 2012 [p5].

[75] Submission of UnitingCare Community, October 2012 [p27: para 129]; Submission of PeakCare Queensland Inc., October 2012 [p93]; Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p46].

[76] Submission of UnitingCare Community, October 2012 [p27: para 126].

[77] Submission of PeakCare Queensland Inc., October 2012 [p91].

[78] Statement of Patrick Sherry, 25 January 2013 [p12: para 58].

[79] Statement of Mr Patrick Sherry, 25 January 2013, Attachment 4.1 (unpublished).

[80] DCCSDS 2012, *Mapping of learning and development (L&D) for out-of-home care sector*, Department of Communities, Child Safety and Disability Services, Brisbane.

[81] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p46].

[82] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p11].

[83] Department of Education, Training and Employment 2012, *Community Services Skilling Plan 2012*, Queensland Government, viewed 17 June 2013, ‹http://www.training.qld.gov.au/information/skilling-plans/community-services/overview.html›.

[84] Health and Community Services Workforce Council 2013, *Integrated Workforce Development Strategy*, Workforce Council, viewed 20 March 2013, ‹http://www.workforce.org.au/initiatives/completed-initiatives/iwds.aspx›.

[85] DCCSDS 2012, *Mapping of learning and development (L&D) for out-of-home care sector*, Department of Communities, Child Safety and Disability Services, Brisbane.

[86] Department of Education, Training and Employment 2012, *Community Services Skilling Plan 2012*, Queensland Government, viewed 17 June 2013, ‹http://www.training.qld.gov.au/information/skilling-plans/community-services/overview.html›.

[87] Submission of The Benevolent Society, January 2013 [p21]; Submission of PeakCare Queensland Inc., October 2012 [p90].

[88] Submission of PeakCare Queensland Inc., October 2012 [p91]; Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p10].

[89] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p45].

[90] Submission of PeakCare Queensland Inc., October 2012 [p91].

[91] Submission of Health and Community Services Workforce Council, October 2012 [p2].

[92] Submission of PeakCare Queensland Inc., October 2012 [p91].

[93] DCCSDS 2012, *Mapping of learning and development (L&D) for out-of-home care sector*, Department of Communities, Child Safety and Disability Services, Brisbane.

[94] DCCSDS 2012, *Mapping of learning and development (L&D) for out-of-home care sector*, Department of Communities, Child Safety and Disability Services, Brisbane, p. 6.

[95] Survey, Non-government Organisation Staff, February 2012.

[96] Submission of UnitingCare Community, October 2012 [p26: para 121].

[97] Submission of Anglicare Southern Queensland, November 2012 [p6].

[98] Submission of Anglicare Southern Queensland, November 2012 [p6].

[99] CARE is described as a transformational approach that is aimed at creative positive conditions for change in young people who have experienced trauma.

[100] Submission of Anglicare Southern Queensland, November 2012 [p6].

[101] Submission of ACT for Kids, ‘Child protection system and processes’, September 2012 [p6].

[102] Submission of Anglicare Southern Queensland, November 2012 [p6].

[103]Survey, Non-government Organisation Staff, February 2013.

[104] Transcript, David Bradford, 30 October 2012, Ipswich [p61: line 44].

[105] Transcript, David Bradford, 30 October 2012, Ipswich [p62: line 2].

[106] Transcript, David Bradford, 30 October 2012, Ipswich [p26: line 18].

[107] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.

[108] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.

[109] Submission of Health and Community Services Workforce Council, October 2012 [p2].

[110] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p9].

[111] Submission of Health and Community Services Workforce Council, October 2012 [p3].

[112] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p9].

[113] Submission of Health and Community Services Workforce Council, October 2012 [p3].

[114] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p12].

[115] Submission of Health and Community Services Workforce Council, October 2012 [p3].

[116] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p10].

[117] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p11].

[118] Submission of Health and Community Services Workforce Council, October 2012, Attachment 1 [p9].

[119] Submission of UnitingCare Community, October 2012 [p27: para 128]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p58]; Submission of Health and Community Services Workforce Council, October 2012 [p4]; Submission of PeakCare Queensland Inc., October 2012 [pp93–4].

[120] Submission of UnitingCare Community, October 2012 [p27: para 128]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p58].

Chapter 11
Aboriginal and Torres Strait Islander children and the child protection system

One of the terms of reference for this inquiry instructed the Commission to include strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system, but particularly in out-of-home care. The recommendations and strategies outlined so far in this report (particularly in Chapters 7 and 10) will go some way towards achieving this goal; but they will not be sufficient on their own. This chapter outlines a series of complementary strategies designed to put downward pressure on the numbers entering the child protection system while at the same time improving the quality of care for those in the system. The Commission cautions, however, that efforts to reduce over-representation should not result in a different standard of protection being afforded Aboriginal and Torres Strait Islander children than that afforded non-Indigenous children.

11.1 What is over-representation?

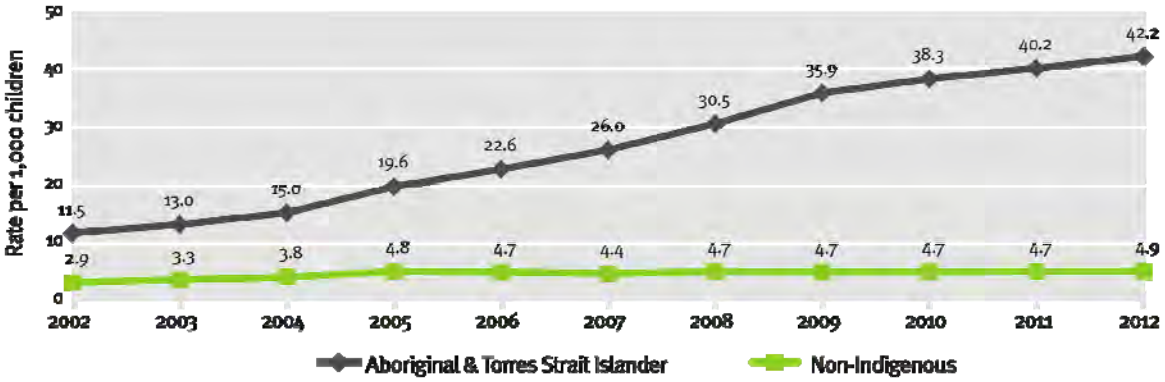
The number of Aboriginal and Torres Strait Islander children in Queensland's child protection system is alarming — an estimated 50 per cent of Indigenous children are known to Child Safety.[1]

Over-representation refers to the proportion of Aboriginal and Torres Strait Islander children in the child protection system compared with their proportion in the general population or compared with other groups of children in the child protection system.

Aboriginal and Torres Strait Islander children are over-represented at all stages of the child protection system. They are five times more likely than non-Indigenous children to be the subject of a child safety notification, six times more likely to be substantiated for harm and nine times more likely to be in out-of-home care.[2]

This disparity has been growing rapidly, particularly in out-of-home care where the rate has tripled in the last decade (see Figure 11.1). This may be partly attributed to children entering care earlier and staying longer.[3] As at 30 June 2012, 3,041 of the 7,999 children in out-of-home care in Queensland were either Aboriginals or Torres Strait Islanders.[4] While these children account for less than 7 per cent of the state's population they account for almost 38 per cent of children in care.[5]

Figure 11.1: Children in out-of-home care at 30 June by Indigenous status (rate per 1,000 children), Queensland, 2002 to 2011



Source: Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Table 15A.78

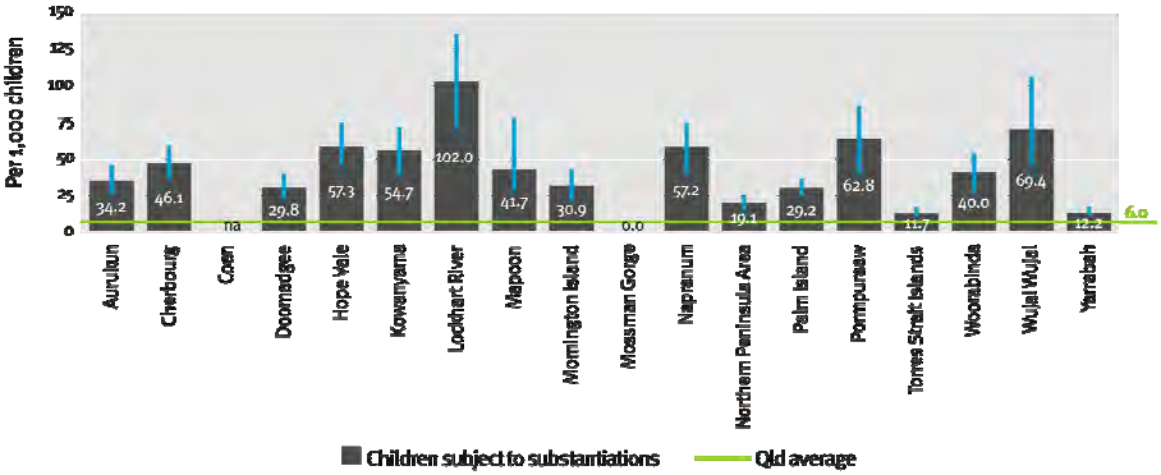
Notes: Rates per 1,000 are calculated using estimated resident population aged 0–17 years.

Over-representation is seen across the entire state. An Indigenous child is at least four times more likely to be substantiated for harm than a non-Indigenous child in all Child Safety regions.[6] The region with the largest absolute number of children in the system is northern Queensland, which has the highest Aboriginal and Torres Strait Islander population. Of the 3,041 children in care at 30 June 2012, 1,219 were in the North or Far North Child Safety Regions.[7]

The situation for the one in ten children in Queensland's discrete Aboriginal and Torres Strait Islander communities is particularly disturbing. In some communities, rates of child protection orders are up to 19 times the state average — see Figure 11.2, next page.[8] Discrete communities are communities in a specific geographic location mainly inhabited by Aboriginal or Torres Strait Islander people where infrastructure is usually either owned or managed on a community basis.

As stark as these statistics are, there may also be under-reporting of harm in some communities.[9]

Figure 11.2: Children subject to substantiations in discrete Indigenous communities (average annual rate per 1,000 children), Queensland, 2009–10 to 2011–12



Source: Government Statistician, Queensland Treasury and Trade

Notes: The average annual rate, including the Queensland rate, is calculated from the annual rates over the three-year period. The information is based on counts of distinct children for each financial year period only; it is therefore possible that a distinct child could be counted more than once over the three-year period where they have substantiation in more than one period. The substantiation rates for the communities are based on very small counts within small populations. The grey error bars on the columns depict the confidence limits at a confidence level of 95 per cent as an approximate statistical significance test. Where the confidence intervals of two rates do not overlap they are said to be statistically significantly different. Conversely, where the confidence intervals for rates of these indicators do overlap, they are said to be similar. Child safety data for communities with annual counts of fewer than five children are not calculated to maintain data confidentiality. Data for Coen are therefore not available.

What is causing over-representation?

The over-representation of Aboriginal and Torres Strait Islander families in the child protection system is being driven by a complex array of interconnected factors. Social disadvantage lies at the core, with stressors being higher rates of poverty, mental illness, alcohol and drug misuse, family violence, and teenage parenthood.[10] These factors are exacerbated by a much wider breakdown in community functioning in some remote and discrete communities.[11]

The intergenerational effects of past policies have made a major contribution to the risks, including the effects of forced removals and the dormitory system[12] on parenting, which has lead to multiple generations of families becoming involved in the child protection system.[13] These policies have also resulted in the disempowerment of community leaders, leading to a breakdown in social norms in some parts of the state, including norms around parenting.

System factors in the child protection system also play a role: an over-reliance by the statutory child protection system on high-end (tertiary) responses and a lack of meaningful collaboration between government services on the one hand and Aboriginal and Torres Strait Islander agencies on the other. This lack of meaningful collaboration is of particular concern to the Commission.

The Commission has also heard that misperceptions about child-rearing practices in Aboriginal families can also lead to incorrect assumptions about children's protective needs in some circumstances. In many Aboriginal families, children are encouraged to be independent, self-regulating, and self-reliant – more so than typical for many non-

Indigenous children.[14] Different parenting practices can be inappropriately and incorrectly construed as neglectful, particularly in the context of chronic poverty.

The major causes of over-representation are considered in more detail throughout this chapter, along with some strategies to address them.

History as a contributing factor

Past policies in relation to Aboriginal and Torres Strait Islander peoples are today contributing to their over-representation in the child protection system and to intergenerational involvement.[15]

Queensland's official policies on Aboriginal and Torres Strait Islander peoples have mirrored Australian trends of protection, assimilation and self-determination. Legislation in force during the late 19th and early 20th centuries saw the removal of children of mixed descent, as well as 'orphaned' and 'deserted' children.[16] The process of removal typically led to either adoption or, more often, life under the dormitory system. Contact with parents and community was heavily restricted and the use of traditional language and other aspects of culture often banned.[17]

Past policies denied many children the experience of being parented or cared for by someone to whom they were attached and removed them from wider kin and community connections. These disruptions are considered among the most damaging effects of past policies, as it is these attachments and connections that people rely on to become successful parents themselves. Many of the children removed under these policies have gone on to have their own children removed into care.[18] Past removals have also been linked to many of the parental risk factors that bring children to the attention of child protection services — in other words, removed children tend to experience higher than average rates of health and social problems including alcoholism, gambling addictions, offending, and mental illness in adulthood.[19]

Past policies also saw overwhelming control exerted over the lives of Aboriginal and Torres Strait Islander peoples for much of the 20th century, in the name of protection. Under 1897 legislation, for example, there was forced relocation, control over employment arrangements, management of wages, and control over marriage. Such controls were increased under subsequent enactments. As observed by the 1987 Royal Commission into Aboriginal Deaths in Custody, these policies have undermined the control of Aboriginal and Torres Strait Islander peoples over their own lives.[20] The resultant erosion of personal autonomy in decision-making has also affected parenting.

The removal of institutional controls and conferral of formal rights on Aboriginal and Torres Strait Islander peoples without adequate transitional supports has arguably brought its own unintended consequences. One view espoused by Aboriginal leader Noel Pearson is that long-term disengagement from the real economy and dependence on welfare entitlements (delivered with no associated obligations) eroded personal responsibility. This, in combination with alcohol abuse, family violence and school absenteeism, has led to a breakdown in social norms, including parenting skills.[21]

11.2 Strategies to reduce over-representation

Given the extent of the over-representation and its multiple and complex drivers, the Commission acknowledges that lasting solutions lie in addressing the broader systemic factors, rather than in focusing exclusively on the child protection system. There have been many attempts by various governments to improve life outcomes for Aboriginal

and Torres Strait Islander peoples. Notably, at the national level, there is the long-term, overarching framework for addressing Aboriginal and Torres Strait Islander disadvantage and improving life outcomes, encapsulated in the Council of Australian Governments (COAG) Closing the Gap initiative in which the states play a key role.[22]

Closing the Gap places an intense focus on addressing broad disadvantage in the areas of health, housing, education, and skilling for work. These should reduce over-representation over the long-term. However, the benefits of such measures could be negated by a large proportion of the population having experienced neglect or other types of harm as children. Harm in the formative years of life can seriously impede positive life outcomes.[23] For these persons, child protection warrants a more prominent place on the broader Aboriginal and Torres Strait Islander policy agenda.

The importance of attending to these issues is reinforced by the impact of changing demographics. The Indigenous population has a much younger age profile than the general population, which means that over the next two decades we will see a 'structural ageing' of the population as the current bulging cohort of children move into the prime workforce and economically productive age groups.[24] If the children of today follow the same trajectory of disadvantage (including high rates of involvement with the child protection system) as their parents, the burden on social services will be heavy.

Within this broader context, the focus of this report is necessarily on strategies that sit within the child protection system, from prevention and early intervention through to the reform of tertiary interventions. Their application should reflect core principles for provision of services outlined in broader national strategies such as COAG's National Indigenous Reform Agreement, which enshrines the:[25]

- Indigenous engagement principle: engagement with men, women and children and communities should be central to the design and delivery of programs and services
- Sustainability principle: programs and services should be directed and resourced over an adequate period (to meet COAG targets), with particular attention being given to supporting Indigenous communities to harness the engagement of corporate, non-government and philanthropic sectors
- Access principle: programs and services should be physically and culturally accessible to Indigenous people, recognising the diversity of urban, regional and remote needs
- Integration principle: collaboration between and within governments at all levels, their agencies and funded service providers to effectively coordinate programs and services.

With this in mind, the Commission has identified four areas of focus. They are:

1. delivering an adequate suite of prevention and early intervention services relevant to the needs of Aboriginal and Torres Strait Islander families, and making those services accessible
2. improving practice in the statutory system including giving recognised entities a more meaningful role to ensure the system is responsive to the needs and concerns of Aboriginal and Torres Strait Islander families
3. strengthening Aboriginal and Torres Strait Islander child protection agencies
4. catering for the particular needs of children in discrete Aboriginal and Torres Strait Islander communities where over-representation is both acute and chronic.

The Commission notes the particularly strong evidence that a community-development approach can directly contribute to improvements in life outcomes for Aboriginal and Torres Strait Islander peoples at the local level, and in some places such approaches are being adopted.[26] The Cape York Welfare Reform trial in four Cape York communities, discussed later in this chapter, is an example of an approach that has achieved a measure of success in its first four years.[27] The usefulness of a community-development approach was described in the submission of the Cape York Institute for Policy and Leadership, which designed the trial in conjunction with the communities:[28]

> The entrenched social norm deficits that lead to the abuse and neglect of children cannot be fixed just by rolling out yet another program that is only funded for a two or three year period. A sustained, multi-systemic approach is required to tackle this issue. We need all community members, service providers and governments to be on the same path moving toward the same goal.

A sustained commitment to community development approaches is supported by the Commission. The four areas of focus identified above, and Cape York Welfare Reform trial, will be examined in turn in the remainder of this chapter.

11.3 Delivering preventive and early intervention and family support services

Gaps and shortcomings in universal and secondary services

Most of the parental risk factors that bring children to the attention of the department — poverty, mental illness, substance misuse, overcrowded and inadequate housing, violence and teen parenthood — are largely not within the department's scope of authority to address. While Child Safety may play some role in responding to these problems, they are largely addressed through related universal and secondary health and social services.

Universal services — such as maternal and child health, housing and homelessness, early childhood education and care, schooling, and employment — are particularly important in responding to risk factors for abuse. For many families, universal health and early childhood education and care services at the right time will be their only contact with human services. Providing the right universal and secondary services has the potential to not only prevent child maltreatment and the burden on child protection services, but also promote child wellbeing and resilience.[29] Positive flow-on effects are likely to be felt by other service systems, including the youth justice system.[30]

There has been increased investment at the federal and state levels in recent years to strengthen both universal and secondary services relevant to child protection, including those targeted at Aboriginal and Torres Strait Islander families. These include extended access to early childhood education and care programs, structured family playgroups, extended maternal and infant home-visiting programs, parental education programs, and other supports for parents such as budgeting and household-management skills.[31] Despite these investments, services remain somewhat sporadic and fragmented.

Chapter 5 highlighted a range of challenges for services in meeting the needs of vulnerable families. These included insufficient links between universal, secondary and tertiary services, gaps in services, and the short-term nature of many services. It also highlighted the problem of having an inadequate array of 'step down' and 'step up' components to meet the changing needs of families. The reform process outlined in this

report seeks to ensure that prevention, early intervention and intensive family support services are guided by a strong evidence-based priority-setting framework.

Unfortunately, existing services generally do not have a strong evidence base when it comes to Aboriginal and Torres Strait Islander children and families. While many specific programs have been introduced as a result of recent reviews, few of these programs have been subject to thorough evaluations.[32] Moreover, most mainstream services and programs are not evaluated for their effectiveness with Aboriginal and Torres Strait Islander families.

The Institute for Urban Indigenous Health has submitted that, while there is a need to improve the evidence-base on what works for Aboriginal and Torres Strait Islander families, there is also scope for adapting evidence-based mainstream programs to suit Aboriginal and Torres Strait Islander conditions.[33] The mainstream programs identified as having the best evidence for reducing risks of harm are home-visiting programs, early childhood education and care programs, parenting education and support, and social and community-development programs.

The Commission has been told many times that key support services often come too late for Aboriginal and Torres Strait Islander families. Frequently, meaningful intervention only occurs once a situation reaches a crisis point and children are already on the cusp of removal.[34] The Commission agrees that a greater focus needs to be placed on assuring access to the right mix of universal and secondary services for Aboriginal and Torres Strait Islander children and families, at the right time.

The Commission is not in a position to identify the specific gaps and shortcomings in universal and secondary services for Aboriginal and Torres Strait Islander children and families across Queensland. It therefore proposes to make this the responsibility of a special project to be called the 'Aboriginal and Torres Strait Islander Child Protection Service Reform project' (discussed in more detail later in this chapter). The proposed project would complement the system-wide reform process outlined in Chapter 5 with a focus on identifying and addressing gaps in the delivery of services to families and children.

The Aboriginal and Torres Strait Islander Child Protection Service Reform project should be guided by an assessment of the particular risk factors for child maltreatment in Aboriginal and Torres Strait Islander families in each region. In the Commission's view the following areas will warrant specific attention — sexual and reproductive health, mental health, parental education and support and financial and household management. Violence, especially family and community violence, and drug and alcohol abuse also warrant special attention.

Sexual and reproductive health: The Commission has been told that there is a lack of formal sex education and safety programs for Aboriginal and Torres Strait Islander children.[35] At present, about one in five Indigenous children is born to a teenage mother, compared with less than one in 20 non-Indigenous children.[36] Teenage parenthood is associated with high rates of economic disadvantage, birth complications and maternal depression — all potential risks for child maltreatment.

Family violence: Aboriginal and Torres Strait Islander women are more likely to experience threatened or actual physical violence than non-Indigenous women. About a third of female family violence victims live in households with children aged less than 5 years old[37]. The Commission notes information from Townsville Aboriginal and Islander Health Services that the majority (up to 80 per cent) of their client base experience family violence.[38] Many of these clients are said to have no access to family

violence services or counselling and, where services do exist, waiting lists can be long. In some areas, particularly in remote location, exposure to family violence is compounded by an inability to physically escape the situation.[39]

Drug and alcohol abuse: Substance abuse is a major contributing factor to violence and child maltreatment, particularly within remote communities.[40] It can contribute to community violence and to parents being impaired in their parenting role, as well as expose unborn children to permanent harm if consumed during pregnancy.[41] Drug and alcohol misuse is common among clients accessing family support and child protection services.[42] In the Commission's survey of non-government organisations, at least one third of staff in Aboriginal and Torres Strait Islander agencies reported that their clients did not have ready access to drug and alcohol services.

Mental health: Almost one in three Indigenous people over 15 years of age experience high or very high levels of psychological distress, twice the rate of non-Indigenous people.[43] The Commission has been told that there are very few counselling services for Aboriginal and Torres Strait Islander children and families in some parts of the state and access to these services is poor.[44] Children's counselling was one of the gaps identified, with reliance often being placed on under-resourced guidance counsellors from Education Queensland.

Parental education and support: The importance of supporting Aboriginal and Torres Strait Islander families to build their parenting skills has been strongly evident in this inquiry. The involvement of successive generations of some families in the child protection system has had a negative effect on parenting with many present-day parents themselves not having experienced effective parenting during their own childhoods.[45] In addition to noting a need for better access to parental and child protection education,[46] there was a strong view that parental education should ideally come from peer-led programs for maximum effect[47] and that parental education and support should begin during pregnancy.

Financial and household management: Money-management programs and strategies to improve household management may help families ensure that a child's needs are met. Financial stress is a recognised driver of over-representation in the statutory system. In 2008, Indigenous households were almost two and a half times as likely to be in the lowest income bracket and four times less likely to be in the top income bracket as non-Indigenous households.[48] The Commission received submissions about income in some communities being diverted to gambling or alcohol.[49] Poor income management can lead to child harm in a number of ways, particularly if regular fluctuations in adequate food supply, and consequent poor nutrition, impede normal child development.

Making universal and secondary services more accessible

Aboriginal and Torres Strait Islander adults are less likely than non-Indigenous adults to use mainstream services such as preventive health, antenatal and early childhood services.[50] In the child protection context, and as discussed in Chapter 5, departmental data show that Aboriginal and Torres Strait Islander clients made up 8.1 per cent of families engaging in Helping Out Families and 15 per cent of Referral for Active Intervention case closures.[51] This is in contrast to Aboriginal and Torres Strait Islander families accounting for 26 per cent of families subject to child protection notifications.[52] Helping out Families services are largely unavailable in areas with the highest Indigenous populations.

Even where universal and secondary services are available in a given location, it should not be assumed that they are being accessed by Aboriginal and Torres Strait Islander families.[53] Uptake of mainstream services is less likely where there is no strategy for engaging and involving individuals and communities. In their submission the Townsville Aboriginal and Islander Health Services has told the Commission that: [54]

> Many of the current programs/resources that are available e.g. violence prevention, parenting, budgeting, hygiene etc. etc. etc. are not delivered in ways that are appropriate to Aboriginal and Torres Strait Islander culture but more importantly, many of these programs don't even recognise the lived experience of Aboriginal and Torres Strait Islander people.

The main barriers to voluntary uptake identified in research and submissions are a lack of trust in mainstream service providers, concerns about being stereotyped or treated differently, and previous poor experiences.[55] Linked to these is shame about seeking out help and (particularly in remote areas) a fear of child protection involvement. Tangible factors such as service costs, distance to services and access to transport also play their part.

There is a body of literature about how to improve the uptake of services. The presence of Aboriginal and Torres Strait Islander employees in frontline positions has been described as particularly useful.[56] Reflecting cultural factors in services is also important and might mean including community members in service design and delivery and building cultural concepts into education and support programs.[57]

Community engagement is a particularly important strategy as it leads to a sense of ownership of services.[58] Strong relationships with local community leaders or 'gatekeepers' increase the acceptability of services in the wider community.[59] The South Burnett Community Training Centre has suggested that one way to improve community engagement might be to establish reference groups of local community members and Elders to give them an opportunity to contribute to the design and delivery of services.[60]

Workers delivering services also need to exhibit the requisite cultural knowledge, skills and values in order to work effectively with Aboriginal and Torres Strait Islander clients.[61] Respondents to the Commission's workforce surveys have suggested that regular, proactive engagement with communities and colleagues 'on the job' is the best way to develop these skills. Aboriginal and Torres Strait Islander child protection workers have suggested that regularly involving local workers in service planning and meetings could also help.[62]

At a practical level, keeping the cost of services low and assisting with transport can help improve service uptake for particularly hard-to-reach groups. Offering services away from formal settings and institutions may also make it easier for Aboriginal and Torres Strait Islander people to engage.[63]

There are many examples of how, with careful planning, mainstream services have improved access for Aboriginal and Torres Strait Islander clients. One such example is the Metro North Hospital and Health Service's establishment of the Ngarrama Maternity and Postnatal Service as part of a strategy to increase access to maternity services.[64] This free service is staffed by qualified and experienced clinical midwives and advanced Indigenous maternal and infant health workers. Having recognised travel as a problem for many clients, it both subsidises transportation to the service and makes home-visits. Efforts have also been made to invest in creating a culturally safe and welcoming environment, featuring relevant artworks, photographs and literature.

A number of submissions have pointed out that some families do not take up opportunities to engage, implying that innovative strategies including 'coercive' strategies may need to be employed in order to make these families accept family supports.[65] For example, the Family Responsibilities Commission (established as part of the Cape York Welfare Reform trial) has recourse to legal orders when a family refuses to engage in recommended services or opportunities designed to help them address parental failings. The order can require the compulsory management of a proportion of welfare payments to ensure that the essential needs of children are met.[66] Compulsory income management, along with related strategies, has been found to be effective in ensuring the needs of families and children are better met.[67] The Commission has also been told how the threat of such interventions can motivate individuals to take responsibility.[68]

The Commission's view is that all universal and secondary services should have an identified strategy for improving access to their services, and that this should be a particular focus of the proposed Aboriginal and Torres Strait Islander Child Protection Service Reform Project, discussed later in this chapter.

Extending access to Aboriginal and Torres Strait Islander Family Support Services

Aboriginal and Torres Strait Islander Family Support Services comprise a set of community- controlled services established in 2010 in 11 locations across Queensland, using $10 million of funding diverted from cultural advisory services.[69] The purpose of these services is to work with children and families to:[70]

- enhance parenting skills
- build on the family's strengths
- enhance the family's support networks and its access to secondary and specialist services in the community
- link the child and the child's family to other relevant government and non-government services through a supported referral
- use limited funds to purchase additional services from other professionals and organisations.

While the investment in these services has been welcomed by Aboriginal and Torres Strait Islander agencies and advocates, many feel that the threshold for families to access them is too high — many of the families referred are already entrenched in the system or receiving assistance only once a situation has reached crisis point.[71] Particular criticism has been made of a requirement for families to have prior contact with Child Safety in order to be referred for support: [72]

> Whilst the ATSIFSS [Aboriginal and Torres Strait Islander Family Support Services] program … is a program that Queensland can be very proud of having initiated, the reality is that less than 10% of the 388 referrals received by the FSS to date could even remotely be deemed to be early intervention, much less prevention. Of even more concern is also the fact that the majority of the remaining 90% of families have significant histories with Child Safety extending from two to three years to up to 10 years, and in some instances, up to 20 years.

The department states that these support services are intended to prevent the need for ongoing intervention. As such, eligibility criteria require that families have already had

contact with the statutory system. Families must meet the following criteria to receive support: [73]

- the family has high and complex needs and would benefit from access to family support and other specialist services
- a child concern report has been recorded and the parents consent to a referral to family support services, the child is under 3 years of age, multiple reports have been made, or there has been previous involvement by statutory services
- a substantiated or unsubstantiated notification has been received and the family's risk level was assessed to be high or very high and the parents consent to referral.

The department has advised the Commission that it is currently evaluating the program.[74] Ahead of this evaluation, the department has raised concerns about the capability of some services to engage with families that have particularly complex problems.[75] An earlier evaluation of the parenting programs (specifically Triple-P parenting programs) through Aboriginal and Torres Strait Islander Family Support Services found that implementation could be improved through the use of culturally relevant examples in training and ongoing support for implementation through peer supports and partnerships.[76]

The Commission believes that Aboriginal and Torres Strait Islander Family Support Services (and Family Intervention Services) should have a greater role in the child protection system over the next 10 years. Being relatively new, there is likely to be much work needed to build their capability. Developing these services should be a high priority.

Recommendation 11.1
That the Department of Communities, Child Safety and Disability Services extend eligibility for Aboriginal and Torres Strait Islander Family Support Services to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the proposed dual intake pathways. Building the capability of these services should be a major priority over the next 10 years.

Service Reform Project

The Commission is convinced that as part of its broader reform agenda there must be a project that focuses specifically on the service gaps for Aboriginal and Torres Strait Islander families. As well as identifying gaps, this project can also reform services and support families to maximise service take-up.

The time-limited Aboriginal and Torres Strait Islander Child Protection Service Reform Project would support the Commission's whole-of-sector reform agenda, the success of which rests on the availability of adequate family support services. By 'adequate' we mean services that will not only prevent child maltreatment in the here and now, but will divert families away from the statutory system to pathways designed to break the cycle of intergenerational harm.

The project would adopt a place-based approach to:

- mapping universal and secondary services of particular relevance to child protection (such as parenting programs, child and maternal health and early childhood education and care services, mental health and alcohol and drug

services) and, having regard to the features and needs of the location, identifying gaps, overlaps and inefficiencies

- analysing impediments to the accessibility of those services by the target population and strategies for addressing them
- identifying strategies for improving collaboration between service providers and for achieving a case-management approach for families considered to be at risk or who have multiple needs for secondary services
- working with the discrete communities to help them develop community-based referral processes and services (see discussion later in this chapter).

The project should be driven by a committee of Child Protection Senior Officers Group, representing the members of the proposed Child Protection Reform Leaders Group. The group should be jointly chaired by the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.

DATSIMA should jointly lead the project (with the Department of the Premier and Cabinet). Although DATSIMA does not have portfolio funding responsibility, the project is fundamentally about how to structure service delivery across a wider range of services to better meet child safety outcomes for Aboriginal and Torres Strait Islander clients.

The project would be carried out at the regional level through the Regional Child Protection Services Committees. The terms of reference and duration of the project would need to be scoped and settled by the Child Protection Reform Leaders Group. However, it is considered likely the project would run for approximately 12 months and require at least one dedicated senior resource in each DATSIMA region, with a position in DATSIMA central office for oversight, support and coordination of regional effort. The regional positions would also be involved in other reform activities undertaken by the Regional Child Protection Services Committees.

The project would involve multi-agency (state and federal government) and community stakeholders. The peak body representing Aboriginal and Torres Strait Islander child protection service providers would need to be closely involved, as well as major service providers.

Recommendation 11.2
That the Child Protection Reform Leaders Group establish an Aboriginal and Torres Strait Islander Child Protection Service Reform Project to:

- assess the adequacy of all existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies
- develop and implement strategies and service delivery models that would enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers, and
- incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families.

The project should include a particular focus on the delivery of services in the discrete communities. The project should be time-limited and be carried out by a committee comprising Child Protection Senior Officers. That committee should be jointly chaired by

the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.

11.4 Improving practice in the statutory system

As already indicated, systemic factors also have a bearing on the over-representation of Aboriginal and Torres Strait Islander children in the system. At the very least, they can make it much harder to reduce the numbers from discrete communities. A common theme raised with the Commission is that the department's approach to protecting Aboriginal and Torres Strait Islander children from harm is too focused on high-end (tertiary) responses. Community development, parental education and support, and family wellbeing approaches have all been lacking.[77]

The Commission has also been told that keeping children out of the system is made more difficult by departmental officers having a poor understanding of Aboriginal and Torres Strait Islander cultural and family practices.[78] Some officers are even said to be interacting with families in ways that are insensitive or offensive. In the Commission's survey of the Child Safety workforce, 84 per cent of respondents felt confident that they had the skills to work effectively with Aboriginal and Torres Strait Islander children and families, but only 22 per cent of their Aboriginal and Torres Strait Islander colleagues agreed.

Adding to these problems, legal advocates have told the Commission that Aboriginal and Torres Strait Islander parents often do not have a clear understanding of what is required of them to have their children returned.[79] Others have told the Commission that some departmental officers do not meaningfully consult with Aboriginal and Torres Strait Islander services (recognised entities, family support services and kinship and foster care services) even when services are themselves raising concerns about the welfare of children.[80] Meanwhile, in some communities, some families may not even have a clear awareness of what the department regards as abuse and neglect.[81]

Problems have also been raised with specific aspects of Child Safety practice — for example, the number of children placed with non-Indigenous carers and poor-quality cultural planning and support for those children.[82] This appears to be borne out in data from the Children's Commission, which show that many cultural support plans have little, if any, information about children's cultural background or reference to meaningful cultural activities or support persons. [83] Cultural support planning is considered in more detail in Chapter 7.

A more meaningful role for recognised entities

There is widespread dissatisfaction with how recognised entities are currently operating, indicating that their roles may need to be clarified and strengthened. Many advocates have called for recognised entities to have a more meaningful role in the delivery of statutory child protection practice.

In the *Child Protection Act 1999* 'recognised entities' are described as individuals or organisations with whom the chief executive must consult about issues relating to the protection and care of Aboriginal and Torres Strait Islander children. The Act, the Child Safety practice manual and departmental service agreements all envisage a meaningful role for recognised entities. The Act provides for them to:

- participate in significant and other decisions about an Aboriginal or Torres Strait Islander child throughout their involvement with the child protection system (ss. 6 and 83)
- provide advice when assessing if an unborn child may be in need of protection and advice on appropriate support for the mother (s. 21)
- provide advice to the Childrens Court about a child and about Aboriginal tradition and Island custom relating to a child (s. 6)
- participate in court-ordered conferences for Aboriginal or Torres Strait Islander children (s. 70)
- participate in family group meetings and the review and preparation of case plans for Aboriginal or Torres Strait Islander children (ss. 51L and 51W)
- participate in Suspected Child Abuse and Neglect (SCAN) team meetings when an Aboriginal or Torres Strait Islander child is being discussed (s. 159L).

The Commission has been told that the working relationships between recognised entities and Child Safety differ across locations, some being more successful than others. In its consultations, the Commission learnt that some recognised entities are working closely with departmental officers having direct input into case planning processes. In some cases, recognised entity workers have also spent part of their time working in Child Safety Service Centres alongside child protection workers. It does not, however, appear to be the norm.

In some locations, recognised entities are not being notified about children being reported to the department, and departmental officers are reluctant to share information or seek the advice of entities.[84] The involvement of recognised entities is often treated as a 'tick and flick' exercise, rather than constituting meaningful participation as envisaged under the Act.[85] Meanwhile, a perceived lack of independence from the department and restrictions on their ability to consult with families are also hindering the ability of services to engage with families and communities.[86]

On the other hand, Child Safety officers have told the Commission that some recognised entities do not adequately review the information they are given, and do not always make contributions when they attend case meetings.[87] The Commission has been told that there is also confusion in some areas about the very nature of the role of recognised entities. A lack of appropriate training and expertise among recognised entity staff and inconsistent processes for requesting and providing advice are said to be making it difficult for services to fully participate in statutory practice.[88]

Departmental data on the activities of recognised entities suggest that their participation in most aspects of statutory services is indeed fairly limited and skewed toward the intake phase (see Table 11.1). On average, almost two-thirds of their activities relate to responding to departmental contacts and making home-visits. In contrast, participation in family group meetings, identifying kinship carers, case planning and cultural support planning account for less than 20 per cent of all activity.

Table 11.1: Output of recognised entities by type of activity, July–December 2012

Activity	Output	Time spent (hours)	Proportion of total hours
Responding to contacts	36,489 contacts	20,421	43%
SCAN activities	645 activities	1,655	4%
Court activities	1,503 activities	2,962	6%
Attending home visits	3,582 visits attended	7,620	16%
Case plans	2,496 case plan activities	4,054	9%
Cultural support plans	950 cultural support plans	1,537	3%
Family group meetings	914 meetings attended	2,630	6%
Placement decisions	1,493 placement decisions	1,441	3%
Identifying kinship carers	535 kinship carers identified	869	2%
Genograms and eco maps	459 genograms and eco maps	752	2%
Other activities	Other activities	3,069	7%
All activities		**47,010**	**100%**

Source: Queensland Child Protection Commission of Inquiry analysis of data provided by Department of Communities, Child Safety and Disability Services.

Notes: Percentages may not add to 100 due to rounding.

Many advocates have argued that the role of recognised entities could be improved by delegating to them some aspects of statutory practice.[89] For instance, both the Queensland Aboriginal and Torres Strait Islander Child Protection Peak and the Aboriginal and Torres Strait Islander Legal Service have proposed delegating the functions of family group meetings, identification of placements, carer approvals, and casework with families to recognised entities. Will Hayward from the Queensland Aboriginal and Torres Strait Islander Legal Service has argued that:[90]

> One of the fundamental flaws of the Recognised Entity model is that professionals have been limited to participation and consultation roles in decision making … This impacts levels of meaningful cultural and practical support for immediate family, extended family and significant community members on whom children and young people in care are ultimately reliant upon for adequate case management. It is clear that Aboriginal and Torres Strait Islander Recognised Entity professionals would be more efficiently utilised in a more practical statutory role with authority to deliver case work in key points of practice.

Others have argued that the role of recognised entities in the court should be enhanced. For instance, the Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service has called for recognised entities to be made a party to child protection proceedings.[91] It would also like to see them granted the power to make decisions on the child protection needs of Aboriginal and Torres Strait Islander children. The department would then be required to apply to the court in relation to any departmental decisions that are not supported by the recognised entity.

Meanwhile, the department has told the Commission that it would like to substantially reduce the role of recognised entities and reallocate their resources into family support and intervention functions.[92] At the same time the department has suggested that Aboriginal and Torres Strait Islander agencies should take a greater role in all stages of the child protection system, over time.[93] The department has argued that a greater statutory role could be built once a stronger family intervention role has been established.

The Commission's view is that recognised entities should be playing a more meaningful role in current day statutory practice, not a lesser role as suggested by the department. As such, the Commission favours the retention of recognised entities but with their role re-scoped to working directly with departmental officers on key aspects of statutory practice. They should also retain their role in providing an independent view of children's best interests, particularly at the court phase.

Internationally, there has been some movement toward the delegation of statutory child protection functions to Indigenous agencies. The most significant of these delegations has occurred in Canada.[94] In some provinces, such as Manitoba, Indigenous communities have been granted the right to establish their own child protection services. In its discussion paper, the Commission flagged a proposal to trial the delegation of statutory responsibilities to suitability qualified Aboriginal and Torres Strait Islander agencies in Queensland.

A limited set of delegations to Aboriginal and Torres Strait Islander agencies is currently operating in New South Wales, following recommendations of the Wood Special Commission of Inquiry into Child Protection Services.[95] This process will see responsibility for case planning for children in out-of-home care transferred to the non-government sector. Responsibility for Aboriginal and Torres Strait Islander children will transfer to Aboriginal and Torres Strait Islander-controlled organisations accredited by the New South Wales Child Guardian.

The Commission has decided not to recommend the widespread delegation of statutory responsibilities to the non-government sector in the immediate term. There are three main reasons for this decision:

- the Commission does not believe that the sector has sufficient capability or safeguards in place to take statutory responsibilities at this time
- the delegation of statutory functions would redirect too many resources away from early intervention and intensive family intervention services
- the available data show that the delegation of statutory functions in Canada has been associated with a marked increase in Indigenous children entering care, rather than a reduction.[96]

Rather than delegating statutory functions, the Commission is recommending that a 'shared practice' model be developed that would see the staff of recognised entities (and other relevant services such as foster and kinship care services) working together with departmental officers at key points in statutory practice. This should give recognised entities the opportunity to coordinate and facilitate family group meetings for Aboriginal and Torres Strait Islander children.

It should also involve the entities working more closely with departmental staff to identify and assess potential kinship carers, develop cultural plans and transition-from-care plans. In line with recommendations in Chapter 6, this should be considered a step toward Aboriginal and Torres Strait Islander agencies taking on a growing responsibility for statutory practice over time — similar to moves seen in other states.

Projects working in Queensland and other jurisdictions should be reviewed in the design of a shared practice model. These include the Reconnection Project operating in the South West Child Safety Region.[97] Under this project, recognised entities are working with departmental officers to identify possible kinship carers for Aboriginal and Torres Strait Islander children who have initially been placed with non-Indigenous carers. The

Aboriginal Family Decision Making model operating in Victoria should also be considered.[98] (See also Chapter 7.)

Recommendation 11.3
That the Department of Communities, Child Safety and Disability Services develop a 'shared practice' model to allow recognised entities to work more closely with departmental officers to:

- coordinate and facilitate family group meetings
- identify and assess potential carers
- develop and implement cultural support plans
- prepare transition-from-care plans.

Recognised entities and the court system

Section 6 of the Child Protection Act requires that when the Childrens Court is exercising its powers it must, where practicable, consider the views of recognised entities about the child, and about Aboriginal tradition and Island custom related to the child. Under section 99P of the Act, recognised entities may bring an application before the Queensland Civil and Administrative Tribunal on behalf of a child or be joined as a party to an existing tribunal application.

Advice from the Department of Justice and Attorney-General suggests that the participation of recognised entities in court proceedings is inconsistent across the state, with recognised entities being active in some courts, less active in others and providing no advice at all in still others.[99] The participation of recognised entities in the Queensland Civil and Administrative Tribunal appears to be even more limited, with the Department of Justice and Attorney-General advising the Commission that recognised entities rarely, if ever, represent their views directly in tribunal hearings:[100]

> Few REs are involved in QCAT's processes. Where Child Safety Services seeks the approval of the RE for a decision Child Safety Services has made about an Aboriginal and Torres Strait Islander child, evidence of that approval is then submitted by Child Safety Services to QCAT. QCAT has advised that it is not aware of a RE giving formal evidence in a full hearing.

Reasons for some recognised entities not participating in the court and tribunal include having an overstretched role and limited capacity to attend court, along with concerns about jeopardising their relationship with departmental officers.[101] Some submissions have mentioned poor training as a major barrier to direct participation in the court.[102] In many cases, recognised entities are providing advice via departmental affidavits.[103] The Commission's view is that they should be appropriately equipped to provide advice at the court phase, but legal advocacy should continue to be principally the responsibility of legal representatives.

Recognised entities have multiple training needs. Given their role to provide advice during the court phase, they need to receive some training on general court processes, how to prepare evidence, and how to present information to a court or tribunal. The need to provide advice on key child protection decisions means they also require some training in child protection procedures and processes. The Commission is recommending that the training needs of recognised entities be reviewed. Improved training should be provided through the departments of Communities, Child Safety and Disability Services and Justice and Attorney-General.

Recommendation 11.4

That the Department of Communities, Child Safety and Disability Services review training needs of recognised entities and develop a program that includes training in child protection processes, court procedures, and preparing and giving evidence.

Maximising placements with kin or carers

Keeping children connected to family, community and culture is considered of central importance to the long-term wellbeing of all children. Severing these connections has been associated with a wide range of negative consequences across the lifespan including poor social and health outcomes.[104] Although keeping children connected is unlikely to reduce over-representation in the system in the short term, it will improve the quality of their care. This is the central aim of the child placement principle described in section 83 of the Child Protection Act.

The child placement principle requires that, when placing an Aboriginal or Torres Strait Islander child in care, preference will be given to placing the child with (in order of priority):

- a member of the child's family
- a member of the child's community or language group
- another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group
- another Aboriginal person or Torres Strait Islander.

The principle allows for Aboriginal and Torres Strait Islander children to be placed with non-indigenous carers but requires a commitment by that carer for the child to remain connected to their family, community and culture. When making a placement decision about an Aboriginal or Torres Strait Islander child, the department must also consult with a recognised entity.

The Children's Commission has indicated that Aboriginal and Torres Strait Islander children who are placed with family or kin tend to have greater satisfaction with parental contact and participation in cultural activities than children placed with non-Indigenous carers.[105] Kinship care is also associated with improved placement stability, connection to community and culture, and a sense of belonging and identity.[106]

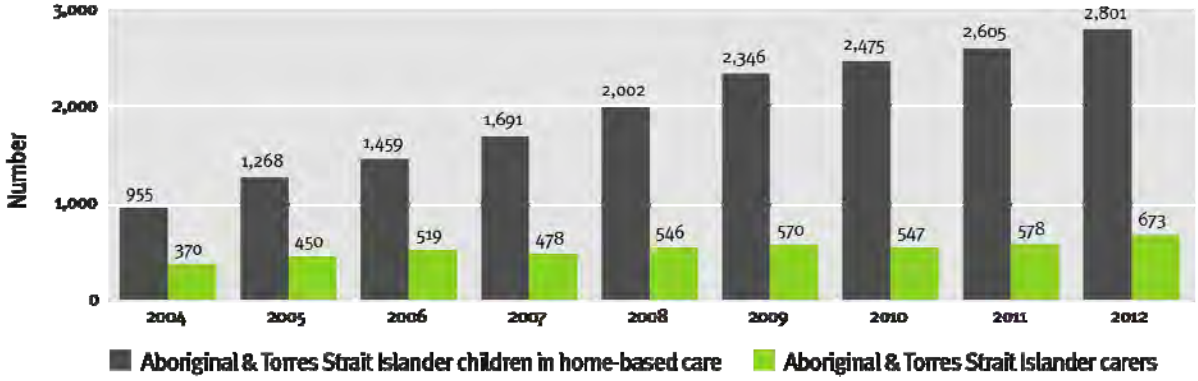
Queensland is currently placing just over half (52.5%) of Aboriginal and Torres Strait Islander children in accordance with the principle.[107] This proportion has been in decline over recent years, falling from 64.1 per cent in 2006 to 52.5 per cent in 2012. There are currently 1,355 Aboriginal and Torres Strait Islander children in placements with non-Indigenous carers.

The low number of children placed with Indigenous carers has raised strong concerns about the long-term welfare of Aboriginal and Torres Strait Islander children. The Commission has heard many times during the inquiry that compliance with the child placement principle needs to be improved.[108] The Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service has expressed a view, shared by a number of stakeholders, that there has been a lack of proper regard for the importance of the principle.[109]

Other stakeholders, including non-Indigenous carers and children in care, have argued that the principle is being given too much weight when deciding which placement would best meet a child's needs.[110] The Commission has heard examples where placing children with Aboriginal or Torres Strait Islander carers has been given priority over other considerations such as contact with parents. The Commission's view is that when considering kinship or any other placement for a child, the child's overall best interests should always be paramount. This issue is addressed further in the context of a broader discussion of the best interest principle in Chapter 14.

The chief factor making it difficult to place Aboriginal and Torres Strait Islander children with family and kin in accordance with the Child Placement Principle is the sheer number of Aboriginal and Torres Strait Islander children in the child protection system compared to the number of available carers.[111] See Figure 11.3. This is exacerbated by the relatively young age of the Aboriginal and Torres Strait Islander population. The Commission estimates that there were 33 Aboriginal or Torres Strait Islander adults for every Aboriginal or Torres Strait Islander child requiring care in 2010–11, compared with 701 non-Indigenous adults for every non-Indigenous child.

Figure 11.3: Aboriginal and Torres Strait Islander children in home-based care and carers as at 30 June, Queensland, 2004 to 2012



Source: Exhibit 9, Statement of Bradley Swan, 10 August 2012, Attachment 3, p. 12; Department of Communities, Child Safety and Disability Services, *Our Performance,* Tables OHC.1 & CF.1

Some Indigenous people are reluctant to be associated with the 'welfare system' due to past child protection practices. However, the difficulty in recruiting sufficient Aboriginal and Torres Strait Islander carers to meet demand does not reflect unwillingness to care on the part of the community. The department has estimated that Aboriginal and Torres Strait Islander adults are already about five times more likely to be carers than non-Indigenous adults.[112]

Notwithstanding the extraordinary efforts of Aboriginal and Torres Strait Islander carers, there is unlikely to be a substantial improvement in the proportion of children being placed with family or kin until over-representation eases. In the meantime, child protection practice needs to maximise opportunities to place children with family or kin while also ensuring that a child placed outside the principle receives all the support needed to maintain and strengthen their connection with family, community and culture. So far, this practice has been inadequate. Recommendations about cultural support are detailed in Chapter 7 of this report.

There are several ways that application of the child placement principle could be improved in Queensland.[113] Methods of confirming family, community and cultural information, for example, could be improved. Aboriginal and Torres Strait Islander Child Safety Support Officers could play a greater role in this work. Other options are: better

support for family members who are willing but financially unable to care for children, and increasing the use of Aboriginal and Torres Strait Islander placement and support services.

Earlier in this chapter, the Commission outlined recommendations for a shared approach to statutory practice. This will see staff from recognised entities and related services working with departmental officers to improve the quality of care for children. Part of this work should include the identification and assessment of potential carers. The Commission believes that this shared practice model provides the best opportunity to improve practice around the Child Placement Principle and cultural planning.

As part of this work, all reasonable efforts should be made to exhaust potential kinship carers for children who are initially placed outside the Child Placement Principle — though the Commission reiterates that the child's overall best interests must always be paramount in any placement decision. The consistent use of genograms and ecomaps is seen as one way to maximise the chances of identifying potential kinship carers.[114] They also help in the development of cultural support plans. These tools should be used consistently.

The Commission has also been told that some adults can be reluctant to seek approval as kinship carers because they find the assessment process intimidating. Many have reported feeling that their own ability to care for their children has been put under the spotlight during the process.[115] The Commission would encourage the department to investigate the use of the simplified carer assessment tools as a way of making the process less confronting for families. Tools such as the Winangay Kinship Care Assessment Tools, developed by the not-for-profit organisation Winangay Resources, might be used as an alternative or component of the assessment process.[116] This tool uses a conversational 'yarning' style to assess key areas of carer competency, and visual cards to identify competency in each of the core areas. The tool is designed to reduce power imbalances between carers and workers, enabling potential kinship carers to participate fully in the assessment process.

'Working with children' checks (the blue card)

Queensland's 'working with children' criminal history check (or Blue Card system) has repeatedly been described as another potential barrier to the recruitment of Aboriginal and Torres Strait Islander carers.[117] There appears to be a widespread belief that quite minor offences will deny potential carers from getting a blue card. This belief, along with a requirement for all adults in a household to hold a blue card, is said to dissuade some potential carers from seeking approval. Child Safety has commented that a lack of personal identification documentation is also a problem in remote communities.[118] In the absence of such documentation, applicants are required to complete a lengthy and legalistic additional form that can prove onerous and complex. Other problems include insufficient information about blue cards and, for those in remote locations, lack of support to apply. Changes in the composition of large households can cause lengthy delays in obtaining blue cards.[119]

Calls have been made for the Blue Card system to be simplified, without compromising safeguards for Aboriginal and Torres Strait Islander children.[120] The Children's Commission says that it already undertakes regular community education sessions to encourage blue card applications.[121] While it has indicated that further work may be needed to improve understanding of the system among Aboriginal and Torres Strait Islander communities, it does not specify how this might be done. Dissatisfaction with the Blue Card system has also been raised in the broader community. The Commission

understands that the system is currently being reviewed by the government (see also Chapter 12). The Commission suggests that, regardless of the form the Blue Card system takes in the future, applicants in remote communities should receive more help in navigating the application process.

Recommendation 11.5
That the Department of Communities, Child Safety and Disability Services:

- review the level of financial and practical support available to potential Aboriginal and Torres Strait Islander kinship and foster carers to see whether additional support could be provided to enable carers to provide more placements for Aboriginal and Torres Strait Islander children
- consider introducing simplified kin-care assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.

Recommendation 11.6
That the Department of Communities, Child Safety and Disability Services develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of:

- Aboriginal and Torres Strait Islander Family Support
- Family Intervention Services
- Foster and Kinship Care Services
- recognised entities.

These services should be affiliated with Aboriginal Community Controlled Health Services or with an alternative, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.

11.5 Strengthening Aboriginal and Torres Strait Islander child protection agencies

Agencies controlled by Aboriginal and Torres Strait Islander people have a central role to play in improving the quality of statutory services for Aboriginal and Torres Strait Islander children and families, and reducing their over-representation in the system. All else being equal, child protection services are more likely to be effective if they are delivered through Aboriginal and Torres Strait Islander–controlled agencies because these agencies are familiar with local circumstances and have the requisite cultural competence.[122]

Services provided by such agencies are a 'soft entry point' for accessing family support. They also provide a gateway to specialist mental health, drug and alcohol, family violence and other services. They are particularly welcome to families who are uncomfortable accessing mainstream and specialist services directly.

There have been growing pressures, however, on Aboriginal and Torres Strait Islander controlled agencies over the last 10 to 15 years, with the de-funding by the state and Commonwealth of many of the networks of organisations spawned (mainly with federal funding) from the 1970s to the 1990s. This has been driven on a number of fronts, particularly by concerns across governments about financial mismanagement and poor accountability.

The policy backdrop to these developments is concern over the ongoing high level of disadvantage among Aboriginals and Torres Strait Islander Australians, and a sense that the investment in community-controlled service delivery has not brought the improvements expected (although some would contend that governments never provided the necessary supports).[123] In addition, public sector management reforms requiring more stringent contestability in outsourcing have also disadvantaged smaller, community-based organisations.

This section discusses ways to build the capacity of community-controlled service providers, including better integration of services and partnering of Aboriginal or Torres Strait Islander agencies with government and other non-government agencies.

There are currently four core child protection programs delivered by Aboriginal and Torres Strait Islander agencies in Queensland:[124]

- Aboriginal and Torres Strait Islander Family Support Services: to provide support to families at risk of progressing further into the statutory system. Eleven services are funded a total of $9.4 million.
- Recognised entities: to participate in decisions made by the department about Aboriginal and Torres Strait Islander children, including decisions related to intake, investigations and assessment, case planning and placement decisions. Eleven services are funded a total of $9.6 million.
- Foster and Kinship Care Services: to provide recruitment, training, assessment and support for carers approved by the department. Eleven services are funded a total of $4.8 million.
- Family Intervention Services: to work with families where ongoing intervention is required to prevent children entering care, or promote reunification where children have entered care. Six services are funded a total of $1.9 million.

The Commission has learnt that, as with many small non-government agencies, the agencies delivering these services can face challenges. Some of these are largely external, for example the limited control they have over service-delivery models and restrictions on when they can consult with families and refer to each other. Others are internal. Evidence before the inquiry has highlighted particular difficulties with:

- recruiting appropriately trained, qualified and experienced staff, particularly in remote areas[125]
- a lack of shared procedures between agencies and the department[126]
- boards being constituted with members who have little experience in the work of the agencies[127]
- gaps in expertise[128]
- inadequate processes for monitoring the quality of the services being provided.[129]

The Commission has received many submissions, including some from Aboriginal and Torres Strait Islander advocates, calling for an improved standard of service delivery from within the sector.[130] The Commission's view is that Aboriginal and Torres Strait Islander child protection services are a central component of the Queensland child protection system and should be better supported in their service delivery. This is important not only to address the challenges identified above but also to assist services develop their expanded roles in family support and statutory practice. The following section considers ways that this can be done.

Creating integrated Aboriginal and Torres Strait Islander Child and Family Services

Many of the submissions received by the Commission from Aboriginal and Torres Strait Islander advocates have called for the existing services to be integrated into a more holistic model.[131] This is consistent with literature on effective service delivery for Aboriginal and Torres Strait Islander peoples, which recommends that services be integrated, holistic and well coordinated.[132]

In 2004, the Crime and Misconduct Commission Inquiry Implementation Blueprint recommended establishing integrated Aboriginal and Torres Strait Islander child protection services.[133] These were to provide a combination of family restoration and support, primary prevention, parenting support, early intervention, intensive family support, placement services, carer support, child advocacy and statutory advice.

Contrary to the recommendations of the blueprint, Aboriginal and Torres Strait Islander child protection services have become increasingly fragmented since the 2004 CMC Inquiry. Currently, only one organisation is providing all four core services of family support, intensive family intervention, statutory advice and placement services: the Townsville Aboriginal and Islander Health Services. Three other agencies are providing a combination of family support, statutory advice and placement services. These are:

- Kalwun Development Corporation, Gold Coast
- Goolburri Health Advancement Aboriginal, Corporation Toowoomba
- Central Queensland Indigenous Development, Central Queensland

In other parts of the state, these programs have been split across many small agencies acting separately or through partnership arrangements, while in many parts of the state there is only a partial complement of services provided by community-controlled agencies.

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak has told the Commission that this fragmentation is reducing the quality of the services provided by the sector. In particular, it is making it unnecessarily difficult to work with families as they transition through the system, to link families to early intervention services, identify potential carers for children, and support the reunification of families subject to statutory intervention: [134]

> Essentially what we are saying is that the service types are very — are distinct and siloed, so mobilisation between those services for families are largely non-existent. The services are not allowed to speak with one another, they can't cross-refer, and that presents issues … we feel like the programs that we have currently in terms of, you know, the [Recognised Entity], the Foster and Kinship care Services and the family support services in their current form don't reach families early enough or could benefit from being part of a continuum of support which extends from prevention all the way through to the tertiary interface.

The fragmentation of services may also create financial inefficiencies in the system, diverting limited resources away from frontline services. At present, services are being provided by numerous providers, each with its own set of boards, management, service agreements, and financial arrangements: [135]

> … rather than having, as we currently have in some regions, three separate service streams funded separately, three separate service agreements, three separate organisations, quite often, so there you've got three sets of finance

> officers, three sets of managers, three distinct boards. What we're saying is that you actually need to bring those together and it would be one lead agency. So in terms of service provision across that continuum you're actually able to reduce corporate costs by having — not requiring you to have three distinct services.

The peak has recommended that regional service providers or hubs be established to provide a full spectrum of child protection services.[136] The Aboriginal and Torres Strait Islander Legal Service, on the other hand, has suggested that a single statewide provider under a single management structure would be a more efficient and effective model to develop services into the future.[137]

In its discussion paper, the Commission proposed establishing a network of regional Aboriginal and Torres Strait Islander Child and Family Services across Queensland as a means of improving service quality and efficiency. These services would bring together family support, intervention, placement services and statutory advice functions within a single provider. The Commission also suggested that this service might be best built into existing Aboriginal Community Controlled Health Services (ACCHS). These services are controlled and operated by Aboriginal communities to deliver health care to their communities through a locally elected Board of Management.[138]

There are over 150 ACCHS operating in Australia in urban, regional and remote areas. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small ones that rely on Aboriginal health workers to provide the bulk of primary-care with a preventive and health-education focus. At 30 June 2012, there were 27 services which are members of the Queensland Aboriginal and Islander Health Council, the peak body for Aboriginal Community Controlled Health Services in Queensland.[139]

Building these services into Aboriginal Community Controlled Health Services potentially provides:

- a more holistic service delivery for children and families that encompasses physical, social, emotional and cultural wellbeing
- improved access through the co-location of health and child protection services and addressing any stigma associated with accessing child protection services
- capacity to engage and follow-up vulnerable children from the prenatal stage
- lessen bureaucratic systems and streamline funding and reporting requirements
- more cost-effective Aboriginal and Torres Strait Islander services — coordinating resources, programs, initiatives and planning
- increased opportunities for up-skilling the workforce with joint training on health, social, emotional wellbeing and child abuse and neglect.

The Commission's advisory group has agreed that integrating service delivery is important and that it needs to be regionally based so as to take into account local circumstances. It also stressed there is a need for Aboriginal and Torres Strait Islander–controlled agencies to be more deeply embedded in the broader human services and child protection systems. The advisory group has supported the concept of aligning integrated services with health regions to improve links with health services, but has not specifically endorsed the Commission's proposal for building these services into the Aboriginal Community Controlled Health Services.

In response to the Commission's proposal, the department has also told the Commission that, while it supports integrated models of service delivery, it does not believe one model should be imposed across the state.[140] It has also told the Commission that it does not believe that integrating the funding and programs under a single provider will necessarily improve the quality of service delivery. The department has indicated a desire for services to partner with existing non-government organisations. It has also told the Commission that there needs to be a greater focus on the qualifications and skills of workers in the services.

The Commission accepts the department's view that integrating services will not by itself improve delivery. However, the Commission also believes that the current situation of having small and fragmented services across the state is not serving families, the services or the department well. It is not efficient nor does it provide a strong platform from which services can develop and expand their expertise. Moreover, administrative and management functions tend to absorb funding that could otherwise be dedicated to frontline services.

The Commission maintains that regional Aboriginal and Torres Strait Islander Child and Family Services should be established across Queensland. These services should integrate existing family support, family intervention, and a re-scoped recognised entity program within one provider or consortium of providers. While not wishing to preclude other models, the Commission's preferred model is for these services to be affiliated well-functioning Aboriginal Community Controlled Health Services. Alternatively, these services could partner with well-functioning mainstream secondary service providers.

The specific number, location and configuration of Aboriginal and Torres Strait Islander Child and Family Services should be decided in consultation with the peak body and service providers on a region-by-region basis. The Aboriginal and Torres Strait Islander Child Protection Service Reform Project findings should inform this process. Special care should be taken when designing a model to meet the needs of the Cape, Gulf and Torres Strait Islands. Each Aboriginal and Torres Strait Islander Child and Family Service should be supported by a comprehensive service development plan led by the peak body working in close collaboration with the department, as detailed below.

Enhancing peak body support

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak takes a lead role in supporting the development of Aboriginal and Torres Strait Islander child protection services. It is a small organisation with an allocation of five staff comprising a Chief Executive Officer, two service support officers, an administrative officer and a policy officer[141]. Incorporated in 2008, the peak is currently funded $635,673 per annum to provide a range of advocacy and service development functions.[142]

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak has proposed that its role in service development be substantially expanded to include a range of service-development functions such as regional service hubs.[143] These would include overseeing and supporting the implementation of, and adherence to, a set of statewide standards for services. It would also include a greater role in facilitating links between providers, workforce and practice development, and working with mainstream providers to build cultural competency.

The department has given support to recast the role of the peak body explicitly as a sector and service development body and has suggested that funding for the peak could be limited to this function alone.[144] It proposes that the peak body could be tasked with

assessing services against established benchmarks, supporting services to meet these benchmarks and assisting services to establish partnerships with mainstream and other Aboriginal and Torres Strait Islander organisations. It has also suggested that funding for services be made conditional on membership of the peak and operating within standards set by the peak.

The Aboriginal and Torres Strait Islander Legal Service, however, has cast doubt on the ability of the peak body to drive improvements across many independent organisations. During oral evidence to the Commission, the CEO said that the peak lacks real influence over the boards of its member services, and argued that replacing services with a single statewide provider would be a better way to support service development.[145] While the Commission recognises that a single statewide provider might be a particularly efficient way to develop and deliver services, it does not believe that this model pays sufficient regard to providers' local circumstances.

The Commission's view is that Aboriginal and Torres Strait Islander services would benefit from receiving more support from a peak body. This is particularly important to assist services to develop their expanded role in family support and statutory practice. However, the Commission is aware that the Queensland Aboriginal and Torres Strait Islander Child Protection Peak is a small organisation that is attempting to provide a substantial role over a very large geographical area. Expanding the peak to take a greater role in service development functions would require substantial additional resources.

An alternative to expanding the peak, would be to amalgamate it with the larger Queensland Aboriginal and Islander Health Council, as a distinct unit. The council represents the Aboriginal and Torres Strait Islander–controlled health services in Queensland. In 2011–12, it was funded $7.8 million, including $4.5 million from the Australian Government and $1.8 million from Queensland Health. The council has the following roles:[146]

- promoting, developing and expanding community-controlled health services
- liaising with government, non-government and private sectors on Aboriginal and Torres Strait Islander health, including research
- building capacity in community-controlled health services and communities and
- assessing the health needs of Aboriginal and Torres Strait Islander communities.

Before becoming a stand-alone entity in 2009, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak operated under the auspices of the Queensland Aboriginal and Islander Health Council. Nearly half of all child protection services currently funded by the department are delivered by organisations that are still affiliated with the council.[147]

The Commission believes there could be advantages in an amalgamation of the peak body and the council – the council has a more established structure and set of resources from which the peak body could draw and it may avoid some duplication of resources given that nearly half of all child protection services are already affiliated with the council. This should not be taken as a criticism of the performance of the peak.

However, the Commission is not in a position to make recommendations relating to the governance structures and functions of existing bodies. These matters are for the bodies themselves to decide in accordance with their governing constitutions. All the Commission can do is recommend to government what functions should be carried out and what services should be delivered by any peak body that it funds. It is up to

government to decide which body can best undertake these functions and provide these services.

Chapters 6 and 10 of this report have already proposed that the Family and Child Council lead the development of a capacity-building and workforce development strategy for non-government agencies. Chapter 12 recommends that there should be one Aboriginal and Torres Strait Islander co-chair who would be able to drive this development in the Aboriginal and Torres Strait Islander sector and support the peak body as funded by the department. The Commission is of the view a peak body should be funded to build the capacity of Aboriginal and Torres Strait Islander–controlled agencies by establishing service delivery standards, developing capacity in the workforce and ensuring appropriate governance and management arrangements.

In developing the capacity of the service providers, the peak body should also promote opportunities for partnerships, mentoring and secondments with the department and other agencies. In its submission, the department has indicated it would like to see Aboriginal and Torres Strait Islander services partnering with mainstream service providers as a way of building the capacity of family support and foster and kinship care services.[148] It proposes that these partnerships be part of a 10-year service development plan that it says should include:

- developing skills and expertise within communities
- developing a sustainable funding model to support the establishment of an alternative pathway for children in out-of-home care
- identifying and supporting Aboriginal and Torres Strait Islander–controlled agencies to put in place sustainable, accountable and effective governance and business arrangements
- implementing relevant legislative reforms to support the model
- providing incentives for Aboriginal and Torres Strait Islander–controlled agencies to develop innovative partnership arrangements with mainstream service providers delivering out-of-home care services
- reporting regularly on the implementation of key milestones to deliver on the 10-year plan.

Partnership arrangements have been used successfully in other jurisdictions to build skills in case management and casework. For example, a collaboration between New South Wales Family and Community Services, the Association of Children's Welfare Agencies and the Aboriginal Child Family and Community Services State Secretariat (AbSec) is being used to build the capacity of new services to do casework with Aboriginal and Torres Strait Islander children and families.

Under this program, funding is allocated initially to an established and experienced non-Aboriginal child protection agency. This agency works with the Aboriginal service to help develop its practice and service operations before handing over full control. The partnership is facilitated and supported by AbSec for up to 10 years based on an assessment of the Aboriginal agency's capabilities.

Mentorships and secondments have also been found to be particularly useful ways to build collaboration across community-controlled and mainstream agencies in child protection and family services.[149] The Commission has been told by the Victorian Aboriginal Child Care Agency that secondments have helped build relationships and exchange skills and knowledge between its agency and Victoria's child protection

services[150]. They can also be used to fill gaps in expertise. However, secondments should only form part of a larger workforce strategy to support professional training and encourage the participation of Aboriginals and Torres Strait Islanders in tertiary education.

Both the Commission's Advisory Group and the Remote Area Aboriginal and Torres Strait Islander Child Care Association have argued that any partnerships between agencies need careful planning and should not be forced. It has been pointed out that the funding of large mainstream agencies to deliver services for Aboriginal and Torres Strait Islander communities has often proved ineffective in the past, with few flow-on benefits for Aboriginal and Torres Strait Islander organisations.

The Commission encourages the use of partnerships, secondments and mentorships as part of a comprehensive approach to support the development of Aboriginal and Torres Strait Islander Child and Family Services and the cultural competencies of mainstream services. These arrangements should be entered into on voluntary terms and with the explicit goal of supporting agencies to address gaps in their expertise. They should be part of a larger service development plan to be established and overseen by the peak body, working in close collaboration with the department and service providers.

Recommendation 11.7
That the Department of Communities, Child Safety and Disability Services fund a peak body to plan and develop the capacity of Aboriginal and Torres Strait Islander–controlled agencies to provide regional Aboriginal and Torres Strait Islander Child and Family Services. The capacity development plan should promote partnerships, mentoring and secondments with other agencies and address:

- service delivery standards
- workforce development
- appropriate governance and management arrangements.

11.6 Meeting the needs of children in the discrete communities

Discrete communities are communities in a specific geographic location mainly inhabited by Aboriginal or Torres Strait Islander people where infrastructure is usually either owned or managed on a community basis. The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs recognises 19 discrete communities in Queensland with a number of these communities comprising clusters of smaller communities. About one in 10 Aboriginal or Torres Strait Islander children live in these communities.

As stated earlier, the rate of child protection notifications and substantiations in these communities is disturbing, more than 19 times the state average. (See Figure 11.2.) Child abuse and neglect are occurring within a context of a much wider set of social problems and dysfunction afflicting these communities.[151] Many are beset by extreme poverty, lack of employment opportunities, inadequate or overcrowded housing, chronic school absenteeism, widespread community and family violence, devastating levels of alcohol consumption, poor health and education outcomes and extremely high suicide rates.[152]

It is also apparent that there is a diminished capacity for parenting in some sections of these communities, particularly around the Cape and Gulf of Carpentaria:[153]

> Our consultations suggest that there exist a substantial proportion of parents who do not understand why their children have been removed, and therefore do not have an understanding of what would be required to have them returned. Some parents do not view their actions as harmful to their children, and do not have an adequate understanding of what constitutes abuse and neglect.

A shrinking pool of older residents and grandparents is making the safe care of children in these communities harder. Dr David Martin, an anthropologist with long-standing personal and professional links to the community of Aurukun, has explained how high birth rates and reduced life expectancy is effectively robbing communities of an older generation of carers:[154]

> … there is only a small cohort of grandmothers potentially available to care for the large numbers of children, and the scale of problems amongst children in many communities is manifestly beyond the capacity of the grandparental generation to address.

The Cape York Institute for Policy and Leadership maintains that there has been a breakdown in social norms around parenting and ascribes the cause largely to the phenomenon of 'passive welfare' over recent decades, which has removed the need and incentives to take responsibility for one's circumstances or be meaningfully involved in improving them.[155]

> The children of Cape York have been in jobless households for generations now, and they have witnessed and been the victims of too much violence. The conditions for the repetition of the cycle are all there. It is these conditions that must be disrupted by reforms. The disastrous effects of passive welfare must be attacked, and positive social norms must be restored, if social and economic progress — including the reduction of child harm — is to occur.

The Commission has heard many concerns about the way child protection interventions occur in these communities. In its consultations in north Queensland, the Commission was told that residents of many communities remain fearful of children being removed with no warning. As noted earlier, some parents do not have a clear understanding of what the department regards as neglect or abuse. It has also been suggested that abuse and neglect have become so normalised that residents and some service providers have become reluctant to intervene.[156]

Of concern to the Commission is the suggestion that there have been occasions where children have been removed from communities with no consultation with any community leaders. Meanwhile, a lack of qualified family intervention workers to serve the communities means that many children remain in safe houses for prolonged periods or end up leaving the community.

The current fly-in fly-out arrangement for service delivery in remote communities is said to make the problem worse because it prevents the development of working relationships and rapport between service providers and community members. It has also been noted that child protection services, including intake services, are being delivered from distant locations, often with very little knowledge of local circumstances. One of the major problems with this model is that it can result in decisions being made based on incomplete or inaccurate information.[157]

Other jurisdictions have sought to improve on-the-ground child protection services for remote communities by introducing live-in child protection workers. For instance, in Western Australia live-in community child protection workers have been introduced to

respond across remote areas to child protection concerns, including conducting investigations. They provide advice to district child protection staff, engage families to build their parental capacity, and undertake community education.[158] The major drawback to this approach is the difficulty of recruiting staff in discrete communities.

Similar live-in community child protection worker roles would be a welcome addition to Queensland. The Commission recognises that filling such positions may be difficult but suggests that the department review the initiatives in Western Australia and the Northern Territory to consider the viability and effectiveness of placing child protection workers in discrete communities in Queensland

The remainder of this section outlines strategies aimed at preventing child maltreatment in discrete communities and empowering community responses when it occurs.

Reducing family and community violence

Research suggests that violence in discrete communities has increased in recent decades and, in some communities, the types of violence have worsened.[159] The problem of high levels of violence, including violence within families, poses obvious risks for the wellbeing of children. Exposure to violence in the family can harm a child's physical, social, emotional and psychological wellbeing. Children living with family violence are more likely to be victims or perpetrators of abuse in adult life.[160]

In 2000, the Aboriginal and Torres Strait Islander Women's Task Force on Violence concluded that, in some of Queensland's discrete communities, violence has become a part of everyday life and has often gone ignored, despite pleas for intervention from women's groups in those communities.[161] There is also evidence to suggest that a substantial amount of the violence and abuse occurring in discrete communities goes unreported and is not responded to.[162]

The last *Annual Highlights Report on Key Indicators in Queensland's Discrete Communities*, 2011–2012 shows that, on average, rates of hospitalisations for assault were 23.9 times the state average and reported offences against the person were 11.9 times the state average.[163] Again, these rates fluctuate widely — while some communities report extremely high levels of violence, others report rates that are relatively low.

As part of its inquiries, the Commission sought police records of incidents of violence and/or child protection matters for seven discrete communities between July and December 2012.[164] There were 412 separate incidents resulting in police intervention over six months.[165] They confirm that many children in these communities are being exposed to violence, either directly or indirectly, mostly within the home. They show that:

- almost three-quarters of incidents took place within the home
- the most common type of incident was a male breaching a domestic violence order
- a child was also present in just under a quarter of family violence incidents
- more than a quarter of all victims of violence were 19 years or younger
- women were most likely to be victims during the prime child-bearing years
- two-thirds of perpetrators were under the influence of alcohol at the time of the offence.

The Commission received two submissions advocating a system whereby, rather than victims of family violence having to flee their residence to alternative accommodation, the perpetrators of family violence should be required to leave the household.[166] The Commission was informed that victims of family violence in the Torres Strait have to travel to shelters on Thursday Island or in Cairns to seek refuge.

This highlights the importance of ready access to protection orders under the *Domestic and Family Violence Protection Act 2012* prohibiting perpetrators from being in contact with victims. Ready access to protection orders would involve helping aggrieved parties to seek orders, adequate policing of orders, and supporting women to proceed with obtaining and maintaining orders. While there are arrangements for making domestic violence orders, these are not effective if they are not enforced.

Recommendation 11.8
That the Queensland Police Service, in consultation with local community organisations, review current arrangements for the enforcement of domestic violence orders in discrete communities with respect to the adequacy of assistance being given to parties to seek orders, the adequacy of enforcement of orders and support for parties to keep orders in place.

Reducing alcohol misuse

Alcohol is one of the primary factors contributing to violence in discrete communities.[167] Seventy per cent of Aboriginal and Torres Strait Islander homicides involve both the victim and the offender consuming alcohol, compared with 22.5 per cent of non-Indigenous homicides.[168] In the Commission's analysis of violent incidents in discrete communities, two-thirds of perpetrators were under the influence of alcohol at the time of the incident, as were just over one-third of victims.

The Cape York Justice study of 2001, in examining the links between offending and alcohol misuse, observed that:[169]

> The nexus between alcohol consumption and violence should not be oversimplified. Not all intoxicated people are violent, and some violent people are not drinkers. But there can be no doubt that consumption of alcohol, as well as the current pervasive culture of excessive alcohol consumption in Cape York communities are deeply implicated in high levels of violence.

The effects of alcohol abuse in relation to child protection extend beyond triggering and exposing children to family and community violence. It also seriously affects the ability of parents to parent.[170] The Cape York Institute for Policy and Leadership has noted in its submission that alcohol can:[171]

> … lead to parental irresponsibility, causing child neglect and abuse. Children miss out on the basic necessities of life because the need to support an alcohol or drug addiction is prioritised over the need to care for children. Drugs, such as marijuana, are also causing violence and social dysfunction.

In 2001, the Cape York Justice Study concluded that, 'no response to violence will work without a coordinated response to alcohol.'[172] The following year, the Queensland Government introduced alcohol restrictions on several discrete communities through Alcohol Management Plans (AMPs). The goal was to counter alcohol-related violence in communities, particularly against women and children.

The plans were strengthened in 2008 and early 2009 in response to growing levels of social harm on the communities, at which time the Aboriginal Councils affected lost

their liquor licenses to operate canteens, closing down the vast majority of liquor outlets on communities. A number of communities were declared 'dry' at that time, some with the agreement of the communities concerned, while others had alcohol carriage limits imposed or reduced.[173]

Alcohol Management Plans are currently operating in 19 discrete mainland Aboriginal and Torres Strait Islander communities. An independent review of AMPs examined the effects of alcohol restrictions on injury-related Royal Flying Doctor Service aero-medical retrievals in four of Queensland's discrete communities.[174] Retrievals are a marker for excessive alcohol consumption. This study found an average reduction in retrievals of 52 per cent after the introduction of alcohol restrictions in the four communities.

The study also concluded that these reductions could not necessarily be maintained with restrictions alone. They concluded that demand-reduction activities were also needed — for example, behaviour programs, primary health-care intervention and residential rehabilitation. Evaluations of alcohol restrictions elsewhere in Australia have shown variable outcomes.[175] Findings suggest that the extent to which the community is consulted and supports the restrictions is directly related to how effective they are.[176]

In October 2012, the Queensland Government announced a review of Alcohol Management Plans, in accordance with an election commitment and based on the premise that communities should have a say on what, if any, alcohol restrictions should be in place in their communities.[177] Under the terms of the review, each community will drive and lead its own review, with no imposed timelines. The Queensland Government will nevertheless have to approve any changes to the plan.

The government has indicated that the safety of residents in the communities, particularly women and children, will be the paramount consideration in its decision.[178] The Commission notes favourably that the review is community-driven and is designed to be a process inclusive of all community interests. It also welcomes the clear statement from the government that: [179]

> The bottom line for the review is that any changes to current restrictions must not be at the cost of adverse community impacts, particularly where women and children are concerned. It will be up to each community which wants alcohol restrictions eased or removed to demonstrate they have strategies in place to ensure there will be no increase in levels of violence and social disorder.

The Commission does, however, remain concerned about the potential child protection implications of lifting or erasing current alcohol restrictions. The Commission considers that the transition plans required before a community is allowed to deviate from an Alcohol Management Plan would need to contain concrete strategies, potentially resourced, with targets that should be reached before transition could occur. Transition plans should also provide for future reviews to determine whether alcohol restrictions need to be reintroduced, triggered by an escalation in harm beyond target levels.[180]

The Commission also recommends that any transition plans be required to include strategies to reduce the harm caused by alcohol consumption during pregnancy. The rates of Foetal Alcohol Spectrum Disorder in the discrete communities are alarmingly high.[181] According to a study by the Paediatric Outreach Service from June 2001 to February 2006 in Far North Queensland including the Torres Strait, this disorder had an estimated prevalence of 1.4 per cent in the Aboriginal population in remote Far North Queensland. In one Cape York community, the prevalence rate was 3.6 per cent. These rates may be much higher still, with no current diagnostic test to assist practitioners in

diagnosis.[182] The highest reported prevalence outside Australia is 0.5 per cent in South Africa.

A national parliamentary inquiry into the problem of FASD in Australia has recommended the development of a national strategy by the Commonwealth, and also that the Commonwealth raise with the States and Territories the critical importance of strategies to assist Indigenous communities in managing issues of alcohol consumption and to assist community led initiatives to reduce high-risk consumption patterns and the impact of alcohol. The Commission strongly endorses the need to ensure a focus on risks to the unborn child in alcohol-management strategies.

The Commission notes that an option exists for 'dry place declarations' to be made by households on the discrete communities and given legal recognition under Part 5, Division 2 of the *Aboriginal and Torres Strait Islander Communities (Justice Land and Other Matters) Act 1984*. A dry place declaration over premises means that alcohol cannot be consumed there and intoxicated persons are not permitted to enter. The Commission commends this option because it provides individual households with some control over liquor consumption on their own premises.

Recommendation 11.9
That the Queensland Government, in taking into account the safety of women and children in determining whether an Alcohol Management Plan (AMP) should be withdrawn or have alcohol carriage limits reduced, should:

- give particular consideration to the potential implications for the safety, health and wellbeing of children on that community, including the potential harm to unborn children of consumption of alcohol during pregnancy
- require 'transition plans' to have specific harm-reduction targets in relation to child protection to be achieved before the transition from an AMP can occur
- following any transition from an AMP, a mechanism be established to trigger a review of alcohol availability on a community if harm levels exceed agreed levels, as stated in the transition plan.

Recommendation 11.10
That the providers of family, health, policing and other services on discrete Aboriginal or Torres Strait Islander communities be made aware of the option for residents to initiate dry-place declarations under the *Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984* and to advise and, if appropriate, recommend this option to clients if they become aware that alcohol consumption in the household is adversely affecting their client or other members of the household.

Restoring community authority and responsibility in child protection

Chapters 4 and 5 of this report detail the Commission's reform agenda for diverting families away from the statutory child protection system to alternative community-based pathways. Under this model, non-government agencies will manage community-based intake services, which would be established on a regional basis as alternatives to the existing Child Safety Regional Intake Services.

The Commission is aware of the need to provide appropriate and accessible referral pathways from the discrete Aboriginal and Torres Strait Islander communities to

services. As with other services discussed in this chapter, the preferred approach to developing these pathways is one built on community responsibility at the local level.

There is a particularly well-established site of community authority in the four Cape York Welfare Reform communities in the form of the Family Responsibilities Commission (FRC). The FRC is an independent statutory authority constituted on each of the relevant communities by an external commissioner who is a magistrate and two or three local Aboriginal commissioners. The Cape York Institute for Policy and Leadership submission states that the FRC has played a key role in tackling social responsibility and changing social norms. The FRC seeks to bring about behavioural change through a combination of regulation, conferencing, referral and case monitoring, and also seeks to restore community authority through local commissioners playing a central role.[183]

Child protection is already a major focus for the Family Responsibilities Commission. Cape York Welfare Reform mandates a minimum number of basic parental obligations. Child protection notifications and non-attendance at school are two of the triggers that will bring a person before the FRC for conferencing, which then acts as a pathway to parenting and other individual and family support services. A recent evaluation of the Cape York Welfare Reform trial found that the FRC has been successful in restoring Indigenous authority and found that conferencing with FRC commissioners, together with parenting-related support services had encouraged individuals to take more care of children and families.[184] Anthropologist David Martin told the Commission about the 'significant legitimacy' and important role of the FRC as a source of authority at Aurukun.[185]

The Cape York Institute for Policy and Leadership has recommended to the Commission that the FRC assume responsibility for a community intake system in existing locations.[186] It has also recommended that the Queensland Government work with the Cape York Institute for Policy and Leadership to determine how a community intake stream that builds upon the strengths of the FRC model could be developed and implemented in other Aboriginal and Torres Strait Islander communities in Queensland.[187] A referral pathway to the FRC would appear to be an option that could be developed quite quickly. The scope for translating the strengths of the model to other communities is a matter for government.

Other sites of local authority on many discrete communities are the Community Justice Groups. These carry out a range of functions — some of them statutory — including advising courts on bail submissions and sentencing hearings and supporting offenders and victims in the juvenile and criminal justice systems. The groups can also nominate to perform other services such as running programs for victims and offenders, supervising community service orders or visiting correctional facilities.[188] Functions outside the justice system include having input into liquor licensing decisions.[189]

The Department of Justice and Attorney-General has suggested that Community Justice Groups might play a greater role in the child protection system, in the context of complementing the work of recognised entities.[190] However, a recent evaluation of the program concluded that the Community Justice Groups do not have a consistently sufficient level of capacity and membership to carry out all current roles or to take on more roles without further development.[191]

Another possible option for developing an alternative referral service is through an organisation like the Palm Island Community Council (PICC), particularly because of its existing strong role in child protection. PICC is a not-for-profit agency established in 2007 to provide human and social services, capacity building and economic

development in Palm Island under a three-way partnership between the Palm Island community, the Palm Island Shire Council and the Queensland Government. PICC is governed by an independent Chair and Board of Directors with equal representation from the three partners.

PICC seeks to bring together external and local expertise in a way that aims for the eventual delivery of services by capable Aboriginal and Torres Strait Islander–controlled organisations with a genuine interest in the future of the community. In relation to child protection, PICC manages the island's Family Support Hub and the Creating Safe Communities program. It has been a highly successful operator of the community's 'safe house' residential accommodation for children on child protection orders.[192]

A 2011 review of PICC found that the company had established a well-functioning structure for oversight, had been able to expand the range of services on the island, and had increased the capacity of its staff.[193] There have been extremely positive flow-on benefits for local employment, with the number of PICC employees growing from two in mid-2008 to 51 currently, with 80 per cent drawn from the Palm Island Community.[194]

Finally, the Commission notes a submission by the Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association, which is a major community-controlled provider of child care and family support services in Cape York and the Gulf of Carpentaria. It proposes an intake system linked with an integrated Children, Youth and Family Service. The service would encompass all child, youth and family programs and facilitate early detection and intervention for vulnerable individuals and families through coordinated case management.

The association has proposed that child protection concerns could be channelled through a Professional Action Group, comprising the main, existing notifiers (the health clinic, school and police), and potentially other service providers, as well as key community bodies such as Community Justice Groups.[195] The Professional Action Group would determine the most appropriate response, based on advice from a local Child Protection Committee. The local committee would comprise community members who would provide specific advice around contextual, cultural and family issues, and recommend appropriate services or non-statutory placement options. The Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association states that such committees have recently been operating on some communities (for example, at Napranum and Pormpuraaw), and that recognised entities for those communities have relied on their advice.

The Commission considers that the Aboriginal and Torres Strait Islander Child Protection Service Reform Project should work with individual communities and assist them to develop appropriate community-based referral processes on the discrete communities. This could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the Project should assist communities to develop them.

The Commission appreciates that there would be substantial resourcing associated with this proposal and that the timing of any trials would depend on financing. The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs has stressed the need for adequate resourcing for any organisations assuming such a responsibility, and the need for substantial training in developing the right skills to the required standard.[196] The Commission notes that the Families Responsibilities Commission might potentially represent a cost-efficient option at present, given it

already plays a very similar role when dealing with mandatory referrals to it of parents subject to child protection notifications. The Commission also notes that the Families Responsibilities Commission has certainty of Queensland Government funding only until December 2014 and Australian Government funding until 2015.[197] Therefore, any trial of a referral system based on the Families Responsibilities Commission would need to run during that period.

These observations in relation to community-based referral systems apply also to Aboriginal and Torres Strait Islander–controlled agencies providing services in support of a differential response model. Under this model, less serious notifications may be diverted to a family service assessment or family violence response instead of being investigated. The discussion earlier about better alignment and integration of Aboriginal and Torres Strait Islander controlled family support services outlines a vision for strengthening the capacity of the service providers. The potential of these agencies to deliver a family service assessment and family violence response in discrete communities should also be explicitly addressed in the Service Reform Project. Again, the need for adequate resourcing and supporting of such services would be critical.

Recommendation 11.11
That the Aboriginal and Torres Strait Islander Child Protection Service Reform Project:

- work with individual communities and assist them to develop appropriate community-based referral processes on the discrete communities — this could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the project should assist communities to develop them
- explicitly address the delivery of services to support differential responses in discrete communities, including services necessary to provide family assessment or family violence responses as alternatives to investigation of notifications.

Safe houses as a placement option

Sourcing foster and kinship placement for children in discrete and remote communities is particularly challenging because of the high levels of need, large ratio of children to adults, numbers of families already caring for children, and chronic overcrowding. A possible solution would be to make use of alternative options such as safe houses, boarding schools and respite care.[198]

The Commission believes that all of these options should be further explored, along with options outlined in Chapter 8 of this report. This section considers the merits of expanding safe houses because this placement option has been widely supported.[199]

Aboriginal and Torres Strait Islander safe houses are purpose-designed buildings owned by the department and leased to the individual non-government organisation providing the service.[200] Grant-funded Aboriginal and Torres Strait Islander safe houses operate in 10 locations — Aurukun, Doomadgee, Kowanyama, Lockhart River (also supporting the Hope Vale, Laura and Wujal Wujal communities), Mornington Island, Napranum, Bamaga (also supporting the Injinoo, New Mapoon, Seisia and Umagico communities), Palm Island, Pormpuraaw and Yarrabah. Each house caters for between six and eight children, which means that, statewide, 54 children can be accommodated at any one time. An additional safe house is proposed for the Torres Strait Islands.[201]

The purpose of the safe houses is to enable supervised residential care for children aged up to 18 years, generally on a short-term basis of up to three months, while Child Safety conducts an initial investigation. Safe houses also provide some capacity for medium-term placements of children. Where possible, safe house programs are usually funded to include a family intervention service worker, who provides support to families and parenting interventions during supervised contact (if it is consistent with case-plan goals).[202] Additionally, foster and kinship care workers are usually funded to operate from the safe house. By co-locating these services, safe houses have become more like 'child protection hubs'.[203]

These specialist safe houses were developed partly in response to a 2003 foster-care audit, which recommended that 'alternative care services for Aboriginal and Torres Strait Islander children and young people should be developed and funded at a greater level to ensure safety and equity in the provision of alternative care services'.[204] Before there were safe houses, it was not uncommon for children in far northern and northern communities to be removed to Cairns or Townsville as routine practice.[205] Not only did children suffer trauma from being removed, they also ran the risk of severing links with their community, language and culture.[206]

By allowing at-risk children to remain in their communities, safe houses help overcome the problems posed by shortages of foster and kinship carers in some communities.[207] Generally, children are only supposed to remain in a safe house for three months, although some children have remained longer.[208] The fact that placement lengths, in practice, appear not to be time-limited makes this placement type flexible.

The benefits of Aboriginal and Torres Strait Islander safe houses are well known. Not least among them is the fact that they have allowed local communities to take greater ownership of child protection.[209] They have created more opportunities for contact to occur between children and their parents, which improves the chances for reunification.[210] By ensuring children can attend the same school and socialise with their existing friends, they have given children a sense of stability. There is also evidence to suggest that children placed in safe houses have fewer interactions with police.[211] Besides placement, safe houses provide respite for existing carers in the community and temporary accommodation to enable children to return to their communities during boarding-school semester breaks, and for funerals and other family events.[212]

Safe house programs are usually funded to include a family intervention service worker, who provides support to families and parenting interventions during supervised contact.[213] Safe houses promote a stronger child protection presence in remote communities, helping to overcome problems of geographical distance and travel resources. It has been noted in consultations with Child Safety staff that departmental officers only travel to the outer islands in the Torres Strait on a fortnightly basis. This means there are reduced opportunities for the monitoring of safety plans, which could lead to workers being more likely to seek a removal of a child.[214]

Despite these benefits, there is one notable drawback to the widespread use of safe houses. They are costly. The Commission understands that some safe houses have been purpose-built up to a cost of $1.77 million (though in some locations existing facilities have been used). The average annual cost of a safe house placement is $156,612, compared with $7,908 for an average foster and kinship care placement, $78,500 for intensive foster care and $216,017 for an average group residential care placement (see Chapter 8).

However, the high cost of establishing and running safe houses should be balanced against the cost of long-term foster, kinship or residential care outside discrete communities. As noted above, reunification is highly unlikely for children who leave these communities. The costs of long-term placement of children outside community are likely to be substantial. This is particularly so if regular contact with family and community is being maintained as intended. The Commission is unaware of modelling comparing the costs of extended safe-house placements compared with long-term placement outside discrete communities.

The Commission is in favour of the safe-house model for the retention of children on orders in remote communities where they would otherwise face the prospect of removal and would caution against any permanent long-term diversion of funding earmarked for safe houses without a thorough analysis and projection of future need.

Recommendation 11.12
That the Aboriginal and Torres Strait Islander Child Protection Service Reform Project assess and provide advice to the government on the following matters:

- the extent to which safe houses are operating in accordance with the intended model of co-locating intensive family support services and whether links to these services could be improved
- whether there is a case for extending existing safe houses and establishing new safe houses, based on an assessment of community desire or on the benefits, demand and relative cost of alternative placements
- whether there is a case for establishing safe houses as a long-term placement option to keep children connected to their community.

11.7 Summary

The Commission has been tasked with identifying strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system, particularly in out-of-home care. Over-representation has been growing rapidly over the last decade. Indigenous children are now five times more likely than non-Indigenous children to be the subject of a child safety notification, six times more likely to be substantiated for harm and nine times more likely to be in out-of-home care. They account for almost 40 per cent of children in care.

Over-representation is being driven by a complex array of interrelated factors, compounded by the intergenerational effects of past child-removal policies that have seen successive generations of families becoming involved in the child protection system. Systemic factors such as an over-reliance on tertiary responses, a lack of meaningful collaboration between the department and Aboriginal and Torres Strait Islander agencies, and restrictions on referrals to family support services are adding to the problem.

Bringing the numbers of Aboriginal and Torres Strait Islander children in the system down will take a concerted effort on many fronts over many years. There are no quick fixes. A principal strategy for reducing over-representation is to improve access to universal and secondary services for Aboriginal and Torres Strait Islander families including health, housing, family violence and other social services. The Commission is recommending that an Aboriginal and Torres Strait Islander Child Protection Service Reform Project be established as part of the Child Protection Reform Leaders Group to

identify and address gaps in those services specifically for Aboriginal and Torres Strait Islander families. Easier access to Aboriginal and Torres Strait Islander Family Support Services is also being recommended.

The Commission believes there is greater room for collaboration between the department and Aboriginal and Torres Strait Islander controlled agencies in statutory practice. Evidence before the Commission suggests that for the most part these agencies are not participating in a meaningful way in key points of practice. A shared approach to practice is being recommended including Aboriginal and Torres Strait Islander controlled agencies having the option of coordinating family group meetings and working more closely with departmental officers to develop cultural, case and transitions plans.

A stronger foundation is needed for Aboriginal and Torres Strait Islander–controlled agencies to take on more responsibility for statutory protection over time. Evidence to the Commission suggests that, as with other smaller non-government agencies, many of these services are facing challenges owing to a fragmented model of service delivery, difficulties maintaining a qualified and experienced workforce, and poor governance. The Commission is recommending that an integrated model for Aboriginal and Torres Strait Islander Child and Family services be developed to bring together family support, family intervention, placement and statutory services into regional providers. These services would be supported by development plans implemented by a peak body.

Keeping children safe in discrete communities is of particular importance. The Commission is concerned about the impact of removing alcohol restrictions on children's safety. The Commission is recommending that these restrictions only be relaxed where there have been demonstrated improvements in child safety indicators. Community leaders should also be supported to take greater ownership of child protection issues. The Commission is therefore recommending that one or more models of community-based referral be developed and trialled specifically for discrete communities.

Aboriginal and Torres Strait Islander safe houses are a success story. They have been successful in improving the short-term options for children as an alternative to removing them from their communities, and have provided greater opportunities for local residents to access employment and training. They are, however, costly to establish and run. The Commission has recommended that the Aboriginal and Torres Strait Islander Child Protection Service Reform Project provide advice to government on whether there is a case for strengthening and extending this model as a placement option.

These strategies complement those made elsewhere in the report, including the introduction of Aboriginal and Torres Strait Islander Practice Leaders to guide improvements in child safety statutory practice. Enacting strategies to reduce over-representation should be a major priority for child protection and related agencies over the next decade. However, the Commission reiterates that efforts to reduce over-representation should not result in a different standard of protection being afforded Indigenous children than that afforded non-Indigenous children.

Endnotes

[1] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p5: para 20].
[2] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[3] Tilbury, C 2009, 'The over-representation of indigenous children in the Australian child welfare system', *International Journal of Social Welfare*, vol. 18, pp. 57–64.
[4] QCPCI analysis of data from Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, viewed 15 February 2013, ‹http://www.pc.gov.au/gsp/rogs/2013›.
[5] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[6] Response to summons, Department of Communities, Child Safety and Disability Services.
[7] Statement of Patrick Sherry, 17 January 2013, Attachment 1.1.
[8] Government Statistician, Queensland Treasury and Trade (unpublished data) Child Safety: average annual rates, 2009–10, 2010–11 and 2011–12.
[9] Submission of Cape York Institute for Policy & Leadership, May 2013 [p6].
[10] Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p4]; Submission of Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd, October 2012 [p7]; Transcript, Wayne Briscoe, 6 September 2012, Brisbane [p26: para 10]; Transcript, Bruce Marshall, 10 October 2012, Aurukun [p53: para 30]; Submission of Cape York Institute for Policy & Leadership, May 2013 [p4]; Steering Committee for the Review of Government Service Provision 2011, *Overcoming Indigenous disadvantage: key indicators 2011*, Productivity Commission, Canberra.
[11] Submission of Cape York Institute for Policy & Leadership, May 2013 [p6].
[12] Under the Aboriginal Protection Act and the White Australia Policy full-blooded Aboriginal people were placed in missions and half-caste children were placed in dormitories.
[13] Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra.
[14] Malin, M, Campbell, K & Agius, L 1996, 'Raising children in the Nunga Aboriginal way', *Family Matters*, No. 43, pp. 43–47.
[15]Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra; Royal Commission into Aboriginal Deaths in Custody 1991, *Report of the Royal Commission into Aboriginal Deaths in Custody (5 Vols.)*, Australian Government Publishing Service, Canberra.
[16] *Aboriginal Protection and Restriction of the Sale of Opium Act 1897, Aboriginal Preservation and Protection Act 1939* and *Torres Strait Islanders Act 1939, Aborigines and Torres Strait Islanders Act 1965, Aborigines Act 1971* and *Torres Strait Islanders Act 1971*, *Children's Services Act 1965.*
[17] Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra.
[18] Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra.
[19] Silburn, S, Zubrick, S, De Maio, J, Shepherd, C, Griffin, J & Mitrou, F 2006, *The Western Australian Aboriginal Child Health Survey: strengthening the capacity of Aboriginal children, families and communities*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.
[20] Royal Commission into Aboriginal Deaths in Custody 1991, *Report of the Royal Commission into Aboriginal Deaths in Custody (5 Vols.)*, vol. 1, Australian Government Publishing Service, Canberra, para 1.4.6.
[21] Submission of Cape York Institute for Policy & Leadership, May 2013 [p6]; Pearson, N 2000, *Our right to take responsibility*, Noel Pearson and Associates, Cairns.
[22] Council of Australian Governments 2012, *National Indigenous Reform Agreement*.
[23] Transcript, Dr Rhys Perry, 17 October 2012, Mt Isa [p7: para 30].
[24] Biddle, N 2011, *CAEPR Indigenous population project*, Centre for Economic Policy Research, Australian National University, Canberra.
[25] Council of Australian Governments 2008, *National Partnership Agreement on Remote Service Delivery*, Council of Australian Governments, Canberra, Schedule D: service delivery principles for programs and services for Indigenous Australians.
[26] Campbell, D, Pyett, P & McArthy, L 2007, 'Community development interventions to improve Aboriginal health: building an evidence base', *Health Sociology Review*, vol. 16, no. 3–4, pp. 304–314.
[27] FaHCSIA 2012, *Cape York Welfare Reform evaluation 2012*, Performance and Evaluation Branch, Department of Families, Housing, Community Services and Indigenous Affairs.
[28] Submission of Cape York Institute for Policy & Leadership, May 2013 [p28].
[29] Arney, F 2010, 'Promoting the wellbeing of young Aboriginal children', *Children and Public Health*, vol. 7, pp. 23–27.

[30] Lynch, M, Buckman, J & Krenske, L 2003, *Youth justice: criminal trajectories*, Trends and issues in crime and criminal justice, no. 265, Australian Institute of Criminology, Canberra; Stewart, A, Livingston, M & Dennison, S 2008, 'Transitions and turning points: examining the links between child maltreatment and juvenile offending', *Child Abuse and Neglect*, vol. 32, pp. 51–66.
[31] FaHCSIA 2012, *Cape York Welfare Reform evaluation 2012*, Performance and Evaluation Branch, Department of Families, Housing, Community Services and Indigenous Affairs; Statement of Annette Whitehead, 8 March 2013.
[32] Closing the Gap Clearinghouse 2013, *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people*, Closing the Gap Clearinghouse, Canberra; Memmott, P, Chambers, C, Go-Sam, C & Thomson, L 2006, *Good practice in Indigenous family violence prevention – designing and evaluating successful programs*, Australian Domestic and Family Violence Clearinghouse, New South Wales; Stanley, J, Tomison, A & Pocock, J 2003, *Child abuse and neglect in Indigenous Australian communities,* Australian Institute of Family Studies, Melbourne; Tomison, A & Poole, L 2000, *Preventing child abuse and neglect: findings from an Australian audit of prevention programs*, Australian Institute of Family Studies, Melbourne.
[33] Submission of Institute for Urban Indigenous Health, May 2013 [p10].
[34] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p15: line 1]; Submission of Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd, 23 October 2012, November 2012 [p34].
[35] Statement of Karl Briscoe, 10 October 2012 [p4].
[36] Steering Committee for the Review of Government Service Provision 2011, *Overcoming Indigenous disadvantage: key Indicators 2011*, Productivity Commission, Canberra.
[37] Steering Committee for the Review of Government Service Provision 2009, *Overcoming Indigenous disadvantage: key Indicators 2009*, Productivity Commission, Canberra.
[38] Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p27].
[39] Office of Economic and Statistical Research 2011, *Torres Strait Region Policing Project*, Queensland Government, Brisbane.
[40] Margolis, S, Ypinazar, V, Muller, R & Clough, A 2011, 'Increasing alcohol restrictions and rates of serious injury in four remote Australian Indigenous communities', *Medical Journal of Australia*, vol. 194, pp. 503–506; Memmott, P, Stacy, R, Chambers, C, & Keys, C 2001, *Violence in Indigenous communities*, Commonwealth of Australia, Canberra.
[41] Statement of Karl Briscoe, 10 October 2012 [p3].
[42] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p53].
[43]Steering Committee for the Review of Government Service Provision 2011, *Overcoming Indigenous disadvantage: key indicators 2011*, Productivity Commission, Canberra.
[44] Submission of Cape York Institute for Policy & Leadership, May 2013 [p13].
[45] Transcript, Wayne Briscoe, 6 September 2012, Brisbane [p19].
[46] Submission of Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd, November 2012 [p30]; Submission of Cape York Institute for Policy & Leadership, May 2013 [p13]; Meeting with Regional Operations Centre, Mount Isa; Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country', September 2012 [p6].
[47] Meeting with Regional Operations Centre, Mount Isa; Submission of Cape York Institute for Policy & Leadership, May 2013 [p12].
[48] Australian Institute of Health and Welfare 2011, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011*, Australian Government, p. 19.
[49] Exhibit 79, Statement of Karl Briscoe, 8 October 2012 [p4]; Submission of Cape York Institute for Policy & Leadership, May 2013 [p5]; Submission of David Martin, 3 May 2013 [p7].
[50] Australian Institute of Health and Welfare 2011, *Access to health services for Aboriginal and Torres Strait Islander people*, Cat. no. IHW 46, Australian Institute of Health and Welfare, Canberra; Ware, V 2012, *Improving access to urban and regional early childhood services*, Closing the Gap Clearing House, Canberra.
[51] Response to Summons, Department of Communities, Child Safety and Disability Services, 14 March 2013; Department of Communities 2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.
[52] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[53] Flaxman, S, Muir, K, & Oprea, I 2009, *Indigenous families and children: coordination and provision of services*, Commonwealth of Australia, Canberra.
[54] Submission of Townsville Aboriginal and Islander Health Services, October 2012 [p28].
[55] Submission of Ngarrama Maternity and Post Natal Service, 15 March 2012 [pp1–10]; Flaxman, S, Muir, K & Oprea, I 2009, *Indigenous families and children: coordination and provision of services*, Commonwealth of Australia, Canberra; Scrimgeour, M & Scrimgeour, D 2008, *Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature*, Cooperative Research Centre for Aboriginal Health, Northern Territory.

[56] Hayman, N, White, E & Spurling, G 2009, 'Improving Indigenous patients' access to mainstream health services: the Inala experience', *Medical Journal of Australia*, vol. 190, pp. 604–606; Scrimgeour, M & Scrimgeour, D 2008, *Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature*, Cooperative Research Centre for Aboriginal Health, Northern Territory.

[57] Flaxman, S, Muir, K, & Oprea, I 2009, *Indigenous families and children: coordination and provision of services*, Commonwealth of Australia, Canberra; Walker, R & Sonn, C 2010, 'Working as a culturally competent mental health practitioner' in Purdie, N, Dudgeon, P & Walker, R (eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Commonwealth of Australia, Canberra.

[58] Higgins, J & Butler, N 2007, Indigenous responses to child protection issues: promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers, children and young people: profiling promising programs, Child Family Community Australia, Australian Institute of Family Studies, Melbourne; Scrimgeour, M & Scrimgeour, D 2008, *Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature*, Cooperative Research Centre for Aboriginal Health, Northern Territory.

[59] Hayman, N, White, E & Spurling, G 2009, 'Improving Indigenous patients' access to mainstream health services: the Inala experience', *Medical Journal of Australia*, vol. 190, pp. 604–606.

[60] Submission of South Burnett Community Training Centre [pp4-5].

[61] Weaver, H 1999, 'Indigenous people and the social work profession: defining culturally competent services', *Social Work*, vol. 44, no. 3, pp. 217–225.

[62] Focus Group, Meet the preventers (PeakCare Queensland Inc.), Toowoomba, 7 November 2012.

[63] Flaxman, S, Muir, K, & Oprea, I 2009, *Indigenous families and children: coordination and provision of services*, Commonwealth of Australia, Canberra.

[64] Submission of Ngarrama Maternity and Post Natal Service, 15 March 2013 [pp1–10].

[65] Submission of Cape York Institute for Policy & Leadership, May 2013 [p8]; Submission of Townsville Aboriginal and Islander Health Services, October 2012 [p20].

[66] Submission of Cape York Institute for Policy & Leadership, May 2013 [p8].

[67] FaHCSIA 2012, *Cape York Welfare Reform evaluation 2012*, Performance and Evaluation Branch, Department of Families, Housing, Community Services and Indigenous Affairs.

[68] Submission of Cape York Institute for Policy & Leadership, May 2013 [p16].

[69] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p53].

[70] DCCSDS 2013, *Child Safety Practice Manual: section 10.16 referral to an Aboriginal and Torres Strait Islander family support service*, Department of Communities, Child Safety and Disability Services, Brisbane.

[71] Submission of Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd, 23 October 2012, November 2012 [p34].

[72] Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p27].

[73] DCCSDS 2013, *Child Safety Practice Manual: section 10.16 referral to an Aboriginal and Torres Strait Islander family support service*, Department of Communities, Child Safety and Disability Services, Brisbane.

[74] Statement of Brad Swan, 14 March 2013.

[75] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p103]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p54].

[76] Hodge, L, *Implementing evidence-based programs with Indigenous child welfare services*, viewed 25 June 2013, ‹http://helpingfamilieschange.org/wp-content/uploads/2013/03/Hodge-Indigenous-Child-Welfare-Services.pdf ›.

[77] Submission of Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd, November 2012 [p30]; Submission of Institute for Urban Indigenous Health, May 2013 [pp9–13].

[78] Submission of Aboriginal and Torres Strait Islander Women's Legal Service NQ, October 2012 [p11]; Statement of Debra Malthouse, 28 September 2012 [p2]; Submission of Townsville Aboriginal and Islander Health Services, October 2012 [p15].

[79] Submission of Aboriginal &Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p17]; Meeting with Queensland Indigenous Family Violence Legal Service (Cairns), September 2012.

[80] Transcript, Cathy Pereira, 15 January 2013, Brisbane [pp43–57]; Transcript, William Hayward, 30 August 2012, Brisbane [pp6–7]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p8]; Submission of Townsville Aboriginal and Islander Health Services, October 2012 [p22].

[81] Submission of Cape York Institute for Policy & Leadership, May 2013 [p6].

[82] Transcript, William Hayward, 29 August 2012, Brisbane [p34]; Submission of Jenny Lanham, March 2013.

[83] Submission of Commission for Children and Young People and Child Guardian, November 2012 [pp4–5].

[84] Transcript, Cathy Pereira, 15 January 2013, Brisbane [pp43–57]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p8]; Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p105].

[85] Statement of William Hayward, 24 August 2012 [p15]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [pp7–8].
[86] Transcript, Cathy Pereira, 15 January 2013, Brisbane [pp43–57]; Transcript, William Hayward, 30 August 2012, Brisbane [pp6–7]; Submission of Townsville Aboriginal and Islander Health Services, October 2012 [p22].
[87] Focus groups, Child Safety workforce.
[88] Focus groups, Child Safety workforce; Submission of Aboriginal and Torres Strait Islander Women's Legal Service NQ, October 2012 [pp9–10].
[89] Submission of Wuchopperen Health Service, October 2012 [p3]; Submission of Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd, November 2012 [p40]; Submission of Queensland Aboriginal and Torres Strait Islander Child Protection Peak, October 2012 [p10].
[90] Statement of William Hayward, 24 August 2012 [pp15–16: para 57].
[91] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p8].
[92] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp51–2].
[93] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p105].
[94] Libesman, T 2004, *Child welfare approaches for Indigenous communities: international perspectives*, Australian Institute of Family Studies, Melbourne; Libesman, T 2008, 'Indigenous children and contemporary child welfare', in Monahan, G & Young, L (eds.), *Children and the Law in Australia* , LexisNexis, Chatswood.
[95] Ministerial Advisory Group 2011, *Out-of-home care transition: implementation framework*, Ministerial Advisory Group Transition Planning Unit, New South Wales.
[96] Meeting with Professor Bradley MacKenzie, University of Manitoba, 5 February 2013, Brisbane; Departmental Audit and Evaluation Branch 2007, *Evaluation of the First Nations Child and Family Services Program*, Indian and Northern Affairs Canada, Quebec.
[97] Submission of Department of Communities, Child Safety, and Disability Services, December 2012 [p106]; Departmental Audit and Evaluation Branch 2007, *Evaluation of the First Nations Child and Family Services Program*, Indian and Northern Affairs Canada, Quebec.
[98] Harris, N 2008, *Family group conferencing in Australia 15 years on*, Australian Institute of Family Studies, Melbourne.
[99] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [p24].
[100] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [p25].
[101] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [pp24–6]; Transcript, Cathy Pereira, 15 January 2013, Brisbane [p58].
[102] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [p24]; Submission of Aboriginal and Torres Strait Islander Women's Legal Service NQ, October 2012 [pp9–10]; Child Safety Workforce Forums.
[103] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [pp25–6].
[104] Royal Commission into Aboriginal Deaths in Custody 1991, *Report of the Royal Commission into Aboriginal Deaths in Custody (5 Vols.)*, Australian Government Publishing Service, Canberra; Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra.
[105] Children's Commission 2012, *Indigenous child placement principle audit report 2010/2011*, Commission for Children and Young People and Child Guardian, Brisbane.
[106] Submission of Link-up Queensland, January 2013 [p6]; Submission of Winangay Resources Inc., September 2012 [p3].
[107] Australian Institute of Health and Welfare 2012, *Child protection Australia 2010–11*, Child Welfare Series, no. 53, Cat no. CWS 41, Australian Institute of Health and Welfare, Canberra.
[108] Submission of Secretariat of National Aboriginal and Islander Child Care (SNAICC), March 2013 [p19]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [pp6–7]; Tilbury, C 2009, 'The over-representation of indigenous children in the Australian child welfare system', *International Journal of Social Welfare*, vol. 18, pp. 57–64.
[109] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p6].
[110] Submission of Jenny Lanham, March 2013; Submission of CREATE Foundation, January 2013 [pp20–1].
[111] See Bromfield, L, Higgins, J, Higgins, D, & Richardson, N 2007, *Why is there a shortage of Aboriginal and Torres Strait Islander Carers? Promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers and young people: strengths and barriers*, Australian Institute of Family Studies, Child Family Community Australia, Melbourne; Higgins, D, Bromfield, L & Richardson, N 2005, *Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people*, National Child Protection Clearing House, Australian Institute of Family Studies, Melbourne.
[112] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p106].
[113] Testro, P 2009, *Report on the Aboriginal and Torres Strait Islander Kinship Reconnection Project*, Child Protection Partnership Forum, Brisbane.
[114] Focus group, Workforce.
[115] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p6].

[116] Submission of Winangay Resources Inc., September 2012.
[117] Focus Groups, Child Safety frontline staff, 2012; Exhibit 63, Statement of David Goodinson, 5 September 2012 [p5: para 22]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p7]; Exhibit 88, Statement of Gregory Anderson, 5 October 2012 [pp5–6: para 25].
[118] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p74].
[119] Meeting with Department of Communities, Child Safety and Disability Services, 2 May 2013.
[120] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p51: lines 27–50].
[121] Submission of Commission for Children and Young People and Child Guardian, September 2012 [p66].
[122] Bamblett, M & Lewis, P 2007, 'Detoxifying the child and family welfare system for Australian Indigenous peoples: self-determination, rights and culture as the critical tools', *First Peoples Child and Family Review*, vol. 3, pp. 43–56; Lohoar, S 2012, *Safe and supportive Indigenous families and communities for children: a synopsis and critique of Australian research*, Child Family Community Australia, Australian Institute of Family Studies, Melbourne.
[123] Dillon, M & Westbury, N 2007, *Beyond humbug: transforming government engagement with Indigenous Australia*, Seaview Press, South Australia.
[124] Statement of Brad Swan, 31 August 2012, Attachment 3; Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[125] Submission of Townsville Aboriginal and Islanders Health Services, October 2012 [p16]; Exhibit 58, Statement of Joan McNally, 5 September [p6: para 39].
[126] Focus groups, frontline staff.
[127] Statement of Gerald Featherstone [p2: para 13].
[128] Gray, D, Green, M, Saggers, S & Wilkes, E 2009, *Review of the Aboriginal and Torres Strait Islander community-controlled alcohol and other drugs sector in Queensland*, Queensland Aboriginal and Islander Health Council; Submission of Name withheld.
[129] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p9].
[130] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p107]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p54]; Statement of Gayle Jackson, 26 September 2013 [p5]; Submission of Aboriginal and Torres Strait Islander Women's Legal Service NQ, October [pp9-10]; Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September [p8]; Statement of Gerald Featherstone, 24 January 2013 [p2]; Transcript, Shane Duffy, 16 January 2013, Brisbane [p96: line 20]; Transcript, Shane Duffy, 16 January 2013, Brisbane [p96: line 1].
[131] Statement of Julie Bray, 17 December 2012 [p15: para 61]; Submission of Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd, October 2012 [p9]; Submission of Wuchopperen Health Service, October 2012 [p3].
[132] Higgins, J & Butler, N 2007, *Indigenous responses to child protection issues: promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers, children and young people: profiling promising programs*, Child Family Community Australia, Australian Institute of Family Studies, Melbourne.
[133] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report: "Protecting children: an inquiry into abuse of children in foster care"*, Queensland Government, Brisbane.
[134] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p30: line 30].
[135] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p44: line 10].
[136] Submission of Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd, October 2012 [p9].
[137] Transcript, Shane Duffy, 16 January 2013, Brisbane [p90: line 20].
[138] National Aboriginal Community Controlled Health Organisation 2012, *National Aboriginal Community Controlled Health Organisation annual report 2011–2012*, National Aboriginal Community Controlled Health Organisation, Canberra.
[139] Queensland Aboriginal and Islander Health Council 2012, *Queensland Aboriginal and Islander Health Council annual report 2011–2012*, Queensland Aboriginal and Islander Health Council, Brisbane.
[140] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p55].
[141] Statement of Natalie Lewis, 2 January 2013 [p5].
[142] Service Agreement between the Department of Communities and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, 1 Jan 2012 to 31 Dec 2014.
[143] Statement of Natalie Lewis, 2 January 2013 [p16].
[144] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p56].
[145] Transcript, Shane Duffy, 16 January 2013, Brisbane [p90: para 20].
[146] Queensland Aboriginal and Islander Health Council 2013, *Queensland Aboriginal and Islander Health Council annual report 2011–2012*, Queensland Aboriginal and Islander Health Council, Brisbane.
[147] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p3: line 30].

[148] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p109].
[149] Bamblett, M & Lewis, P 2007, 'Detoxifying the child and family welfare system for Australian Indigenous peoples: self-determination, rights and culture as the critical tools', *First Peoples Child and Family Review*, vol. 3, pp. 43–56; Hudson, P & McKenzie, B 2003, 'Extending Aboriginal Control over child welfare services: the Manitoba Child Welfare Initiative', *Canadian Review of Social Policy*, vol. 51, pp. 49–66; Memmott, P, Chambers, C, Go-Sam, C & Thomson, L 2006, *Good practice in Indigenous family violence prevention – designing and evaluating successful programs*, Australian Domestic and Family Violence Clearinghouse, New South Wales.
[150] Meeting with Victorian Aboriginal Child Care Agency, 26 November 2012, Melbourne.
[151] Langton, M 2008, *The end of 'big men' politics*, Griffith Review, Brisbane; Memmott, P, Stacy, R, Chambers, C & Keys, C 2001, *Violence in Indigenous communities*, Commonwealth of Australia, Canberra; Robertson, B 1999, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane; Sutton, P 2009, *The politics of suffering: Indigenous Australia and the end of the liberal consensus*, Melbourne University Press, Victoria; Pearson, N 2000, *Our right to take responsibility*, Noel Pearson and Associates, Cairns.
[152] Queensland Government 2012, *Annual highlights report for Queensland's discrete Indigenous communities for the period July 2010 – June 2011*, Queensland Government, Brisbane; Robertson, B 1999, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane.
[153] Meeting with FaHCSIA, Mt Isa Regional Operations Centre.
[154]Submission of Dr David Martin, 3 May 2013 [p4].
[155] Submission of Cape York Institute for Policy & Leadership, May 2013 [p27].
[156] Submission of Cape York Institute for Policy & Leadership, May 2013 [p6].
[157] Submission of Cape York Institute for Policy & Leadership, May 2013 [p19].
[158] Department for Child Protection 2013, *Community child protection worker: working together with families and children for a better future*, Government of Western Australia.
[159] Fitzgerald, T 2001, *Cape York Justice Study*, Department of the Premier and Cabinet, Queensland.
[160] Fitzgerald, T 2001, *Cape York Justice Study*, Department of the Premier and Cabinet, Queensland.
[161] Robertson, B 1999, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane.
[162] Robertson, B 1999, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane.
[163] Response to summons, Office of Economic and Statistical Research, 17 April 2013. Mean rate in discrete communities compared to Queensland average rate.
[164] Six were selected as having the three highest and three lowest rates of substantiated child protection notifications; as each of these was remotely located, a 7th community situated within closer range to a major population centre, was also included as counterpoint.
[165] Response to Summons, Queensland Police Service, April 2013.
[166] Submission of Port Kennedy Association Inc., October 2012; Submission of Cape York Institute for Policy & Leadership, May 2013 [p17].
[167] Wundersitz, J 2010, *Indigenous perpetrators of violence: prevalence and risk factors for reoffending*, Australian Institute of Criminology Reports, Research and Policy Series, p. 105.
[168] Bryant, C 2009, *Identifying the risks for Indigenous violent victimisation*, Indigenous Justice Clearinghouse, Canberra.
[169] Fitzgerald, T 2001, *Cape York Justice Study*, Department of the Premier and Cabinet, Queensland.
[170] Submission of Dr David Martin, 3 May 2013 [p13].
[171] Submission of Cape York Institute for Policy & Leadership, May 2013 [p5].
[172] Fitzgerald, T 2001, *Cape York Justice Study*, Department of the Premier and Cabinet, Queensland.
[173] Margolis, S, Ypinazar, V, Muller, R & Clough, A 2011, 'Increasing alcohol restrictions and rates of serious injury in four remote Australian Indigenous communities', *Medical Journal of Australia*, vol. 194, pp. 503–506.
[174] Margolis, S, Ypinazar, V, Muller, R & Clough, A 2011, 'Increasing alcohol restrictions and rates of serious injury in four remote Australian Indigenous communities', *Medical Journal of Australia*, vol. 194, pp. 503–506.
[175] Cripps, K & Davis, M 2012, *Communities working to reduce Indigenous family violence*, Indigenous Justice Clearinghouse, Canberra.
[176] Cripps, K & Davis, M 2012, *Communities working to reduce Indigenous family violence*, Indigenous Justice Clearinghouse, Canberra.
[177] Elmes, G 2013, *Review gives communities a voice, not a lecture*, media release, Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier, viewed 20 June 2013, ‹http://statements.qld.gov.au/Statement/2013/2/6/review-gives-communities-a-voice-not-a-lecture›.
[178] Department of Aboriginal and Torres Strait Islander and Multicultural Affairs 2012, *Review of alcohol management plans 2012,* viewed 25 June 2013, ‹http://www.datsima.qld.gov.au/atsis/government/programs-and-initiatives/review-of-alcohol-management-plans-2012›.

[179] Elmes, G 2013, *Review gives communities a voice, not a lecture*, media release, Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier, viewed 20 June 2013, ‹http://statements.qld.gov.au/Statement/2013/2/6/review-gives-communities-a-voice-not-a-lecture›.
[180] These proposals are broadly consistent with those of the Cape York Institute for Policy & Leadership in its submission to the AMP Review, May 2013.
[181] Transcript, Dr Rhys Parry, 17 October 2012, Mt Isa [p11].
[182] Children's Commission 2002, *Snapshot: children and young people in Queensland*, Commission for Children and Young People and Child Guardian, Brisbane.
[183] Submission of Cape York Institute for Policy & Leadership, May 2013 [p8].
[184] FaHCSIA 2012, *Cape York Welfare Reform evaluation 2012*, Performance and Evaluation Branch, Department of Families, Housing, Community Services and Indigenous Affairs.
[185] Submission of Dr David Martin, 3 May 2013 [p4].
[186] Submission of Cape York Institute for Policy & Leadership, May 2013 [p10].
[187] Submission of Cape York Institute for Policy & Leadership, May 2013 [p10].
[188] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p24].
[189] KPMG 2010, *Evaluation of the Community Justice Group Program: final report, November 2010*, Department of Justice and Attorney General, pp. 2–3.
[190] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p24].
[191] KPMG 2010, *Evaluation of the Community Justice Group Program: final report, November 2010*, Department of Justice and Attorney General, p. 5.
[192] Limerick, M 2011, *Review of the Palm Island community company: assessment of the Palm Island community company*, consultant report.
[193] Limerick, M 2011, *Review of the Palm Island Community Company: assessment of the Palm Island Community Company*, consultant report.
[194] Palm Island Community Company 2012, *Annual report 2011–12*, Palm Island Community Company, Townville.
[195] Submission of Cape York / Gulf Remote Area Aboriginal & Torres Strait Islander Child Care (RAATSICC) Advisory Association Inc., March 2013 [p2].
[196] Exhibit 185, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, March 2013 [p4].
[197] Nicholls, T & Elmes, G 2013, *Community welfare program extended in Budget*, Queensland Government, viewed 25 June 2013, ‹http://statements.qld.gov.au/Statement/2013/6/4/community-welfare-program-extended-in-budget›; Australian Government 2013, *2012–13 Commonwealth Budget*, Australian Government.
[198] Submission of Cape York Institute for Policy & Leadership, May 2013 [p24].
[199] Exhibit 81, Statement of Mr Paul Garrahy, 4 October 2012 [p3]; Meeting with Apunipima Cape York Health Council, 11 September 2012, Cairns; Statement of Patricia Andersen, 6 September 2012 [p5: para 20].
[200] Statement of Brad Swan, 14 March 2013, Attachment 1; Stronger Aboriginal Families, Together 2012, *SAF,T QLD study tour April 2012*, viewed 25 June 2013, ‹http://www.saft.org.au/sites/default/files/Our%20Research/SAFT-Research%20Tour_QLD%20report_2012-08-25_web.pdf›.
[201] DCCSDS 2012, *2011–12 Annual report*, Queensland Government.
[202] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[203] Statement of Matthew Lupi, 21 November 2012, Attachment A [p5].
[204] Murray, G 2003, *Final report on phase one of the audit of the foster carers subject to child protection notifications*, Department of Families, Brisbane, p. 100.
[205] Social Ventures Australia 2012, *ACT for Kids SafeKIDS program*, ACT for Kids, South Brisbane.
[206] Exhibit 64, Statement of Patricia Andersen, 6 September 2012 [p5: para 20]; Social Ventures Australia (SVA) 2012, *ACT for Kids SafeKIDS program*, ACT for Kids, South Brisbane.
[207]Transcript, Nicola Jeffers, 26 September 2012, Townsville [p60: lines 25–30].
[208] Stronger Aboriginal Families, Together 2012, *SAF,T QLD study tour April 2012*, viewed 25 June 2013, ‹http://www.saft.org.au/sites/default/files/Our%20Research/SAFT-Research%20Tour_QLD%20report_2012-08-25_web.pdf›; Transcript, Paul Garrahy, 16 October 2012, Mt Isa [p32: line 37].
[209] Exhibit 81, Statement of Paul Garrahy, 4 October 2012 [p3]; Meeting with Apunipima Cape York Health Council, 11 September 2012, Cairns; Social Ventures Australia (SVA) 2012, *ACT for Kids SafeKIDS program*, ACT for Kids, South Brisbane.
[210] Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country, September 2012 [p4].
[211] Transcript, Brendon McMahon, 10 October 2012, Aurukun [p30: line 44].
[212] Submission of ACT for Kids, 'Keeping Indigenous children and young people connected to community, culture and country', September 2012 [p4]; Transcript, Pauline Carlton, 12 September 2012, Cairns [p67: line 18]; Statement of Senior Sergeant Brendon McMahon, 27 September 2012 [p9: para 52].
[213] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[214] Statement of Joan McNally, 5 September 2012 [p7: para 45].

Chapter 12
Improving public confidence in the child protection system

The third term of reference for this inquiry called on the Commission to review 'the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system' with a view to improving public confidence in the system. This chapter sets out the Commission's proposals for improving current mechanisms for overseeing the system as a whole and in relation to its distinct components. The next chapter will look at the critical role played by the Childrens Court and the Queensland Civil Administration Tribunal in sustaining public confidence in the child protection system.

12.1 Performance of the child protection system since 2006

To supplement the information received through hearings and submissions, the Commission interviewed individuals from 50 government and non-government bodies (including peak agencies, service providers, recognised entities, academics and child advocacy agencies) to gain wide views on the current oversight arrangements for the child protection system in Queensland.

Sound oversight processes are key to developing and maintaining a system in which each player takes responsibility for its particular role. Oversight occurs through external bodies with specific responsibilities for review, audit and investigation as well as internally through corporate governance, which includes the structures, systems and process used to manage an organisation in an open and transparent way.[1] Governance refers to the set of responsibilities and practices, policies and procedures, exercised by an agency's executive, to provide strategic direction, ensure objectives are achieved, manage risks and use resources responsibly and with accountability.[2]

Both the 1999 Commission of Inquiry into Abuse of Children in Queensland Institutions (1999 Forde Inquiry) and the 2004 Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care (2004 CMC Inquiry) identified legislative and systemic gaps in the checks and balances needed to protect children at risk of harm. The 1999 Forde Inquiry found:

> Adequate accountability systems are not in place, in institutions or on the part of the Department [of Families], to ensure that children are protected, and to ensure that where abuse occurs it is appropriately dealt with.[3]

Five years later, the 2004 CMC Inquiry found:

> … evidence obtained during the CMC's Inquiry revealed significant failings within the accountability regime governing the Department of Families. The Inquiry has drawn attention to widespread and longstanding practice failures within the department, particularly in relation to children in alternative care, which were not identified or addressed by the existing internal or external accountability mechanisms.[4]

Recommendations from both inquiries to strengthen external oversight reflected a general lack of confidence in the capability of the then Department of Families to take responsibility for internal oversight. As well as recommending the establishment of a dedicated department called the 'Department of Child Safety', the 2004 CMC Inquiry recognised that responsibility for child protection lay across several departments. It therefore recommended establishing a cross-agency committee of relevant directors-general, supported by a working committee of senior officers (the Child Safety Directors Network), to implement its recommendations and provide the necessary cross-agency collaboration to manage child protection effectively.

The increased oversight recommended by the 2004 CMC Inquiry was, of course, primarily designed to improve the safety and wellbeing of children in care. Now, almost 10 years later, how effective have those oversight mechanisms proved to be in achieving the safety and wellbeing of children and young people in care?

Safety and wellbeing are measured by surveys of children's views and by the numbers of substantiated reports of harm to children (either in care or before going into care). The following overview shows a mixed result in improving the effectiveness of oversight mechanisms:

- perceptions of high levels of safety reported by children in regular surveys by the Commission of Children and Young People and Child Guardian (Children's Commission) and the CREATE Foundation (see Chapter 7)
- strong perceptions by children in care of being looked after. In the most recent survey by the Children's Commission, 90 per cent of young people (aged 9–18 years) and 88 per cent of children (5–8 years) reported that they were better off since going into care. In the CREATE Foundation survey, Queensland had the highest national rating, along with New South Wales, for the item 'I feel at home' and rated high nationally in relation to:[5]
  - how comfortable respondents felt in discussing issues with their caseworker
  - how helpful the caseworkers have been in supporting respondents
  - being able to see caseworkers as often as required
  - how well they felt cared for by the system.
- advice from the Children's Commission that the percentage of Community Visitor reports resulting in an issue of concern fell from 1.9 per cent in 2009–10 to 1.4 per cent in 2010–11[6]
- the rate of substantiation of reports of harm for children in care (known as 'matters of concern') fluctuated between 2.3 and 3.7 per cent during the period 2009 to 2012 (data in relation to 'matters of concern' are difficult to compare across years or jurisdictions because of different data-collection practices and counting rules)
- the rate of substantiation of a concern, after a Child Safety decision not to substantiate, rose from 8.3 per cent in 2006–07 to 9.6 per cent in 2010–11, and the re-substantiation rate within 12 months of a substantiated notification of harm rose from 15.3 per cent in 2006–07 to 19 per cent in 2010–11.[7]

The Children's Commission reports annually on the performance of the child protection system based on the Key Outcome Indicator Framework. The most recent report, 2008–11, rates the

system as performing well on one indicator, performing satisfactorily on six indicators and performing below the expected standard on three indicators. Table 12.1 shows the overall rating for each indicator and its related measures.

Table 12.1: Queensland's child protection system performance on the Key Outcome Indicator Framework 2011

Rating	Key outcome indicator	Measures affecting rating
Performing well and areas for improvement are being actioned appropriately	Safe out-of-home care	Substantiated matters of concern Children feeling safe in placement Issues of concern identified by Children's Commission Community Visitors
Performing satisfactorily Scope for improvement exists and the success of the action being undertaken may not yet be evident	Stable out-of-home care	Number of placements during time in care
	Best health possible	Children with unmet health needs Children with health passport
	Best education possible	Children suspended or excluded from school Children bullied National Assessment Program of Literacy and Numeracy (NAPLAN) results
	Appropriate interventions	Families improving in primary and/or secondary presenting factors
	Individual needs met	Participation in case planning
	Successful reunifications	Children reunifying with their families
Performing below the expected standard and the corrective action being taken has not yet produced the desired result, creating risk of negative outcomes for children and young people	Effective assessment	Meeting assessment and investigation timeframes
	Special needs of Aboriginal and Torres Strait Islander children	Over-representation
	Successful transitions to independence	Young people with a completed transition from care plan

Source: Adapted from Commission for Children and Young People and Child Guardian 2012, Queensland *Child Guardian key outcome indicators update: Queensland child protection system 2008–11*

National child protection reporting through the 2013 Productivity Commission's *Report on government services* has few effectiveness indicators that are comparable across jurisdictions due to variations in policies and definitions.[8] Table 12.2 shows Queensland's performance in 2010–11 in relation to the national average.

Queensland has consistently had the highest number of children admitted to orders per year of all states and territories since 2003–04, with 30 per cent of the national total in 2011–12. The number of children who have previously been on orders constitutes the major difference, which may be affected by court practices such as adjournments and counting of new interim orders. The number of children discharged from an order per year is also consistently higher than Queensland's population quota, with 27 per cent of the national total in 2011–12.[9]

Comparisons over time are compromised by changes in data-management systems and policy changes. Table 12.3 shows the change in performance measures over the five years to 2012.

From 2006–07 to 2011–12, the cost per child of out-of-home care fell by 6 per cent to $49,515. Queensland's average cost is the fourth lowest of states and territories. However, over this time the average cost per substantiation of all child protection activities has increased by 111 per cent to $39,870, which is the second highest nationally.[10] This cost reflects the high rate of intakes and the policy of investigating all notifications, as discussed in Chapter 4.

Taking into account the limitations of comparative data, these various performance reports provide a mixed view of the Queensland child protection system. In summary:

- Children in care report positively on the level of care and relationships with their Child Safety officers.

- Queensland's proportion of children with substantiated cases of harm and in out-of-home care is similar to the national average, but a higher proportion of children are admitted to orders.
- The proportion of children on long-term orders has increased significantly in the past five years.

Table 12.2: Performance on key child protection measures in 2011–12, Queensland and Australia

Measure	Qld	Aust	Comment
Below the national average for the proportion of:			
a. investigations commenced in 7 days	27%	na	Safety measure based on the potential risk of harm before an investigation is completed. Result is significantly below other jurisdictions due to a policy of investigating 100% of notifications. This practice contributes to a high rate of non-substantiated notifications (58%)
b. investigations finalised within 28 days	20%	na	
c. children on a care and protection order exiting care after less than 12 months who had 1 or 2 placements	82%	87%	*Wellbeing measure based on evidence that a higher number of placements leads to poorer outcomes for children.* Queensland is close to the national average for children leaving care in under 12 months but for children in care for over 12 months, Queensland has a much smaller proportion of children with only two placements
d. children on a care and protection order exiting care after 12 months or more who had 1 or 2 placements	38%	48%	
e. placements with relatives/ kin for both Aboriginal and Torres Strait Islander and non-Indigenous children	35%	47%	Wellbeing measure based on evidence that outcomes for children in care are better if with kin. Queensland is well below the national average for both Aboriginal and Torres Strait Islander and non-Indigenous children
f. rate per 1,000 children aged 0–17 years			
- in notifications	20.4	34.0	Comparison is flawed as the higher national rate is due to differences in terminology. Some states count all intakes as notifications
- in substantiations	6.5	7.4	Queensland has a slightly lower rate of children with substantiated cases of harm
- on care and protection orders	8.2	8.0	The rate of children on orders in Queensland is close to the national average, regardless of the differences in policies
Above the national average for:			
a. investigations commenced in over 28 days	54%	na	Queensland's policy of 100% investigations contributes to a higher proportion of investigations commenced and finalised later than other jurisdictions. However the rate of children in finalised investigations in Queensland is close to the national average
b. investigations finalised in more than 90 days	37%	na	
c. rate per 1,000 children in finalised investigations	18.2	16.2	

Source: Adapted from Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Tables 15A.8, 15A.14, 15A.15, 15A.22 & 15A.25

Notes: National data on commenced/finalised investigations are not available (na) due to the jurisdictional differences in terminology and policies and protocols governing the type of response to a notification.

Table 12.3: Change in Queensland's child protection summary statistics between 2007–08 and 2011–12

Measure	Change between 2007–08 and 2011–12 (per cent)
Children subject to substantiations	-5%
Children subject to ongoing intervention as at 30 June • intervention with parental agreement • child protection orders	+33% +44% +27%
Children subject to protective orders at 30 June	+26%
Children subject to long-term orders at 30 June •rate per 1,000 children	+71% 2.6 to 4.3
Children in out-of-home care at 30 June •rate per 1,000 children	+20% 6.4 to 7.4

Source: Department of Communities, Child Safety and Disability Services, *Our performance,* Tables SS.1, LT.1 & OHC.1

Notes: Protective orders include child protection orders and court assessment orders. Rates per 1,000 children are calculated using the population estimates provided in Appendix D.

For several measures, the data alone do not indicate whether the result is through good policy and practice or the opposite. For example, the policy to investigate 100 per cent of notifications reduces the risk associated with wrongly assigning serious cases to a lower response, but increases risk because of delays incurred. Assumptions arising from data need to be tested with observation and input from practitioners.

This analysis also points to the limitation of performance information and deeper analysis of trends. One academic interviewee criticised the selection of performance measures as narrow and operational, and commented that it does not make a difference where the oversight function is placed when the wrong things are measured. Performance measures are focused on activities, mostly relating to decision points and procedures. However, the high-level outcome, 'Australia's children and young people are safe and well', and the six supporting outcomes of the *National Framework for Protecting Australia's Children 2009–2020* provide a solid basis for future assessment of performance across the child protection system in Queensland:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

12.2 Current oversight system and accountability

The current multi-tiered system of oversight for the child protection system is summarised in Chapter 2 of this report. The following section outlines in more detail the mechanisms that provide accountability across government and those that specifically relate to child protection.

Whole-of-government mechanisms

The governance framework across the Queensland public service has substantially strengthened in the past five years, with greater emphasis on the responsibility of agencies to maintain high standards of probity and to measure and demonstrate their efficiency and effectiveness. Performance of the public service is overseen by the Performance Leadership Group, which includes the Director-General of the Department of the Premier and Cabinet, the Under Treasurer, and the Commission Chief Executive of the Public Service Commission. The governance framework includes these core elements:

- Financial management and accountability by government agencies as set out in the *Financial Accountability Act 2009*. The Financial and Performance Management Standard 2009 sets formal requirements for risk management, internal audit, complaints management, contract management and reporting.
- Public service management and service delivery as prescribed in the *Public Service Act 2008.*
- Standards of conduct and ethical behaviour for all public servants, with alleged breaches being dealt with in accordance with the *Public Sector Ethics Act 1994.*
- Public accountability through the *Public Interest Disclosure Act 2010*, which supports public officers disclosing negligent or improper management and the *Right to Information Act 2009*, which promotes the disclosure of government-held information.
- Performance audits of public sector entities by the Auditor-General to determine whether their objectives are being achieved economically, efficiently and effectively and in compliance with the *Auditor-General Act 2009*.

Collectively, the regulatory environment provides the senior executive and all departmental officers with clear guidance and expectations about administrative requirements necessary to achieve the best possible outcomes.

In each term of government, the Premier details the government's commitments and priorities that each minister must deliver through Ministerial Charter Letters. Administrative Arrangement Orders, determined by the Premier, specify the legislation to be administered by each minister. Directors-general have a rolling three-year performance plan that is reviewed six-monthly and monitored by the minister in conjunction with the Public Service Commission. These documents currently locate responsibilities related to child protection solely with the Minister for Communities, Child Safety and Disability Services.

Departmental mechanisms

The 1999 Forde Inquiry and 2004 CMC Inquiry described the then Department of Families as at an 'embryonic' stage of governance capability, with few reliable supervisory mechanisms, poorly developed and inadequate complaint systems, and no visible links between performance measurement on the ground and senior executives' goals and objectives. In contrast, the Department of Communities, Child Safety and Disability Services (the department) is now operating at a more sophisticated level with the following processes and systems:

- a performance framework compliant with the *Queensland Government Performance Management Framework* under the governance of the Performance Leadership Group, with monthly monitoring of performance by the Executive Management Team
- an Operational Performance Review process involving senior executives engaging with regional staff to examine their performance against statewide benchmarks, discussing local contextual issues and planning frontline improvements
- reduced caseload ratios for frontline staff from more than 50 to below 30
- an ability of Child Safety service centre managers to convene a practice panel (comprising senior and experienced child protection practitioners) to help guide decision-making and provide recommendations in relation to permanency options
- a dedicated centrally located complaints unit supported by a complaints management system, which incorporates the requirements set out in ISO100002: Customer Satisfaction and Complaints Handling complies with Public Service Directive No. 13/06: Complaints Management Systems, and is closely monitored by the Queensland Ombudsman
- a specialist, review committee (independent of service centres), with a representative from the Child Safety Directors Network, undertaking the investigations of deaths of children known to the department within the three years prior to each death; reports are then reviewed by the Child Death Case Review Committee attached to the Children's Commission
- a strong risk identification and management regime through a Strategic Risk Register, overseen by the Risk and Audit Committee in line with the governance requirements of the *Financial Accountability Act 2010*
- mandatory reporting and recording of incidents affecting children in out-of-home care
- independent written assessments of licensed services that provide residential care to ensure the standard of service is compliant with the statement of standards contained in the *Child Protection Act 1999*
- the Human Services Quality Framework requiring independent assessment against six standards for the department's funded services.

Independent specialist oversight

The Commission for Children and Young People and Child Guardian (Children's Commission) is a specialist agency that provides independent oversight for the child protection system.

The Children's Commission researches, reports on and advocates in relation to how children in the broader community are faring, including factors affecting their vulnerability.

Its roles and functions were expanded in 2004, as a result of the 2004 CMC Inquiry, to include performance monitoring, auditing and investigation of cases, as well as a broadened complaints function. The Official Visitor role was formalised and broadened to become the Community Visitor program with expanded scope and responsibility to check on the safety and wellbeing of children and young person in out-of-home care.

The Queensland Child Guardian function oversees child protection on an individual and systemic basis. The Children's Commission supports this function through:

- monitoring the safety and wellbeing of children and young people in out-of-home care
- investigating and resolving complaints about services provided or that should be provided to children and young people in the child protection system
- annual reporting via a system-level, evidence-based assessment of the safety and wellbeing of children and young people in out-of-home care

- child-death case review reports
- the views and experiences of children and young people in the child protection system through conducting regular surveys.

Performance reporting requirements

The 2004 CMC Inquiry argued that mandatory annual public reporting on child protection services was essential to improving accountability and service delivery in Queensland and recommended that 'each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services'.

The requirement was added to section 248 of the Child Protection Act for departments responsible for child safety — families, communities and children, education, police, treasury, health, justice and attorney-general, disability services and housing — to report on their delivery of child protection services as part of their annual reports. The department has incorporated these reports in the *Child protection partnerships report* annually since 2008–09, replacing the previous *Child protection performance report* that only included the former Department of Child Safety performance data.[11]

The 2004 CMC Inquiry also proposed that a set of core and agency-specific performance indicators be developed for a whole-of-government approach to child protection performance by the directors-general coordinating committee.[12] Responsibility for the key performance indicators was assigned to the Child Guardian and reporting occurred through the Child Guardian's annual report, published from 2008.[13] Underlying the new performance-reporting regime was the establishment of the Integrated Client Management System, the Jigsaw database collecting reports from community visitors in the Children's Commission and specified data provided by each agency.

States and territories provide annual aggregate child protection data according to nationally agreed definitions and technical specifications to the Australian Institute for Health and Welfare for seven national child protection collections:

- notifications, investigations and substantiations
- care and protection orders
- out-of-home care
- foster carers
- relative/kinship carers
- intensive family support services
- national standards for out-of-home care.

Data from these collections are analysed and published annually in:

- *Child protection Australi*a (Australian Institute of Health and Welfare)
- the Productivity Commission's *Report on government services*
- the annual report to the Council of Australian Governments on the progress of implementing the *National Framework for Protecting Australia's Children 2009–2020*.

Each report includes a brief update on the jurisdiction. Differences that prevent accurate comparison of data are documented between jurisdictions. The agreed aims for child protection and out-of-home care services are to:

- protect children and young people who are at risk of harm within their families or whose families do not have the capacity to provide care and protection

- assist families to protect children and young people.

According to the annual *Report on government services*, the aim of out-of-home care services is to 'provide quality care for children and young people aged 0 to17 years who cannot live with their parents for reasons of safety or family crisis'. The report contains a range of input, output and outcome measures. These measures provide a picture of equity, access and the efficiency and effectiveness of service provision. An activity-based costing project is underway to improve the measurement of efficiency by calculating unit costs for services that a child protection client could receive.[14]

The annual report on the National Framework for Protecting Australia's Children 2009–2020 reports on progress towards the high-level outcome, targets, supporting outcomes and the action plan.[15] The framework has shifted the strategic course of action of 'protecting children from abuse and neglect' to one of 'promoting the safety and wellbeing of children'. It is based on a public health model in that it recognises the value of strong universal supports and preventive programs, programs that address the underlying causes and precedents of child abuse and neglect by responding early to the needs of at-risk or vulnerable families and children as well as acute and tertiary services.

12.3 Identified concerns and proposals for reform

Through the submissions and hearings, the Commission has heard many criticisms of departmental practice including recent examples where children, young people, parents and extended family members were distressed by the apparent failure of the child protection system to deliver timely, fair and accountable services. From this perspective, it could be considered that oversight has not been successful. However, the thousands of difficult decisions and instances of good practice that lead to improved outcomes for many of our most vulnerable children and young people are never reported.

In the absence of independent reviews of the oversight functions in the last five years,[16] the Commission attempted to elicit a more balanced view about the strengths and weaknesses of the current oversight system through interviews with stakeholders.

While there were mixed opinions, the Commission heard there was an over-emphasis on process, procedure and reporting, which has led to a reduction in the quality of casework and poorer relationships between child protection workers and young people in care. In terms of transparency and effectiveness, many respondents considered the system fell short and expressed the need for:

- stronger systemic accountability
    - responsibility for whole-of-government outcomes by senior executives and a strategic approach to lead performance of the system as a whole
    - an external oversight body separate from the responsible departments
    - greater responsibility for performance at the regional level and localised inter-agency collaboration
    - quality-assurance mechanisms for child protection practice within government as required for the non-government sector
    - a more targeted investigation function using a systems-development approach and tools such as root-cause analysis to identify systemic barriers to effective service delivery

- stronger individual accountability
    - advocacy and complaint mechanisms designed to engage children and young people and improve access to legal representation
- greater external engagement
    - involvement with non-government organisations, academic institutions, industry and other external stakeholders in planning, information sharing, research and strengthening capacity
- stronger evidence-base for decision-making
    - research and evaluation capacity based on a centre-for-excellence model to ensure evidence-based decisions and best use of resources
    - performance measurement to include outcomes and analysis of data
    - regular review of business systems and adjustment to meet changed circumstances
- change in culture
    - a respectful relationship underpinning child protection work between government officers and with non-government organisation staff, foster carers, parents and children
    - a healthy learning culture in which there is support for child protection workers in using their professional judgement, recognition of good practice, opportunities for innovation, and mentoring to strive for best practice
- reduced red tape
    - reduced red tape for non-government organisations in relation to licensing, standards and contract management
    - streamlining of processes related to the Blue Card system.

Some of these concerns are addressed in other chapters. Those directly relating to existing oversight mechanisms are dealt with below.

Systemic accountability

As shown above, the current oversight mechanisms do not include a cross-government responsibility for performance. Submissions by organisations and individuals suggest that public confidence remains low.[17] Even though the level of safety of children has improved, criticisms identified in the 2004 CMC Inquiry concerning inadequate monitoring and support for children and young people, have been identified again in this inquiry.

While the immediate reaction may be to increase oversight to improve compliance, the current level of oversight is substantial, as shown in this chapter. Strong oversight mechanisms can reduce the risk of harm and increase the safety and wellbeing of those within the system, but excessive oversight can be counter-productive because it can create inefficiencies by diverting resources unduly from services towards compliance and administrative systems that have marginal return.[18]

The additional functions of the Children's Commission were recommended by the 2004 CMC Inquiry. The Child Safety function[19] has now had time to develop internal controls and is now operating within the Department of Communities, Child Safety and Disability Services, which has mature corporate governance and performance management arrangements. There are also several whole-of-government bodies responsible for monitoring departmental performance. Full responsibility for achieving outcomes is assigned through Administrative Arrangements and Ministerial Charter Letters.

As a line agency, however, the department cannot set priorities for other line agencies that are responsible for outcomes for children and families in the child protection system. For example, the department cannot hold Queensland Health to account for health outcomes or the Department of Education, Training and Employment to account for education outcomes. While it can contribute by requiring carers to get children to school and arrange for the completion of education support plans, it depends on the Department of Education, Training and Employment to assess and deliver appropriate educational services to the child. Policies of exclusion of children from school due to poor behaviour and lack of alternative schooling contradict the intention of achieving educational outcomes for children who may have experienced trauma and have little or no family support.

Departments with administrative responsibilities for services and outcomes for children and families in the child protection system are required to report annually in the *Child protection partnership report*. These reports are not linked to an agreed direction for the child protection system. For the most part, they describe activities rather than outcomes. Table 12.5 (next page) shows the services in each department that are relevant to child protection and each department's vision or strategic outcome statement in relation to children. In particular, health and education outcomes for children in care are the responsibility of Queensland Health and the Department of Education, Training and Employment respectively.

Other than the Department of Communities, Child Safety and Disability Services, no government agency refers to its child protection responsibility in its corporate documents (that is, the strategic plan, service delivery statement or annual report) and the responsibility is not identified in either the Administrative Arrangements for other portfolios or Ministerial Charter Letters. This lack of systemic accountability contributes to delays and impediments in allocating resources, setting priorities and aligning policy to ensure that the overall outcomes of the child protection system can be achieved.

The Child Safety Directors Network (comprising senior officers) was established to implement the 2004 CMC Inquiry's recommendations. However, it would appear that the network has not had the authority to operate at a strategic level. While there has been some success in developing cross-agency initiatives to improve services, the network has not focused on reviewing the performance of the child protection system as demonstrated, for example, by absence of discussion in network meetings of the Key Performance Indicators Update.[20] Departments have maintained a portfolio focus rather than adopting a whole-of-government perspective, so at times conflicting policies and competing priorities have created an impasse.[21]

This report, with its recommendation for access to differential pathways to meet children's needs, recommends that the government's focus shifts from assuming responsibility for children in need of protection, to assisting parents to take responsibility for their children within the family, to the extent possible. A whole-of-government response requires strong leadership and genuine collaboration with clear performance outcomes for each agency as well as for the system as a whole. For this reason, the Commission proposes a senior executive group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet and supported by a secretariat within the Department of the Premier and Cabinet, to be responsible for implementation of the Child Protection Reform Roadmap (described in Chapter 15). The group would include senior executives of:

- Department of Communities, Child Safety and Disability Services
- Queensland Health
- Department of Education, Training and Employment
- Department of Justice and the Attorney-General

- Queensland Police Service
- Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
- Department of Housing
- Queensland Treasury and Trade.

Table 12.5: Queensland departments with administrative responsibilities for child protection services and departmental outcomes

Department	Key services for children in need of protection and their families	Strategic outcome statement
Queensland Health: • Children's Health Queensland • Hospital and Health Service	public health children's health alcohol and drug services community health Services health care for special needs groups mental health oral health	The best possible health for every child and young person, in every family, in every community in Queensland
Department of Education, Training and Employment	early childhood education and care primary education secondary education special education higher education vocational education and training employment services	Aboriginal people, Torres Strait Islander people and people from culturally and linguistically diverse backgrounds contribute to and enjoy Queensland's prosperity and lifestyle
Department of Justice and Attorney-General	coroner criminal proceedings dispute resolution individual rights and freedoms judges and magistrates legal advice and services to government legal aid legal profession substituted decision making youth justice	A fair, safe and just Queensland
Department of Housing and Public Works	community housing assistance Indigenous housing assistance private housing assistance public housing	Value for money services, respected by clients and peers
Queensland Police Service	police services	To help make Queensland a safe and secure place to live, visit and do business
Department of Communities, Child Safety and Disability Services	adoption carers child protection services community recovery community services disability services home and community care homelessness seniors social inclusion youth affairs	To improve the wellbeing, safety, inclusion and cohesion in our communities

Source: Adapted from *Administrative Arrangements Order (No. 4) 2012* and departmental strategic plans

This group would include one of the Chairs of the proposed Family and Child Council (see more details later in this chapter) and two non-government representatives nominated by the sector. The Child Safety Directors Network would be replaced by the Child Protection Senior Officers group, recognising a broader remit including secondary services. The group would be tasked to work collaboratively to address issues impeding the progress of the implementation, to monitor the performance of their department and the child protection system as a whole, and to inform senior executives of delays and matters to be resolved. Within each department, a dedicated senior child protection officer would facilitate and influence change and implement strategies to achieve each department's child protection performance outcomes.

Recommendation 12.1
That the Premier specifies the child protection responsibilities of each department through Administrative Arrangements and Ministerial Charter Letters, and include outcomes for each department in senior executive performance agreements.

Recommendation 12.2
That the Child Protection Senior Officers (formerly the Child Protection Directors Network) support the Child Protection Reform Leaders Group, facilitate and influence change across their departments, and implement strategies to achieve departmental outcomes.

External oversight of the whole child protection system

Throughout this report, the Commission has emphasised that the primary responsibility for raising children rests with the family. If the Commission's reforms are implemented, then families will be supported to meet their responsibility, and children not in need of protection will be diverted from the statutory system. The statutory system is positioned as the last resort and there will be renewed effort to reduce the length of time that children and young people spend in care. As argued in the Public Advocate's submission to the Commission: [22]

> … delivering the best possible supports to children and young people, and their families through effective systems may mitigate the trajectory of some young people into an adult life of chronic disadvantage and minimise contact with the guardianship, criminal justice, mental health, disability and other systems.

The success of this fundamental shift depends on the effectiveness of the secondary services in engaging with, and supporting, parents to care for and keep their children 'safe enough' at home. Hence, the focus of the oversight body (currently the Children's Commission) needs to reflect the change by broadening its scope to promote greater understanding of how to support families to care for their children. The role of the new Family and Child Council would bring about a multidisciplinary approach to child protection and help implement the Child Protection Reform Roadmap.

The Family and Child Council would maintain a systemic advocacy role to promote and protect the rights, interests and wellbeing of children and young people in Queensland, particularly those most vulnerable, with more attention given to preventive measures. Importantly, the Family and Child Council would also have a lead role in providing clear messages to the community about the need for everyone to take responsibility for child protection, and to shape realistic public expectations of the child protection system. The Family and Child Council would oversee and report on Queensland's progress in implementing the National Framework for Protecting Australia's Children 2009–2020.

The role is consistent with other state and territory commissioners for children and child guardians and the Commonwealth Commissioner. They all have broad advocacy functions

primarily through research, policy development, submission preparation, community education and raising public awareness of relevant issues.

With a cross-sectoral, whole-of-government approach, the new council would also have an important role in coordinating efforts across government and non-government agencies and in strengthening the capacity of the sector through collaboration and information sharing.

Two chairpersons should be appointed to the Family and Child Council. In view of the urgency to address the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, one of the chairspersons should be an Aboriginal or Torres Strait Islander, and to facilitate collaboration and connectivity between the council and the Child Protection Reform Leaders Group, one of the chairpersons should be a member of the group.

The Commission proposes that the Family and Child Council report annually to the Premier on the performance of the child protection system and its progress on the Child Protection Reform Roadmap. The Family and Child Council would report administratively to the Department of the Premier and Cabinet to maintain its independence from a line agency and signal its cross-agency role.

The functions of the Family and Child Council would be:

- to provide expert advice to government and non-government agencies about laws, policies, practices and services that improve the safety and wellbeing of children, including those that support parents in protecting and caring for their children
- to promote the safety and wellbeing of children and young people, particularly those in need of protection
- to promote the safety and wellbeing of children and young people in the youth justice system
- to promote family responsibility for the care and protection of children
- to inform parents and families about their rights and how the child protection system operates in conjunction with the proposed Child Guardian (within the Public Guardian of Queensland)
- to build an evidence base for policies and practices that improve outcomes for vulnerable children and young people, including family capacity, through a multidisciplinary research program developed and delivered with stakeholders and partners
- to inform the sector about multidisciplinary local, national and international research relevant to services to improve outcomes for children, young people and families in Queensland
- to assist line agencies and non-government organisations in evaluating the efficacy of programs and in identifying the most effective service models
- to review critical policies for protecting children such as employment screening and other issues referred by ministers
- to engage with all levels of government, non-government agencies, academia, philanthropists and the business sector to facilitate and lead cross-sectoral strategies to improve outcomes for vulnerable children and young people (and their families)
- to build cross-sectoral capacity to deliver services to protect children including those that develop family capacity to protect and care for children
- to analyse Queensland's performance at a systemic level in relation to progress towards state and national goals and comparisons over time and with other jurisdictions.

Recommendation 12.3
That the Premier establish the Family and Child Council to:

- monitor, review and report on the performance of the child protection system in line with the *National Framework for Protecting Australia's Children 2009–2020*
- provide cross-sectoral leadership and advice for the protection and care of children and young people to drive achievement of the child protection system
- provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland's child protection system
- build the capacity of the non-government sector and the child protection workforce.

The council should have two chairpersons, one of whom is an Aboriginal person or Torres Strait Islander.

Regional leadership for service delivery and operational outcomes

Decentralisation of public services places accountability for service delivery and operational outcomes at the regional level. Several respondents to this inquiry have argued for a stronger regional approach to the allocation of resources.[23] For example, in their submission, ACT for Kids proposed that 'the best model is a broad set of parameters and overarching aims within which regional networks can develop shared goals for child protection, language and governance structures'.[24]

The approach is particularly applicable for Queensland Health, which already has regional statutory health councils with autonomy over how they achieve their objectives. An inter-agency forum of regional directors with responsibility for the child protection outcomes in the region gives senior officers the authority, within their departmental policy guidelines, to find the best ways to achieve the desired performance outcomes through revitalised frontline service delivery.

The Commission proposes that Regional Child Protection Service Committees are established in each of the seven regions in the department. The committees would be chaired on rotation by Regional Executive Directors, include non-government organisations, and be supported by an executive officer located in one department. Functions of the committees would be to:

- develop a collaborative, representative team including federal funding agencies, service providers and child protection experts
- determine regional priorities for implementing the Child Protection Roadmap in line with statewide directions established by the Child Protection Reform Leaders Group
- oversee and support SCAN teams and other inter-agency working groups in the region
- map the needs of the local population and plan regional services to match place-based service needs
- report progress on strategies, issues of concern and performance outcomes to the Child Protection Reform Leaders Group
- encourage innovative responses to improve the effectiveness of service delivery.

Recommendation 12.4
That Regional Child Protection Service Committees, incorporating regional directors from each department responsible for child protection outcomes implement the Child Protection Reform Roadmap and achieve outcomes in their region.

Responsibility for quality of child protection practice

Senior executives are accountable for the performance of their departments, conformance with legislation and achievement of government priorities. The Department of Communities, Child Safety and Disability Services has many corporate governance and business systems, in line with the requirements of the Financial Accountability Act, including monthly performance monitoring by the executive management team using the child protection performance framework.

The system of Operational Performance Reviews that began in 2009[25] provided an opportunity for the chief executive to hold to account each regional executive director through a briefing that described the initiatives, efforts and issues within the region, recognised achievements and explored with staff how to improve areas that were not working well. The review process enabled the chief executive to reiterate expectations and priorities see first-hand how frontline services were being delivered, and encourage and support staff towards the department's performance goals. Importantly, regional staff could reflect on their own performance from a systems perspective. As one submission put it, 'the Operational Performance Reviews were enormously helpful in giving managers a helicopter view of what they were dealing with so that they could see where to intervene'.[26]

Well-conducted review sessions consider data in-depth and test causal assumptions. Other jurisdictions involve senior executives in practice through case reviews to identify and resolve quality practice issues at a systemic level. For example in New York: [27]

> As a systemic leadership initiative, ChildStat is a weekly forum for executive and middle management, which examines specific data indicators and randomly selected cases to enable frank dialogue and team problem-solving about urgent issues impacting front line practice and the system as a whole.

These processes provide rich qualitative data that supplement regular performance data and ensure the senior executive has a clear understanding of the impediments to performance as well as an insight into the commitment of staff and the excellence of work conducted on the frontline. The Commission recognises the importance of meaningful and informed conversations between senior executive officers and frontline staff and the linking of performance-measurement data and day-to-day experience, as a critical vehicle for transmitting cultural change. A continued operational review process, with regional staff and senior executives, needs to complement practice forums that are a component of the Signs of Safety framework (this is discussed in detail in Chapter 7).

The department reports child protection data online every quarter and reports against agreed child protection measures. However, the data are not linked to departmental targets and there is limited analysis of trends to indicate whether or not there are improvements or why this might be so. At present, stakeholders outside government have little access to information. A more transparent approach to performance would not only give departmental officers clear direction but would also improve public confidence in the system.

The monitoring, complaints and investigations function carried out by the Children's Commission has revealed past systemic weaknesses and has built capacity and awareness of deficiencies. However, a two-tier approach is expensive and diverts resources from the

agencies delivering services. In line with the model of other oversight agencies, such as the crime and Misconduct Commission and the Ombudsman, it is now timely for service-delivery agencies to take responsibility for these functions in the first instance and for their investigative work to be subject to external review rather than undertaken externally. Departments can call for independent reviews when the minister or director-general seeks assurance from an impartial source. A summary of investigations and their outcomes should be published annually to provide an open mechanism that can provide confidence to the public that government agencies and staff are held accountable in the same way as those working in the non-government sector.[28]

Each department needs to consider the strategic risk associated with not providing adequate mainstream services to children in care, noting the demonstrated effects both short and long term, rapid escalation to tertiary systems such as mental health, homelessness and crime and lost opportunity in schooling and work. The cost–benefit of working with children at the onset of issues needs to be considered compared with the overall cost to government and the community of dealing with complex, chronic issues and trauma that extends across a lifetime and to the next generation. Although the number of children in care at any one time is a small proportion of the children in the state, the overall effect of child abuse on children is extensive. Minimising the impact on these children will advantage the whole community, both economically and socially.

It is therefore incumbent on senior executives within responsible departments to ensure their internal mechanisms and quality processes guarantee the level of practice appropriate to the level of risk and can deliver agreed statewide performance outcomes. This goes beyond the narrow use of performance measurement that focuses on quantitative data and needs to include reviews of practice that focus on attitudes, values and relationships. A quality-approach, supported by internal audits to monitor the mitigation of strategic risk, would ensure that children in the child protection system are recognised as a priority subgroup of departmental goals for all children and young people (as in Table 12.5). Quality areas for relevant departments could include, for example:

- Referral
  - % referrals to Child Safety Services assessed as notifications
  - % referrals to the non-government sector assessed as requiring a service
- Children in care
  - timeliness of the case plan (Health, Education, Youth Justice, Child Safety)
  - appropriateness of the case plan — comprehensive, child-centred (Health, Education, Youth Justice, Child Safety)
  - access to services (Health — mental health, drug and alcohol; Education, Youth Justice, Queensland Police Service, Housing, Child Safety, Disability)
  - suitability of services provided (Health, Education, Training and Employment, Youth Justice, Queensland Police Service, Housing, Communities, Disability).

Some departments may need to develop their internal capability to carry out this function, particularly at a regional level.

The 2004 CMC Inquiry recommended that quality standards be developed for both government and non-government service delivery in the context of foster carer recruitment, training and support. Quality standards were introduced for the non-government sector, in addition to licensing requirements, but were not implemented for government services. This issue was raised to the Commission by several peak bodies and is still a point of contention with foster care agencies, which are required to commit considerable resources to comply with the

requirements while the department does not have to follow them.[29] The Commission was advised that department-managed foster carers are less likely to receive the training and support that is required. This is particularly a problem for kinship carers who frequently receive no induction training.[30] (See also Chapter 8.)

Quality measures have been set within the department as part of the performance measurement framework. These mostly relate to timeliness — for example, the time it takes to complete investigations and complaints. A broader approach to quality would involve senior staff undertaking case reviews and case readings with Child Safety officers to reflect on actions taken and not taken, and to identify good practice as well as improvements to systems and practice. An online practice improvements board would enable the sharing of innovative practice.

Recommendation 12.5
That each department with responsibility for child protection outcomes establish:

- quality assurance and performance monitoring mechanisms to provide sufficient internal oversight
- a schedule of internal audit and review linked to strategic risk plans and informed by findings of investigations and complaints management.

Recommendation 12.6
That the Department of Communities, Child Safety and Disability Services ensure that all managers of Child Safety service centres implement a quality-assurance approach to monitoring Signs of Safety–based casework practice — one that uses a range of techniques to involve staff in reflecting on practice, mentoring and using multidisciplinary professional expertise.

Individual advocacy

The 1999 Forde Inquiry highlighted that children's vulnerability stems from their lack of power or influence, their limited knowledge of how the 'system' works, and their lack of awareness of how to assert their rights or how to make complaints about those who are entrusted with their care. Furthermore, it said that, in circumstances of poor supervision, no inspections and little accountability or external advocacy for children, caregivers were wielding almost unlimited power over children.

Including the voice of the child must be more than rhetoric. It must be supported by real conviction and action.[31] Ultimately, children's voices guide the frameworks for achieving results and marking progress, and will help shape policy and programs aimed at individual outcomes.[32]

Research reveals that being heard and included in decisions that affect them allows children and young people to feel respected and to develop a greater understanding of the impact of intervention and action in and on their lives.[33] Being able to contribute to decision-making gives some level of control back to the child or young person. Individual advocacy incorporates the proposition that children are best supported by those with whom they have a relationship and in whom they trust, and they relate better with a person they know is on their side rather than someone they feel is a mere representative of the system.[34]

Child Guardian

The 2004 CMC Inquiry established the role of Child Guardian within the Children's Commission to provide individual advocacy for children. The functions of the Child Guardian were carried out primarily through monitoring of departmental performance, complaints-handling, auditing and investigating issues arising from complaints, and the Community Visitor program.

The Commission has been advised that children and young people did not relate to the Child Guardian role because they did not understand its relevance to them. Its function of individual advocacy was indistinct from other functions of the Children's Commission.[35]

Children within the child protection system are in a particularly vulnerable state as they do not have a parent willing and able to protect them. They are more likely to develop trust and open up in an accessible and child-friendly environment. While the department operates in the best interests of the child, it also has obligations and constraints that may contravene the wishes of the child or young person who may not have the knowledge and experience to make decisions alone. One Child Safety service centre manager advised that children receive an age-appropriate package about the children's charter of rights, but may not know what to do if they have concerns about decisions — for example, in relation to contact with family members. Children and young people rarely take a matter to the Queensland Civil and Administrative Tribunal.

Rights of Queensland adults with impaired decision-making are represented by the Queensland Adult Guardian, which ensures they are treated equally and have their worth and dignity recognised, regardless of their state of health or mind. The Adult Guardian operates with the view that people with impaired capacity have the right to the greatest possible degree of autonomy in decision-making and the right to adequate and appropriate support for decision-making.[36]

Hence, the Commission proposes revitalising the position of the Child Guardian by re-focusing its role on safeguarding the rights of children and young people and on providing appropriate support for young people to manage their rights in the child protection system. The role of the Child Guardian would sit within the Department of Justice and Attorney-General and share analysis of data from its activities with the newly formed Family and Child Council to help inform the latter's systemic advocacy function. Further functions are identified in the next section.

Sitting within the Justice portfolio, the Child Guardian could be combined with the existing Office of the Adult Guardian, enabling the two to share resources and reduce establishment costs. The combined body would be a statutory agency known as the Public Guardian of Queensland. It would report to the Attorney-General, with a line of communication to the Minister for Communities, Child Safety and Disability Services. It would have a statutory right to appear (at the Public Guardian's discretion) in any child protection proceedings to present and test evidence on behalf of a subject child where the Public Guardian believes there is justification to appear.

Recommendation 12.7

That the role of the Child Guardian be refocused on providing individual advocacy for children and young people in the child protection system. The role could be combined with the existing Adult Guardian to form the Public Guardian of Queensland, an independent statutory body reporting to the Attorney-General and Minister for Justice.

Community Visitor program

The 2004 CMC Inquiry recommended extending the role of the then Official Visitor program within the Children's Commission to cover children in foster care. It made this recommendation because departmental caseworkers had reported that they rarely had time to make contact with the children in their care because of their caseloads. The program was renamed 'Community Visitor program' and was extended to include all children in out-of-home care. However, this eligibility extension did not mean to imply that *every* child should receive regular home-visits. The 2004 CMC Inquiry understood that this would be impractical: [37]

> It is appreciated that this would substantially increase the scope of the program and that practically it might not be possible for every child in care to be visited. To this end, it would be up to the Child Guardian to make a decision based on resource availability about which places were to be visited on a regular basis. However, it is expected that priority be given to places where there were numerous children, and where notifications had been made regarding foster carers. Other visits would probably be conducted either on a random basis or in a targeted manner derived from research or complaints trends generated by the CCYP.

Despite this, the Community Visitor program, operating through the Children's Commission, has attempted to reach all children in out-of-home care. Community visitors conduct monthly or bimonthly visits to children and young people in out-of-home care to 'promote and protect their rights, interests and wellbeing'. They operate statewide from 13 zones independently from Child Safety Services. Children and young people are able to raise concerns informally and have these responded to informally. This aligns with research findings that show that, even if young people know the process for making a complaint, few are willing to use formal complaint mechanisms without the support and encouragement of someone they know and trust.[38] During 2011–12, community visitors resolved over 17,000 matters locally and escalated 2,157 more serious matters for formal action.[39]

Although children and young people have generally reported favourably on their experiences with community visitors,[40] views of those agencies interviewed for this inquiry were varied. To summarise the comments:

- visits are too frequent for some children, especially older ones and those in long-term stable care
- it isn't always easy to distinguish between Child Safety officers and community visitors
- low-level issues identified by community visitors tend to demand a faster response than high-priority ones at a Child Safety service centre
- the focus of the Community Visitor role is on identifying but not directly resolving issues
- there are potential negative effects of having an additional adult in the child's life along with foster carers, Child Safety officers, foster care agencies and education support workers — this might conflict with the aim of normalising their childhood experiences
- the volume of Community Visitor reports might not be warranted
- there appears to be no matching of a particular community visitor with a child (for example, by qualifications, cultural background or interests)
- there is a tendency for some community visitors to advocate for the carer rather than the child.

The Commission has been advised by departmental managers that since 2004 the caseloads of Child Safety officers have reduced to a point where frequent contact, in line with legislation and practice, is not only possible but expected.[41] A Child Safety service centre manager

reported that all children in care are to be contacted every month and some more frequently as needs arise. Some of these are face-to-face visits but the main requirement is to give the child an opportunity to talk privately. Supervisors and managers meet with staff regularly to discuss casework and resolve issues that arise from these contacts.

The Commission supports a strong emphasis on casework by Child Safety officers and for resources to be directed to ensuring regular contact and support for children and young people to reach their case-plan goals rather than on external monitoring of Child Safety practices. Non-statutory issues most frequently identified by community visitors, such as sibling contact and health and education appointments, may be addressed by para-professional Child Safety staff and non-government service providers. To this end, the Commission proposes to reduce the ambit of the Community Visitor role to reflect the 2004 CMC Inquiry recommendations and to allow for more specialised advocacy services related to children's rights.

Regular visits should be continued to children and young people who are considered most vulnerable. These could include the very young; those with mental health problems and in mental health facilities; those displaying high-risk behaviour; those with complex needs, disabilities or with impaired decision-making ability; those entering care from culturally and linguistically diverse backgrounds; those in residential care; those at risk of entering juvenile detention; and other vulnerable groups such as those at risk of absconding or self-placing. Visits may be introduced for a time in response to an increased number of matters of concern or notifications received in relation to particular out-of-home care arrangements or where there are numerous children in a placement. Reporting and action requirements should be reviewed to ensure the most serious concerns are prioritised.[42]

A re-focused Community Visitor program would be more in line with the two other Australian jurisdictions (New South Wales and the Australian Capital Territory), which have a community visitors program for children on orders in residential care. Other states have a range of similar programs for other vulnerable groups such as people who are isolated or have mental health problems, but do not have programs for children in care. The Victorian child protection inquiry did not recommend a community visitors program because unannounced visits can be made at any time.[43]

Child and youth advocates

Despite the work of community visitors, submissions, hearings and interviews have all pointed to a serious gap: the paucity of information that children and young people receive about the child protection system, their rights and what is happening to them now, as well as what is proposed for their future.[44] Although Child Safety officers inform children of the children's charter of rights and standards of care, this is at a point of crisis and change when such information is hard to take in. Also, Child Safety officers have many other responsibilities such as assessments, placement decisions and care and court processes. These factors combine to limit the effectiveness of Child Safety officers' communications to children and young people about their rights, their role and what they might expect.

PeakCare's submission to the Commission advised that children and young people often need an advocate and this role had been 'lost in the bureaucracy surrounding the [Community Visitor] program'.[45] Community-based advocacy services saw a need for advocates to help children and young people access legal support related to child protection, as well as assisting with non-legal processes such as disciplinary matters in the education system or income and accommodation support when transitioning from care.[46]

A child advocacy group interviewed by the Commission referred to the 'dignity of risk' theory behind the Commonwealth *Disability Services Act 1986* — namely, that risk is necessary for growth and development and for making decisions about the future: [47]

> If you take away the risks, a person won't grow and develop. With the child protection system, children haven't been allowed to make important decisions independently and learn from mistakes. They need to be supported in decision making — this is my life and plan — rather than questioning their view of the future.

In relation to adolescents, the term 'Gillick competence' may be used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.[48] In Australia, the High Court of Australia settled the common law test for determining a young person's competence as follows: [49]

> A minor is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed.

The common law test recognises that a child's autonomy grows with age and that the parent or guardian's influence diminishes. There is no fixed age for this transition so it must be assessed on a case-by-case basis. These tests are not confined to the medical context and are routinely used in family law to give effect to the wishes of adolescents. The tests also have a role in the context of child protection, particularly in the case of a teenager who decides to return home or decides to live with friends. Provided that the teenager meets the threshold, their decision-making capacity can be recognised.

Perhaps of more relevance is whether the full complexity of the situation can be comprehended by the child or young person. A child and youth advocacy focus would ensure access to information and legal entitlements so that, depending on age and development, the child or young person can participate in decision-making. The advocate can assist with instructing a legal representative and be the point of contact for the child or young person. Advocates would contact children and young people on entry to out-of-home care and explain their role.

Growing self-esteem and self-worth and having a sense of personal power and control are essential for faring well in the system. Therefore, the Commission proposes creating child and youth advocacy hubs to act as focal points for a collaborative working relationship with other supports — including youth legal advocates, community-based advocacy organisations and entities (such as the CREATE Foundation and Youth Advocacy Centre Inc.). These advocacy hubs would present an engaging 'drop-in' centre approach that is child-friendly and gives the young person somewhere to go to be heard. They can help the child or young person with formal complaint mechanisms within the department, the Queensland Ombudsman and the Queensland Civil and Administrative Tribunal while maintaining an appropriate level of confidentiality. To ensure consistency and adherence to these basic concepts, it is further suggested that standards for the provision of child and youth advocacy services for children in care be introduced.[50] The Child Guardian would need to maintain a productive, professional working relationship with the appropriate Child Safety officer, on the basis that both officers are seeking the best outcomes for the child or young person.

Expected benefits of better engagement by the child or young person in decision-making include:

- more confidence in court that the child or young person has been involved in decision-making, reduced court delays and more robust judgements, especially when there are adversarial relationships between parties
- more stable placements as children and young people take ownership of placement decisions and are less likely to be resistant or resentful

- resolving school issues for children and young people and negotiating continued school attendance
- a greater stake for children and young people in their case plans and contact decisions
- a reduced risk of mental health problems as children and young people are less likely to consider themselves to be 'the powerless victims of the whims of adults'.[51]

Accordingly, the Commission proposes that a child and youth advocacy program, to operate under the Child Guardian (within the Public Guardian of Queensland), replace the Community Visitor program, providing advocacy and mediation to children in out-of-home care, including those in rural and remote areas, while maintaining a visiting program for highly vulnerable children and young people. In 2011–12, the budget for the Community Visitor program was $17 million inclusive of corporate overheads.[52] It is estimated that the child and youth advocacy program requires $9 million to establish 15 advocacy hubs and the refocussed Child Guardian. Staffing would include one legal officer and three non-legal officers with skills in mediation and youth support. Focusing Community Visitor funding on priority areas enables gaps to be filled in information and advocacy services.[53]

The Child Guardian and staff within the advocacy hubs would:

- visit children and young people in out-of-home care who are most vulnerable, including those in youth detention centres, mental health facilities and shelters and residential care facilities, with visits based on sound risk assessment
- listen to children and young people and helping them to say what they want to say to adults
- provide children and young people in care with advice and information about what they are entitled to and can expect, assisting with representation and referral to services, supporting them if they want to have a decision reviewed, and acting as a conduit for their concerns
- play an active role in ensuring that appropriate support is being provided to facilitate meeting case-plan goals
- work collaboratively with local Child Safety service centres and other government agencies who provide services to children in care such as schools, child and youth health services, community-based services and support networks, recognised entities and other non-government service providers.

It is intended that a formal mechanism that provides children and young people in care with independent advocacy would contribute to fostering cultural change towards child-centred outcomes and greater access to services.

Information services to children will be a primary function of the Child Guardian through the child and youth advocacy hubs. However, a better understanding of the system by parents could reduce court times and delays (and resultant anxiety) because people will know what is expected of them. The Family Inclusion Network suggests that a parent manual explaining to parents their rights and responsibilities 'would greatly enhance parent autonomy' and put them in a position 'to know what to do and how to do it', which would 'save time and money in the long run'.[54] Parent information could be developed by the Family and Child Council in collaboration with the Child Guardian, to align information given to children, young people and adults, in the interests of the whole family.

This refocused advocacy model should promote resolution of matters through mediation. With the benefit of an independent third party to guide the relevant parties through the mediation process, the child and youth advocates could support children and young people to settle disputes without having to go to court. As the Department of Justice and Attorney-General

provides mediation services to the public, access to these services should be further explored. The Child Guardian and child and youth advocates should also play a key role in:

- supporting children and young people at family-group meetings and court-ordered conferences
- ensuring that case plans appropriately reflect the child's and young person's needs and that case-plan goals are being adhered to
- where appropriate, ensuring that transition-from-care plans are in place and young people are receiving the necessary assistance to support their move to independent living
- if appropriate, to assist a young person seek or respond to a revocation or variation of an order
- assisting recognised entities to support a child or young person in referring a matter to the Queensland Civil and Administrative Tribunal (in situations where the child or young person disagrees with a Child Safety decision).

It would be integral to their success that the child and youth advocates receive training, mentoring and local support (as is currently provided by the Zonal Managers employed within the Community Visitor program). The role of the Child Guardian would also need to be promoted to children and young people as they enter care.

Recommendations 12.8
That the role of Child Guardian— operating from statewide 'advocacy hubs' that are readily accessible to children and young people — assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.

Complaints — internal and external

Complaints are an essential part of any accountability framework, allowing individual concerns to be addressed and remedied. Complaints about child protection matters can be made through four mechanisms: [55]

- directly to the department through an online form, free phone call or email
- to the Children's Commission through an online form, free phone call or email
- to the Ombudsman, through an online form, free telephone service, email or in writing,
- to the Queensland Civil and Administrative Tribunal for review of decisions.

Best practice in complaints-handling is to attempt to resolve the issue closest to its originating source with some independent level of oversight for more contentious matters to safeguard the public interest. Parties must know what to expect, have an opportunity to participate, be treated respectfully and honestly and be protected from retaliation, victimisation and adverse impacts or vexatious claims. The organisation must give reasons for decisions and provide avenues of appeal.

The challenge for complaint mechanisms involving children and young people is to allow them to feel confident to speak in contexts where adults (including parents) have competing rights. This includes not just the opportunity to be heard but also recognition and respect through a system that:[56]

- seeks their views and enables them to feel safe enough to give voice to their concerns
- listens to them in a non-discriminatory way
- provides respect for their dignity, privacy and views

- provides assistance in making a complaint
- enables them to challenge decisions that adversely affect their rights without fear of retaliation.

Views expressed to the Commission about the value of the existing complaints function varied. There was general acceptance by the members of the Commission's Advisory Group that, as it currently exists, the complaints and oversight mechanisms for the child protection system were too complicated, duplicative, confusing and at times ineffective in bringing about necessary change. Other causes for dissatisfaction included: [57]

- long response times
- lack of transparency, particularly in providing reasons for decisions
- inadequate procedural fairness to parties aggrieved by its decisions
- excess resources in complaint mechanisms and oversight 'that could be put into frontline staff, which would reduce the amount of complaints and provide better service in the first instance'.

An Assistant Ombudsman advised that child protection is one of the most challenging areas of government service delivery in relation to complaints:[58]

> This is a highly emotive area. Some people see it negatively no matter what. It is very difficult to sustain complaints because there is often no correct answer. The department has acted in the child's best interests which may be adverse to the parent. Often the best interests of the child get lost as the focus is on the rights of adults — for example, a mother with disabilities. In a lot of complaints, the child is not mentioned.

Internal-complaint mechanisms

In accordance with a recommendation of the 2004 CMC Inquiry, the department established the Complaints and Review Unit as an independent unit 'to undertake expeditious, fair and transparent investigations, and to make robust recommendations where required'.[59] The department complies with the Public Service Commission Directive on Complaints Management[60] and meets the Australian Standard on complaints-handling.[61] The Ombudsman audits departmental complaints-handling and an Assistant Ombudsman advised that the department now has a robust system and that the department's complaint-handling procedure is working well.[62]

Under the department's complaints-management system, any member of the community, a stakeholder or departmental officer can make a complaint about a departmental service, a funded service, or any aspect of any service provided by the department, including the behaviour or actions of employees, or a person otherwise engaged by a funded service.[63]

Most complaints related to child protection are resolved by the local Child Safety service centre.[64] The Commission heard that:

- parents and carers drop complaints because they are worried they will be targeted as 'troublemakers' by the department and have their matter adversely affected
- complainants give up because of drawn-out processes and the department's failure to keep to agreed timelines
- cases drag on for a number of years causing unnecessary stress to the family concerned[65]
- the department 'moves to protect itself' in response to complaints[66]
- non-government organisations feel closed out altogether from raising complaints as they perceive that de-funding may result if they challenge the department

- departmental processes and procedures that relate to children in care remain inaccessible outside the department, making it difficult for complainants to know what is expected.[67]

Submissions raised the importance for young people, their families and carers to be advised of their rights, including the right to make a complaint, to seek independent advice from community legal services and other organisations, and to apply for a review of a decision to the Queensland Civil and Administrative Tribunal. This is considered particularly relevant at the notification stage. Comments submitted by parents include: [68]

> Your rights aren't explained to you ... needs to be an information brochure on your rights and your child's ... also including how to complain.
>
> Parents should have the right to complain without feeling like they will be punished ... needs to be an external body to complain to and to investigate issues ... somewhere to report inappropriate CSO behaviour.

A senior departmental officer advised that it is possible for relevant parties not to be informed of their right to complain, how to complain, or the avenues for complaining (that is, through the department, the Children's Commission or the Ombudsman). However, the officer was confident that parties are advised about review rights in the Queensland Civil and Administrative Tribunal.[69] In its response to the Commission's discussion paper, the department noted there is 'room for improvement in its current internal handling of complaints with the response sometimes being overly complicated, overly formal and matters taking too long to be resolved'.[70]

The department has little capacity to conduct investigations in response to complaints or concerns about the standard of service delivery. The regions and the Complaints and Review Unit have reduced resources so only 50–72 per cent of complaints in the last two financial years were resolved within agreed timeframes. A new process has resulted in halving timeframes depending on the complexity of the matter to 15 days for minor matters, 45 days for moderate matters and six months for complex matters.[71] These timeframes may not be quick enough in situations where the rights of the parties are being materially affected. Where delays occur, it is most important that parties are given regular advice about the progress of the matter.

The department has not conducted client satisfaction surveys in relation to complaints since 2010 and does not report publicly on complaints received and the outcomes.[72] Such information would provide useful feedback to staff regarding the impact of the process on complainants and would give the public greater insight into the work of the complaints unit, building public confidence in internal-complaint mechanisms.

Complaints can be made to the Department of Education, Training and Employment, Queensland Health, the Queensland Police Service, and the Department of Justice and Attorney-General regarding access and delivery of services. Health complaints can also be directed to the Health Quality and Complaints Commission.

During the Commission interviews, no-one referred to the use of these complaint mechanisms in relation to child protection matters. All departments operate on the basis of attempting to resolve the issue closest to its originating source and referring up as needed, with the Ombudsman as a final point of settlement. Information about complaints received and outcomes is not evident in departmental annual reports so the public does not know the attention they receive.

Recommendation 12.9
That complaints about departmental actions or inactions, which are currently directed to the Children's Commission, be investigated by the relevant department through its accredited complaints-management process, with oversight by the Ombudsman.

Recommendation 12.10
That each department with responsibility for child protection improve public confidence in their responsiveness to complaints by:

- regularly surveying complainants
- publishing a complaints report annually
- working with the Child Guardian to provide child-friendly complaints processes.

External-complaint mechanisms

The Children's Commission independently investigates complaints about government and non-government services for children and young people in the child safety and youth justice systems. If the Children's Commission becomes aware that the department is investigating the same complaint, it will wait for the department's report and provide comment. At present it is the only state children's commission that investigates complaints about the delivery of children's services. In other states, complaints made to children's commissions are referred to state departments or other organisations such as the ombudsman.

The Children's Commission investigates complaints from community visitors about serious matters concerning harm or potential harm to a young person, or service difficulties that could not be resolved through local advocacy. Forty per cent of complaints received by the Children's Commission in 2012 were about the department and 46 per cent were about harm or risk of harm to children and young people.[73] Matters arising from complaints are referred to relevant agencies within 24 hours for a response, and the Children's Commission has responsibility for effecting an outcome in the child's best interests.

The Queensland Ombudsman receives complaints about actions and decisions made by Child Safety Services and other government agencies that provide services to children and young people in care. The Ombudsman initially assesses each complaint and either refers it back to the department or otherwise investigates it further. In particular, the Ombudsman becomes involved if the complainant has already tried to resolve the complaint with the agency, is not satisfied with the outcome, or does not receive a response within a reasonable time.

Under section 10 of the *Ombudsman Act 2001*, the Queensland Ombudsman's jurisdiction extends to responding to complaints about non-government entities to whom administrative actions have been outsourced[74]. Complaints about non-funded organisations can be dealt with using consumer laws or professional associations. The multiple complaint mechanisms are supported by some submissions and interviewees, demonstrating that certain complainants do not trust the department to investigate fairly and openly.

Others considered the second tier of complaints unnecessary and duplicative. Few were aware that the Ombudsman oversees the department's complaints and investigations and provides a further means of redress if required, or that complaints are managed internally by a specialist team independent of the work areas, upholding national standards for complaint management.

From an efficiency perspective, the Commission does not see the benefit of an additional complaints function. Under the Public Service Commission directive, each department is required to take responsibility for a thorough, independent complaints-handling process and

the Ombudsman provides oversight.[75] Parties have the opportunity to appeal against statutory decisions through the Queensland Civil and Administrative Tribunal.

The department has a mature complaints system, but for the public to have confidence in the department's accountability, it needs to adopt a stronger culture of review that seeks feedback, wants to know what stakeholders are thinking and provides reasonable remedies when things go wrong. Observable changes are needed to demonstrate to the public an internal complaints system that:

- openly welcomes complaints, is open and transparent in its decision-making, does not 'hide behind confidentiality' when providing reasons for decisions and is timely in its responses
- advises all parties to a dispute of their rights and gives them the opportunity to be appropriately supported
- applies the same level of standards to itself as it does to non-government and private sector agencies
- conducts timely reviews and investigations independently and objectively, particularly in response to critical incidents
- makes meaningful recommendations and ensures their satisfactory implementation
- audits complaints randomly and periodically to identify trends
- uses complaints as a continual learning tool
- publicly reports on its performance in responding to complaints and identifies trends as a means of promoting transparency and improving public confidence
- invites anonymous feedback from complainants about their experience
- adopts sensitive complaint mechanisms that are accessible to children, give professional assistance and respect dignity and privacy.

Child-sensitive approaches, together with the assistance of child and youth advocates, will greatly improve the ability of children and young people to use the department's complaints-management system as a means of addressing their concerns, and create greater public confidence in the child protection system.

Investigations and reviews

The 2004 CMC Inquiry resulted in an investigative function with broad statutory powers being assigned to the Children's Commission.[76] Over the last five years, more than 450 recommendations have been made by the Children's Commission to Child Safety Services, Queensland Health, the Department of Education, Training and Employment, and the Queensland Police Service targeting:[77]

- improvements to policies and procedures to better support frontline child protection practice — for example, delivery of services to children who are chroming or working with parents who have mental health problems
- training of staff to address identified service delivery problems — for example, record-keeping deficiencies or supervision practices
- inter-agency collaboration and information sharing, including where multiple service systems connect — for example, where the department and Queensland Health are both providing services to a child whose parents have mental-health problems.

Matters of misconduct are referred to departmental ethical units and to the Crime and Misconduct Commission.

While this function has provided strong individual and systemic advocacy over the last five years and was necessary in part to fill a void in capability and systems within departments, it draws heavily on resources within agencies, and does not now warrant a specialist oversight body. The Commission is of the view that, as with complaints-handling, agencies should take responsibility for investigating matters in the first instance, with oversight from the Ombudsman. Ministers and directors-general have several courses of action to follow if they consider it necessary to conduct an external review, including referral to the Public Service Commission.

Child-death case reviews

Queensland's system for reviewing child deaths emerged from major child protection system failures, brought to light by the Queensland Ombudsman in its investigations into the separate deaths of two small children[78] and subsequently by the 2004 CMC Inquiry into the Abuse of Children in Foster Care. That inquiry recommended the establishment of the Child Death Case Review Committee.[79]

Child Safety Services conducts a review of the death of a child known to the department in the last three years of the child's life. A desktop review is conducted where the department has had little or no contact with the child and a full investigation occurs for other cases. The review report undergoes independent scrutiny by the Children's Commission secretariat with full access to case files. Their report on the department's review is considered by the Child Death Case Review Committee, which is an externally appointed, multidisciplinary committee chaired by the Children's Commissioner.

Child-death reviews of children in out-of-home care are provided to the Coroner as a reportable death under section 8(3) of the *Coroners Act 2003.* The report informs the Coroner's processes and may reduce the need to proceed to an inquest.[80]

Both Child Safety Services and the Child Death Case Review Committee submitted that the threshold for reviews should be based on relevance of the case to the child protection system and the balance between the benefit gained compared with the intrusion on the child's family.[81]

Views drawn from interviews and submissions were:

- reviews should be conducted independently to give public confidence that departmental actions are sufficiently scrutinised and to maintain a high standard
- there should be value-add from multidisciplinary perspectives[82]
- they should be seen as an opportunity to gain insight into flaws in the system
- there is a need to extend the scope of child-death case reviews to include children and young people who sustained life-threatening injuries or harm while in care[83]
- the current three-year timeframe for a child 'being known' to Child Safety is too long
- Child Safety has grown in its capacity to conduct reviews effectively, as demonstrated by the external review process finding inadequacies in only a small number of reviews over the past four years.

Several interviewees referred to the impact of child-death reviews on staff. In the early stages of the external committee, high turnover of staff was in part attributed to fear of being disciplined for lack of compliance with a process or record-keeping requirement that was uncovered during an investigation, even though it had no bearing on the child's death.[84] Staff felt that the context of practice was not considered in review findings.

Research in the New Zealand child protection system shows that a bureaucratic response to the review process for child deaths contributed to a risk-averse approach, which had a bad effect on services for at-risk children rather than producing the intended improvements.[85] Generalisations based on one child death triggered practice changes across the system creating an environment where social workers were not prepared to manage risk because they believed they would be blamed if something went wrong.

The purpose of child-death case reviews is to establish whether there are lessons to be learned about the way professionals and organisations work together to promote the welfare of children, how the findings will be acted on and what is expected to change as a result. Instead of focusing on what the social worker did or did not do well in relation to best practice, a systemic framework analysis might better examine the 'multi-faceted aspects' of casework in these situations and contribute to strengthening the child protection system, particularly where practice is placed in a wider context.[86] A systems analysis looks at child safety in different contexts:

- the family system to determine whether there were family factors resulting in the child becoming unsafe within the family
- the worker system to understand the professional responses to the situation
- the organisational system including practice relationships, collegial responses, supervision and organisational processes
- the community and political pressures that influence social work decision-making.

Queensland Health adopts a similar approach where clinical incidents and 'near misses' are subject to review. These reviews are based on a root-cause analysis, which is 'a systematic process that allows for the identification and management of underlying factors and system vulnerabilities that contributed towards the occurrence of an incident'.[87]

There is high public interest in the death of a child — and in demonstrating that any faulty policy, practice or service delivery issue has been identified and addressed to reduce the likelihood of a similar tragedy occurring. However, the Commission is of the opinion that there is scant public benefit in subjecting matters to review if there is little or no scope for anything to be learned, especially considering the likely hardship for the child's family. Also a family might be unaware that their child is 'known to the department' before the incident, as the child's name might have been recorded in a child concern report with no further action taken.[88]

In a tight fiscal environment it is even more important to ensure the public is receiving the best possible outcomes it can from the child-death review process. The Child Death Case Review Committee suggests that the level of contact Child Safety had with the child before its death should be a guiding consideration, subject to any over-riding public interest.[89] All interviewees considered that a one-year timeframe of contact with the department was more appropriate than the current three-year timeframe, but there was a strongly expressed view that the scope of the reviews should extend to include serious injuries as well as deaths. It was felt that a limited desk-top review should be conducted where:

- minimal contact occurred with Child Safety before the death or serious injury
- there is little scope for learning
- there is no public interest matter requiring a full review.

The Commission recommends that the department establish an external review panel that oversees the reports of the investigation team instead of the current Child Death Case Review Committee. This approach has the benefit of independence and multidisciplinary expertise while reducing duplication and allowing staff the opportunity to hear deliberations and gain insight directly from experts. The review panel may also be asked to give an independent view

on other contentious issues that arise, where the department may have, or be seen to have, a conflict of interest.[90] To ensure independence the committee should consist of:

- a minimum of three external child protection specialists
- a member of the Child Protection Senior Officers group, on rotation
- a maximum of three departmental officers separate from the work unit associated with the case
- at least one Aboriginal or Torres Strait Islander.

Recommendation 12.11
That the Department of Communities, Child Safety and Disability Services:

- establish a specialist investigation team to investigate cases where children in care have died or sustained serious injuries (and other cases requested by the Minister for Communities, Child Safety and Disability Services),
- set the timeframe for such a child 'being known' to the department at one year,
- provide reports of investigations be reviewed by a multidisciplinary independent panel appointed for two years.

External engagement

The complexity and ambiguity surrounding the operation of a safe and functioning child protection system have been evident throughout this report. There are no simple answers. Although child protection is relatively small — compared with the multitude of social and economic issues that affect the daily lives of families — it cannot be dealt with successfully by itself and nor can a single portfolio, profession or sector provide the expertise required to manage the task on its own.

The 2004 CMC Inquiry advised (in reference to its recommendation for a new, dedicated department — the Department of Child Safety):[91]

> In striving for effective working relationships with external agencies the DCS should ensure that 'its door is always open'. It is crucial that the DCS develop trusting relationships with external stakeholders, and it should hold regular consultative meetings and workshops to promote goodwill. In striving for the most effective working relationships with external agencies, the DCS should, where possible, facilitate shared training and professional development opportunities.

In response, the new department developed and maintained a productive relationship with the non-government sector during the implementation of the 2004 CMC Inquiry recommendations.[92] Some strong inter-agency alliances, particularly in regions, have maintained coordination of services resulting in sharing of resources, less duplication and better understanding of different perspectives.[93] Interviews with service providers identified views about the helpfulness and professionalism of departmental staff ranging from very negative to very positive.[94] However, at the strategic level, government and non-government interviewees described tensions in the current arrangements, lack of information sharing, and disappointment on both sides regarding the apparent lack of engagement and trust.

Successful partnerships between government agencies in developing cross-agency initiatives have already been acknowledged in this and previous chapters. Transfer of critical information about children has been enabled by legislative amendments and is now entrenched in practice. However, interviewees described less than optimal working relationships due to lack

of cooperation, information blockages, and status and power conflicts related to professional hierarchies.

The importance of skilled collaboration has been raised in previous chapters. The Australian Research Alliance for Children and Youth advocates collaboration as an essential way of operating to achieve the best outcomes for children. The alliance has examined the elements that underpin true collaboration and has produced a number of fact sheets to assist parties with cross-sector responsibilities. Collaboration is founded on trust, respect and a learning orientation to develop long-term relationships and a strongly shared direction. 'The partners need to create and promote a common sense of vision and purpose around a well-defined major issue with clearly defined objectives, strategies and outcomes'.[95]

Collaboration is more than cooperation and coordination: [96]

> It's a high intensity, high commitment relationship between two or more parties that results in the production of 'something joined and new, from the interactions of people or organisations, their knowledge and resources.

Collaboration is not a skill that comes easily, especially in hierarchical, bureaucratic settings driven by narrow, siloed interests, where power imbalance is entrenched by both status and funding. It involves both parties modifying their practices and 'meeting in the middle'.[97] The United Kingdom child protection inquiry identified the need for skills in forming relationships.[98] It advised that 'developing the skills of staff at all levels in facilitative leadership is a necessary precursor to renewing energy in networks'.

Each government agency needs to ensure that stakeholders are deeply involved in planning for, developing, monitoring, problem-solving and reviewing aspects of delivering on the Child Protection Reform Roadmap. In line with the government Performance Management Framework, satisfaction surveys should be held regularly to obtain feedback about the effectiveness of the engagement in improving frontline services.[99]

The effectiveness of the child protection system depends greatly on the non-government sector, which holds a wealth of knowledge about the delivery of child protection, adult and family support services. With a workforce of over 100,000 staff the community services sector, as a whole, makes a significant economic contribution to Queensland from both its downstream spending capacity and its local infrastructure throughout the state. Government funding is estimated to represent half the input for community services, so the sector also generates considerable income through fundraising, philanthropy and sale of services, with estimated total receipts of $5.8 billion.[100] This does not count the non-monetary contribution of an estimated 60,000 volunteer hours per annum, which not only provides a substantial investment but also represents the value of connectedness that is essential for a community to function.[101]

The non-government sector can reach the community and connect with individuals and groups who are fearful of and avoid government. The sector itself needs to be a driver of change, to embrace the reforms and contribute to workable solutions both at a systems level and on the ground. The 2010 Productivity Commission's report recommended that 'state governments review their full range of support for sector development to reduce duplication, improve the effectiveness of such measures, and strengthen strategic focus.'[102]

As the proposed Family and Child Council would not have direct responsibility for service delivery, it would be ideally placed, in conjunction with the Health and Community Services Workforce Council and the Australian Charities and Non-profit Commission, to support the development of a strong community services industry. A strong industry will lead the professionalisation of the workforce, the consolidation of business models that sustain not-

for-profit organisations and the solid growth of an efficient health and community services market that is responsive to client need.

The Family and Child Council's capacity-building role would include:

- leading discussions, disseminating information on improving efficiency and stimulating productivity, while maintaining the quality of service delivery, and safe and rewarding working conditions for staff
- exploring new approaches to financing including partnerships with industry and models of funding such as social enterprises, social investment and user choice
- leading the implementation of a workforce strategy.

Activities may include, for example:

- a schedule of multidisciplinary, cross-sector forums, in conjunction with government agencies and using web-based technologies and social media
- developing, along with professional associations and tertiary education institutes, a multidisciplinary community of practice for child protection.

The Family and Child Council would advise the Child Protection Reform Leaders Group. The Commission proposes that the Family and Child Council have access to an expert standing committee who would provide advice on leading edge research and policy in matters within the Council's jurisdiction. The committee would consist of:

- up to eight non-government members who may include academics from different human service disciplines, a service provider, practitioner, child advocate, philanthropist or corporate executive
- four senior government members who would include members from Communities, Child Safety and Disability Services; Education, Training and Employment; Health; Aboriginal and Torres Strait Islander and Multicultural Affairs; the Queensland Police Service, and not more than one member of the Child Protection Senior Officers group
- at least one Aboriginal or Torres Strait Islander member.

Membership of the committee would be based on an individual's own merits in child protection and related fields, rather than as representatives of organisations.

The committee would provide advice to the Family and Child Council in relation to research and policy directions, particularly to resolve intractable issues and policy dilemmas and contribute to debate and critique of performance in achieving goals of the Child Protection Reform Roadmap.

Many regions already have inter-agency mechanisms to share information and to progress initiatives. To maximise the performance in their regions, the proposed Regional Child Protection Service Committees would need to draw on the expertise and resources of non-government organisations, academic institutions, local government, federal government and the corporate sector. This is particularly pertinent in identifying blockages and ensuring that services recognise local cultural and linguistic diversity. The committees would have a special role in supporting the Aboriginal Reform Project teams to effect positive changes for Aboriginal and Torres Strait Islander children and families to reduce their over-representation in the child protection system.

In Chapter 6, a service delivery partnership was proposed (rec. 6.2) as an advisory body to the department to involve the non-government sector in developing and implementing policy and programs. The committee's function would be to proactively and cooperatively address issues that are perceived to be inhibiting the successful implementation of the Child Protection

Reform Roadmap and its intended outcomes for children and young people. The committee should develop an action agenda, which may include strategic issues as well as operational functions such as business relationships, costs, data systems, quality of practice, information sharing, communication and workforce, and funding models. The department should ensure that the committee is well informed so that it is able to contribute meaningfully to the design and execution of departmental initiatives.

The Commission encourages all agencies and organisations involved with child protection to adopt a more open and responsive approach that recognises shared goal responsibility, emphasises areas of agreement, and acts responsively to work through barriers. A forward-looking, cooperative culture with a common agenda for improvement would provide a strong foundation for accountability and public confidence.

Recommendation 12.12
That Regional Child Protection Service Committees develop and support inter-agency, cross-sectoral working groups, including local government, to facilitate strong collaboration and coordination of services to achieve regional goals and outcomes for children and young people.

Stronger evidence base for making decisions

The Commission found that research and evaluation capacity within the government about effective child protection practice, Queensland-specific outcomes, and, in particular, successful models of secondary services, is inadequate. With a few exceptions (such as the comprehensive evaluation of the Helping Out Families initiative and the initial selection and tailoring of the Structured Decision Making tools), the level of analysis is superficial, with no or limited examination of underlying causes for trends and behaviour or pursuit of national and international explanations to ensure strategies are feasible.[103] There is undue dependence on performance measurement data without a range of additional research techniques to examine whether the right measures have been used and the factors that might impact on the measures: 'Real accountability is undermined by reporting data without analysis, the absence of links to performance improvement and specific policy goals, and the narrow range of indicators used'.[104]

Lack of reliable information puts decision-makers at risk of wasting resources and pursuing flawed policies and practices that damage people's lives. On the other hand, the thorough evaluation of the Helping Out Families initiative provides the government with confidence that the funds not only achieve personal benefits for children and families, but will also substantially reduce future costs and load on the statutory system. The analysis recommends improvements to the model and estimates costs and future savings for a full rollout across the state.

The most recent review of departmental compliance with the Indigenous Child Placement Principle, conducted by the Children's Commission in 2011, assessed the frequency of compliance as shown by record-keeping. While audits are a useful means of identifying areas where attention is needed, they give little insight into causal factors that contribute to behaviour. For example, the audit did not study practices by Child Safety teams and recognised entities to achieve the intent of the policy (namely, maintaining cultural connections for children), nor the barriers to placing children with kin or Aboriginal and Torres Strait Islander carers in circumstances where there was a chronic lack of suitable families able and willing to care for additional children. Without this information, it may be assumed that lack of compliance is due to poor practice and recommendations may pursue further training. However, an understanding of why Child Safety officers have not complied may lead to

different solutions. Compliance for its own sake can compromise reasonable practice decisions. An Aboriginal interviewee expressed concern about the consequences of over-zealous application of the child placement principle: [105]

> Complexity creates practice problems for Child Safety officers. Finding the right solutions for a child is not easy. The Stolen Generations issue is hovering in the minds of the Child Safety Officers. REs [recognised entities] should be able to support them more clearly on what happens because they are dealing with history, e.g. with supports and pathways. There is reluctance of CSOs to take children, so they leave them in unsafe environments, or leave them with kinship carers who are not the best people — because historically decisions were not made in the right way. If they place a child we have the Indigenous Child Placement Principle [to follow]. [But] Carers may be old, sick and have too many children without a support framework. We need to put into place supports and pathways so the cycle doesn't continue. REs come into play at that stage. They need to support the family who takes the child.

In the Indigenous Child Placement Principle audit report, comparisons over time showed a decline in compliance of 10 per cent over four years without an examination of underlying factors contributing to the change. Knowledge of these underlying factors could inform the department of different drivers. For example: What, in the same four-year period, contributed to a 13 per cent increase in Aboriginal and Torres Strait Islander children and young people living away from home? Could it be due to the supply of acceptable places falling well behind demand? Is there a location or age effect? Is the increase driven by mandatory reporting or by an increase in underlying health-related problems? A different composition of children may require new responses. The audit report does not indicate whether recommendations to increase detailed recording processes were tested to see the possible impact on timeliness or staff commitment — nor whether procedural changes such as these have led to better outcomes for First Peoples in other jurisdictions. A participatory action research approach involving Child Safety teams and local Aboriginals or Torres Strait Islanders to explore ways to achieve better outcomes for Aboriginal and Torres Strait Islander children may provide more insight into matters that need to be dealt with in Aboriginal and Torres Strait Islander communities.

In such an important area with grave consequences for many parties, a stronger culture of evidence-based decision-making and reflection on practice is essential for good public policy and service delivery. Without it, mythologies develop and consistency of quality erodes, increasing the strategic risk for organisations. Research and evaluation are necessary at both system level and program level. These should use the strength of frontline experience and the rigour of specialist researchers to give an explicit theoretical base and determine the best use of resources. Models employed in other jurisdictions need to be carefully examined and contextualised before large-scale adoption. While research initiated by agencies will focus on applied research, there also needs to be pure research, particularly in fields that give insights into the causes and effects of human behaviour.

Participative Action Research has been used effectively in the federal government's Reconnect Youth Homelessness program, designed to help homeless young people find workable solutions.[106] The method is underpinned by a series of questions such as: 'What would it take for you to have somewhere you could call home?' and involves all stakeholders in working through the issues that are blocking the young person's stable placement. The young person has ownership of the solution and other agencies find out how their practices that inhibit success can be adapted to improve the likelihood of sustained outcomes.

A large proportion of the research budget of the Children's Commission has been committed to surveying children in care. The data collection is thorough, valued by several stakeholders and plays an important role in assessing outcomes for children in care. However, it is duplicated by

the CREATE Foundation's survey which is based on a smaller sample but has the advantage of providing interstate comparisons and includes more in-depth reporting of children's opinions. Some stakeholders consider that other means of engaging with children and young people to gauge their views would be more representative and reliable. As described above, it is proposed that responsibility for eliciting feedback from children and young people lies with the Child Guardian.

Although there is an expectation to show outcomes of programs, there is no strategic evaluation framework for the child protection system and few program evaluation frameworks, particularly related to government services. Planning an evaluation framework collaboratively at the front-end of program development gives clarity of purpose, identifies inputs necessary to deliver the intervention with the quality elements required, ensures the right data are being collected and focuses staff on the intended outcomes. Staff are able to collect evaluation data as part of everyday record-keeping for operational purposes, and an independent evaluator can be called in at particular stages to provide an objective assessment. This approach reduces the cost of evaluations and strengthens ownership and skills of staff.

One proposal is to adopt 'a formal priority-setting framework using the decision tools of health economics, combined with social epidemiology and traditions of economic evaluation to develop an evidence-based framework for advising on an efficient investment strategy' (see Chapter 5). Measuring social return on investment, as described in Chapter 6, is particularly relevant to the not-for-profit sector, because it enables them to show funders and donors the value of their work. Some of the large Australian non-government organisations and international service providers have established internal research capacity. Others work closely with universities and nationally; there are several research organisations focusing particularly on aspects of child and family functioning. Sourcing the latest research and bringing this information together for easy access would greatly benefit policy makers, program designers, funders and practitioners.

The Children's Commission produces an annual summary of deaths of Queensland children to identify legislative, policy and community responses that will reduce risks to children. Whether this activity is a priority should be considered in consultation with the Family and Child Council's three-year plan and in conjunction with the goals of the Child Protection Reform Roadmap.

It is the Commission's view that a high priority should be set at first on gaining a more detailed understanding of the needs and behaviour of children and young people who come into the child protection system, and on the actions of those around them that are most likely to be in their long-term best interest. As stated above, the current suite of performance measures is predominantly about negative events. There is no evidence collected, for example, on how a child in care is faring at a particular point in time. It is fundamental to the changed approach that responsible departments conduct an initial assessment of safety and wellbeing factors for each child on entry into care and at regular periods until returned home or independent, so that the cost–benefit of taking a child into care can be determined. As one submission argued:[107]

> Without ongoing research into the operation of various aspects of our system, we cannot identify where we are 'doing well', and why, and where there may be problems or issues regarding which we can improve. This research needs to be both qualitative and quantitative.

Many areas where research and evaluation are needed were identified in submissions and during hearings. These include:

- long-term outcomes of children and young people in the child protection system, how they fare once they leave care, and what contributes to positive outcomes

- effective therapeutic responses for young people with complex and high-end needs
- the impact on medium- and long-term goals of giving children and young people greater involvement in their own case plans
- what constitutes good parenting and child-rearing practice in remote Aboriginal and Torres Strait Islander families
- innovative models of appropriate care and support for adolescents who are self-placing, have experienced multiple placement breakdowns or who are unable to return safely to the family home, but are not able to live independently
- what works to assist Aboriginal and Torres Strait Islander peoples and families
- disability of children and young people in the child protection system
- what works to improve safety and wellbeing and family functioning — preventive family-support interventions
- prevalence of mental illness among children in care
- impact of maternal incarceration on children entering and leaving care
- experience in the child protection system of families from culturally and linguistically diverse backgrounds
- effective interventions to reduce the incidence of family violence and its cumulative effect on children
- intergenerational experience of the child protection system.

In gathering data to inform the work of the Commission, one of the main gaps discovered was a lack of information about reunification of children and young people following their exit from care back to their family. Therefore, while we know the numbers of children that exited the system to the care of their families at a point in time, we don't have the depth of information that might inform the system about how well it is performing in reunifying children with the families. For example, there is no data showing the number of reunification attempts made, what was put in place to support a child's return to their family, and what the outcomes of reunification attempts were. This in an area where additional research, perhaps of a longitudinal nature, would help the department judge the success of its efforts in this area.

A primary function of the proposed Family and Child Council would be to consolidate the evidence base to give a sound direction for child protection at the policy and practice levels. Activities could include, for example:

- identifying and sharing research relevant to child protection issues, including a summary of what has been learnt from research and evaluation over the last 10 years
- supporting post-doctoral research through annual grants; recognition of high-quality research and evaluation projects; lighthouse grants to encourage innovative action research projects
- proposing applied research projects to investigate intransigent and emerging practice issues; find out what works and determine where resources are best directed.
- engaging with philanthropic and business entities and partnering with research institutions
- build research and evaluation capabilities across the government and non-government sectors.

The Commission of Audit recommends that the Department of Education, Training and Employment 'grow' its capacity to conduct evaluations. Similarly, it is important that the

department has the capacity to evaluate programs and has strong capability to use evaluative processes to determine the effectiveness of service types.

The Commission has recommended in Chapter 7 of this report that an appreciative inquiry approach is used to improve case work and develop professional judgement. This approach links easily with action research, which encourages practitioners to test innovations and find solutions to local problems. Action research uses a collaborative approach and facilitates joint decision-making. Projects can be small and time-limited, so require fewer resources.

Recommendation 12.13
That the Family and Child Council develop a rolling three-year research schedule with research institutions and practitioners to build the evidence base for child protection practice.

Recommendation 12.14
That each department with child protection responsibilities:

- develop an evaluation framework in the initial stages of program design to ensure the inputs needed for success are in place, theory of change is well understood and supported by an implementation plan, and to provide milestones for monitoring the quality of outputs, the achievement of outcomes and the assessment of impacts
- undertake and source research to inform policy and service delivery, identify service gaps and better understand the interface between children, young people and the service system.

Change in culture

The 2004 CMC Inquiry saw the creation of the new Department of Child Safety as an opportunity to change the culture in the statutory child protection system from being crisis driven, reactive and secretive (from fear of blame) to being proactive, open and accountable. The blueprint it outlined directed the department to 'maintain an active and enduring culture development program which reinforces the positive ethos of the new department specified in the CMC report.'[108]

The Commission has heard that cultural change was impeded by heightened attention to auditing and monitoring and performance measures focused on process rather than child protection practice, which reinforced individual accountability for following procedure rather than using good social work practice in the best interests of the child.

Similarly, a 2010 review of the United Kingdom's child protection system exposed a culture that had developed from an over-concentration on managing risk: [109]

> From the perspective of the front line, this has contributed to many feeling that they are working in a compliance culture where meeting performance management demands becomes the dominant focus rather than meeting the needs of children and their families. When these conflict, even the most dedicated child-centred professionals can feel pressured to prioritise the performance demand over the child's needs.

As a result, individuals and organisations relied on a defence that 'correct procedures were followed' in accounting for actions during adverse events, which hampered insight and professional learning. The review of the UK system recommended a 'radical reduction in the amount of central prescription to help professionals move from a compliance culture to a learning culture, where they have more freedom to use their expertise in assessing need and providing the right help'.

For this inquiry, the Commission heard examples of a culture of blame and antagonism in many settings: between agencies in inter-agency meetings, toward Child Safety staff in response to investigations, and between the department and service providers, foster carers and parents. In 2009, a punitive approach to the review of child deaths was changed to a practice-learning approach. Nonetheless, staff retain a view that the Child Death Review Committee unfairly targets them without considering underlying systemic issues that prevent them from performing as they should. Managers expressed a sense of resignation and frustration in being unable to achieve performance indicators within existing resources, despite intensive efforts to do so.

Internationally, patient safety experts in the health system have adopted a more pragmatic approach to individual error when harm occurs, with the view that: [110]

> … blaming individuals for errors and mistakes is rarely helpful or productive. It … creates new obstacles to improving performance. Instead errors and mistakes should be accepted as to some degree inevitable and to be expected, given the complexity of the task and work environment. In place of a blame culture, where people try to conceal difficulties, it is better for people to discuss problems so that they can be managed or minimised.

Hence, human factor research guides the design of processes in hospitals with a more realistic understanding of human strengths and weaknesses and an understanding of professional practice in context.

Responses in the media to incidents of child harm tend to present the public administration of child protection as a *simple* system where cause and effect are known and the solution is clear — that is, a child who has been harmed or is at risk of harm should be identified and removed from harm. It is assumed that complying with the right procedures and practices will prevent adverse consequences and all failures to do so indicate poor administration. Hence, audits that identify noncompliance are considered to be the appropriate tool to identify errors and further processes and training are proposed as improvements.

However, as has been evident in preceding chapters, child protection is both complicated and complex:

- *Complicated* refers to the multiple interests and perspectives with different accountabilities, different views of what constitutes 'the best interests of the child' or 'child in need of protection' and different theories about how to achieve that outcome. Expert knowledge is required and expert opinion differs.
- *Complex* refers to the adaptive, unpredictable nature of child protection work, which means that a successful action in one case cannot be assumed to have the same outcome in another case. Decisions need to be made with partial and potentially contradictory information. Patterns can be observed in retrospect. What works is likely to change over time at individual and systemic levels.[111]

Therefore, effective public administration of child protection needs to be underpinned by a dynamic system that is responsive to feedback and change, accommodates variability across context and facilitates constructive communication between parties. The system has to perform as well as possible at the individual level to minimise adverse outcomes and maximise lifelong outcomes for each child, while also performing efficiently and effectively as a whole — reducing the number of children in care and the length of time they spend in the child protection system. In addition, the system has to operate within resource constraints.

High-reliability theory holds that accidents can be prevented through better organisational design and management such as detailed specification of work practices. This is practical where situations are mostly predictable. Normal accident theory holds that since near misses

and accidents are to be expected in complex environments, staff must have the ability and flexibility to respond quickly in a crisis. This cannot happen if staff are tied too closely to work processes.[112]

Oversight activities such as performance monitoring, auditing and investigating are important tools to test the functioning of the system, but they can over-simplify tasks that require complex judgement and reward quantity over quality if interpretations are superficial. They tend to focus on finding fault rather than rewarding good work, and are self-generating — that is, as more errors are found, more layers of checking are needed to identify errors and the corrective actions fail to address the root cause. They tend to erode the confidence of managers and workers, which is reflected externally in a lack of public confidence.

On the contrary, handling the diversity of child protection cases is 'better achieved by professionals understanding the underlying principles of good practice and developing the expertise to apply them' than by depending on large, detailed practice manuals and working by the book: those working in child protection should be 'risk sensible'.[113] The review of the UK child protection system recommended adapting a risk principle developed by the United Kingdom Association of Chief Police Officers: [114]

> To reduce risk aversion and improve decision-making, child protection needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared in a regular review of significant events.

This is consistent with the Signs of Safety approach recommended in Chapter 7 of this report.

Contemporary public administration approaches to improve quality and safety call on the strengths within the organisation rather than its weaknesses.[115] The strengths in the child protection system lie with a highly motivated, professional, multidisciplinary workforce with a sound ethical base and shared desire for the best outcomes for the children and families they work with. A positive organisational culture is created through an approach to governance that establishes a climate of inquiry, innovation, learning and continuous improvement. Hence, shifting to an expectation of self-regulation based on personal responsibility reduces the cost of oversight and has the added benefit of improving job satisfaction. Furthermore, it models the attitudes and beliefs that we want to inculcate in young people: namely, responsibility and independence.

A concerted change in culture will require multiple strategies, drawing on leadership across government to renew the trust and confidence of Child Safety staff. The Child Protection Reform Roadmap, with its clear focus on positive outcomes, provides a suitable foundation for leaders to draw critical messages of support. A cultural change strategy would aim to achieve:

- a respectful relationship underpinning child protection work between government officers and with non-government organisation staff, foster carers, parents and children
- a more positive learning culture through support for child protection workers to use their professional judgement, recognition of good practice, opportunities for innovation and mentoring to strive for best practice
- a shift from a perceived punitive culture to a continuous learning environment with ethical leadership across all levels.

While constructive, thoughtful leadership throughout the system is essential, cultural change will be driven primarily by managers and supervisors who give daily feedback to Child Safety workers. Skilling these staff is an early priority.

Professional confidence needs determined and robust management at the frontline. In recognising that the role of leaders and managers is 'pivotal in achieving good outcomes for children and families', the Victorian Government's Department of Human Services has

produced the *Leading practice resource guide for child protection frontline and middle managers.*[116] The guide 'recognises that middle managers are critical to cultural change, supervising direct practice and implementing policy reforms':[117]

> How well supervisors do their jobs affects nearly every outcome the child welfare systems seeks, including the timeliness with which we respond to reports of child maltreatment, the wellbeing of children in foster care, and the rate at which children are reunified with their parents.

For these reasons, the Commission is of the view that the training of managers and supervisors should be a built-in mechanism for the effective implementation of the Child Protection Reform Roadmap.

Other approaches referred to elsewhere in this report that will contribute to the change in organisational culture include:

- the introduction of the Signs of Safety based practice framework
- reflective practice and action research that values the professional skills of staff
- a continuous learning culture that prides staff on excellence
- regional responsibility for identifying innovative and local solutions, and opportunities to communicate these to other regions
- an environment of professional learning and inter-agency cooperation, generated by the Family and Child Council.

The above discussion about organisational culture is a necessary foundation for improving the responsiveness of staff and their relationships with parents and carers. Several submissions referred to feelings of being discounted and treated poorly by staff. For example:[118]

> The Department has become very one-eyed in its focus on the interests of the child so that an ability to look at the welfare of the child in the family is not on the agenda of most CSOs and team leaders. This does not engender public confidence in the Department and many of us parents now resignedly expect to not be treated with respect, to be 'told' what to do, to be talked over, and generally to emerge from meetings with Departmental staff feeling we've been given a dressing down by a school principal or even a prison officer. We also do not like the fact that our support people are also spoken to in a controlling way and told to be silent. This is against the 1999 Act which states that support people can attend and participate.

The Commission is proposing a deep-seated cultural shift in practice towards developing the capacity of parents and families to take responsibility for protecting and caring for their children. This will require new skills and attitudes. Staff will need guidance and support in moving from an adversarial role of exerting power to one of empowering and growing the confidence of parents in their ability to do their duty by their children. A strengths-based approach is the basis of social work training and many human service professions, so it is not unfamiliar to most staff. The difficulty is how to apply this approach in a regulatory system where staff retain the legal responsibility to assess and remove children when the parent is not able to fulfil their obligations and where the uncertainties and intense emotions mitigate against a trusting, open relationship.

The Commission acknowledges there are staff who may not be able to make the journey to the new framework proposed in this report, caught as many are in a climate of blame and control. This framework requires that each individual staff member in the department makes a personal commitment to the changed practice framework envisaged to effect the reform the Commission has recommended. Those who are not able to make this personal commitment to change are unlikely to have a place in the revitalised child protection system.

Staff need greater guidance, based on the underlying research, in understanding ways to approach parents, to inform, motivate and engage them in the changes and sustained actions that are necessary to achieve the standard of care expected under legislation. The Family Inclusion Network Townsville is advocating for the newly reformed department to 'work with people and not against them'.[119]

Recommendation 12.15
That the Child Protection Reform Leaders Group and the Family and Child Council lead a change process to develop a positive culture in the practice of child protection in government and the community, including setting benchmarks and targets for improvement of organisational culture, staff satisfaction and stakeholder engagement, and report this in the Child Protection Partnership report.

Reduced red tape

Oversight and performance monitoring of outsourced services was reported as a major concern in both the 1999 Forde Inquiry and the 2004 CMC Inquiry and inadequacies in processes and systems were identified as contributing factors to the abuse of children in care. The 1999 Forde Inquiry recommended the independent evaluation of licensed services, consistency between licensing and service agreements of residential care services, and the legislated statement of standards. The CMC Inquiry recommended that licensing should include all services supporting children in out-of-home care and that service agreements explicitly state minimum standards.

Outsourced services form a major part of the service system for the care and protection of children and young people and support for families. In 2011–12, the department allocated over $2.4 billion to provision of services through non-government organisations including $441 million for child safety services.[120] Services include:

- counselling and intervention services
- family intervention services
- foster and kinship care
- outreach placement support
- recognised entity services
- residential care
- sexual abuse counselling
- specialist foster care
- supported independent living
- therapeutic residential care services.

Oversight of non-government child protection services occurs through:

- quality standards requirements, which are independently assessed
- licensing of care services through independent evaluation (s. 123 of the Act)
- management of service agreements or contracts
- screening of personnel, including foster carers who provide child protection services, through a suitability check, a 'working with children' check and certification that the applicant is able to meet the standards of care (s. 135)
- regular contact with children on child protection orders other than long-term guardianship orders by departmental officers (s. 73)

- regular contact by community visitors, (the Community Visitor program is administered by the Children's Commission)
- regular inspection of licensed residential facilities to see whether the care provided to children in the facility meets the standards of care in the statement of standards (s. 147)
- mandatory reporting of harm to a child placed in the care of an entity conducting a departmental care service or a licensee (s. 148). The Child Protection Regulation also includes failure to meet the standards of care
- appeals on reviewable decisions to the Queensland Civil and Administrative Tribunal.

Peak bodies and service providers expressed concerns about the onerous nature of the licensing regime, the apparent duplication of audits and costs associated with excessive reporting and administration, and inconsistencies across regions and between departmental officers and auditors.[121] The licensing regime has not been evaluated so its effectiveness in reducing risk and its value for money have not been assessed. Non-government organisations question why the department is not required to meet the same service delivery standards. They are frustrated by departmental action and inaction that affects their capacity to comply with licensing, quality standards and contract requirements.[122] As one commentator put it:[123]

> It is entirely hypocritical for the government agencies to demand licensing of NGO services and not meet their own standards for others. This is a large blockage in trust and confidence. When everyone has the same standards and reporting measures greater and more effective partnerships will follow.

The department has commenced red-tape reduction reforms that will gradually reduce administrative costs, both for the department and service providers over the next five years. They include:

- the Human Services Quality Framework (begun February 2013)
- revised model of licensing practices (begun 2012)
- shifting to outputs funding from inputs funding (begun July 2010)
- online performance reporting (begun 2011)
- contract management reforms to standardise and simplify the establishment and reporting against service agreements (begun 2012).

Quality standards

The implementation of the Human Services Quality Framework from February 2013 replaced four sets of quality standards:

- Queensland Disability Service Standards
- Queensland Disability Advocacy Standards
- Standards for Community Services
- Child Safety 11 Minimum Service Standards.

The framework will be implemented over three years to fit with each organisation's audit cycle. It applies at an organisational level, reducing the duplication of audit processes for each service location while ensuring each location meets service standards. A mid-term maintenance audit is conducted against four of the six standards. Organisations are accredited for three years through an external assessor who must be accredited by the Joint Accreditation System of Australia and New Zealand.

The current Independent External Assessment required for licensed care services will be replaced by the standards audit and a single organisational level licence will replace the

licences held at each location. The department is negotiating mutual recognition with federal agencies to maintain a single-standards approach across other community services. Thus, an organisation providing a range of services will apply one standards regime to all its services, whereas previously, some organisations required a dedicated officer and a separate data system for each quality system. Reduction in costs to a large organisation delivering services across multiple streams is estimated at over $100,000 in an accreditation cycle and the new approach is expected to make it easier for organisations to expand their services to meet a range of needs for their client groups.

While there are many aspects of the framework that are strongly supported by service providers, there are reservations about the promise of simplification, auditing consistency and the weight that auditors' specialist knowledge or lack of knowledge will have on assessments of child protection services. Concern has been raised about engaging auditors on an open-market basis because competition could compromise the integrity of the audit processes.

The cost of preparing for quality audits is affected by the experience that service providers have had in previous audits and their assumptions about the evidence that auditors may use to make an assessment. The operational manual for independent external assessments of licensed care services has recently been revised from a two-point assessment of 'met' and 'not met' to a three-point assessment of 'conformance', 'non-conformance' and 'major non-conformance'. Non-conformance items need to be remedied but do not delay licence approvals as they relate to non-critical issues.

Inconsistent and unreliable information about evidence required to meet the minimum standard damages the integrity of the process and potentially inflates costs of both the standards and service delivery. UnitingCare Community argues that:[124]

> the current way in which [independent external assessment] is enacted requires significant review in order to restore the balance from compliance as the driver, to placing the client firmly at the centre of the quality process.

The Commission reviewed 31 independent assessments of standards conducted between 2010 and 2012 on 20 services administered by three large non-government organisations. The review found:

- that services generally met over 94 per cent of standards criteria[125]
- 4 services met all the criteria in the assessment
- 6 services provided by one non-government organisation had 10 major non-conformances, all of which related to recording and reporting incidents of harm and critical incidents. For example, records showed that 2 of 4 incidents of harm were not reported immediately, not followed up with a formal notice within 24 hours and not properly categorised as Major Level 1 incidents
- 17 of the 20 services had, together, a total of 161 non-conformances
- 8 services had 8 non-conformances or more, many of which related to staffing issues such as appraisal forms, training register, performance reviews and supervision, and client issues (which included matching child's needs with the placement especially by considering the child's views and getting and using client feedback for improvement).

The analysis shows that a very high standard of care is expected, with every aspect checked in detail, which has not been apparent to many of those criticising residential care service in this inquiry. As is usual with a quality standards regime, the emphasis is on the accuracy of documentation and staff knowledge, rather than observation of practice. The risk is that so much focus is placed on record-keeping that resources are diverted from care. Considering the experience and commitment of these three organisations to a high standard of child protection

practice, there needs to be some thought about whether failure to meet the criteria is due to lack of training, supervision or communication, or if the criteria are suitable and are being appropriately assessed.

As the Human Services Quality Framework is implemented, the department needs to regularly review assessments (de-identified to maintain independence) to ensure that auditors are attending to issues of significance in the overall care of the children and that care services are well informed of what is required to get a favourable assessment so that preparation time is well used.

During implementation it will be important to hear feedback from organisations as they undergo audits to determine whether the framework is being implemented as intended and is adopting a common-sense approach that supports the safety and wellbeing of children and young people in care. Interpretation needs to be practical, context-appropriate and predictable across sites and auditors. It is important that the standards do not become an end in themselves, and that all concerned are encouraged to use them as a tool for good practice and not compliance for compliance sake. If the standards do not make sense to practitioners, they will adopt avoidance behaviour and the standards will lose their validity. A non-identifying summary of assessment results, showing areas of non-conformance, should be reported by the department annually to assist the sector with quality improvement, identify areas where standards may be unrealistic or unachievable, and provide comparative analysis of external assessment to ensure consistency.

Licensing of care services

Under section 124 of the Child Protection Act, the purpose of the child protection licensing system is 'to enable the chief executive to ensure the care of children in the chief executive's custody or guardianship meets the standards of care in the statement of standards'. Currently, out-of-home care service licences are valid for a period of three years from the date the licence is granted.[126]

The following concerns were raised with the current administration of licensing:

- the time it takes to get a licence and the costs incurred
- need for licensing as well as standards and contract management regimes
- conflict of interest by the department in multiple roles
- departmental actions or inactions affecting an organisation's licensing compliance
- treatment of matters of concern
- focus on negative reporting rather than outcomes for children and young people
- relationship between the department and foster care agencies.

Time and cost. Since revising its operations in 2012, the department reports that the average length of time from the first application to granting a licence is 96.5 days.[127] Added to this is the preparation time for the application, which can also take several months and involve a considerable amount of departmental officers' time.[128]

One large service provider (with 17 licences covering residential care services and foster and kinship care programs) estimated conservatively that it cost $10,635 to put one site through the licensing renewal process.[129] Reforms underway are expected to reduce the time and simplify requirements for independent external assessments as well as reduce the number of separate auditing processes required, which should also reduce the cost of getting a licence.

Need for licensing. As described above, the independent external assessments required under the licensing process will be aligned to quality audits conducted through the Human

Services Quality Framework. However, some service providers expressed the view that as the framework enforces the legislated standards of care, there is no longer a need for the licensing regime.

Under section 147 of the Child Protection Act, the chief executive (who is the director-general of the department) is required to inspect each licensed residential facility regularly to assess whether the care provided to children in the facility meets the standards of care outlined. Licensed care services are monitored through quarterly service meetings of regional contract managers and the Child Safety service centre managers and relevant staff. These meetings discuss both the delivery of services as required by the service agreement and the provision of care in accordance with the statement of standards, including follow-up actions from previous audits. Under section 146 of the Act, an authorised officer may enter and inspect licensed premises at any reasonable time. Hence, there is substantial monitoring occurring as a component of contract management.

Licensing is usually adopted as a means of regulating services provided directly to the public. The licence gives consumers confidence that standards of operation have been met and the organisation is a legitimate business. As these organisations are licensed only to provide services purchased by the government, probity requirements can be met through compliance with the State Procurement Policy for purchase of services and contract-management requirements including monitoring and reporting.

Departmental conflict of interest. Submissions to the Commission proposed the separation of accreditation or licensing organisations from the department because of its multiple roles as a service provider, funder and statutory regulator. The perceived risk is that, because of the small market for child protection services, the department will engage organisations that are below the required standard when a suitable organisation is not available. In New South Wales, for example, the Ombudsman accredits service providers.

However, separation of powers can be achieved by maintaining true independence using professional auditors operating in an ethical environment. This should be achieved through the department's intention to use auditors accredited by the Joint Accreditation System of Australia and New Zealand as long as the auditors' independence is not compromised by the opportunity to secure further business. As a risk management strategy, auditors may need to undertake that there is no conflict of interest with other work they are undertaking such as a client-based capacity development role.

Departmental impact on compliance. Licensed care services and peak bodies raised the issue that their ability to meet the licence requirements or standards could be inhibited unintentionally by the department itself. For example, when the department has not provided a care plan for a child, which is required for the organisation to manage the child's care, the auditor requires the organisation to demonstrate (through email and phone records) the number of times it has contacted the department to request them.[130] This is not a solution, and does not actually resolve the problem, creating additional record-keeping while in meantime the child is still without a care plan. If there are legitimate reasons for not supplying the document, the standards need to reflect actual practice so that 'work around' (which defeat the purpose of the standards and create additional costs and stress) are avoided. Licensed care services should be able to register instances with the central complaints unit without reprisal, because a record of occurrences will show where systemic change is required. This issue will continue to apply under the Human Services Quality Framework.

Treatment of matters of concern. Care services are required to notify the department if a child is harmed or if there is a breach in the standards of care. These matters of concern are investigated by the department to determine whether action to remove the child is necessary

or what other action is required. Service providers are able to appeal decisions. As well as alerting the department to harm or a risk of harm to children and young people in care, the count of substantiated matters of concern is a key outcome performance measure for the department — it is used as an indicator of harm (or lack of harm) to children and young people while in care.

The department is committed to 'record and assess these concerns in a fair and open manner that respects [foster and kinship carers] rights'. However, service providers reported that secrecy on the grounds of confidentiality often accompany protracted investigations, and parties to the matter are not accorded procedural fairness and natural justice. Affected parties are entitled to careful, accountable decision-making because a substantiated matter of concern can have a heavy impact on the future of all involved, affecting employment, financial viability of the organisation, carer certification and licensing approval, as well as legal costs. Adhering to agreed timelines, providing information and giving due process are all reasonable expectations of staff and volunteers who are providing these vital services in what are often very difficult, demanding and erratic circumstances.

The Commission was advised that when a matter of concern arises, there can be multiple investigations: by the service outlet, its parent organisation, by the foster care agency and the department. It has been suggested in Chapter 6, that having outsourced responsibility for care services, the department considers assigning the investigation of matters of concern to the foster care agency or residential care organisation, in the first instance, with oversight of the inquiry by the department. This would follow the principles of oversight proposed above for placing the responsibility for investigation of matters onto the entity where the incident occurs. An agency would need to demonstrate capacity to undertake an assessment with due diligence and independence. The department would maintain responsibility for ensuring the safety of children within the care environment and would carry out an investigation of harm following usual procedures. The approach would be more efficient by avoiding prolonged, onerous inquiries and would enable a learning-centred approach to be adopted within the non-government organisation, as described above for reviews of incidents within the department.

Focus on negative reporting. In effect, the notification of harm is the only performance measure recorded in relation to the child's experience of care. A focus on achieving positive outcomes such as completing milestones in a child's care plan and the child's assessment at points in time (for example, six months after entering care) of safety and wellbeing indicators would encourage an optimistic and affirmative approach for all involved as well as provide invaluable information about the child's progress over time and the performance of the system as a whole. Measuring outcomes of care is incorporated into the Child Protection Reform Roadmap (see Chapter 15).

Roles and relationship between department, foster care agencies and carers. Foster care agencies recruit, train, monitor and support most foster carers and some kinship carers. Under their licence, each agency is required to ensure that the foster carer is meeting the statement of standards and — with the implementation of the Human Services Quality Framework — will be subject to independent assessment against quality standards.

The issue of a possible conflict of interest, in relation to the then Department of Families's approval of foster carers, was raised by the 2004 CMC Inquiry and by submissions to this inquiry. In a market with low supply and high demand, the pressure to find carers is great and the difficulty of finding people with the right skill set, especially for children and young people with high needs, is greater. Hence, having recruitment, training and support undertaken by the same agency that also assesses and monitors creates a risk for both the agencies and the department. The decision-maker needs to be assured that sufficient rigour has been applied to the recruitment process to approve certification.

The department has not established quality standards for delivering foster care services as was recommended by the 2004 CMC Inquiry. Submissions have particularly raised the need for improved training and support for kinship carers. The expansion of the Community Visitor program to include foster care has provided an additional monitoring mechanism. However, as referred to earlier in this chapter, this potentially duplicates the role of foster care agencies. Child Safety officers are also frequently in contact with carers through their contact with children and young people, and so monitor standards of care.

The department's Statement of Commitment released in October 2012 promotes a partnership between the state and carers and recognises the integral part played by carers for the benefit of children. The statement commits the department to providing adequate support and information to carers and an accessible, prompt and fair review process when disputes occur. A similar commitment to licensed care services would clarify the responsibilities and obligations of each party. Annual feedback on the implementation of the commitment from departmental and non-government staff would inform managers about how well the department is achieving its strategic intent to maintain strong partnerships with non-government stakeholders and to value and respect foster and kinship carers.

The Commission proposes that the department should consider whether licensing of residential care services is necessary, considering contract management reforms and the independent monitoring regime now required under the Human Services Quality Framework.

Suitability checks

The legislation concerning checks on personnel involved with licensed care applications or services, or providing care services, is complicated and contradictory. Under the Child Protection Regulation:

> a person is a suitable person for having the custody or guardianship of a child, being a director of an applicant for a licence, a licensee, manager of a licensed care service or an approved foster or kinship carer, if the person:
>
> - does not pose a risk to the child's safety
> - is able and willing to care for the child in a way that meets the standards of care in the statement of standards
> - is able and willing to protect the child from harm
> - understands, and is committed to, the principles for administering the Act [ss.17–24]
> - a person is a suitable person to be a provisionally approved carer of a child if the person does not pose a risk to the child's safety and is able and willing to protect the child from harm [s. 24]
> - a person is a suitable person for associating on a daily basis with children or a particular child if the person does not pose a risk to the children's or child's safety [s. 25]
> - the chief executive or a court may consider the person's employment history, physical or mental health or any other matter relevant to deciding whether the person is a suitable person [s. 26].

The department has determined that a suitability check constitutes an assessment of child protection history, which may include a check with other states and New Zealand if the applicant has lived elsewhere in the previous five years. If there is no personal history, the check takes five to 10 days. Child protection history is assessed by a team of lawyers and may identify previous substantiated harm to children, traffic offences or domestic violence issues, which may trigger a request for further information. The legislation and a memorandum of understanding facilitate transfer of information between the Children's Commission and the

Queensland Police Service such as advising the person is no longer caring for a child or that there has been a change in criminal history.

The Criminal Screening Unit within the department considered 1,986 applications for suitability checks on foster carers in 2011–12 relating to 6,166 individuals in the carer households. Of these, 2,027 had a child protection history and one joint application was identified as unsuitable based on the history of one applicant.[131] The case was appealed in the Queensland Civil and Administrative Tribunal but then withdrawn. A high proportion of previous appeals have been upheld.

Previously, traffic offences were sought as part of the suitability check but the small number of applicants that were rendered unsuitable as a result led to a decision not to seek such information. It was reasoned that only serious traffic offences mattered and these would be identified as part of a person's criminal history. At this point in the application process, it is also not known if the role will involve transporting children so the information is not necessarily relevant. During the child protection check, the unit will advise the Children's Commission if domestic violence is identified as an issue. Further domestic violence information can be sought from the Queensland Police Service if there is a breach of a domestic violence order.

The department does criminal history checks on people working with people who have a disability (the yellow card) and urgent cases for foster care. An arrangement has been made to lodge a single form with the Children's Commission to cover an application that requires both a disability and a 'working with children' check. Other foster and kinship care applications are referred immediately to the Children's Commission so that checks can occur concurrently to avoid delay.

All suitable people are required to have, or to have applied for, a current positive prescribed notice or a current positive exemption notice (the blue card). The 'working with children' check by the Children's Commission uses criminal history data provided by the Queensland Police Service. The check includes spent convictions and a protocol through the Council of Australian Governments for sharing of interstate information.

If both the suitability check and the 'working with children' check are positive, an application for foster or kinship care proceeds to the region. The Child Safety service centre manager may outsource the process of determining if the applicant meets the statement of standards for a foster care agency but the region retains responsibility for approval of the application and granting a certificate. Thus, the application to be a foster carer requires three reviewable decisions, any or all of which can be appealed through the Queensland Civil and Administrative Tribunal. The recruitment of foster and kinship carers requires three reviewable decisions, any or all of which can be appealed through the Queensland Civil and Administrative Tribunal.

The drawn-out and complicated process to approve carers and care service personnel was identified as a barrier to recruitment by foster care service providers and peak bodies.[132] The role of care services and carers is pivotal in the child protection system and there is a reasonable public expectation for a level of scrutiny over selection of staff and carers because of the level of responsibility they have over children and young people in the privacy of residences and homes. The selection of foster carers, in particular, requires a high degree of confidence that they will care for children wisely and ethically.

Further consideration is needed, however, of the efficacy of basing the suitability check on child protection history considering the time involved, the invasion of personal privacy, and the low bearing the results have on improving safety for children. Along with a criminal history check, the focus on the statement of standards through interviews, referees and training may

be sufficient. If a suitability check is continued, assessors could make a recommendation to the regional decision-maker, to reduce the administrative burden of an additional reviewable decision.

Employment screening — 'working with children' checks

Since the Blue Card system was introduced in 2001, more than one million blue cards have been allocated in Queensland.

In 2011–12, 280,524 'working with children' checks were made, over 500,000 blue card holders were monitored daily and 296 prescribed negative notices were issued at a cost of $24 million.[133] An estimated 4 per cent related directly to checks of foster and kinship carers and those involved with licensed care services.

Criminal history checks are a recognised means of reducing risk to children and are conducted in each Australian jurisdiction. However, doubts were expressed by the Commission's advisory group about the cost–benefit of the Queensland scheme and the undue weight it is given in reducing risk, because it only identifies 'perpetrators who have not yet been caught'. The system is also seen as an inhibitor to foster and kinship carer applications, particularly in regard to requirements for household visitors. Peak Care proposed that more effective ways to educate children about risks are now being delivered to schools through the Daniel Morcombe Foundation. An alternative view was expressed that the scope should be expanded to include volunteers who are working in schools with their own children, a category that is currently exempt.

Under the government's six-month action plan, the Children's Commission is streamlining the current application process. Other jurisdictions have achieved considerable reduction in costs and approvals through automated online services. The Queensland Police Service conducts criminal history screening for the public service and so has ready access to the information required. The administration of an efficient, rationalised service that builds on the child-offender legislation should be established, taking into account additional information required for child protection services.

The revised system should be based on a balanced view of risk and downstream effects on community participation, with the intent being to screen out adults that have a relevant criminal or disciplinary history. In this case, foster carers would assume responsibility for protecting a child or young person in their care, as do parents, regardless of others living or visiting the place of residence. Other features of the system to be considered include:

- using a web portal (with no cards issued) that would allow employers and volunteer organisation to check online whether a person is authorised to work with certain groups
- combining criminal history checks for working with vulnerable people (for example, blue and yellow cards)
- exempting teachers and police through an automated validation process
- continuing the daily automated checking of current court matters
- determining whether a renewal period is necessary and, if so, making it five years or longer.

It is estimated that for the 80 per cent of cases with no criminal history and for the small number with disqualifying offences identified, the result would be immediate. For 20 per cent where there is uncertainty, evidence will be sought to determine the relevance of criminal history to working with vulnerable people, including spent convictions, disqualifying offences not resulting in imprisonment, charges dismissed and the impact of the mental health status of the person.

Consideration also needs to be given to the scope of the 'working with children' checks and their relative value considering the level of risk, alternative mitigations and likely unintended consequences. For example, the impact of treating children and young people in care differently from their peers should be taken into account. The system should be reviewed three years after implementation.

Managing contracts

The department allocates considerable funding to organisations to deliver child protection services under the *Family Services Act 1987*. In 2011–12 six organisations received over $10 million and three of these received over $20 million.[134] Additional allocations are made to intensive family support services under the *Community Services Act 2007.*

Service agreements specify the number and type of services required (the outputs) for the allocation, the performance measures and reporting requirements. Regional contract management teams monitor contracts through regular desktop audits derived from online reporting data and visits to services.

In a submission to the Commission, the Crime and Misconduct Commission raised concerns about risks associated with inadequate monitoring of outsourced services, especially if more services are outsourced. An interviewee pointed out that non-government services are not subject to right-to information legislation and do not have oversight by the Crime and Misconduct Commission or the Queensland Civil and Administrative Tribunal.[135] On the other hand, non-government organisations claim that services are currently over-monitored. Specific concerns are:

- differences in reporting requirements across program types
- inconsistency in requirements from departmental staff across programs and regions
- the continued requirement for input reporting, despite the promise to reduce red tape with the shift to output reporting.

The department is rolling out a series of reforms to consolidate contract management and reduce red tape and duplication. These include:

- introducing an account manager for organisations with large funding amounts across service types and regions
- standardising and simplifying service agreements and reporting requirements
- reducing the number of service agreements by listing outputs to be delivered on the one service agreement
- monitoring services based on a risk assessment, taking into account the vulnerability of the client, the type of service delivered, and the value of the service.

As a part of the reforms, the department has consolidated contract managers responsible for Disability, Community Services and Child Safety Services into one regional management team. The intention is to reduce the number of contract managers dealing with an organisation that has more than one service type by multiskilling the contract managers and reducing the number of monitoring visits required. Contract managers' lack of specialist knowledge about Child Safety practice requirements creates uncertainty for service providers and is a strategic risk that needs to be managed through mentoring and training.[136]

The department has rudimentary aggregated performance reporting of non-government services and is not able to assess unit costs in all programs or do comparative analysis of effectiveness. A standardised performance measurement framework — including demographic

data of participants, services provided, and outcomes achieved — would enable business managers to assess the value-for-money for each program in various locations and contexts.

The reforms to align contracting arrangements and to standardise and consolidate the management and monitoring of non-government services will yield considerable efficiencies for both the department and the non-government sector. As well as cost savings, the reforms will allow greater flexibility in moving clients across programs to meet their changing needs. These reforms need to be progressed as soon as possible, in consultation with the sector, to establish a consistent, understandable governance arrangement that reduces red tape while ensuring that there is accountability at operational and systemic levels. Training of regional staff is essential to achieve the benefits intended by the reforms.

Recommendation 12.16
That each department that funds community services to deliver child protection and related services work with the Office of Best Practice Regulation within the Queensland Competition Authority to identify and reduce costs of duplicate reporting and regulation. These departments should aim to adopt, standardise and streamlined reporting requirements and, where possible, access information from one source rather than requiring it more than once.

Recommendation 12.17
That the Department of Communities, Child Safety and Disability Services progress and evaluate red-tape reduction reforms, including:

- transferring employment screening to the Queensland Police Service and streamlining it further
- consider ceasing the licensing of care services
- streamlining the carer certification process including a review of the legislative basis for determining that carers and care service personnel do not pose a risk to children.

12.4 Overview

There is strong support for the external oversight mechanisms that were established during the first few years after the 2004 CMC Inquiry because these mechanisms have improved coordination and information flow and set expectations of accountability. However, with a more mature departmental structure today, the overlay of external monitoring has caused duplication and complexity, and added costs to government and non-government service providers.

Regular contact with children in care (which the 2004 CMC Inquiry had identified as a critical gap) has improved, both in frequency and quality, but individual advocacy for children and parents is still inadequate. There has been improvement in responding to children's immediate needs, but some systemic issues, such as common policies across agencies and adequate training and support in both the government and non-government sectors, have not been resolved.

Too much emphasis on monitoring compliance and measuring countable processes has diverted attention from measuring results. Although there is evidence of inter-agency cooperation, there is still an absence of a shared strategic direction supported by a whole-of-government structure.

Responsibility for all aspects of child safety continues to reside with Child Safety Services, rather than being shared across all relevant agencies. Child Safety can only deal with its

obligations under the Child Protection Act — responsibility for the effective functioning of courts, education services, adult community health, early childhood care, youth justice and policing lie elsewhere. Children and families who enter the child protection system remain clients within those agencies' strategic plans.

Every child protection inquiry within Australian jurisdictions, as well as the national framework for child protection, has espoused the mantra: 'Child protection is everyone's business'. This is obvious and needs to be more than rhetoric.

The new structure, recommended by this inquiry, places separate responsibility and performance outcomes with each agency for its role in child protection and places the overall responsibility for the child protection system (that is, the Child Protection Reform Roadmap detailed in Chapter 15) with the collective of agencies. This will need to be driven by senior executives with leadership from the central agency.

Throughout this report, there is a theme of changing the departmental culture from one of blame and powerlessness to one of professional pride in excellence, unleashing renewed energy and determination to improve practice and see much better outcomes for children at all stages in the system. Such cultural change needs to be driven and supported by leaders at all levels — with a shared vision of what constitutes good practice and an urge to find ways to achieve it. It is high time for the independent oversight body to move from a monitoring and investigating role to becoming a champion at a systemic level, using its cross-agency status and strengthened research and policy expertise to build the capacity of the whole sector with a focus on positive outcomes and progress towards the goals of the Child Protection Reform Roadmap.

Much has been learnt from the work of the Children's Commission in the period since the 2004 CMC Inquiry. After that Inquiry the Children's Commission increased its functions in part to make up for a vacuum in the capacity of the former Department of Families. This chapter has highlighted the improvement in corporate governance within the department as a result, and the strong checks and balances that have been developed across the public service since that time, reducing the need for a second tier approach for complaints and child-death reviews, while maintaining an external viewpoint. In keeping with the 'taking responsibility' theme of this report, the Commission considers it is time for each department to take responsibility for ensuring that it meets its legislative obligations using sound quality systems, backed up by independent, generalist oversight bodies including the Ombudsman, the Coroner, the Crime and Misconduct Commission, the Public Service Commission and the Queensland Audit Office.

Individual advocacy was identified as a major gap in both previous inquiries and the Commission has found it continues to be inadequate. The expanded Community Visitor program ensured contact with children and dealt with many day-to-day issues. However, the Commission proposes to direct the visiting program towards children at higher risk, as was originally recommended by the 2004 CMC Inquiry, so that funds are available for child advocacy hubs with legal and mediation experience. The child and youth advocacy hubs would act as a focal point for facilitating a collaborative working relationship with other supports including youth legal advocates, community-based advocacy organisations/entities (such as the CREATE Foundation and Youth Advocacy Centre Inc.), with legal and mediation expertise. These would be positioned in the Child Guardian's role (within the Public Guardian of Queensland).

There are currently three Child Safety complaints mechanisms as well as the appeal option through the Queensland Civil and Administrative Tribunal. Best practice in complaints management is for the complaint to be heard closest to the point at which the event occurred so that it can be rectified as quickly as possible. The Ombudsman provides a second course of

action if complainants are not satisfied. Hence the third avenue through the Children's Commission is no longer necessary. However, there is work to be done by the department to gain public confidence in the integrity of its complaints processes, and other agencies need to make their complaints mechanisms more accessible to children in the child protection system.

A major function within the Children's Commission has been to conduct 'working with children' (blue card) checks. This is now an established administrative, community safety function that would best be handled closer to the source of the information within the Queensland Police Service, alongside other criminal history checking processes. The scope and costs associated with the checks are much greater than other Australian jurisdictions and have an unintended impact on the availability of kinship carers in Aboriginal and Torres Strait Islander families. The blue card system needs to be streamlined, automated and focused on the intent to ensure that people with relevant criminal history do not come into close contact with children.

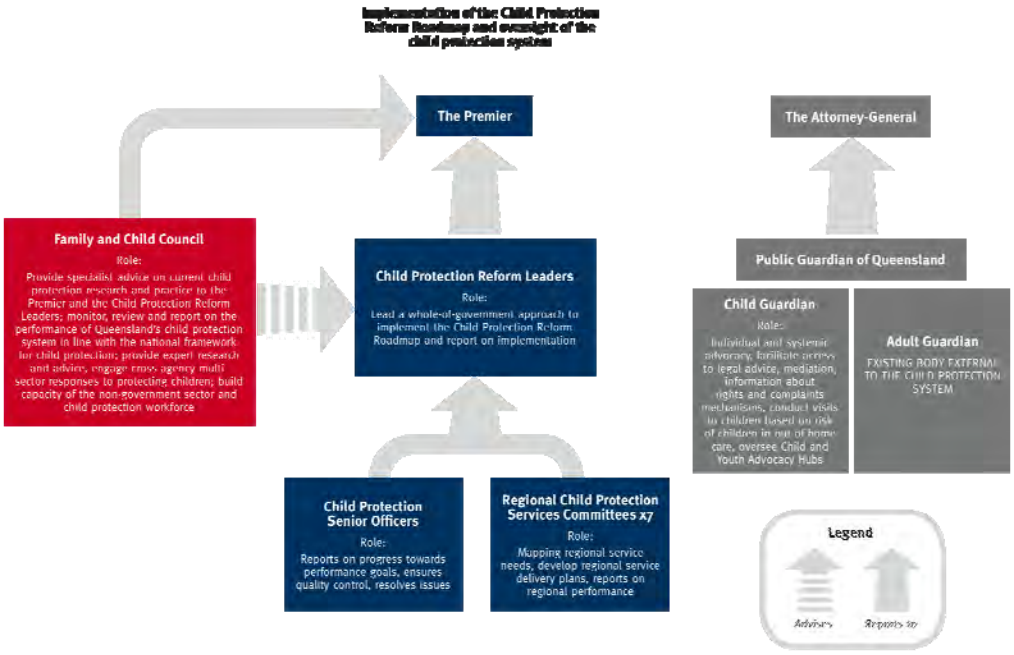
Overall, the Commission considers that there is no longer a need for the Children's Commission to be retained in its current form. Some of its functions will be carried out by the smaller Family and Child Council and the refocused Child Guardian while other functions will be carried out by departments, the Queensland Police Service and other existing oversight bodies, as set out in Table 12.6.

The proposed new oversight system is depicted in Figure 12.1 (next page).

Table 12.6: Oversight mechanisms (current and new)

Current body	New body
—	Child Protection Reform Leaders group
Child Safety Directors Network	Child Protection Senior Officers
Commission for Children and Young People and Child Guardian	Family and Child Council Child Guardian with Public Guardian of Queensland
Informal interagency networks	Regional Child Protection Service Committees
Child Protection Partnership Forum	Stakeholder advisory group
Functions of the current Children's Commission will be undertaken as follows:	
Systemic research	Family and Child Council
Systemic advocacy	Family and Child Council
Performance monitoring	Family and Child Council
Capacity building	Family and Child Council
Investigations	departments, oversight by Ombudsman
Monitoring of operations	departments, oversight by Queensland Audit Office and Courts
Complaints	departments, oversight by Ombudsman
Child Guardian	Child Guardian within Public Guardian of Queensland
Community Visitor program	Child Guardian within Public Guardian of Queensland
'Working with children' checks	Queensland Police Service
Child Death Review Committee	Department of Communities Child Safety and Disability Services (with external review commitee)

Figure 12.1 The proposed new oversight system is depicted in Figure 12.1 below



Endnotes

[1] Service Delivery and Performance Commission 2008, *Strengthening performance management in the Queensland public sector,* Queensland Government.

[2] McLellan, J 2009, 'New challenges in public sector governance', *Keeping good companies*, vol. 8, pp. 466–470.

[3] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. xiii.

[4] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 158.

[5] McDowall, J 2013, *Experiencing out-of-home care in Australia: the views of children and young people (CREATE report card 2013)*, CREATE Foundation, Sydney.

[6] Children's Commission 2012, *Queensland Child Guardian key outcome indicators update: Queensland child protection system 2008–11*, Commission for Children and Young People and Child Guardian.

[7] DCCSDS 2013, *Our performance*, Queensland Government, viewed 18 June 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance›.

[8] Several indicators are being developed to report against the National Child Protection Framework from 2016.

[9] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra, Table 15A.6.

[10] Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Productivity Commission, Canberra, Table 15A.2, 15A.

[11] This is because Child Safety was a separate department from 2004 to 2008.

[12] The directors-general coordinating committee was set up to oversee implementation of the 2004 reforms. The Child Safety Directors Network reported to it.

[13] The Child Guardian Key Outcome Indicators are based on eight domains: effective assessment; appropriate interventions; safe out-of-home care; best health possible; best education possible; stable out-of-home care; individual needs met; successful reunifications.

[14]The Productivity Commission's activity-based costing project will measure efficiency through eight activity areas.

[15] Council of Australian Governments 2009, *Protecting children is everyone's business – National Framework for Protecting Australia's Children 2009–2020*, Commonwealth of Australia, Canberra.

[16] The only review of oversight functions undertaken in the last five years is a review of employment screening undertaken by Pandanus Consulting on behalf of the Children's Commission.

[17] Statement of Julie Bray, 17 December 2012; Submission of Family Inclusion Network (Townsville), March; Submission of Name withheld.

[18] Bird, J 2011, 'Regulating the regulators: accountability of Australian regulators', *Melbourne University Law Review*, vol. 35, no. 3, pp. 739–744.

[19] The creation of the Department of Child Safety was one of the recommendations of the CMC inquiry.

[20] Meeting of Child Safety Directors' Network, 2010–2012.

[21] Meetings with child safety directors, January 2013.

[22] Submission of Office of the Public Advocate, March 2013 [p1].

[23] Meetings with departmental senior staff, January 2013.

[24] Submission of ACT for Kids, March 2013 [p2].

[25] The department has adapted the model instigated by the Queensland Police Service in 2004 to focus attention on operational performance, improve operational effectiveness and encouraging the development of continuous improvement: Queensland Police Service 2004, *Office of the Commissioner*, viewed 14 June 2013, ‹http://www.police.qld.gov.au/aboutUs/the_service/structure/ootc/›.

[26] Transcript, David Bradford, 30 October 2012, Ipswich [p49: line 28].

[27] National Child Welfare Workforce Institute 2011, *Childstat: leading systems-level improvements based on case-level experiences*, Webinar, National Child Welfare Workforce Institute, viewed 17 June 2013, ‹http://vimeo.com/29793494›.

[28] Submission of Name withheld; Submission of Ethnic Communities Council of Queensland, March 2013.

[29] Submission of Ethnic Communities Council of Queensland, March 2013.

[30] Meetings with peak bodies and service providers, January–February 2013.

[31] Cashmore, J & O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, pp. 10–15.

[32] Centre for Excellence in Child and Family Welfare Inc. 2011, *Their voice: involving children and young people in decisions, services and systems*, Melbourne.

[33] Cashmore, J & O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, pp. 10–15.

[34] Australian Law Reform Commission 1997, *Seen and heard: priority for children in the legal process*, Commonwealth of Australia.

[35] Meetings with child protection advocacy organisations and peak bodies, January 2013.

[36] *Guardianship and Administration Act 2000* (Qld) s. 5.

[37] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 160.

[38] Cashmore, J & O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, p. 10.

[39] Children's Commission 2012, *Annual report: Commission for Children and Young People and Child Guardian 2011–12,* Commission for Children and Young People and Child Guardian, Brisbane, p. 40.

[40] 81 per cent of young people rated the community visitor as helpful; 96 per cent of young people reported they can talk to their community visitor all or most of the time: Children's Commission 2012, *2011 views of children and young people in foster care survey*, Commission for Children and Young People and Child Guardian, p. 17.

[41] Meeting with service centre managers, 30–31 January 2013; Meeting with regional director, 21 January 2013; Meeting with regional executive director, 30 January 2013.

[42] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p71].

[43] Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne, p. 515.

[44] Submission of Queensland Council for Grandparents Inc and KinKare, March 2013.

[45] Submission of PeakCare Queensland Inc., March 2013 [p61].

[46] Submission of Youth Advocacy Inc., October 2012.

[47] Meeting with representative from child protection advocacy organisation, 24 January 2013.

[48] The standard is based on a decision of the House of Lords in the case *Gillick v West Norfolk and Wisbech Area Health Authority* [1985] 3 All ER 402.

[49] In a case commonly known as Marion's Case: *Department of Health and Community Services v JWB and SMB* (1992) 175 CLR 218.

[50] For an example see: Department of Health (United Kingdom) 2002, *National standards for the provision of Children's advocacy services*, Department of Health (United Kingdom).

[51] Weithorn, L 1983, 'Involving children in decisions affecting their own welfare', in Melton, G, Koocher, G & Saks M (eds.), *Children's competence to consent*, Plenum Press, USA, pp. 235–260, in Cashmore, J & O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, pp. 10–15.

[52] Response to summons, Commission for Children and Young People and Child Guardian.

[53] 3p Consulting 2011, *Children's Visitor pilot evaluation,* Commissioner for Children, Tasmania.

[54] Submission of Family Inclusion Network (Townsville), March 2013 [p22].

[55] Reviewable decisions as listed in Schedule 2 of the Child Protection Act include decisions about reviewing a case plan, placement decisions, informing parents about the placement, child's contact with parents or family, licence applications, certificate of approval as an approved foster carer or kinship carer, suspensions; and in the Commission for Children, Young People and the Child Guardian Act decisions about screening for regulated employment and regulated businesses.

[56] Braithwaite, V, Harris, N & Ivec, M 2009, 'Seeking to clarify child protection's regulatory principles', *Communities, Children and Families Australia*, vol. 4, no. 1, pp. 7–23; Cashmore, J 2009, 'Relational aspects in the regulation of systems for protecting children', *Communities, Children and Families Australia* vol. 4, no. 1, pp. 31–35.

[57] Survey, departmental staff (response from a team leader).

[58] Meeting with Assistant Ombudsman, 21 January 2013.

[59] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 158.

[60] Public Service Commission 2006, *Complaints management systems*, *directive no. 13/06*, Queensland Government.

[61] Standards Australia 2006, *Customer satisfaction – guidelines for complaints handling in organisations*, Standards Australia.

[62] Meeting with Assistant Ombudsman, 21 January 2013.

[63] DCCSDS 2011, *Operational procedure: complaints management procedure*, Queensland Government.

[64] Response to summons, Department of Communities, Child Safety and Disability Services, December 2012.

[65] Submission of Family inclusion Network (Brisbane), March 2013.

[66] Meeting with Commission's advisory group, 2 November 2012.

[67] Submission of Youth Advocacy Centre Inc., March 2013 [p13].

[68] Submission of Family Inclusion Network (Brisbane), January 2013 [p23].

[69] Meeting with service centre manager, 30 January 2013.

[70] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p67].

[71] Meeting with Director of Complaints, Department of Communities, Child Safety and Disability Services, 22 January 2013.

[72] Response to summons, Department of Communities, Child Safety and Disability Services, November 2012.

[73] Response to summons, Commission for Children and Young People and Child Guardian, 17 February 2013 [p13].

74 An administrative action of an agency includes – (a) an administrative action taken by, in or for the agency; and (b) an administrative action taken by or for an officer of the agency; and (c) an administrative action taken for, or in the performance of functions conferred on, an agency, by an entity that is not an agency.

[75] Public Service Commission 2006, *Complaints management systems*, *directive no. 13/06*, Queensland Government.

[76] *Commission for Children and Young People and Child Guardian Act 2000* (Qld) ch. 3, 4.

[77] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p95].

[78] Ombudsman: An investigation into the adequacy of the actions of certain government agencies in relation to the safety of the late Brooke Brennan, aged three, May 2002; An investigation into the adequacy of the actions of certain government agencies in relation to the safety, wellbeing and care of the late baby Kate, who died aged 10 weeks, October 2003.

[79] Submission of Child Death Case Review Committee, September 2012 [p3].

[80] Exhibit 189, Submission of Department of Justice and Attorney General, March 2013 [p33].

[81] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p113].

[82] Meeting with Coroner, 25 March 2013.

[83] Submission of Child Death Case Review Committee, September 2012 [p5].

[84] Meetings with departmental senior executive, directors, service centre managers, team leaders, January 2013.

[85] Connolly, M & Doolan, M 2007, 'Responding to the deaths of children known to child protection agencies', *Social Policy Journal of New Zealand,* vol. 30, pp. 1–8.

[86] Connolly, M & Doolan, M 2007, 'Responding to the deaths of children known to child protection agencies', *Social Policy Journal of New Zealand,* vol. 30, pp. 1–8.

[87] Queensland Health, *Root Cause Analysis Forms and Clinical Incident Management*, Queensland Government, viewed 17 June 2013, ‹http://www.health.qld.gov.au/psq/html/rca_forms.asp›.

[88] Meeting with departmental director, 21 January 2013.

[89] Submission of Child Death case Review Committee, September 2012 [p13].

[90] Meeting with departmental director, January 2013.

[91] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 144.

[92] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's protecting children report*, Brisbane.

[93] Meetings with service centre managers and regional executive director, January 2013.

[94]Meetings with recognised entities and service providers.

[95] Head, B 2006, *Effective collaboration*, Australian Research Alliance for Children & Youth, Canberra.

[96] Australian Research Alliance for Children and Youth 2009, *Advancing collaboration practice: fact sheets 1 to 13*, viewed 18 June 2013, ‹http://www.aracy.org.au/search?command=search&search_terms=collaboration›.

[97] Price-Robertson 2012, *Interagency collaboration: always the best option?*, Child Family Community Australia, Australian Institute of Family Studies, viewed 17 June 2013, ‹http://www.aifs.gov.au/cfca/about.html›.

[98] Munro, E 2011, *The Munro Review of Child Protection: final report – a child-centred system*, Department of Education, London, United Kingdom.

[99] Queensland Government 2011, *Performance management framework reference guide: better practice guide for measuring client satisfaction*, Department of the Premier and Cabinet.

[100] Australian Bureau of Statistics 2009, *Community services, 2008–09*, viewed on 18 June 2013, ‹http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/8696.0Main+Features12008-09?OpenDocument›; Health and Community Services Workforce Council 2012, *Community services sector: industry skills and workforce, development report: June 2012*, Brisbane.

[101] Norton, M 2010, *The Queensland community services sector,* Queensland Council of Social Service, Brisbane.

[102] Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government, Canberra.

[103] Meeting with three peak bodies, an academic, departmental senior officer.

[104] Tilbury, C 2006, 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration* vol. 65, no. 3, pp. 48–61.

[105] Meeting with Aboriginal elder in a representative child protection role, January 2013.

[106] Crane, P & O'Regan, M 2010, *On PAR: using participatory action research to improve early intervention*, Department of Families, Housing, Community Services and Indigenous Affairs.

[107] Submission of Dr Ben Mathews, 12 September 2012 [p7].

[108] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 4.

[109] Munro, E 2011, *The Munro Review of Child Protection: final report – a child-centred system*, Department of Education, London, United Kingdom, pp. 6, 20.

[110] Healy, J 2011, *Improving health care safety and quality: reluctant regulators*, Ashgate Publishing Ltd, United Kingdom, p. 61.

[111] Funnel, S & Rogers, P 2011, *Purposeful program theory: effective use of theories of change and logic models*, Jossey Bass, USA; Kurtz, C & Snowden, D 2003, 'The new dynamics of strategy: sense making in a complex and complicated world', *IBM systems journal*, vol. 42, no. 3, pp. 462–483; Patton, M 2010, *Developmental evaluation*, Guilford Press, New York.

[112] Healy, J 2011, *Improving health care safety and quality: reluctant regulators*, Ashgate Publishing Ltd, United Kingdom, p. 142.

[113] Munro, E 2011, *The Munro Review of Child Protection: final report – a child-centred system*, Department of Education, London, United Kingdom, pp. 40, 43.

[114] Munro, E 2011, *The Munro Review of Child Protection: final report – a child-centred system*, Department of Education, London, United Kingdom, p. 44.

[115] Healy, J 2011, *Improving health care safety and quality: reluctant regulators*, Ashgate Publishing Ltd, United Kingdom.

[116] Gibbs, J, Dwyer, J & Vivekananda, K 2009, *Leading practice: a resources guide for child protection frontline and middle managers*, Child Protection, Victorian Government Department of Human Services.

[117] Hess, P, Kanak, S & Atkins, J 2009, *Building a model and framework for child welfare supervision*, Children's Bureau, US Department of Health and Human Services, p. 31.

[118] Submission of Family Inclusion Network (Townsville), March 2013 [p21].

[119] Submission of Family Inclusion Network (Townsville), March 2013 [p22].

[120] DCCSDS 2012, *2011–-12 Annual report*, Queensland Government, p. 135.

[121] Submission of UnitingCare Community, Mercy Family Services and Churches of Christ Care, March 2013; Submission of PeakCare Queensland Inc., March 2013; Submission of Ethnic Community Council of Queensland, March 2013.

[122] Submission of Ethnic Community Council of Queensland, March 2013.

[123] Submission of Name withheld.

[124]Submission of UnitingCare Community, March 2013 [p15: para 76].

[125] The independent assessments during this period were based on Child Safety's 11 standards. From February 2013, the Human Service Quality Framework is being implemented with 6 common standards across human services. The new framework includes meeting the statement of standards in the Child Protection Act.

[126] Department of Communities 2011, *Out of home care services licensing manual*, Queensland Government, Brisbane.

[127] Response to summons, Department of Communities, Child Safety and Disability Services, 5 April 2013.

[128] Meeting with chief executive of large non-government service provider, January 2013.

[129] Submission of UnitingCare Community, March 2013 [p15: para 75].

[130] Submission of Ethnic Community Council of Queensland, March 2013.

[131] A child protection history may include substantiated and unsubstantiated outcomes including in the following circumstances:

- where the individual was not the perpetrator of harm, but simply named in the event
- where information about the individual was received by the department but not investigated further
- where an investigation about the individual was undertaken
- where the individual applicant or adult household member had been harmed as a subject child
- where the individual was a child household member where abuse (such as domestic and family violence) had occurred to another person
- where the individual as a child under 18 was the perpetrator of harm to another child.

[132] Submission of PeakCare Queensland Inc., March 2013; Submission of PeakCare Queensland Inc., October 2012; Submission of Foster Care Queensland, March 2013; Submission of Foster Care Queensland, 11 January 2013; Submission of Foster Care Queensland, 15 August 2012.

[133] In addition, 57 blue cards were suspended, 439 applications were withdrawn, 67 applications were invalid and 7 eligibility declaration so were refused.

[134] Queensland Government 2013, *Grants funding paid to organisations from Department of Communities, Child Safety and Disability Services 2011–2012*, viewed 18 June 2013, ‹ https://data.qld.gov.au/dataset/grants-funding-paid-to-organisations/resource/d64161f3-5648-4bc9-ac5c-db480fb71573›.

[135] Meeting with departmental senior executive officer, January 2013.

[136] Meetings with service centre manager, peak body and departmental senior officer.

Chapter 13
Children and the legal system

The decisions made by the Childrens Court of Queensland and the Queensland Civil and Administrative Tribunal are of critical importance because they can have far-reaching effects on a child's life. This chapter explores how the functions of these two bodies can be improved to better meet the needs of children and families, including giving children an audible voice in what happens to them.

13.1 Overview

Child protection law by its nature is intrusive. It interferes with and sometimes reallocates rights and responsibilities. It is an area of law that involves resolving the tension between, on the one hand, the superior power and resources of the state and, on the other, the private needs of individuals who often feel powerless in a confusing and frightening system. Many families involved in court or tribunal processes have one or more characteristics of social disadvantage or vulnerability: poverty, lack of education, inadequate housing, social isolation, intellectual disability, mental illness, family violence, or drug and alcohol abuse. Such disadvantage is compounded by the absence of good legal representation in what can be an adversarial process.

The decisions made by the Childrens Court of Queensland and the Queensland Civil and Administrative Tribunal are of critical importance because they can have far-reaching effects on a child's life — yet, this area of law does not currently have the status, jurisprudence or legal aid funding that is afforded to federally funded private family law matters involving disputes between private individuals. This chapter highlights the need for:

- new processes for managing cases in the Childrens Court
- greater specialisation among the judiciary and, linked with this, improved resources for judicial decision-makers and improved judicial education
- adequate legal representation for all parties in a statutory child protection intervention
- additional issues relevant to the Childrens Court including the capacity to make additional orders
- a more robust review function by the Queensland Civil and Administrative Tribunal.

13.2 New case-management processes in the Childrens Court

There are various preparatory steps in litigation before a trial can start. These steps are designed to identify the issues in dispute and to develop the evidentiary basis for court decision-making. They are:

1. application and response
2. discovery of relevant information (through exchange of documents, process of subpoena or affidavit evidence)
3. obtaining of expert opinion
4. interim determination of issues
5. opportunities for resolution between the parties without the court needing to make a decision.

Each step takes time, and so can delay the litigation; but avoidable and undue delay is unacceptable in child protection. The courts, while ultimately existing to deliver a just outcome in a case, have a duty to minimise delay and costs for the parties involved in litigation.[1]

For this reason, courts have implemented systems for managing cases. These are referred to as case-management systems in the context of the courts (and are distinct from the case management by the department described in Chapter 7 of this report). The system dictates the steps that must occur within specified timeframes. The enforcement of these timeframes occurs through either administrative case management or specific case management by a judicial officer. In child protection proceedings, time is of the essence because the child ages fast through the process and may be disadvantaged by delay.

Yet there are no specific processes (that is, rules of court, case-management systems, or practice directions) to ensure that child protection proceedings are managed as quickly as possible. The Commission's discussion paper asked whether a judicially led case-management process should be established for child protection proceedings and, if so, what the main features of such a regime would be.[2]

In response, one solicitor described the timeframes currently associated with the typical steps in an application for a child to be placed in the care of the chief executive:

6. First mention — apply for 28-day temporary order
7. Adjourn for further 28-day order (first and only extension)
8. First mention on fresh application for short-term order (adjourned for 3 weeks to seek legal advice)
9. Second mention to adjourn for a case plan (2 to 3 months)
10. Third mention to assign separate legal representative or direct representative (2 months)
11. Fourth mention adjourn for 2 to 5 months so contact can be arranged or monitored
12. Fifth mention adjourn for 4 to 5 months for psychological report, if needed
13. Sixth mention adjourn for court-ordered conference (2 to 3 months as takes time to find convenor)
14. Seventh mention trial dates (4 to 5 months for trial date).[3]

This solicitor argued that, where applications are contested, the period between the date a child is removed and the trial date is typically 12 to 18 months but can stretch to two years.[4]

A respondent to the Commission's survey of legal practitioners noted that, where the application is for a one- or two-year order, a year can pass before there is even a trial date.[5] In the case files the Commission examined of children who had been subject to a series of interim orders over a lengthy period, delays of this nature were common, even though the actual order being sought was for one to two years. In one case, where a short-term order was being sought in relation to the youngest child of a family, there were 12 mentions (adjournments) over a period of 24 months.

The Commission has learnt that the Childrens Court President, the Chief Magistrate, the Childrens Court magistrate, individual magistrates and the legal profession all support developing a case-management system specifically for child protection. Other stakeholders also support a case-management system.[6]

The success of any system will depend on whether members of the judiciary are prepared to show leadership and enforce new procedural rules and time limits. Introducing new case-management processes in the child protection jurisdiction is complicated by the fact that the Childrens Court exists in a two-tiered structure: governance is split between the President of the Childrens Court and the Chief Magistrate.[7] By contrast, the two-tiered structure appears to have provided benefits in youth justice (criminal) matters.[8] The department suggests:[9]

> ... providing greater clarity about the leadership of the Childrens Court and the relationship between the Childrens Court of Queensland and the 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.[10]

Currently, only the President may issue directions of general application for the Childrens Court, and a Childrens Court magistrate or a magistrate can issue directions for a 'particular case'.[11] This means that neither the Chief Magistrate, a Childrens Court magistrate nor a magistrate can establish standard directions to apply in child protection proceedings, although the legislation provides the framework for proceedings in section 59 of the *Childrens Court Act 1992*.

The Chief Magistrate has recommended that legislation confer power on that office (subject to consultation with the President) for the orderly and expeditious exercise of the jurisdiction of the Childrens Court, when constituted by a Childrens Court magistrate or other magistrate. Such power would also need to have regard to the orderly and expeditious exercise of the jurisdiction of the Magistrates Court generally. There would need to be legislative powers to direct the work of a Childrens Court magistrate; a power to issue directions of general application for proceedings conducted by Childrens Court magistrates or magistrates; and specific rule-making power. In the interim, the President has advised that he believes that practice directions and rules should be developed to introduce greater rigour in the presentation of the applicant's material.[12]

It was implicit in many of the submissions that supported a judicially led case-management system that any case management should use a docket system (managed by an individual judicial officer from commencement to trial). The Youth Advocacy Centre supported a case-management process for reasons of consistency and 'so that people do not have to constantly

be involved in a re-telling of their issues every time they go to court. The parties may be more confident in the process and the outcome if they can see one person has heard and understood all of the issues'.[13] Some submissions suggested that a judicially led process might delay some matters and expedite others.[14]

In some locations with one magistrate, a docket system already applies. In centres where there is more than one magistrate, it will be appropriate in some cases for the Childrens Court magistrate to case manage the application and the final hearings. In other cases, it will not — for example, where a party considers that the magistrate has shown bias or predetermined issues in the procedural steps. The precise way that the caseload will be managed in each centre will be worked out among the magistrates.

The Queensland Law Society supports the development of a judicially led case-management process for child protection proceedings. The Society calls for the following key features:[15]

- a body of practice directions and case-management processes to deal with operational issues
- legislative reform to enhance case management for court-ordered conferences
- an approach that would allow an opportunity in the early stages to either avoid proceedings through a mediated outcome or resolve proceedings very early; and would allow another opportunity to resolve the matter when all evidence has been filed with the court
- an approach that is child-inclusive and provides meaningful opportunities for alternative dispute resolution
- improved inquisitorial role of the Childrens Court, which would underpin a proactive case-management approach.

Legal Aid Queensland supports the introduction of this model and submitted that the establishment of a case-management process (supported by rules of court and practice directions) would be the 'most significant improvement' to the child protection court process. The main features of such a system would be:[16]

- early identification and location of parties and relevant non-parties and the joining of applications
- early consideration of the need for legal representation for parents
- early resolution of issues, including obtaining directions in relation to disclosure and the need for obtaining expert assessments and reports such as medical, psychiatric and social assessment reports
- guidance on the identification of non-parties who can make submissions under section 113 of the Child Protection Act.

Bravehearts submitted that the processes should support families, gather information and provide specialised assessments; and that there should be specialised training for court officers and personnel.[17]

The Commission is of the view that the case-management system should be developed by the judiciary in consultation with regular participants in the child protection system. Importantly, the judiciary needs to play a leading role in developing the rules of court underpinning the case-management system.

In developing this system, the Commission believes adjournments should not occur without a specific child protection purpose (not including the purpose of amending a case plan) and productive outcome. There should be no provision to roll-over short-term custody or

guardianship, unless for a stated evidence-based, court-supervised child protection purpose and outcome. The Act should be amended to prohibit the making of one or more short-term orders that extend in total beyond the period of two years from the time proceedings were commenced, unless the court is reasonably satisfied that it is in the best interests of the child to do so. In considering if it is in the best interests of the child, the court should ask itself whether or not what is proposed is the least detrimental option from the child's perspective.

Also, the court should be free to dispense with particular steps in the court process, such as the convening of a compulsory conference, if it considers it appropriate.

Further, the Commission considers that, as part of the case-management process, the court should be able to give enforceable directions to a parent to undertake testing, treatment or programs, or to refrain from living at a particular address. Some courts are already making similar orders as part of the individual case management of matters. The Commission considers that statutory amendments should be made to permit the making of these interim orders. The purpose of this order is to provide the parent with an opportunity to participate in treatment or a support program. The extent to which the parent complies should be a matter that the court can take into account in deciding whether to make a child protection order.

The Commission has learnt that there has been a long-term project to develop new Childrens Court Rules.[18] This project needs to be steered by the judiciary, rather than involving the judiciary as stakeholders. In particular, the President of the Childrens Court has the specific statutory role of agreeing to the rules.[19] The draft Childrens Court Rules 2012 made available to the Commission in response to a summons do not attempt to establish a case-management system.

The Commission recommends that the case-management system include both a standard approach and an intensive approach for complex situations. In examining case files of children who had been the subject of short-term orders for a period of more than 10 years, the Commission found that the files related to the family rather than the individual child, and that all families reviewed had multiple children subject to various orders over long periods. Such families are complex and their composition changes over time, as do the needs of the individual children.

An analysis of the files indicates that the current incremental approach — whereby a court deals with applications for a child generally on an individual basis and sometimes together (but a party must request this) — is not ideal. This is particularly so where younger siblings are left to drift under short-term orders that are continued from court mention to court mention, sometimes for much longer periods than the orders sought.

The consequence of the current approach is that the needs of siblings and half-siblings are determined by courts on separate occasions and in different locations, even though the needs of children can be interrelated and competing — and sometimes contradict the principles of the legislation. The priorities of the legislation (for example, reunification) may need to be displaced so that siblings remain together.

An approach that has been used with some families is to use a single senior practitioner from the department to manage all of the children, wherever they are in Queensland. In addition, in these complex families, the court should be managing the applications for the children together, where possible and appropriate.

The Child Protection Act does not seem to envisage this level of intervention by a court. Sections 114 and 115 will require amendment to allow a court to transfer applications so they can be heard together, if it is in the interests of the children (not the application of a party).

Recommendation 13.1
That the Department of Justice and Attorney-General establish the Court Case Management Committee to develop a case-management framework for child protection matters in the Childrens Court.

The committee should be chaired by the Childrens Court President and include the Chief Magistrate and representatives of the Department of Justice and Attorney General, Legal Aid Queensland and the Queensland Law Society, the proposed Official Solicitor (or other senior officer) of the Department of Communities, Child Safety and Disability Services (see rec. 13.16) and the proposed Director of Child Protection (see rec. 13.17).

Recommendation 13.2
That the proposed case-management framework include:

- the stages, timeframes and required actions for the progress of matters, including any necessary special provisions to apply to complex matters (for example, those in which there may be multiple children the subject of orders)
- the ability for the Court to give directions to a parent to undertake testing, treatments or programs or to refrain from living at a particular address. The extent to which the parent complies should be considered by the Court in deciding whether to make a child protection order.

The Chief Magistrate and the President of the Childrens Court should support the case-management framework and develop necessary Practice Directions.

Recommendation 13.3
That the Attorney-General and Minister for Justice propose amendments to the *Childrens Court Act 1992* and the *Magistrates Act 1991* to clarify the respective roles of the President of the Childrens Court and the Chief Magistrate to:

- give the Chief Magistrate responsibility for the orderly and expeditious exercise of the jurisdiction of the Childrens Court when constituted by Childrens Court magistrates and magistrates and for issuing practice directions with respect to the procedures of the Childrens Court when constituted by magistrates, to the extent that any matter is not provided for by the Childrens Court Rules - this should be done in consultation with the President of the Childrens Court
- ensure that the powers and functions of the Chief Magistrate extend to the work of Childrens Court magistrates and magistrates.

Recommendation 13.4
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to:

- forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application unless it is in the best interests of the child to make the order (subject to any proposed legislative amendment to the best interests principle arising from rec. 14.5)
- allow the Court to transfer and join proceedings relating to siblings if the court considers that having the matters dealt with together will be in the interests of justice.

Introduce a departmental duty of disclosure

In civil disputes, disclosure is a pre-trial phase in which the parties to litigation (called a proceeding) exchange essential documentary information so as to provide part of the evidentiary base on which the trial will be conducted. Not all documents are exchanged and there are grounds on which a party to a litigation can refuse to provide information — for example, because the document is the subject of some kind of privilege (often this relates to legal professional privilege).

Disclosure has been an accepted part of civil procedure for centuries. It has been more recently introduced into criminal practice in Queensland. Under section 590AB of the Criminal Code the prosecution must disclose all evidence on which the prosecution intends to rely in the proceedings and all things in the prosecution's possession (other than where this would be unlawful or contrary to the public interest) that would tend to help the case for the accused person. The obligation is a continuing one and is supported by processes outlined in the Criminal Practice Rules. As in civil procedure, not all documents need be disclosed. Importantly, where disclosure would be unlawful or contrary to the public interest, it need not occur. Examples would be the name of an informant who would be punished if their identity was revealed, details about ongoing covert police operations, or the location and identity of protected witnesses.

There is currently no procedure in child protection litigation for the routine disclosure of relevant information held by the parties. Stakeholders have expressed support for proper disclosure and have also pointed out that, for any proposed case-management framework to work, it depends on disclosure. Legal Aid Queensland says: [20]

> In the absence of any Childrens Court Rules providing for disclosure, there is no acknowledgement by the department that it is subject to a general duty of disclosure. It is LAQ's submission that a comprehensive disclosure regime should be developed under the Childrens Court Rules as part of a court case-management process. The disclosure regime should be designed to be as simple as possible and provide for maximum disclosure of information to parties to child protection litigation, as would be expected of the State as a model litigant, and this should not utilise subpoenas nor should it be dependent on a request made pursuant to s.190 of the Act. Rather, it should rely on an implied undertaking that binds the parties to the litigation and to the court.

The Queensland Law Society observes:[21]

> The Society knows of no other litigation involving the State acting as a model litigant that requires a party to the dispute to subpoena the model litigant for disclosure of material that is relevant to the dispute/litigation. It is concerning that an application can be brought against a person, and that person does not have the right to have the full details and supporting documentation. We consider that this brings into question issues of natural justice and procedural fairness in these important matters.

In the absence of a disclosure regime, child protection proceedings are conducted largely on the basis of affidavit evidence sworn to by Child Safety officers. This affidavit material often relies on hearsay rather than direct evidence from original sources. In addition, the department may have additional, relevant information that is not part of the affidavit evidence. To obtain access to this departmental information, parties must issue a subpoena under section 27 of the Childrens Court Rules 1997. (It should be noted that there is an administrative arrangement at present that does allow the separate representative to search the relevant file of the department.[22])

The Department of Justice and Attorney-General supports a broader disclosure regime and proposes that the Child Protection Act should be amended to provide a clear statutory power to disclose information and documents without the need for subpoenas. It proposes a provision similar to section 93 of the Childrens Act (UK), which expressly provides for the development of rules that make provision 'with respect to the documents and information to be furnished … in any relevant proceedings.'[23] Legal Aid Queensland observes there is a usual requirement for disclosure in other litigation such as criminal law (Criminal Practice Rules 1999), family law (*Family Law Act 1975* and Family Law Rules 2004 [Cwlth]) and civil law (Uniform Civil Procedure Rules). [24]

In child protection proceedings, any obligation to make disclosure would involve considerations closer to those in criminal matters, rather than civil proceedings. The obligation should be modelled on section 590AB of the Criminal Code and, as the applicant continues investigating until trial, should be a continuous one. The applicant has statutory powers to use against the respondent and, in such circumstances, it is not appropriate that the respondent should also have an obligation to disclose.

Recommendation 13.5
That the Court Case Management Committee review the disclosure obligations on the department and propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to introduce a continuing duty of disclosure on the department with appropriate safeguards.

Alternative dispute-resolution processes

More recently, courts and the legal profession have recognised the importance of alternative dispute-resolution procedures for settling disputes by means other than litigation. These procedures, which are usually less costly and faster than litigation, are increasingly being used as a standard part of court case-management systems. They provide an opportunity for the parties to meet with an independent person to consider whether it is possible to reach agreement among themselves so that the dispute does not proceed to a final hearing. Another outcome might be that the parties are able to narrow the issues in dispute and any court decision-making will be narrowed accordingly.

Generally, the submissions and the responses to the survey of legal practitioners supported greater use of court-ordered conferencing.

The Queensland Law Society proposed that there should be:[25]

- a stronger legislative framework to make court-ordered conferences more effective
- clarity about the model and timing of court-ordered conferences in the process
- consideration of the need for full and current disclosure of the department's case prior to the court-ordered conference
- consideration of an early court-ordered conference to identify and narrow the legal issues involved; early court-ordered conferences would provide a useful forum for parties to help the court by identifying (and resolving, where possible) issues pertinent to the particular case — this could also potentially prepare parties for the interim hearing on contact and custody issues, although this may affect family-group meetings
- consideration of a pre-trial court-ordered conference, later in the litigation process, to narrow the legal issues prior to the final hearing.

In relation to timing, a Child Safety officer has suggested that there should be a final attempt at agreement in the best interests of the child before going to hearing:[26]

> At this stage the vast majority of the evidence will be available, including the social assessment report which in my experience is lodged with the court before the mention where the court-ordered conference is ordered. Thus all parties concerned have opportunity to view and assess the evidence and then meet to agree on the best way forward for the children'.

Legal Aid Queensland also proposed holding an early and late conference.[27]

In a submission to the Commission, the Queensland Law Society points out that, under the Commonwealth *Family Law Act 1975*, mediation is excluded where issues involving child protection or domestic violence arise. The Law Society states that this means that the conferencing occurring under the Queensland Act may involve more complex or sensitive issues than mediations in family law matters. In addition, safety arrangements need to be considered because of the volatility of the issues both among family members and between family members and the department. On occasion, participants are in custody. The Law Society has recommended that the rules defining the role and ability of the convenor specifically require an understanding of child development and the importance of children being consulted about, and taking part in, decisions affecting their life.[28]

The Family Inclusion Network has proposed that support people should be allowed to speak, provided they do so in a professional way and that the mediator is truly independent.[29]

The Youth Advocacy Centre supported submissions by the Queensland Law Society and Legal Aid Queensland. In addition, the Youth Advocacy Centre suggested there should be legislative qualification about 'settlements' arising out of conferences:[30]

> The Act currently does not allow for resolution of matters by consent as such as the court can only make a child protection order once it is satisfied in relation to a number of criteria in accordance with s 59 Child Protection Act, including the threshold issue that the child is a child in need of protection and the order is appropriate and desirable for the child's protection. If the chairperson was sufficiently qualified, the Act could provide for a consent order, helping to minimise the adversarial environment, the chair could sign off that all the criteria are met and the court could then simply confirm the order unless the judicial officer has concerns and requires the matter to come back to the court.

The South West Brisbane Legal Centre suggested that all parties should be appropriately represented at the conference.[31] Other submissions spoke of child advocacy at the conference:[32]

> … the importance of the advocate role to be a support, therapeutic based position, not a legal advocate. The child needs representation by someone who understands child development and what is in the best interests of the psychological, emotional and physical wellbeing of the child.

The legislation in other states and territories of Australia gives more detail about alternative dispute-resolution processes in child protection proceedings. Generally, this includes:

- describing the objects of the process, its nature and timing
- stating when a registrar may convene the process, its purpose and role in relation to reviewing case plans in particular
- stating when the process can be dispensed with
- confidentiality arrangements and use of information from the process (making recommendations to court).

From 1 July 2013, the provision of court-ordered conferencing will be the function of the Dispute Resolution Branch in the Department of Justice and Attorney-General. This will have the advantage that convenors will be trained and experienced as mediators, will provide improved access across Queensland, and will deliver better intake processes. The Commission has been advised there is currently over a nine-week delay for obtaining a conference date. The new approach will address this.[33]

However, many details about the conferencing scheme will remain legislatively and administratively undefined. There will still be a need to consider legislative changes to support the conferencing scheme. These changes need to clarify the nature of the process, its objects and the role of the convenor and most other issues raised in submissions (mentioned above).

It will be necessary to define when the conference will be convened. Most legal submissions would prefer that a conference occur after the social assessment report (and disclosure), so that the discussions are based on the fullest information possible and are conducted with legal representation. Ideally, the applicant should have received legal advice at this point about the state of their case.

The range of participants and their roles will need to be confirmed, particularly the level of participation by advocates and support people. It appears necessary to require the attendance of a departmental representative with the capacity to make binding concessions in the matter — this is commonplace in statutory regimes for the settlement of compensation claims, for example the *Motor Accidents Insurance Act 1994*. It will also require someone who can make concessions on behalf of the Director of Child Protection in relation to whether an order will be sought and what type of order.

There are legislative models in Queensland that provide for dispute-resolution processes, for example, the Youth Justice Act. These could provide a model for the child protection context and would be invaluable in developing an appropriate legislative scheme for the child protection system.

Recommendation 13.6
That the Court Case Management Committee propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to provide a legislative framework for court-ordered conferencing at critical and optimal stages during child protection proceedings.

Recommendation 13.7
That the Department of Communities, Child Safety and Disability Services and the Director of Child Protection develop appropriate policies and procedures to ensure that court-ordered conferences are attended by officers with the requisite authority to make binding concessions in the matter.

13.3 Specialisation among the judiciary

The original intention in creating the Childrens Court was to promote specialised judicial decision-making for youth justice and child protection matters. The then minister noted:[34]

> Where a specialist Childrens Court magistrate is available in a major centre like Brisbane, preference is to be given to this magistrate hearing the matter. The reason for this preference is that a Childrens Court magistrate has greater specialist knowledge and expertise in the jurisdiction.

More than 20 years later, this legislative intent has not been realised. There is only one Childrens Court magistrate in Queensland, based in Brisbane. This means that a Childrens Court magistrate is often not available to deal with applications — and so they are dealt with by any magistrate.

There is almost universal support in submissions, evidence and the responses to the Commission's survey of legal practitioners that the number of dedicated specialist Childrens Court magistrates should be increased.[35]

The Family Inclusion Network Queensland (Townsville) drew a comparison with family law, arguing that family law expertise and experience is required in that jurisdiction as the courts are dealing with families and children.

Foster Care Queensland notes that:[36]

> … any increase [in specialisation] means a significant improvement … All children and young people have the right to have someone who has the right framework and knowledge base, making decisions about their future.

Churches of Christ Care observe 'the magistrates who administer and adjudicate decisions are frequently unfamiliar with the legislation they are applying'.[37]

Arguments against the use of specialised courts are largely based on the impracticality and cost of specialisation in a decentralised state such as Queensland. For this reason, the Department of Justice and Attorney-General does not support the appointment of additional specialist Childrens Court magistrates. In its view, retaining the current approach allows the Childrens Court jurisdiction to be exercised by all magistrates in all court locations, provides greater flexibility in terms of court scheduling, ensures the best use of available judicial officers' time, and promotes access to the courts.[38]

It is true that magistrates exercise a wide-ranging jurisdiction on a daily basis governed by many and varied pieces of legislation and usually without the benefit of legal representation before them. However, there is precedent for specialisation jurisdictions in Queensland. One example of a specialist jurisdiction that operates successfully in drawing on a mixed model of specialist and generalist magistrates is the coronial jurisdiction established by the *Coroners Act 2003*. Under that Act, some magistrates are specifically appointed as State Coroner, coroner or deputy coroner, while general magistrates undertake other work.

Further, within the existing statutory and budgetary framework, some magistrates are already specifically managing the child protection lists in their courts as well as performing their other duties.[39] Legal Aid noted:

> … in some of the larger regional Magistrates Courts, where there are a number of magistrates, one magistrate tends to be allocated to hear Childrens Court matters. However, this practice is not applied consistently between courts, resulting in magistrates rotating in and out of the jurisdiction on a sometimes weekly basis.[40]

It would be more appropriate if those magistrates who were effectively operating as specialist Childrens Court magistrates were appointed as such. This is particularly important in light of the Commission's recommendation for a new case-management process that will require strong and active management by the judiciary.

In consultation with the Commission, the Chief Magistrate said he supported the appointment of additional Childrens Court magistrates, provided that legislative amendments are made to ensure an appropriate governance structure for the operation of the Childrens Court within the

general magistrates court structure.[41] The necessary amendments have been recommended earlier in this chapter.

In the Chief Magistrate's view, given that work involves both youth justice and child protection work, there is an opportunity to develop a specialised children's jurisdiction. It would still be the case that magistrates would deal with child protection matters in their general jurisdiction. These magistrates may later become specialists and will also regularly exercise jurisdiction in domestic violence matters, which involve similar issues and dynamics as those arising in many child protection applications.

The Queensland Law Society proposes that statistical information could be used to decide where the most need would be for more specialist magistrates. It points to Beenleigh, Brisbane, Cairns, Ipswich and Southport as the locations with the highest numbers of child protection applications.[42] If a Childrens Court magistrate were appointed in each of these locations, nearly 50 per cent of child protection applications in Queensland would be dealt with by a specialist. The making of these appointments would not in themselves involve expenditure. However, it would be desirable that appointments should be made in consultation with the Chief Magistrate, and having regard to the existing arrangements in each courthouse.

Recommendation 13.8
That the Attorney-General and Minister for Justice, in consultation with the Chief Magistrate, appoint existing magistrates as Childrens Court magistrates in key locations in Queensland (subject to rec. 13.3).

Improved resources

There was also consensus about the value of additional training and professional development in the child protection jurisdiction. The Youth Advocacy Centre noted that, if specialisation were not possible, there should be specifically tailored training instead.

One possible way to enhance the quality of decision-making is through the development and dissemination of a benchbook. A benchbook is a way of providing a practical overview of legal, procedural and evidentiary issues for a court. Judges use benchbooks as guides to assist them manage proceedings. A benchbook is not an independent source of law but may include relevant legislation, case law, guidelines, articles, checklists or sample orders/directions. Benchbooks can also be published on specialist areas of law that may come before the judge; for instance, domestic violence.

The Judicial Commission of New South Wales has published a benchbook on child protection matters.[43] This is contained in a general Local Court benchbook. The department highlights that the Judicial Commission of New South Wales and Judicial College of Victoria play a role in the development of relevant benchbooks that guide procedure and practice in particular jurisdictions, but concedes that these models are 'costly'.[44]

There are two publicly available benchbooks in Queensland — the Supreme and District Court Benchbook and the Equal Treatment Benchbook, each of which contains a brief reference to child protection proceedings.[45] These benchbooks were written by members of the judiciary and are available online for consideration by the judiciary, legal representatives, litigants, witnesses and the public generally. The Equal Treatment Benchbook contains three chapters about Aboriginal and Torres Strait Islander Queenslanders, their culture, family, kinship and language, and a chapter about self-represented litigants.

The magistrates are in the process of developing a child protection benchbook of their own but, as there are no dedicated resources allocated to this task, it is being done along with all the other functions of magistrates and so is not yet publicly available.[46] Potentially, this product could be an important resource for magistrates when deciding child protection applications, whether as a Childrens Court magistrate or not (perhaps, more importantly, for those magistrates hearing child protection matters less regularly).

There are very difficult issues to determine in child protection applications — for instance whether there is an unacceptable risk that harm will be suffered by a child.[47] In assessing this, the judiciary must be guided by case law. In the absence of relevant authority in the Act, decisions made in family law and in overseas jurisdictions on similar statutory formulations may be relied on.[48] It would be useful if these resources could be summarised and referenced in a benchbook to help magistrates make these very difficult decisions. As more decisions in this jurisdiction are reported, both at first instance and on appeal, it is hoped that jurisprudence will be developed about this and other issues and that the benchbook will reflect these developments.

In short, the child protection benchbook should be updated and published. This would assist in the consistency of decision-making as well as providing guidance to legal practitioners, parents, family members, foster carers, kinship carers, non-government agencies and child safety officers. This project could be expedited by the provision of specific one-off funding by the Department of Justice and Attorney-General.

Recommendation 13.9
That the Department of Justice and Attorney-General fund the Magistrates Court to finalise the review of the child protection benchbook and make it publicly available.

Judicial education

The Australasian Institute of Judicial Administration and the Magistrates Court convene regular conferences that can potentially deal with subjects relevant to child protection matters.[49] In submissions to the Commission, some magistrates have referred to the powerful impression left by members of the CREATE Foundation when they spoke at the annual Magistrates Court conference two years ago.[50] As a result, one magistrate wrote 'children often feel that their voices are not heard in the system and by the court'.[51]

The proposal to appoint more Childrens Court magistrates is one strategy to build a body of expertise in child protection law. This should be supported by a focus on more specialised training. The Chief Magistrate has liaised with the Australasian Institute of Judicial Administration about the development of specific training in child protection law.[52] The Commission supports the continuation of these efforts with a view to promoting consistency in decision-making.

There is also capacity for including the Childrens Court President and Judges in these opportunities for judicial development. Their role in child protection applications may be infrequent but is of great significance. A Childrens Court judge usually constitutes the final appellate body. Shared learning and opportunities for professional development among the judiciary should be encouraged with a view to improving this area of legal practice.

The Child Protection Practitioners Association of Queensland has started a yearly program of education comprising a public address and four practice papers. These are focused on both legal and social science topics related to child protection proceedings with membership and attendance open to judicial decision-makers.[53]

If the Signs of Safety–based approach recommended in Chapter 7 of this report is implemented, training for all participants in the process will need to be provided. This will involve the judiciary, along with legal professionals, Child Safety workers, non-government organisations, and representatives/advocates of parents and carers.

All opportunities for judicial education in this area of the law should be encouraged.

Expert advice for the judiciary

Given the complexity of issues arising for children and families in the child protection jurisdiction, magistrates need ready access to specialist expertise. In the Commission's discussion paper, the Commission asked what sort of expert advice should be accessed by the Childrens Court and for what kinds of decisions should magistrates be seeking advice.

The current situation is this: under the Child Protection Act, the court can order expert reports for two purposes in relation to a child protection application:

- a written social assessment report about a child and the child's family
- a report on a specific topic — for example, a child's illness or disorder.

Generally, a social assessment report includes information about a child's history, living situation, views and wishes and provides an independent opinion on the preferred way to protect a child's best interests. An accredited social worker, psychologist or another professional usually writes the social assessment report. Both Legal Aid Queensland and the applicant (that is, the department) play a role in the preparation of social assessment reports.

Legal Aid Queensland advised that in 2011–12 there were over 500 grants of assistance for reports (including social assessment reports).[54] This represents a dramatic increase in the number of grants of legal assistance for reports in recent years.

The department has advised that in 2011–12, approximately $0.783 million was spent on social assessment reports. Its submission notes that '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.'[55]

In the current system, social assessment reports can assume critical significance. This is because some lawyers appointed as separate legal representative for a child are not prepared to speak directly to the child and rely instead on the writer of the social assessment report to do so. In this context, the social assessment report may provide the only means for the court to learn the child's views and wishes. (This chapter later discusses the use of child and youth advocates to provide a means for making the child's views known to the court.)

The responses to the Commission's survey of legal practitioners suggested there are problems with the current system of obtaining social assessment reports — namely, the remuneration for preparing the report is inadequate, the expert is not always sufficiently independent, and there can be delay.[56]

In court proceedings, evidence given to the court by expert witnesses should be independent of the parties. In giving that evidence, the expert owes an overriding duty to the court. To strengthen the perception of independence, the Commission agrees that it would be appropriate if the social assessment report was not commissioned by the applicant but rather by the separate legal representative. This may have cost implications for Legal Aid Queensland.

In addition, section 107 of the Child Protection Act provides that the Childrens Court may appoint a person having special knowledge or skill to help the court. Because this power is not supported by a budgetary provision, experts are not generally appointed by the court. In contrast, the Queensland Civil and Administrative Tribunal (QCAT) model provides the potential for a multidisciplinary team from a range of professional disciplines to constitute the decision-making panel.

The decisions made in child protection law by both the Childrens Court and QCAT intersect with a wide range of social science considerations, including attachment theory, an understanding of child development, risk assessments and psychiatric assessments. The Commission has heard from a range of mental health professionals about developments in that field in understanding the impact of long-term abuse on brain development in children. The challenge is for decision-makers and lawyers to keep abreast of developments in these various fields of research:[57]

> … as Queensland magistrates and judges are generalists involved with both adult and children's courts, several interviewees emphasised their dependence on the information provided — expert advice, quality evidence and details of available services or programs — to reach decisions.

In response to the Commission's discussion paper, one model proposed was the one operating in Victoria and New South Wales where magistrates access specialist advice through Childrens Court clinics.[58] These clinics provide independent clinical assessment of children at the request of the Childrens Court (as well as some therapeutic treatment of children). The court and the clinicians are co-located. In the Family Court, in-house family consultants are available to provide family assessment reports to the court.

Bravehearts supports the introduction of a Childrens Court clinic to provide specialised clinical assessments for vulnerable children and families with complex needs.[59] Foster Care Queensland supports the establishment of an independent body providing specialist advice to the magistrate that is consistent, non-biased and, most importantly, centred on the child. Foster Care Queensland strongly supports a clinic in Queensland that could be accessed for assessments of parental capacity, attachment, risk of harm, and permanency.[60]

Childrens Court clinics are resource-intensive models. The Department of Justice and Attorney-General has suggested that the current funding provided to Legal Aid Queensland and Child Safety Services for expert reports could be transferred to a Childrens Court clinic as a partial cost offset.[61] However, that funding is substantially used for social assessment reports, not medical or other expert advice.

The Commission is not satisfied that this model would provide the expert support needed for children across Queensland in the most cost-effective manner. The transfer of any currently available funds would be a negligible financial contribution at best; at worst, it might deprive agencies of funds that they may need for obtaining expert evidence.

The Commission favours a different option to improve access to experts, as presented below.

Kinds of expertise

It is clear that the kind of expertise potentially required in child protection proceedings is wide-ranging. The court is often provided with expert advice as part of the department's case or that of the separate representative or the parents. For example, in social assessment reports and reports from SCAN teams that may form part of the evidence presented. However, there may be circumstances when the court considers that it needs more independent expert or specialist advice.

The Aboriginal and Torres Strait Islander Women's Legal and Advisory Service (South East) advised that: [62]

> Our view is that when proceedings involve Aboriginal or Torres Strait Islander children the court should have access to expert cultural advice. This could be achieved by establishing a specialist unit within 'Children's Court Clinics' or by mandating the Recognised Entity to file expert cultural evidence in proceedings.
>
> Alternatively, if a party seeks to brief a person to prepare a social assessment report, the selection of the report writer should be subject to the approval of the Recognised Entity.

The Youth Advocacy Centre proposed that resources should be available to a magistrate to appoint an expert when the court thinks this would be appropriate:[63]

> The type of expert will depend on the particular circumstances and issues involved in a matter, but is likely to be someone with knowledge of child development, particular disorders such as Autism Spectrum, a psychologist or psychiatrist, etc. There should be no prescriptive list, bearing in mind that the Act also provides that the court is not bound by the rules of evidence and can inform itself in any way it sees as appropriate (s 105).

The Commission agrees that providing sufficient resources to enable the Childrens Court to appoint a specialist under section 107 of the Child Protection Act is a better solution to the problem than the proposed Childrens Court clinic.

Given the current fiscal environment, it would be appropriate to develop two pilot sites (perhaps one in North Queensland and the other in South-East Queensland) in which funding is earmarked for the purposes of section 107 of the Child Protection Act — that is, to enable the Childrens Court to appoint a person having special knowledge or skill to help the court.

Depending on the individual circumstances of the child and family, the court could order expert advice from the relevant field of expertise or discipline in addition to any pre-existing expert engagement. It would be possible to evaluate the qualitative and financial impact of the expert advice on the child protection proceedings.

Recommendation 13.10
That the Department of Justice and Attorney-General and the Chief Magistrate collaborate to develop and fund a pilot project in at least two sites, in which the Childrens Court can access expert assistance under s 107 of the *Child Protection Act 1999*. The pilot project is to be evaluated to determine the extent to which it improves the decision-making of the court and to assess its cost-effectiveness.

13.4 Adequate legal representation for all

Many who made submissions to the Commission held that a great improvement to the system would be to provide appropriate legal representation of the parties at pivotal stages in the process. This is seen as a critical requirement for effective case management.

Legal aid for children and families

Legal Aid Queensland is the largest legal service provider to children, young people, parents and extended family members in child protection matters. It provides legal aid funding through in-house lawyers and preferred suppliers from private law firms. It receives funding for state

law matters (that is, child protection) from the Queensland Government; funding for federal law matters comes from the Australian government.[64]

Legal Aid Queensland has advised the Commission that, although the Commonwealth's priorities for family matters include state matters where a child's health or safety is at risk, currently all Commonwealth funding is used for family law matters.[65] This should mean that child protection matters are prioritised over family law matters. The funding arrangements, however, appear to favour family law matters in which there may be no, or lower levels of, risk to a child.

While the funding of child protection matters is a specific priority under the agreement between the State of Queensland and Legal Aid Queensland, there is no specific funding earmarked for this purpose. Other major areas of state law that are funded by Legal Aid Queensland's state funding allocation are criminal law and domestic violence.

The bulk of legal aid funding from the state government is spent on criminal law matters (52.11 per cent). Another 33 per cent of the legal aid budget is spent on 'Expensive cases/packaged fee matters', the vast majority of which are crime — over 80 per cent of the state funding for legal aid appears to be allocated for the benefit of those persons alleged to have committed, or been convicted of, a criminal offence.

In 2011–12 Legal Aid Queensland spent $4.065 million on grants of aid related to child protection, which accounts for 7.29 per cent of state funding.[66] This does not equate to representation of parents, children and families in most, or all, child protection proceedings — these parties are usually unrepresented. Further, due to the anomalies between the funding available for particular items in child protection work contrasted with more lucrative funding for private family law matters, there is a market disincentive for lawyers to do this sort of work.

The Queensland Law Society considers that the absence of legal representation for parents, family members and children in child protection proceedings gives rise to preventable unfairness in these proceedings. The existence of this marked power imbalance has been a recurring theme in the submissions and evidence received by the Commission.

The Queensland Law Society has expressed concern about 'insufficient levels of legal aid funding from both the perspective of a parent and a child arguing that the costs borne in other parts of the system from the lack of representation are disproportionate to a grant of legal aid. Those costs include vacation of hearing dates.[67]

The worst possible scenario is that because child protection proceedings generally lack a legally represented contravenor, it is possible that children are entering out-of-home care who should be the subject of less intensive orders or no orders at all. It is also false economy and counter-productive not to have the parties legally represented.

The Commission considers that without adequate funding, parties are left to navigate a highly adversarial system on their own, and to be their own advocates. There needs to be an independent review of how legal aid funding is prioritised to find out whether existing resources could be reallocated to child protection matters instead of criminal or family law matters. Furthermore, Legal Aid Queensland should review how it allocates federal funding, especially in light of the *National Framework for Protecting Australia's Children 2009–2020*.

Recommendation 13.11
That the State Government review the priority funding it provides to Legal Aid Queensland with a view to ensuring that increased funding is applied for the representation of vulnerable children, parents and other parties in child protection court and tribunal proceedings.

Recommendation 13.12
That Legal Aid Queensland review the use of Australian Government funding received for legal aid grants to identify where funding can be used for child protection matters.

Representation for children and young people

In the current system, before making a child protection order, the Childrens Court must be satisfied that the child's wishes or views, if able to be expressed, have been made known. [68]

The following avenues exist for the court to be informed of the views of the child or young person:

- through the appointment by the court of a separate or direct representative (or both in certain circumstances)[69]
- through the preparation of a social assessment report
- through affidavit material filed by officers of the department during proceedings[70]
- in person themselves where age appropriate.

Although these avenues exist, in reality the views of children and young people are not always sought or well presented to the court during proceedings. When asked if children and young people are given adequate and appropriate opportunity to have their views and wishes heard in the Children's Court and QCAT proceedings, 62 per cent of the 98 respondents to the Commission's survey of legal practitioners responded 'no'.

Although the Childrens Court is currently required to take into consideration the views of children and young people, in reality their genuine views and true wishes are not always obtained or appropriately represented to the court. The Queensland Law Society calls for this matter to be addressed:

> - That all children, regardless of age must have the right to be heard in child protection proceedings affecting them. This can be done through direct representation, separate representation, or both in appropriate circumstances.
> - The child should be a party to proceedings regardless of age.
> - If an age was to be set in legislation to delineate a rebuttable presumption in favour of or against a child having capacity to directly instruct a lawyer, the Victorian Cummins Inquiry Report approach — that the threshold age of 10 years old with guidelines to support the assessment of capacity to instruct in individual circumstances — seems reasonable.
> - The court should still retain the ability to appoint a separate representative, regardless of a child's capacity to instruct directly, in circumstances where this is appropriate.
> - There should be legislative implementation of more detailed factors guiding the court's discretion to appoint a separate representative.
> - There should be greater clarity established around the role of the separate representative including the promotion and facilitation of children and young people's participation in decision making.[71]

A common theme in the submissions and comments received by the Commission about court processes was that children and young people should have an audible voice in child protection proceedings, where possible. CREATE Foundation presented the comments of one young person:[72]

> I hated knowing that other people were deciding what was going to happen in my life and that no-one seemed interested in what I wanted. I wanted to be able to tell the judge that home was okay — that my mum was doing a better job than the department.

> I wanted to be able to tell the judge that I felt safer at home than I did in care. When I was younger I wanted to do ballet and play a musical instrument and I wanted that put in my case plan. But no-one asked me what I wanted. I wanted the judge to know that what they were being told by the department wasn't the full picture; that I had hopes and dreams that I wanted to go into my case plan.
>
> I think that it's important for children and young people to be involved in the decision-making process so that they can give their side of the story. Parents get to have a lawyer and are told how they can access one but young people aren't told that they can have a lawyer or even how to get one. I think all young people should have a lawyer because sometimes the department doesn't see the bigger picture or ask what I want. They think the courts have a job to ensure that young people know that they can have a lawyer and that they can go to court and speak to the judge.

Many of those who made submissions about the need for children and young people to be heard felt that the appointment of a totally independent person such as a separate or direct representative was necessary to advance the interests of the child and give the child a proper voice in proceedings. However, it was considered that the lack of adequate legal aid funding and professional development in this area limited the cases where the appointment of a separate or direct representative was ordered by the court.

A recent study of the Childrens Court of Queensland found:[73]

> Interviewees identified the importance of legal representation for children in child protection cases, enabling older children to give direct instructions to a lawyer, in addition to separate or 'best interests' representation … It seems anomalous that whereas young people in criminal proceedings are considered capable of giving instructions to lawyers, most children and young people involved in child protection proceedings do not have similar access to a legal advocate.

The Commission has received a large number of comments about the appointment of separate legal representatives. Some of those more common comments include:

- Appointment should be earlier, at first mention. This would ensure that proceedings do not drag out for several years and could mean a quicker resolution.
- Greater funding required so appropriate time can be spent with the parties and including funding for in home assessments by social assessors or separate representative directly if the home environment is an obvious issue.
- All separate representatives need to speak directly with the children when they are over 12 years of age or of an age where their views can be appropriately expressed and report those back to the court.

One of the magistrates who provided a submission to this Commission also identified shortcomings in the role of the separate representative:[74]

> It has been my experience … that some lawyers who act as separate representatives do not speak with the child. They say that as they are not acting for the child, they cannot place before the court any evidence given to them by the child. Those separate representatives who do confer with the child do so in the presence of either a child safety officer or the author of the social assessment report and any admissions or evidence given by the child is conveyed to the court via these people.

However, he offers the following suggestion to ensure the views of the child are made known to the court:[75]

> Given the process is essentially adversarial, the views of the child may not always coincide with the outcome sought by the department or by the separate representative. In the interests of transparency of process, children of an age where the court should

> take their views into account should have access to a child advocate who is entirely independent of the chief executive and the separate representative … If the child wants to give evidence to the court then the child advocate could facilitate this … The establishment of a child advocate would ensure that the child's views are placed before the court irrespective of the position adopted by the separate representative.

One commentator also warns that children's real participation can be undermined by guardians, solicitors and professional assessment focused on perceptions of their welfare, as opposed to children exercising their rights to contribute to decisions about their future.[76] This also lends support to the concept of a totally independent advocate whose focus is on giving voice to the child's own views and wishes.

The establishment of a refocused office of Child Guardian in the child protection system is recommended in Chapter 12 of this report. Under the proposed model, there is scope for the Child Guardian to help a child express his or her own views to the court or to actually take part in proceedings, particularly where the matter does not warrant the appointment of a direct or separate legal representative. The Child Guardian and the proposed child and youth advocacy hubs can also be a vital information source for children and young people about tribunal and court processes and what is commonly involved in the process.

These comments and submissions highlight that more attention needs to be given to the views of children and young people when determining matters that may have a material impact on their lives.

The Commission supports the proposals put forward by the Queensland Law Society, which reflect the majority of the views received on this topic. The Commission considers it critical that the representation of children and young people in decisions that affect them are heard in all related forums (where age appropriate) to give effect to their rights. This accords with a child's right under the United Nations Convention on the rights of the child, which provides for participation by children in forums and decisions that affect them.

Recommendation 13.13
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to require the views of children and young people to be provided to the court either directly, that is personally (through an independent child advocate or direct representative) or through a separate legal representative where children and young people are of an age and are willing and able to express their views.

Recommendation 13.14
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide clarity about when the Childrens Court should exercise its discretion to appoint a separate legal representative and also about what the separate legal representative is required to do. These amendments might require separate legal representatives to:

- interview the child or young person after becoming their separate legal representative and explain their role and the court process
- present direct evidence to the Childrens Court about the child or young person and matters relevant to their safety, wellbeing and best interests
- cross-examine the parties and their witnesses
- make application to the Childrens Court for orders (whether interim or final) considered to be in the best interests of the child or young person.

Legal advice and representation for parents

Even though there is provision for parents to be represented in proceedings, in reality most parents and other parties are unrepresented. Those who do have representation often have to rely on the limited resources of Legal Aid Queensland to fund their representation. Unfortunately, the representation is mostly too little, too late in the proceedings.

A primary concern raised with the Commission during its hearings relates to the department's practice of removing babies from their mothers shortly after birth in response to an unborn child notification. Many of these mothers have not received legal advice or assistance during the notification process and subsequent removal of the child. In 2011, Legal Aid Queensland commissioned Gwenn Murray to develop a business case for a pilot child protection and early intervention and advocacy program. Her report concluded there was a need for pre- and post-birth legal assistance for pregnant and new mothers at risk of having their baby removed in response to an unborn child notification. As a result, Legal Aid Queensland is working on implementing a pilot within a family support model to help address a range of legal advice and advocacy needs for this client group.[77]

There are some volunteers in community-based organisations who offer support to parents, but they are present only as support and therefore their ability to intervene during proceedings is extremely limited. One such organisation is of the view that:[78]

> Legal Aid lawyers often do not allow parents themselves to speak in court yet do not put energetic effort into representing their clients. We sense that the amount they are paid by Legal Aid is quite small and discourages vigorous action on behalf of parents, with Legal Aid Lawyers often encouraging parents to accept what Child Safety is proposing when parents actually wish to contest it.

Submissions to the Commission provide examples of alleged practices by some officers of the department, which supports an argument for legal representation for parents. One response to the survey of legal practitioners stated:

> In most cases the department tells parents they don't need legal representation when parents are entitled to it. In most cases the parents seek legal representation too late (due to pseudo legal advice from the department), which, incidentally, advances the department's case but disadvantages parents in the course of proceedings.

The Bar Association of Queensland reported:[79]

> Our members report all too often that when waiting outside any Childrens Court, they see and hear parent/s being given a piece of paper by a department officer, told to sign and if they do, *then* they can see their baby/child. Invariably, that piece of paper is a consent to a custody or guardianship order.

Also linked to the lack of representation for parents is the high number of orders before the Childrens Court that apparently proceed by way of consent. Many legal practitioners raised this as a primary concern based on a belief that the consent of unrepresented parents is not fully informed, both as to their rights and the quality of evidence. Legal practitioners put forward the view that in such matters Childrens Court magistrates ought to be mandated by legislation to consider, question where relevant, and then give reasons as to why any proposed consent order is appropriate, best for the child, the least intrusive measure or provides a beneficial outcome for the subject children. This would require the Childrens Court to consider the evidence, notwithstanding the proposed consent order, and would allow for the judicial officer to interrogate the parties and their evidence, particularly where the parents are unrepresented.[80]

This is already required by section 59 of the Child Protection Act. The Commission is concerned by the suggestion that unrepresented parents are consenting to orders where they are in a special position of vulnerability or where they are unfairly placed under duress to agree to the order. At the very least, the court should be required to reasonably satisfy itself that the parents understand the implications and effect of the order sought before making a consent order in the absence of legal representation.

The Commission agrees that appropriate legal representation of parents is crucial to ensuring that the child protection system produces just outcomes for children. It also acknowledges that, in addition to safeguarding rights and empowering parents, legal representation can improve the quality of decision-making. In an adversarial system, the court relies on the parties to uncover and present the main facts and arguments in the case and this can only occur if all parties are adequately represented. By challenging unreliable information, producing independent evidence of a parent's strengths and supports, and offering other less intrusive alternatives, the parents' legal representation can provide the court with the most accurate information before a life-altering decision is made. It is also likely that where parents are legally represented, fewer matters will proceed to hearing and there may be fewer court delays.

The provision of legal representation to parents may have implications for Legal Aid Queensland as many of these families do not have the means to fund their own representation. The Commission has already recommended that the State Government review the priority funding it provides Legal Aid Queensland with a view to ensuring increased funding is applied to child protection matters, and that Legal Aid Queensland review its use of Commonwealth funding arrangements (see Recs 13.11 and 13.12).

Recommendation 13.15
That parents be supported through child protection proceedings by:

- the Department of Communities, Child Safety and Disability Services ensuring they are provided with information about how to access and apply for legal advice or representation, and that parents are provided with reasonable time within which to seek such advice
- the Childrens Court considering, at the earliest possible point in proceedings, the position of parents to determine whether they are adequately represented before the matter progresses
- Legal Aid Queensland amending its policies with a view to providing legal representation to those families where the court has directed the family be legally represented, but where the family are unable to secure representation without legal aid assistance
- where a consent order is being sought in the absence of parental legal representation, the Childrens Court reasonably satisfying itself that parents understand the implications and effect of the order before it can be ratified by the court.

Legal advice and representation for the department

Submissions to the Commission and responses to the survey of legal practitioners raised concerns about the legal representation of the department at various stages of the court process, and to the adequacy of legal advice in the preparation and initiation of proceedings. In response to these concerns, the Commission reviewed the current processes for legal advice and representation for the department.

The department has advised that its Legal Services Branch is the only area that provides legal advice. The Director of Legal Services addresses matters across the entire business of the

department, but plays a significant role in addressing child protection matters and appears as requested in various tribunals to argue contentious matters. There are also two senior legal officers and one paralegal officer who are dedicated to providing advice on child protection matters.[81] In addition, court services staff and the court coordinators give general advice about court and tribunal practice issues to departmental officers.

The 2004 CMC Inquiry recommended that the department consider whether there may be advantages in having all court preparation work undertaken by specialist staff.[82] This recommendation was based on the CMC finding 'that court preparation work was of a highly important and specialised nature, and that departmental officers required assistance in preparing material to support applications for protective orders.'[83] At the time of the CMC Inquiry there were only 13 court officers and their capacity to prepare and appear in court matters was only available in a few locations across Queensland.[84]

In response to this recommendation, the department introduced the position of court coordinator. The role of court coordinator is referred to as a specialist position but does not have to be performed by a professional with a legal background. Court coordinators report to team leaders and managers within Child Safety service centres. While there are now about 51 court coordinators employed by the department across the state, there still appear to be numerous concerns about the conduct of the department in tribunal and child protection proceedings and the material filed by it or by its officers (discussed later in this chapter).

The department also employs 13 court services advisers, who are responsible for advising a regional cluster of court coordinators and who are the first point of contact for enquiries. They coordinate information sharing, assist with the delivery of training by court coordinators to other staff and develop systems and practices to support the court coordinator role.[85] Court services advisors and court coordinators are not considered to be roles that provide legal services, rather the roles provide support for court and tribunal processes.

Court Services sits within this non-legal services framework. Among its many functions, it:

- represents the director-general in court (including the Childrens Court, family courts and higher courts) and tribunal matters involving children and young people
- manages contested child protection matters and coordinates Crown Law representation
- provides expert consultation and advice to other departmental staff on court and tribunal practice issues, and helps develop their skills in court work by providing training
- liaises with key stakeholders and contributes to the development of policy and practice standards.

Where a matter is to proceed to a final hearing or is otherwise highly contentious — for example, contested interim custody hearings, opinions on the merits of appeals and applications that are across various jurisdictions — Court Services will generally instruct Crown Law. By this time, any legal aid to a parent has usually expired, because it is much easier for a parent to obtain legal aid for earlier processes in child protection proceedings (for example, for family-group meetings and court-ordered conferences) as opposed to where a matter proceeds to a final hearing, where the parent must satisfy a means test and a more onerous eligibility test. This means there are few occasions where the parents and the department are each represented and so the opportunity for legal representatives to negotiate effectively is limited.

In 2011–12, the department expended $1.2 million in Crown Law fees for child protection matters.[86] Counsel may also be instructed to represent the department in more complex matters. The department advises that more recently it has been directly briefing Counsel, which means no Crown Law costs are incurred on these matters.[87]

Criticisms of the approach of the department to legal proceedings

Information provided to the Commission suggests that the introduction of specialist court support officers has not resulted in marked improvement to the court preparation or case presentation of the department. Criticisms have been especially levelled at a lack of compliance with model litigant principles, the poor quality of material and evidence presented in support of applications, and the department's failure to obtain early legal advice about proposed intervention.

The model litigant principles for the Queensland Government are outlined on the website of the Department of Justice and Attorney-General. These principles establish the basis on which the State of Queensland should conduct litigation, which includes fairness and applies to child protection proceedings.

A number of the submissions made to the Commission call into question the adherence to, and acceptance of, the model litigant principles by the department. Some examples are:

- Clare Tilbury said 'the state contravening its responsibility to act as the model litigant' was problematic in child protection litigation.[88]
- The Queensland Indigenous Family Violence Legal Service says that 'on numerous occasions throughout the child protection process we have found the conduct by Child Safety to be the opposite of the model litigant principles'.[89]
- Legal Aid Queensland argues that the department should be required to follow the model litigant principles.[90]

The reported judgements have also been critical of the department's conduct as a litigant. In *IP v. Department of Communities and SC* [2009] QChC 2, Deardon DCJ said:

> To put my assessment on this appeal at its bluntest, Ms XXX has been, at best, for the department, woefully and arguably, wilfully inadequate in the affidavit material sworn in her application, and at worst, has been positively misleading.'[91]
>
> I say that because it is clear, by inference, that Ms XXX [departmental representative] was fully aware of the Federal Magistrates Court proceedings, was aware the department, for some unspecified reason, had chosen not to become a party to those proceedings and was aware of all other materials relating to the Federal Magistrates Court proceedings.[92]

In *Department of Child Safety v. SB & Ors* [2010] QChCM 1, Braes TJ observes:

> The applicant, and all officers bringing such applications, must realise that the court requires evidence not simply bland statements. It is the court's role to examine the evidence and to determine the application based on the evidence and the relevant legislation. If the applicant does not present evidence to the court, the court is not able to fill in the gaps or read between the lines on behalf of the applicant.[93]
>
> Once again the applicant has not fleshed out these concerns. The applicant whets the reader's appetite for information relevant to the issue or concern, and then leaves the reader high and dry.[94]

In *Department of Child Safety v. SJ & MB* [2009] QChCM 1, McLaughlin M says:

> … it comes back to this business of no rules of evidence applying under the Act. The department, in my view, adopts a cavalier attitude that whatever they like to tell the court they can, even if they cannot tell you what it was based on.[95]

As a representative of the state in child protection proceedings, the department should be required to uphold the state's obligation to act as a model litigant. To do so is to acknowledge the nature of public bodies and 'the resource and power advantages they enjoy over individual citizens.'[96] It also provides guidance for the department to ensure it does not use its power to

exploit vulnerable parties who are not so well resourced, particularly those who are unrepresented. The Commission proposes a model for better legal advice and representation for the department and an independent Director of Child Protection to vet and make child protection applications instead of the department (see rec. 17 later in this chapter). A key responsibility of the legal advice providers and the director should be to ensure compliance with the model litigant principles.

Other criticisms directed toward the department concerned the quality of material prepared by Child Safety officers in support of applications. The following insight was provided by a former departmental officer: [97]

> ... frequently child protection applications are made by Child Safety officers with about twelve months or less experience in the frontline role and little to no previous court training or experience. Worse, they are often supervised by acting team leaders who have only about twelve months more experience. Perhaps most sadly it seems many freshly trained Child Safety officers seem to have little to no notion of what it means to be a statutory officer in terms of accountability to the courts.

In relation to the quality of filed material by the department, the Queensland Indigenous Family Violence Legal Service notes that a:[98]

> Considerable amount of filed material from Child Safety contains opinion (not expert opinion), historical information (and at times unsubstantiated allegations) which are presented as current issues/evidence of risk of harm. This creates an issue for the court in determining whether the information has any relevance or probative value to the risk of harm to the child.

Legal Aid Queensland observes that:[99]

> The inadequacy of evidence in support of applications by the department is a significant issue from LAQ's perspective because delays in or failure to identify and file best evidence compromises the ability to resolve litigation and may result in matters proceeding to hearing that would otherwise have been resolved earlier. This has cost implications for LAQ, which often funds multiple parties to proceedings, the department and the court system.

Once child protection proceedings are underway, the Childrens Court may also direct that the chief executive (that is, director-general of the department) convene a family-group meeting for a number of stated reasons (such as to develop a revised case plan or to deal with a matter relating to the child's wellbeing, protection and care needs).[100] To ensure this process is sufficiently robust, the Commission has proposed recommendations in Chapter 7 to promote the independence of convenors of these meetings. It is expected that, with an independent and appropriately qualified specialist convenor facilitating these family-group meetings, better outcomes will be achieved — including a possible flow-on effect of fewer court-ordered conferences. The Commission is advised that the Department of Justice and Attorney-General's alternative dispute-resolution branch should be able to help the department by providing specialist convenors trained in the Signs of Safety (or similar) framework.

Earlier access to independent legal advice for departmental officers

The Queensland Law Society believes that 'the department would benefit greatly from the provision of early and independent legal advice so that any intervention is evidenced based, litigation is conducted in a manner consistent with model litigant principals and any conflict of interest issues can be resolved'.[101] Legal Aid Queensland agrees, stating 'the quality of applications and supporting affidavit material would benefit from the receipt of proper legal

advice and forensic support at an early stage in the litigation process'.[102] This would also help resolve matters early.

Legal Aid Queensland observes that 'Court Services are mostly only engaged when a matter is listed for a final hearing, and then Crown Law may not receive a brief until just prior to the hearing. This has the result that the department only receives legal advice in the matter very late in the litigation process'.[103] One former departmental officer appears to understand this concern: [104]

> … unless coordinators or senior practitioners are suitably qualified, experienced and respected enough by the applicant or team leader to be listened to, it is little wonder that matters on occasion only start to resolve once Crown Law become involved.

It would appear from the organisational structure that court coordinators do not have the final say on whether an application will proceed or on what is included in the affidavits. They can provide advice but, ultimately, those decisions are made at the management level within the Child Safety service centre. One of the potential risks with this approach is that there is not an independent legal assessment made of the strength or suitability of an application at the early stage.

In a submission to the Commission, the department acknowledges it could improve the standard of information presented to the court through the following strategies:

- Recognising that court coordinators, or other representatives that appear on behalf of the department, represent the decision-making and casework that have been implemented by Child Safety throughout the department's involvement; and implementing a practice framework that supports good decision-making, ongoing assessment and casework with families to enable a clear 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 applicant.
- Enabling court coordinators 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 so that an early resolution is more likely.
- Reviewing the organisational structure to enable legal supervision and professional support for court coordinators.
- 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.[105]

The Commission agrees that the abovementioned strategies would improve the quality of information provided by the department to the court. In addition, the implementation of a new casework approach (based on Signs of Safety) and the development of specialist investigation teams, as proposed in earlier recommendations, should also improve the quality of child

protection applications. However, the Commission considers there is still a need to look at other strategies for providing earlier access to independent legal advice within the department so as to improve the quality of applications for court orders.

When the Victorian Law Reform Commission was reviewing the Victorian Department of Human Services's representation in similar proceedings it reported that:[106]

> DHS workers or managers make the decision to commence proceedings without having provided the DHS lawyers with the evidence upon which this decision is based or without heeding the advice of lawyers as to the merits of the case.

The Victorian Law Reform Commission looked at a proposal to establish an independent statutory body to conduct proceedings for the department (similar to the Office of Public Prosecutions). Some advocates suggested that an entity with statutory independence from the department — with the ability to make a final decision as to whether an application will be made or not, and consider and refine applications if the decision is to proceed — would provide more independent legal representation. It was suggested that a lawyer working for an independent prosecuting body would be able to take instructions from a child safety worker but would not be bound to follow them if he or she considered it was not in the best interests of the child to do so.[107]

The Bar Association of Queensland submitted that a separate entity be created in Queensland for undertaking legal proceedings on behalf of the department. As in Victoria, the proposal was based on the Director of Public Prosecutions model. Perceived benefits included:

- consistency, efficiency, transparency and accountability
- evidence-based applications and affidavits
- a recognition of the complexity of the work involved
- the likely reduction in the number of applications being brought
- the likely increase in settlements when matters are properly particularised with fewer matters proceeding to court
- independent review of the evidence gathered by caseworkers and refinement of applications by legal professionals in this independent body, assisted where appropriate by the bar, thereby limiting the number of permanent public service positions required to discharge this important function
- removing from caseworkers, who are often emotionally invested in the matter and the department, the decision to proceed.[108]

It is clear to the Commission that there is widespread mistrust and concern in relation to the conduct of proceedings by the department and its ability to present material that is sufficiently supported by relevant evidence. Those factors that appear to be materially contributing to this mistrust and concern are:

- a blurring in the role of Child Safety workers to include responsibilities usually discharged by a legal officer
- affidavits being prepared and sworn by Child Safety officers with little understanding of the implications of swearing an affidavit including the standards of evidence required
- lack of early 'independent' legal advice
- need for professional separation of the department's internal processes linked to child protection proceedings.

The Commission is of the view that a two-pronged approach is necessary to address the concerns. This would involve improving access to early, more independent, legal advice within

the department and establishing a new independent statutory office — the Director of Child Protection — to make applications for care and protection orders on behalf of the department. (The Commission acknowledges that this body would not be delivering child protection services and so is using the working title 'Director of Child Protection' to denote the statutory body that will be responsible for bringing child protection applications before the court.)

It is proposed there be a professional separation between the delivery of frontline child protection services (at both the regional level and Child Safety service centre level) and the provision of advice in relation to child protection proceedings. This is to be achieved by establishing a team of dedicated legal officers and specialist support officers within a separate office in the department to be known as the Office of the Official Solicitor. The Office of the Official Solicitor will be headed by the Official Solicitor who will only be subject to internal direction by the director-general and will oversee Court Services, the Court Coordinators and the Court Services Advisers. The Official Solicitor will prepare the applications on behalf of the department for all child protection proceedings before the Queensland Civil and Administrative Tribunal (where allowed), the Childrens Court and in appellate courts, and in all formal alternative dispute-resolution processes. The office's in-house legal officers will work closely with the proposed specialist investigation teams to provide advice at the earliest opportunity, and should also have access to independent expert advice such as through the obtaining of social assessment reports and other advice related to child protection.

The brief of evidence for a child protection application will then be sent by the Official Solicitor to the proposed new Director of Child Protection where a decision will be made as to whether a child protection order will be sought from the Childrens Court and, if so, what type. The Director of Child Protection will liaise closely with the Office of the Official Solicitor to ensure that decisions are made expeditiously and in the best interests of the child. While the intention is that the director will make the decision as to whether an application is brought before the court, the emergent nature of some proceedings and the dispersed nature of the state will mean that the department will need to retain the capacity to apply for certain interim orders where it is not practicable for the Director of Child Protection to make the necessary application.

The Director of Child Protection will be a separate statutory agency responsible to the Attorney-General for its statutory functions. However, the Department of Justice and Attorney-General may provide support for the director's offices to ensure economies and efficiencies are achieved. For example, it is expected that the director would have offices across the state. However, these could build on existing infrastructure (for example, by being co-located with other justice-related bodies, such as the offices of the Director of Public Prosecutions, which are spread throughout Queensland).

The Director of Child Protection will be a new SES-level position requiring additional funding, but the remainder of the staff should be sourced from the department and other government agencies. Some of the court coordinators should still be based in the Child Safety service centres and report to the Official Solicitor so as to provide independence and accountability for legal advice. Other legally qualified and admitted court coordinators could be transferred to the Director of Child Protection so they can take up positions as child protection lawyers within that office.

The policy rationale for this new proposed structure for legal advice and representation is to establish greater accountability and oversight for the applications that are being proposed by individual Child Safety service centres and particular regions to ensure that only necessary applications are being made and those that are made are managed appropriately.

Crown Law and Counsel could continue to be instructed where child protection matters proceed to trial in the more contentious cases where it is considered appropriate to invoke its expertise. As was the case in Victoria, the proposed model should also make provision for the use of preferred private legal providers in rural centres.

A staggered approach to adopting this model will be necessary to accommodate the changes necessary within the department to establish the Office of the Official Solicitor and to pass the necessary legislation to establish the Director of Child Protection as a statutory office, recruit staff and find office accommodation for the director's office throughout the state.

Recommendation 13.16
That the Department of Communities, Child Safety and Disability Services enhance its in-house legal service provision by establishing an internal Office of the Official Solicitor within the department which shall have responsibility for:

- providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders
- working closely with the proposed specialist investigation teams so that legal advice is provided at the earliest opportunity
- preparing briefs of evidence to be provided to the proposed Director of Child Protection in matters where the department considers a child protection order should be sought.

Recommendation 13.17
That the Queensland Government establish an independent statutory agency — the Director of Child Protection — within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought, as well as litigate the applications.

Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.

Recommendation 13.18
That the Department of Communities, Child Safety and Disability Services move progressively towards requiring all court coordinators to be legally qualified and for their role to be recast to provide legal advice (within the Office of the Official Solicitor) or to transfer the role to the independent Director of Child Protection office.

13.5 Additional issues relevant to the Childrens Court

The Commission considers it appropriate to provide the courts with the capacity to make additional orders, to require them to consider additional matters and to play a greater role in relation to the following matters:

- who can be a party
- requiring the department to demonstrate reasonable efforts prior to seeking a final order
- parental responsibility orders
- directory or supervisory orders

- costs
- placement and custody
- revocation of long-term guardianship.

Who can be a party

Under section 113 of the Child Protection Act, the court may hear submissions from a member of a child's family or anyone else the court considers is able to inform it on any matter relevant to the proceeding and who are classed as a *non-party* to the proceedings. This means that important family members and individuals in a child's life are often excluded from, or marginalised in, child protection processes. This situation fails to recognise the fact that a large number of grandparents and other family members have often played a major role in the children's lives up to the point of intervention and involvement by the department. Further it is hard to imagine that excluding the child's carers from decision-making will lead to decisions in the child's best interests.

In Part 3, section 11 of the *Child Protection Act 1999* outlines a broad definition of parent:

> (1) A parent of a child is the child's mother, father or someone else (other than the chief executive) having or exercising parental responsibility for the child.
>
> (2) However, a person standing in the place of a parent of a child on a temporary basis is not a parent of the child.
>
> (3) A parent of an Aboriginal child includes a person who, under Aboriginal tradition, is regarded as a parent of the child.
>
> (4) A parent of a Torres Strait Islander child includes a person who, under Island custom, is regarded as a parent of the child.
>
> (5) A reference in this Act to the parents of a child or to 1 of the parents of a child is, if the child has only 1 parent, a reference to the parent.

This broader definition of parent applies to negotiations between the department and parents in relation to a range of voluntary arrangements such as intervention with parental agreements, assessment care agreements and child protection care agreements. However, subsequent sections in the Act give a narrower meaning to parent, particularly in relation to court proceedings:[109]

> parent, of a child, means each of the following persons—
>
> (a) the child's mother or father;
>
> (b) a person in whose favour a residence order or contact order for the child is in operation under the *Family Law Act 1975* (Cwlth);
>
> (c) a person, other than the chief executive, having custody or guardianship of the child under—
>
> (i) a law of the State, other than this Act; or
>
> (ii) a law of another State;
>
> (d) a long-term guardian of the child.

Legal Aid Queensland observes that 'this narrower definition makes no provision for the court to give leave to a person who meets the wider section 11 definition to be given party status' and 'potentially excludes important people in the lives of children the subject of proceedings who care for, and exercise parental responsibility in respect of, those children.'[110] Legal Aid Queensland highlights the practical dilemma that this limitation creates:[111]

> When considering who is a child in need of protection pursuant to the basic concepts of the Act, under sections 9 and 10 (that is, a child who has suffered harm, is suffering harm or is at an unacceptable risk of suffering harm, and does not have a parent able and willing to protect them from that harm), that consideration must include a person or persons exercising parental responsibility for a child, or a person who, under Aboriginal tradition or Torres Strait Islander custom is regarded as a parent of a child (i.e. the broader s. 11 definition). However, if there is an application made for an assessment order or a child protection order, people in a relationship with the child as described above do not satisfy the narrower definition of parent in ss. 23, 37, 51AA, 51F, 52 or 205, and as a result are not entitled to be served with the application and materials and do not have a right of appearance on any application.

The Queensland Law Society also describes this confusion as problematic and gives the specific example of grandparents: [112]

> We acknowledge that these definitions can create anomalies, meaning that a person from whose care a child is removed may not be a party to consequent child protection proceedings.

Another example would be step-parents.

A broad statutory concept of family is essential to respect the importance of kinship relationships in Aboriginal and Torres Strait Islander families (and also culturally and linguistically diverse communities). The Port Kennedy Association highlights the need for a consistent definition of parent in the Act and recognition of island custom.[113] The Association's submission comments that:[114]

> … for the parent under island custom to be disregarded is disrespectful for the parent, child, community and culture. The child recognises these adults as their parents and the Child Protection Act should recognise this also.

The Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service observes:[115]

> The application of culturally blind concepts amount to a further example of the discrimination that is inherent in the child protection system. The Act does not have the flexibility to cater for Aboriginal and Torres Strait Islander child-rearing practices. We have found the definition of parent to be particularly problematic.

The critical question for resolution is whether the broader definition of parent, as currently given in section 11 of the Child Protection Act, should apply across the Act so that it covers not only voluntary negotiations but also court proceedings and interstate transfers. As the Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service highlights:[116]

> The consequence of including two definitions of parent in the Act is that an Aboriginal or Torres Strait Islander primary caregiver who is not a biological parent can be held to be a parent for the purpose of establishing that a child is in need of protection, while they are not considered to be a parent for the purpose of responding to child protection proceedings.

The alternative approach is addressed by both Legal Aid Queensland[117] and the Queensland Law Society who call for giving the court the power to give leave to those people who may be considered parents within the broader definition of parent as contemplated by section 11 of the Act. The Queensland Law Society submits:[118]

> … we consider that there may be some people (who are not 'parents' under the narrower definition) that the court considers should be given the rights of parties. In these instances, our view is that the court should be given the flexibility under the Act to determine that an individual who meets the broader definition of parent, or otherwise is such a significant person in the child's life, should be joined to the matter

> as a party in the best interests of the child. Therefore, that person would be given the right of appearance and the rights and obligations of a party, in the appropriate circumstances. This would, ensure that in appropriate circumstances, individuals joined as parties can be subject to directions of the court, attend court ordered conferences, list matters for hearing, and cross-examine witnesses.

The difficulty with applying the broader section 11 definition of parent is that it will require the department to identify all those parties who potentially fall within the definition when initiating proceedings. However, in many instances this information should be readily available or obtainable given the obligation on the department under section 5B(h) to consider kin as a placement option before seeking an order for the removal of the children from their parents.

Recommendation 13.19
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to permit the Childrens Court discretion to allow members of the child's family or another significant person in the child's life to be joined as a party to the proceedings where the court agrees the person has a sufficient interest in the outcome of the proceedings. These parties should also have the right to be legally represented.

Demonstrating reasonable efforts

Section 59 of the Child Protection Act outlines the procedural steps that must occur before making a child protection order. These procedural steps need to be supported practically through legislative change, rules of court and practice directions. Parents, however, must not be disadvantaged because of noncompliance by the department with any of the procedural steps. For example, a parent should not be disadvantaged because the department has not complied with a case plan or did not provide reasonable assistance in providing support services to the parents so that they might remedy identified problems.

The department has supported the introduction of a requirement that, before making a child protection order, the court should be satisfied that all reasonable steps or efforts have been taken to provide services to the child and the family in the best interests of the child.[119] It will be necessary to amend section 59 to introduce this requirement. This will further the statutory priority of keeping children at home when it is safe to do so.

Providing support to a child's family is also relevant to the court's assessment of whether there is a parent who is 'willing and able' to protect the child. In *Department of Child Safety v. SJ and MB* [2009] QChCM1, the court noted:

> The reality is the department has offered little support in the last three and a half years. They are not likely to change now. I therefore reluctantly come to the conclusion that whilst I accept that the mother and the father love these children dearly and have done enormous things over the last three years from their point of view to show how much they love the children and to get them back, the reality is that they need support and the support is not available.

The department has suggested making a related legislative amendment to ensure that the participation of a parent in family-group meetings, or their agreement to a case plan, cannot be used in the proceedings as evidence of an admission by them of any matters alleged against them. The department noted that sometimes parents are reluctant to participate in case-planning meetings or to agree to a case plan where an application for a child protection order has commenced because they are concerned that their participation or agreement may be taken as an admission to matters related to the application. This can result in a child not having a case plan pending the finalisation of the application, which can delay work towards

reunification and, in turn, may extend the time of departmental intervention. The amendment proposed by the department would overcome these delays and encourage participation of parents and family in case planning, once proceedings begin.[120]

Recommendation 13.20
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide that:

- before granting a child protection order, the Childrens Court must be satisfied that the department has taken all reasonable efforts to provide support services to the child and family
- participation by a parent in a family group meeting and their agreement to a case plan cannot be used as evidence of an admission by them of any of the matters alleged against them.

Recommendation 13.21
That the Department of Communities, Child Safety and Disability Services ensure, when filing an application for a child protection order, its supporting affidavit material attests to the reasonable steps taken to offer support and other services to a child's family and to work with them to keep their child safely at home.

Enforcement of supervision and directive orders

The Child Protection Act permits both supervision and directive orders. The purpose of these orders is to allow a child to remain at home while the parent is required to deal with certain matters or behaviour. These orders are currently available for a period of one year after the day the order is made.

Supervision orders

A supervision order is a type of child protection order requiring the chief executive to supervise a child's protection in relation to the matters stated in the order. It lasts for a maximum of one year after being made.

Sections 77 and 78 of the Child Protection Act note the obligations of the child's parents and the powers of authorised officers/chief executive under this order, including:

- keeping the chief executive informed about where the child is living
- allowing authorised officers to have reasonable contact with the child — an authorised officer may enter the place the child is living and may use such force as is reasonable in the circumstances to enter such a place
- the chief executive may, on written notice, direct a parent to do or refrain from doing something specifically relating to the supervision stated in the order; this is a reviewable decision in QCAT.

Chapter 3 of the Child Safety practice manual states that a supervision order may be applied for when all of the following circumstances are present:

- the child is in need of protection, and supervision and direction by Child Safety will enable:
  - the child to safely remain at home
  - Child Safety to monitor the situation to ensure the matters specified in the order are addressed by the parents

- it is possible to specify the areas relating to the child's care that are to be supervised by Child Safety
- failure on the parents' part to comply with Child Safety requirements will not place the child at immediate risk of harm
- the intervention needed, with the child residing in the home, will not be accepted voluntarily by the parents
- it is appropriate for the parents to retain their custody and guardianship rights and responsibilities.[121]

It is noted that, similar to intervention with parental agreement, a child may be placed in out-of-home care through a child protection care agreement while being subject to a supervision order.

Directive orders

The Child Protection Act distinguishes two types of directive orders. The first directs a parent to do, or refrain from doing, something directly related to the child's protection. The second places restrictions on parental contact with the child either by directing that no contact occur, or that it occur only in the presence of a specific person or category of person (for example, a Child Safety officer).

A directive order may be applied for in conjunction with a supervision order or other child protection order, and can be in place during an intervention with parental agreement in limited circumstances.[122] Similar to a supervision order, a directive order can last for a maximum of one year after the day it is made.

Chapter 3 of the Child Safety practice manual states that a directive order requiring the parents to do or refrain from doing something may be applied for when all of the following circumstances are present:

- the parents will not take the action, or cease the action, voluntarily
- the child can safely remain at home, as long as the parents take certain actions or cease certain actions
- the action is able to be clearly defined, and what is required of parents is easily understood by the parents
- a specific order is able to be made by the court
- failure on the parents part to keep to the directives of the order will not place the child at unacceptable risk of harm
- the parents are likely to adhere to the recommended order.

In relation to a directive order placing conditions on parental contract with a child, the Child Safety practice manual states this order may be sought when one of the following circumstances are present:

- the child could remain at home with a protective parent if the parent to whom the child protection concerns apply was prevented, or restricted, from contact
- a protective parent consents to the child being cared for by another person (for example, with relatives), and the parent to whom the child protection concerns apply was prevented, or restricted, from contact
- there is a Family Court of Australia parenting order that needs to be overridden for child protection reasons, allowing the protective parent to apply for variation of the Family Court of Australia order

- there is a need to prevent a parent from harassing the child in a harmful way (for example, telephone threats) and prosecution may be required to enforce the contact order — in this case, the order may be made in conjunction with any other child protection order, *or*
- the child's safety could be secured through the supervision of the parent to whom the child protection concerns apply, and there is a person assessed as able and willing to provide the supervision.

Use of voluntary intervention and non-custodial child protection orders

Data presented in Figure 2.3 (Chapter 2) indicate that voluntary arrangements are used in more than half of new interventions for children in need of protection, with 2,383 children with interventions with parental agreement commencing in 2011–12 (61%) compared with 1,513 children who were admitted to child protection orders (39%). The child protection orders were mainly custodial or guardianship orders, with departmental information showing that only an estimated 15 per cent of the orders were supervisory or directive.

As outlined in Figure 2.12, the numbers of children on directive orders and supervision orders both fell in 2010. Between 2010 and 2012 supervision orders continued to fall to 303 children on supervisory orders, while there were some increases in the relatively small numbers of children on directive orders, to 81 children on directive orders in June 2012.

Some potential reasons for the declining use of non-custodial orders might be a lack of funding and services available to support families subject to such interventions, as opposed to children in out-of-home care. While there are services available to provide intensive, home-based support (such as family intervention services), funding and capacity for these services are limited due to the low client to staff ratios required to do intensive work with families. The department's submission notes that a range of non-government family intervention services were funded for $18.3 million.[123] Further, the lack of support services available in rural and remote areas can necessitate the child going into care to ensure their safety. Out-of-home care costs an average of $300,000 per annum per placement (Chapter 8 of this report provides more detail about this). The department supports the use of existing resources to purchase additional intensive family support or specialist services to keep children at home.[124]

Under the guiding principles in section 5B of the Child Protection Act, the family (not just parents) have primary responsibility for their children or kin. The state's role is supportive and aimed at keeping vulnerable families intact as much as possible, rather than breaking them up by coercive intervention. Accordingly, the Commission concludes that the department needs to move away from a risk-averse culture and focus more on learning how to identify and reasonably manage acceptable risks better and more consistently with the overall best interests of the child. The duty of care is to act reasonably in ensuring safety, not to guarantee it. The state intervenes to protect against unacceptable risk, not all risk. The recommendations made earlier in this report including the increase in services, the Signs of Safety (or similar) practice framework and the need to demonstrate that reasonable efforts have been made prior to seeking a child protection order are designed to encourage a shift toward a more supportive approach in which the department works with families to keep children safely at home where possible.

The Commission has identified a concern that it is not possible to practically enforce the terms of supervision and directive orders. This may not only place a child at preventable risk, but also allows the parent to avoid the consequences of their behaviour.

In a related context, the New South Wales Government issued a discussion paper on 22 November 2012, which dealt with the lack of 'enforceability' of prohibition orders and proposed introducing sanctions such as fines and community service orders.

The Family Court has a combination of remedial and punitive measures available if a parent contravenes an order without reasonable excuse. The punitive measures extend to punishments available in the criminal justice system.

The Commission concludes that consideration ought to be given to imposing punitive sanctions when a parent fails to comply with the requirements of a supervision or directive order.

Recommendation 13.22
That the Department of Communities, Child Safety and Disability Services increase its capacity to work with families under an intervention with parental agreement or a directive or supervisory order with appropriate support services and develop a proposal for legislative amendment to provide for effective sanctions for non-compliance with supervisory or directive orders.

Costs

Currently, the court does not have any discretion to order costs against the department for child protection proceedings. In Family Court matters, the award of an adverse costs order can be seen as a deterrent to those parties who do not comply with orders and other obligations[125] and as a means of encouraging parties to use an alternative dispute-resolution procedure where appropriate. There was support in the submissions received by the Commission for costs being awarded against the department, for example:

> The department should be held liable for costs in failed applications (both at interim and final hearing). This will ensure the department only runs actions that are going to be successful, and increase efficiency with regards to evidence provided ...
>
> Where the department is unsuccessful at trial, the department needs to pay for costs of the parents (or legal aid) defending the action. This would allow legal aid to fund more trials (by recouping costs), and would see the department limiting action to matters that *actually* require it.[126]

In relation to child protection proceedings, legislation in a few interstate jurisdictions provide for the Childrens Court to make an order for costs. For example, this may be where there are exceptional circumstances justifying the making of such an order (New South Wales) or where the court dismisses an application by the chief executive office or minister (South Australia) or secretary (Tasmania).[127]

These provisions clearly differ in that the New South Wales provision contemplates there may be exceptional circumstances where the Childrens Court may make an order for costs against any party to the proceedings, whereas the other two jurisdictions only make provision for an order against the relevant state child protection agency.

Comments received from legal stakeholders refer to the department approaching proceedings with an apparent unwillingness to settle matters — for example, by attempting mediation for those matters that do proceed to a final hearing. This is seen to be at variance with the principles set out in section 5B of the Child Protection Act and the model litigant principles. Accordingly, allowing the court discretion to order costs should help remind the department of its statutory obligations and to represent the state fairly in child protection proceedings.

Likewise, parents and other parties may not always meet their own legal obligations during the course of proceedings, so it is considered fitting that the court also have jurisdiction to award costs against other parties where there are exceptional circumstances that justify it in doing so.

Recommendation 13.23
That the Minister for Communities, Child Safety and Disability Services propose amendments to section 116 of the *Child Protection Act 1999* to allow the Childrens Court discretion to make an order for costs in exceptional circumstances.

Placement and contact decisions

A broader question remains as to whether the court should decide where a child should be placed and about contact arrangements with parents and family. One argument is that the court should make placement orders based on the recommendation of the department rather than leaving it to the chief executive to make such decisions administratively.

While the concept of substitute parent under a guardianship transfer regime would ordinarily allow placement decisions to be made by the substitute parent, there is an argument that — when the parent is the state which itself has a history of systems abuse — the court should make the order directly to the carer. Presumably, there would be little difficulty in the chief executive having to justify placement recommendations to the court in much the same way as she currently does to parents under section 86(2).

This would also have a disciplining effect on the department, ensuring that it consults more with recognised entities and faithfully adheres to the Indigenous child placement principle under section 83 of the Child Protection Act.

The transfer of guardianship rights from the parent to a substitute person who assumes full parental responsibility is not, or should not be, a step lightly taken. The choice of delegated carer and placement is no less significant for the child — the choice should be governed by the balance of relevant best interests considerations, including the child's right to live safely at home and not be moved, except for safety's sake.

Ideally, where a long-term guardianship order is sought, stable and suitable alternative placement should be resolved before, not after, guardianship is transferred from parents to another adult or the state. The decision should be based on evidence that it is the best long-term outcome for the child. The decision-maker should be considering where the child will be living if the order for long-term guardianship is granted. It is implicit that in making a long-term guardianship order in favour of a person (other than the chief executive) that the court is effectively 'placing' the child with that person.

Before the court makes a child protection order, the court must be satisfied that there is a proper and child-centred case plan in place. This case plan will deal with the arrangements as to where the child will live and what contact will be available with the family. The court does not specifically endorse the living and contact arrangements in the order made, but must be satisfied that they are satisfactory before making the order.

The court's decision-making process could be clarified if the court, in making a long-term guardianship order, confirmed that it was also deciding on the arrangements for contact or placement. Subsequent to the court order, different arrangements for contact or placement could still continue to be decided by the department, provided that the processes for review of those decisions were strengthened as suggested below.

However, one submission argued strongly against the Childrens Court taking on responsibility for decision-making related to case management:

> ... this is a potentially dangerous path to tread because it opens up the prospect of proceedings becoming bogged down with disputes about day-to-day case decision-making rather than attending to central issues of the protective orders being sought. It would likely result in lengthy delays ... and would make the court process both longer and more costly ...
>
> I am of the view that we should let the departmental officers have the authority and discretion to make decisions about complex case-management issues, but then hold them accountable and open to scrutiny by properly structured review processes.[128]

The Commission is conscious that a proposal to involve the Childrens Court more closely in the placement and contact decisions in relation to long-term guardianship orders may have implications for case management both within the department and through the court process. Accordingly, the Commission proposes that the Court Case Management Committee examine the proposal with a view to developing a model that allows the court to make long-term guardianship decisions that are appropriate, informed and in the genuine best interests of the child, to avoid systems abuse.

Recommendation 13.24
That the Court Case Management Committee examine whether the Childrens Court in making a long-term guardianship order can feasibly make an order for the placement and contact arrangements for the child. In this examination, the Committee should take account of the impact of such a proposal on the court case management system and the departmental case management processes.

Revocation of long-term guardianship

As at 30 June 2012, there were 4,668 children and young people in care on long-term guardianship orders.[129] Under section 59 of the Child Protection Act, in granting a long-term guardianship order, the court must be satisfied that there is no parent willing or able to protect the child within the foreseeable future, or that the child's need for emotional security will be best met in the long term by making the order. In granting long-term guardianship to the chief executive, the court must be satisfied that there was no other 'suitable person' to whom to give long-term guardianship.

Once a child or young person is placed in out-of-home care under a long-term guardianship order, the court has no ongoing case-management role in the matter. Case management rests with the department for the duration of the order, which ends the day before the child turns 18. Section 65 of the Child Protection Act does make provision for 'an authorised officer, a child's parent or the child' to apply to the Childrens Court for a variation to or revocation of a child protection order at any time after a child protection order has been made. In determining whether to revoke or vary a child protection order, the court must be satisfied that the order is no longer appropriate and desirable for the child's protection.

In 2011–12, 113 applications to revoke a child protection order and 72 applications to vary a child protection order were made.[130] In comparison to the 4,668 children and young people on long-term guardianship orders for the same period, this number is very low and is concerning for a number of reasons.

Public policy dictates that placing a child in out-of-home care should not disadvantage, harm or put a child in a worse situation than the one from which the child has been removed. The

Child Protection Act does not define 'parent' to include the state, so an individual parent is subject to greater scrutiny of their parenting and responsibility to provide for their child's care and protection needs than the state is when a child is placed in its care. Yet evidence before the Commission has shown that children and young people do not always fare well while in the care of the system, with some still suffering 'harm' (albeit possibly a different type of harm or risk of harm to that which resulted in the child coming into care in the first place), even though in the care and protection of the department.

It is foreseeable that even in some cases of long-term guardianship orders, family circumstances may change for the better over time, which may mean that the young person's care and protection needs can now be met by the family or other 'suitable' person (either with or without the assistance of support services). The Commission also believes it is unlikely that a young person will have the same level of safety or other care concerns at 15 years of age that he or she had when a long-term order was made a decade or so before.

Under the Child Protection Act, the department has a requirement to review and update a young person's case plan regularly, which includes reassessing whether the young person can be safely returned home. The low number of applications to revoke long-term guardianship to the chief executive raises the question of whether children may be drifting through the care system once they have entered it, possibly with multiple foster breakdowns and placements (which is likely to amount to systems abuse, discussed earlier in Chapter 7 of this report), without anybody revisiting the question of whether they will be better off at home rather than being in the care system. When used in appropriate circumstances, revoking long-term guardianship orders could be one way of reducing cost to government and, more importantly, meeting the best interests of children.

The department has an obligation to ensure that children and young people do not stay in care for any longer than their ongoing protective needs require. It is therefore imperative that when reviewing case plans that caseworkers consider whether the care system is meeting the needs of a child or young person or whether other arrangements can be made that better reflect the child's best interests. There is a plausible argument that if the child's time in long-term care is not providing a net benefit for the child, then some other less-intrusive intervention should be considered. The audit proposed in Chapter 4 may look at the extent to which caseworkers have been turning their minds to these important considerations. With the advent of better legal representation for parents and child advocates for children in care, the number of applications by parents and children seeking a revocation of a child protection order may increase.

To counter any concerns that the department may not be informing parents of their right to seek to vary or revoke a child protection order, the Family and Child Council should be responsible for making information readily available for access by parents and children (for example, on its website or in booklets and brochures) about their rights when coming into contact with the child protection system. While it is acknowledged that the department currently provides some limited information of this kind on its website, the Commission is of the opinion that information along the lines contained in the booklet *Information kit on child protection for parents* currently developed by the South West Brisbane Community Legal Centre is what is necessary. Such a resource could be provided to key stakeholders (including the department) for distribution to relevant individuals as early as possible.

Besides making an application to the court, a child or parent may at any time request the department to review the continuing appropriateness of a child protection order. Logically, there should be legitimate grounds and new evidence that would support such a request. If the department refuses to consider the request, then the parent or child may seek an external review of the department's decision by the Queensland Ombudsman's office. Alternatively, the

department's decision not to conduct a review could be a reviewable decision giving the parents or child a right to seek a review by the Queensland Civil and Administrative Tribunal. Where the department conducts the review as requested and agrees that the existing child protection order should be varied or revoked, the department should be responsible for bringing the application to the Childrens Court. In cases where the department does not agree that the order should be varied or revoked, the department should be obliged to refer the matter to its independent review panel (which oversees the department's child-death reviews) for further consideration and determination. This would provide an added degree of independent expertise to the decision-making process.

When teenagers under a long-term guardianship order to the chief executive have self-placed with their family (with the knowledge of the department), consideration must be given to what child protection order, if any, is necessary in relation to the teenager. The teenager is unlikely to need the same level of protection as when he or she was first placed in long-term care. In the longer term, consideration should be given to developing court powers to recognise the wishes of competent young person to function independently without departmental or parental guidance. In some cases, a very capable young person should be able to apply for an order for emancipation from the department and the young person's parents. This is not currently possible under the Child Protection Act.

Recommendation 13.25
That the Minister for Communities, Child Safety and Disability Services propose an amendment to Schedule 2 of the *Child Protection Act 1999* to include a reviewable decision where the department refuses a request to review a long-term guardianship order by a child's parent or the child.

Recommendation 13.26
That the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options in response to child protection interventions.

13.6 A more robust review function by the Queensland Civil and Administrative Tribunal

The Queensland Civil and Administrative Tribunal, established under the *Queensland Civil and Administrative Tribunal Act 2009*, seeks to resolve disputes in a way that is fair, just, accessible, quick and inexpensive. It operates as a tribunal, not a court. In keeping with its statutory requirements, it acts with as little formality and technicality as possible. It can consider questions of fact or law and, even though it does not form part of the courts, its decisions are binding and can be enforced. Matters are heard and decided by a panel of members or adjudicators who may be lawyers or have expertise in a particular field. Mediation and compulsory conferences are used in order to try to resolve disputes. Where a matter cannot be resolved through these means, a hearing will be held and the tribunal will make a final decision about the matter. In the child protection context, the Queensland Civil and Administrative Tribunal can review administrative decisions of the department about the placement of a child and the contact arrangements concerning that child.

During public submissions, there were both positive and negative views of the way the tribunal delivered this function. The positive submissions in part related to the availability of panels with varied expertise.[131] The Child Protection Act provides that the panel members must have a

demonstrated knowledge of, and experience in, one or more fields including administrative review, child care, child protection, law, psychology or social work.[132]

Role of the department as decision-maker

The department has a statutory obligation to provide parents, carers and children with formal notice of a decision about contact or placement (unless this advice poses a significant risk to the safety of a child), the reasons on which the decision has been made and their review rights.[133] It is imperative that this occurs to avoid unnecessary delay and to reduce the likelihood of an adverse and direct impact on children.[134] Ideally, relevant parties should have ready access to support and/or legal advice at this important early stage and be provided with sufficient time to consider the reasons for the decision before the matter is heard on review.

Submissions raised a concern that children and parents were not being advised of reviewable decisions, nor of their right to seek a review.[135] This is further evidenced by the small number of applications for review (particularly by children), having regard to the high number of reviewable decisions being made. QCAT expressed concern that young people may not inevitably receive notification as to their rights of review and has recently raised concerns with the department that people are not being consistently informed of their rights of review across the state. The tribunal also explained the relatively low numbers of review may be because many young people raise their issues of concern with community visitors, and the Children's Commission has traditionally taken the position that it is less onerous to resolve these issues informally rather than go to the tribunal for review.[136]

Several submissions argued that the whole administrative review process needed reviewing to be more robust:[137]

> The small number of reviews about child protection matters, the reported disproportionate representation of Departmental officers, the reported lack of information about the right to seek administrative review, the need to improve the Department's internal complaints processes and the lack of published information about conference outcomes work together to undermine access to and the value of the right to seek review and to develop a relevant body of decisions and precedents.[138]

Role of the Queensland Civil and Administrative Tribunal as a review mechanism

One of the objectives of the Queensland Civil and Administrative Tribunal is to provide parties with a forum to deal with matters quickly.[139] However, a number of submissions note that delays are common, which leaves parents and carers feeling frustrated and disempowered.[140] Some case studies provided by Foster Care Queensland clearly showed delays, with matters taking six months or more from point of hearing to final decision.[141] Such timeframes are contrary to the principle in section 5(b)(n) of the Child Protection Act, which provides 'a delay in making a decision in relation to a child should be avoided, unless appropriate for the child.'

There was a perception by some that in comparing the Queensland Civil and Administrative Tribunal with its predecessor — the Children's Services Tribunal — the tribunal was less willing to value or encourage the participation of children in proceedings and conferences. The Queensland Law Society submits that its 'members also anecdotally report that there are very few instances of children participating in QCAT, as compared with the former Children's Services Tribunal.'[142] The tribunal responds that, while it does not compel children or young people to participate in QCAT review proceedings, it does have access to their views via letters, drawings, reports, separate representatives or legal representatives.[143]

The alleged treatment of parents was also a concern. One submission claimed that 'the present culture of Queensland Civil and Administrative Tribunal proceedings is laced with oppression and intimidation for the parents involved'.[144] Consistently with views expressed about court proceedings, submissions noted a lack of structure in the procedure for the jurisdiction, including an absence of effective case management or directions hearings. Generally, submissions argued that the review function can be viewed as somewhat illusory. In most cases, by the time QCAT considers the matter the decision under review has been superseded, so applications for review are routinely dismissed as lacking in substance.

On 19 December 2012, the Attorney-General released a consultation paper as part of a review of QCAT. As the review is still going on, it is considered timely for these practice issues to be referred to the current review for appropriate consideration and action.

Recommendation 13.27
That the Queensland Civil and Administrative Tribunal consider, as part of its current review, improved practices and processes in the following areas:

- child inclusive and age-appropriate processes, for example increased use of child and youth advocates
- more timely consideration to reduce unnecessary delays and the dismissal of matters
- enable publication of outcomes of matters being resolved as part of the compulsory conference process.

Dealing with concurrent proceedings in the Childrens Court and QCAT

On occasions, there may be an application for a child protection order underway in the Childrens Court, while a related application for a review of a decision about the placement or contact arrangements for that same child is being dealt with by the tribunal. Many submissions argued that this situation is confusing for participants and can cause delay, even though arrangements exist for tribunal proceedings to be suspended pending the determination of court matters. Despite these arrangements, members of the Queensland Law Society reported there have been situations in which concurrent proceedings of the Queensland Civil and Administrative Tribunal and the Childrens Court have occurred and a decision has been made by the tribunal without the knowledge of the Childrens Court or all the parties.[145] To avoid this, some submissions argued that where there is a court proceeding for an application for a child protection order and concurrently an application before QCAT to review a related decision, the tribunal procedure could be transferred to the court.

The department argued that the Childrens Court should not make decisions about contact and placement, even if these were incidental to protection orders being made by the court. However, most submissions argued that it is better for the child that as few issues be left unresolved in a single proceeding as possible, and that timely orders are made.

When there is a child protection proceeding underway in the Childrens Court, the court should decide review applications about contact and placement.

Recommendation 13.28
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to allow the Childrens Court to deal with an application for a review of a contact or placement decision made to the Queensland Civil and Administrative Tribunal if it relates to a proceeding before the Childrens Court.

13.7 Summary

Childhood is short. Hence, legal processes dealing with the protection of children must not delay in reaching decisions. More than this, such processes must allow children, as far as possible, to have an audible voice in the decisions that profoundly affect their lives.

The decisions made by the Childrens Court of Queensland and the Queensland Civil and Administrative Tribunal are of critical importance because they can have far-reaching effects on a child's life. Yet the Childrens Court and the Queensland Civil and Administrative Tribunal (QCAT) represent an area of the law that does not have the status, jurisprudence or legal aid funding that is afforded to federally funded private family law matters involving disputes between private individuals.

The Commission has recommended a new case management process for the Childrens Court to expedite child protection matters. This should be supported by necessary Practice Directions and a legislative, policy and a practice framework to strengthen court-ordered conferences. Matters to be addressed as part of the case management framework should include legislative proposals for court ordered conferencing and a duty of disclosure on the department. Amendments should also be made to the Child Protection Act to forbid the making of short-term orders that together extend beyond two years, unless it is in the best interests of the child. The Commission recommends legislative change to allow a court to transfer and join proceedings relating to siblings or to deal with a review of contact or placement decision made to the QCAT if it relates to proceedings before the Childrens Court.

The respective roles of the President of the Childrens Court and the Chief Magistrate need to be clarified in the Act to ensure that the Chief Magistrate can effectively manage the majority of child protection proceedings which are heard in the Childrens Court by magistrates. The Commission recommends that more of the existing magistrates be appointed as specialist Childrens Court magistrates and that they be supported by additional resources such as a benchbook and have improved access to expert advice.

All parties need to be legally represented in key stages of the pre-court and court processes with appropriate opportunities for alternative dispute resolution processes to be used to resolve matters quickly. Because child protection matters deal predominantly with vulnerable and socially disadvantaged families, legal aid funding should be available to ensure representation for those parties who do not have the means to be privately represented. The government should review Legal Aid funding to ensure the representation of vulnerable children, parents and other parties.

There needs to be appropriate avenues for the voice of children and young people to be heard in child protection proceedings. Their views are not consistently being heard. The Commission is recommending that amendments be made to the Child Protection Act to require the views of children and young people be provided to the court either directly or indirectly.

The Commission also proposes some changes to encourage the department to work with families to try and keep children safely at home rather than seek to have a child removed into out-of-home care. These include requiring a court to be satisfied that the department has made all reasonable efforts to provide support services to the child and family before granting a child protection order.

There is a need for greater professional separation between the delivery of frontline child protection services and the provision of advice on child protection proceedings as well as for earlier access to legal advice within the department to resolve matters sooner. The

Commission is recommending establishing an internal Office of the Official Solicitor in the department to provide earlier, more independent legal advice to frontline departmental officers. This office should provide a brief of evidence to a new Director of Child Protection within the Department of Justice and Attorney-General who will decide whether a child protection order should be sought.

Endnotes

[1] *Aon Risk Services Australia Limited v Australian National University* [2009] 239 CLR 175 at 217.
[2] Queensland Child Protection Commission of Inquiry 2013, *Discussion paper*, Queensland Child Protection Commission of Inquiry, Brisbane, p. 255.
[3] Submission of Stuart Wills, March 2013 [pp9–20].
[4] Submission of Stuart Wills, March 2013 [p20].
[5] Survey, Legal Practitioners, March 2013.
[6] Submission of Youth Advocacy Centre Inc., March 2013 [p13]; Submission of Queensland Law Society, 20 March 2013 [p11]; Submission of Aboriginal & Torres Strait Islander Legal & Advocacy Service, March 2013 [p6]; Submission of South West Brisbane Community Legal Centre Inc., March 2013 [p4]; Submission of Bravehearts Inc., 15 March 2013 [p25]; Submission of Professor Bob Lonne, March 2013 [p12]; Exhibit 195, Submission Legal Aid Queensland, 15 March 2013 [p6]; Submission of PeakCare Queensland Inc., March 2013 [p65]; Submission of Aboriginal & Torres Strait Islander Women's Legal Service NQ Inc., March 2013 [p23]; Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p5].
[7] Tilbury, C & Mazerolle, P 2013, 'The Childrens Court in Queensland: where to from here?', in Sheehan, R & Borowski, A (eds.), *Australia's Children's courts today and tomorrow*, Springer Publishing Company, New York
[8] Transcript, Professor Clare Tilbury, 28 August 2012, Brisbane [p12: line 30].
[9] Exhibit 186, Department of Communities, Child Safety and Disability Services submission, March 2013 [p75].
[10] Exhibit 186, Department of Communities, Child Safety and Disability Services, March 2013 [p75].
[11] *Childrens Court Act 1992* (Qld) s. 8.
[12] Meeting with Childrens Court President, 2 May 2013, Brisbane.
[13] Submission of Youth Advocacy Centre Inc., March 2013 [p13]. See also Submission of PeakCare Queensland Inc., [p65]; Submission of Professor Bob Lonne, March 2013 [p12].
[14] Submission of Daniel Stewart, March 2013 [p12].
[15] Submission of Queensland Law Society, 20 March 2013 [p11].
[16] Exhibit 195, Submission of Legal Aid Queensland, 15 March 2013 [p6].
[17] Submission of Bravehearts Inc., 15 March 2013 [p25].
[18] Response to summons, Terry Ryan, Department of Justice and Attorney-General, 2 November 2012, Attachment D.
[19] *Childrens Court Act 1992* (Qld) s. 7(2).
[20] Submission of Legal Aid Queensland Submission, 26 October 2012 [p22].
[21] Submission of Queensland Law Society Submission, 19 October 2012 [p8].
[22] Submission of Queensland Law Society Submission, 19 October 2012 [p8].
[23] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p10].
[24] Submission of Legal Aid Queensland, 26 October 2012 [p23].
[25] Submission of Queensland Law Society, 19 October 2012 [p29]; Submission of Queensland Law Society, 20 March 2013 [pp13–4].
[26] Submission of Name withheld, 14 March 2013 [p14].
[27] Submission of Legal Aid Queensland, 26 October 2013 [p15].
[28] Submission of Queensland Law Society, 19 October 2012 [pp11–2].
[29] Submission of Family Inclusion Network (Townsville), March 2013 [p26].
[30] Submission of Youth Advocacy Centre Inc., March 2013 [p14].
[31] Submission of South West Brisbane Community Legal Centre Inc., March 2013 [p5].
[32] Submission of Bravehearts, 15 March 2013 [p26].
[33] Submission of Magistrate (name withheld), 16 May 2013.
[34] Queensland, *Parliamentary Debates,* Legislative Assembly, 18 June 1992, 5929 (AM Warner).
[35] Submission of Legal Aid Queensland, 26 October 2012 [p14]; Submission of Queensland Law Society, 19 October 2012 [pp39–41]; Submission of Queensland Law Society, 20 March 2013 [pp11–2]; Submission of Aboriginal & Torres Strait Islander Women's Legal Services NQ Inc., March 2013 [p23]; Submission of Youth Advocacy Centre Inc., March 2013 [p13]; Submission of South West Brisbane Community Legal Centre Inc., March 2013 [p4]; Submission of Bravehearts Inc., 15 March 2013 [p25]; Submission of Professor Bob Lonne, March 2013 [p13]; Submission of Foster Care Queensland, March 2013 [p9]; Submission of Family Inclusion Network (Townsville), March 2013 [p24]; Submission of Ethnic Communities Council of Queensland, March 2013 [p7].
[36] Submission of Foster Care Queensland, March 2013 [p9].
[37] Submission of Churches of Christ Care, 15 March 2013 [p13].
[38] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p11: para 37].
[39] Meeting with Chief Magistrate, 8 May 2013, Brisbane.
[40] Submission of Legal Aid Queensland, 26 October 2012 [p14].
[41] Meeting with Chief Magistrate, 8 May 2013, Brisbane.

[42] Submission of Queensland Law Society, 20 March 2013 [pp11–2].
[43] Judicial Commission of New South Wales, *Children's Court*, NSW Government, viewed 23 April 2013, ‹http://www.judcom.nsw.gov.au/publications/benchbks/local/care_and_protection_jurisdiction.html#p47-240›.
[44] Exhibit 186, Submission of Department of Communities, Child Safety and Disabilities Services, March 2013 [pp74–5].
[45] Queensland Courts, *Supreme and District Courts Benchbook*, Queensland Courts; Queensland Courts*, Equal Treatment Benchbook*, Supreme Court of Queensland Library, Brisbane, p. 45.
[46] Meeting with Chief Magistrate, 8 May 2013, Brisbane.
[47] *Child Protection Act 1999* (Qld) s. 5B(a).
[48] *M v M* (1988) 166 CLR 69; *Re H (Minors) (Sexual abuse: Standard of proof)* [1996] 1 All E R 1.
[49] Australian Institute of Judicial Administration 2011, *Child protection in Australia and New Zealand— issues and challenges for judicial administration conference*, viewed 24 April 2013, ‹http://www.aija.org.au/Child%20Protection%202011/Program.pdf›; Australian Institute of Judicial Administration 2012, *Doing justice for young people — issues and challenges for judicial administration in Australia and New Zealand,* viewed 24 April 2013, ‹http://www.aija.org.au/Youth%20Justice%202012/Programme.pdf›.
[50] Submission of Name withheld, 1 May; Submission of Name withheld, 8 May 2013.
[51]Submission of Name withheld, 2 May 2013.
[52] Meeting with Chief Magistrate, 8 May 2013, Brisbane.
[53] Child Protection Practitioners Association of Queensland Limited, *Upcoming Events*, viewed 16 June 2013, ‹http://www.cppaq.com.au/›.
[54] Submission of Legal Aid Queensland, 26 October 2012, Table 5.
[55] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p75].
[56] Survey, Legal Practitioners, March 2013.
[57] Tilbury, C & Mazerolle, P 2013, 'The Childrens Court in Queensland: where to from here?', in Sheehan, R & Borowski, A (eds.), *Australia's Children's courts today and tomorrow*, Springer Publishing Company, New York, p. 8.
[58] Queensland Child Protection Commission of Inquiry 2013, *Discussion paper*, Queensland Child Protection Commission of Inquiry, Brisbane, pp. 260–1.
[59] Submission of Bravehearts Inc., 15 March 2013 [p25].
[60] Submission of Foster Care Queensland, March 2013 [p10].
[61] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [p12: para 46].
[62] Submission of Aboriginal & Torres Strait Islander Legal & Advocacy Service, March 2013 [p6].
[63] Submission of Youth Advocacy Centre Inc., March 2013 [p14].
[64] While Legal Aid Queensland also receives Commonwealth funding, it advises the following:
Under the National Partnership Agreement on Legal Assistance Services between the Commonwealth and the States and Territories (NPA), the Commonwealth's priorities for family law matters include state law matters in which a child's safety or welfare is at risk and there are other connected family law priorities for which a grant of legal assistance could be made.
While this creates some capacity for LAQ to utilise Commonwealth funding for child protection matters where connected with a family law matter, Commonwealth funding has not been utilised this way to date, because the service has to be of a type that is a new service not provided prior to the current NPA, and LAQ has not developed any new services in the child protection area. In any event, LAQ is currently utilising its entire Commonwealth funding for Commonwealth matters. Therefore there is currently no capacity to utilise Commonwealth funding for child protection matters: Submission of Legal Aid Queensland, 26 October 2012 [p9].
[65] Submission of Legal Aid Queensland, 26 October 2012 [p9].
[66] Submission of Legal Aid Queensland, 26 October 2012 [p9].
[67] Submission of Queensland Law Society, 19 October 2012 [p15].
[68] *Child Protection Act 1999* (Qld) s. 59(1)(a).
[69] A separate legal representative is not a direct advocate for the child. In other words, their role is more than a legislative focus on 'the child's view' but rather has a key focus on the child's 'best interests'. In comparison, a direct representative is appointed to represent the direct views of the child.
[70] An affidavit is a written sworn statement of fact made by the *deponent* under an oath or affirmation.
[71] Submission of Queensland Law Society, 19 October 2012 [pp20–2].
[72] Submission of CREATE Foundation, September 2012 [p20].
[73] Tilbury, C & Mazerolle, P 2013, 'The Childrens Court in Queensland: where to from here?', in Sheehan, R & Borowski, A (eds.), *Australia's Children's courts today and tomorrow*, Springer Publishing Company, New York, p. 13; Submission of Youth Advocacy Centre Inc., October 2012 [p5].
[74] Submission of Magistrate (name withheld) [p3].
[75] Submission of Magistrate (name withheld) [p3].
[76] Masson, J 2000, 'Representation of children in England: protecting children in child protection proceedings', *Family Law Quarterly*, vol. 34, p. 492.
[77] Submission of Legal Aid Queensland, 26 October 2012, Attachment 1.
[78] Submission of Family Inclusion Network (Townsville), March 2013 [p24].

[79] Submission of Queensland Bar Association, 1 May 2013 [p1].
[80] Submission of Queensland Bar Association, 1 May 2013 [p7].
[81] Statement of Helen Ferguson, 15 April 2013 [pp2–3].
[82]Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 151.
[83] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting children report*, Brisbane, p. 15.
[84] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 151.
[85] Statement of Brad Swan, 19 October 2012 [p6].
[86] Statement of Brad Swan, 20 March 2013 [p6].
[87] Statement of Brad Swan, 20 March 2013 [p6].
[88] Submission of Professor Clare Tilbury [p9].
[89] Submission of Queensland Indigenous Family Violence Legal Service, January 2013 [p6].
[90] Submission of Legal Aid Queensland, 26 October 2012 [p15].
[91] *IP v Department of Communities and S.C.* [2009] QChC 2, 3.
[92] *IP v Department of Communities and S.C.* [2009] QChC 2, 3–4 [8].
[93] *Department of Child Safety v. SB & Ors* [2010] QChCM 1, 7 [35].
[94] *Department of Child Safety v. SB & Ors* [2010] QChCM 1, 7 [40].
[95] *Department of Child Safety v SJ & MB* [2009] QChCM 1, 4 [18].
[96] Cameron, C & Taylor-Sands, M 2007, '"Corporate governments" as model litigants', *Legal Ethics*, vol. 10, no. 2, p. 154.
[97] Submission of Name withheld, 14 March 2013 [p4].
[98] Submission of Queensland Indigenous Family Violence Legal Service, January 2013 [p19].
[99] Submission of Legal Aid Queensland, 26 October 2012 [p26].
[100] *Child Protection Act 1999* (Qld) s. 68(d).
[101] Submission of Queensland Law Society, 19 October 2012 [p31].
[102] Submission of Legal Aid Queensland, 26 October 2012 [p26].
[103] Submission of Legal Aid Queensland, 26 October 2012 [p27].
[104] Submission of Name withheld, 14 March 2013.
[105] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp80–1].
[106] Victorian Law Reform Commission 2010, *Protection applications in the Children's Court: final report 19*, Victorian Law Reform Commission, Melbourne, p. 389.
[107] Victorian Law Reform Commission 2010, *Protection applications in the Children's Court: final report 19*, Victorian Law Reform Commission, Melbourne, p. 390.
[108] Submission of Queensland Bar Association, 1 May 2013 [pp5–6].
[109] Namely section 23 temporary assessment orders, section 37 court assessment orders, section 51AA temporary custody orders, section 51F case planning/family group meetings, section 52 child protection orders and section 205 for the purposes of interstate transfers.
[110] Submission of Legal Aid Queensland, 26 October 2012 [p14].
[111] Submission of Legal Aid Queensland, 26 October 2012 [p13].
[112] Submission of Queensland Law Society, 19 October 2012 [p7].
[113] Submission of Port Kennedy Association Inc., October 2012 [p3].
[114] Submission of Port Kennedy Association Inc., October 2012 [p3].
[115] Submission of Port Kennedy Association Inc., October 2012 [p14].
[116] Submission of Port Kennedy Association Inc., October 2012 [p14].
[117] Submission of Legal Aid Queensland, 26 October 2012 [pp13–4].
[118] Submission of Queensland Law Society, 19 October 2012 [p7].
[119] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p62]; Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p74].
[120] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p62].
[121] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 19 June 2013, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/chapters/3-ongoing-intervention›, Chapter 3.
[122] DCCSDS 2012, *Child safety practice manual*, Queensland Government, viewed 19 June 2013, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.
[123] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p62].
[124] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p62].
[125] *Family Law Act 1975* (Cth) div. 13A.
[126] Submission from Solicitor (name withheld) [pp37–41].

[127] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s. 88; *Children's Protection Act 1993* (SA) s. 50; *Children, Young Persons and Their Families Act 1997* (TAS) s. 68.
[128] Submission of Professor Bob Lonne, March 2013 [p15].
[129] Of the 4,668 children and young people on long-term guardianship orders, 3,692 were on long-term guardianship orders to the chief executive (that is, the Director-General of the Department of Communities, Child Safety and Disability Services).
[130] Magistrates Court of Queensland 2012, *Annual Report 2011–2012*, Queensland Courts, Brisbane, pp. 46–8.
[131] Submission of Foster Care Queensland, 11 January 2013 [p2].
[132] *Child Protection Act 1999* (Qld) s. 99H(4).
[133] *Child Protection Act 1999* (Qld) ss. 86, 87, 90; *Queensland Civil and Administrative Tribunal Act 2009* (Qld) ss. 157, 158.
[134] *Queensland Civil and Administrative Tribunal Act 2009* (Qld) ss. 159, 160.
[135] Submission of Queensland Public Interest Law Clearing House Inc., March 2013 [p5].
[136] Submission of Queensland Civil and Administrative Tribunal, June 2013.
[137] Submission of Port Kennedy Association Inc., October 2012 [p3].
[138] Submission of PeakCare Queensland Inc., March 2013 [p68].
[139] *Queensland Civil and Administrative Tribunal Act 2009* (Qld) s. 172(3).
[140] Submission of Foster Care Queensland, 11 January 2013.
[141] Submission of Foster Care Queensland, 11 January 2013.
[142] Submission of Queensland Law Society, 20 March 2013 [p16].
[143] Submission of Queensland Civil and Administrative Tribunal, June 2013.
[144] Submission of Family Inclusion Network (Townsville), March 2013 [p28].
[145] Submission of Queensland Law Society, 20 March 2013 [p15].

Chapter 14
Legislative review

This chapter considers the legislative amendments that will be required if the recommendations in this report are accepted. It also raises some other matters for the consideration of the Department of Communities, Child Safety and Disability Services in undertaking its legislative review (proposed below), including issues in relation to information exchange and confidentiality. When preparing any amendments, departmental officers should refer to the relevant chapter of this report for the discussion surrounding the recommendation.

14.1 Discord between policy and practice

A consistent theme that emerged during the Commission's investigation is the discord between child protection policy and practice. This theme was also reflected in evidence heard by the Commission in relation to legislative review. A respondent to the Commission's March 2013 survey of legal practitioners made this reply to a question about the effectiveness of the child protection system:

> … overall, the basic structure, decision-making framework and definitions of the legislation are appropriate. The areas that could benefit from some change appear to arise from policy, practice and culture of the various stakeholders and bodies involved in the sector.

In illustration of this, the submission by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak said:[1]

> increasing over-representation … indicate that there is a gap between the requirements of child protection legislation and policy, and practice.

Similarly, Powering Families said in its submission that there are many parts of the Child Protection Act that expect the child protection worker to deal more effectively with all involved, but time and time again these sections are not being complied with.[2]

The Commission shares the view expressed in many submissions that legislative amendment is not always the most effective or desirable way to solve operational problems or influence practice change. For example, the Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service said in its submission that it does not see legislative change as the solution to the lack of adherence to the Child Placement Principle.[3] In her statement, Griffith University Professor Clare Tilbury said she does not consider major reform of the substantive laws in child protection to be necessary:[4]

> … in fact … the amount of legislation, and ongoing amendments [is] challenging for stakeholders [and makes] the job more complex.

In the hearings, Queensland University of Technology Professor Bob Lonne said he did not think legislative change would be the big driver of reform:[5]

> it will be … training and the discourse that drives departmental officers in their practice.

However, should the recommendations in this report be accepted, there will need to be amendments made to the legislation.

The terms of reference directed the Commission to review Queensland legislation about the protection of children, including the *Child Protection Act 1999* and relevant parts of the *Commission for Children and Young People and Child Guardian Act 2000*.

In its discussion paper, the Commission posed the question: 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 also asked: What other changes might improve the effectiveness of Queensland's child protection system?

In response, the Department of Communities, Child Safety and Disability Services (the department) said that it would support a comprehensive review of the legislation.

Recommendation 14.1
That the Department of Communities, Child Safety and Disability Services review the *Child Protection Act 1999*.

14.2 Legislative amendments required

Chapter 4 — Diverting families from the statutory system

A child in need of protection

The Commission shares the department's view that legislative reform is required to improve the consistency of reporting. Accordingly, the Commission recommends a change to the definition of 'a child in need of protection' to reinforce that a child must be at risk of *significant* harm to meet the legislative threshold (see rec. 4.1).

To implement this recommendation, section 10 of the Child Protection Act will need to be amended to state that 'a child in need of protection is a child who has suffered significant harm, is suffering significant harm or is at unacceptable risk of suffering significant harm.'

Mandatory reporting

To further improve the consistency of reporting, a cross-agency review process will be required to review and consolidate all existing legislative reporting obligations into the Child Protection Act (see rec. 4.2).

Dual pathway

The Commission found that escalating reports to the department are in part driven by an over-reliance on Child Safety Services as the primary access point to preventive services. Consequently, the Commission recommends the implementation of a dual-reporting pathway to either Child Safety or a community-based intake gateway (see rec. 4.5).

Amendments to the Child Protection Act will be required to allow for community-based intake. The amended legislation must enable mandatory reporters to discharge their legal obligations by referring a family to the community-based intake gateway and extend to them the legal and confidentiality protections afforded to all mandatory reporters under section 22 of the Child Protection Act (see rec. 4.6). The amended section should also provide that reporters only have protection from civil and criminal liability if in making their report they are acting not only honestly, but also *reasonably*.

Investigation and risk assessment

The Commission recommends that, given the proposed move away from statutory services to differential pathways, the emphasis in the Child Protection Act on 'investigation' should be modulated (see rec. 4.8).

Section 14(1) could be amended to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation.'

Chapter 9 — Transition from care

Currently, post-care support can only be provided after a young person leaves care (at 18 years of age), and this is at the discretion of the relevant Child Safety service centre manager. The Commission endorses the government's commitment to support young people leaving care until 21 years of age.

Stakeholders have requested that this be effected by legislative amendment. The Child Protection Act could be amended to mandate that a program of post-care support be offered to young people leaving care until at least 21 years of age (see rec. 9.1). The program should be legislated to include priority access to government services in specified areas. This would bring Queensland in line with Victoria and would go some way towards narrowing the gap between Queensland and Western Australia, New South Wales, the Northern Territory, the Australian Capital Territory and Tasmania, which all include provision in their legislation for ongoing support up to 25 years of age (see Chapter 9 of this report).

Chapter 12 — Improving public confidence in the child protection system

Family and Child Council

The Commission recommends the creation of a new Family and Child Council (see rec. 12.3) The new body would replace the existing Commission for Children and Young People and Child Guardian in providing leadership and advice to the child protection sector.

The existing *Children and Young People and Child Guardian Act 2000* will need to be repealed and replaced with an Act to establish the Family and Child Council. (The government is best placed to determine which provisions of the existing Act will need to be saved and re-enacted in the new Family and Child Council Act or another Act.) The new Act should enumerate the key functions of the Family and Child Council, which would include:

- ensuring the establishment and maintenance of an online statewide information source of community services — see rec. 6.1

- supporting the development of collaborative partnerships across government and non-government sectors and monitoring the effectiveness and practical value of these partnerships — see rec. 6.3
- developing a capacity-building and governance strategy for non-government agencies — see rec. 6.6
- developing a workforce planning and development strategy — see rec. 10.7
- monitoring, reviewing and reporting on the performance of the child protection system in line with the National Framework for Protecting Australia's Children — see rec. 12.3
- providing cross-sectoral leadership and advice for the protection and care of children — see rec.12.3
- providing an authoritative view and advice on current research and child protection practice — see rec. 12.3
- building the capacity of the non-government sector and the child protection workforce — see rec. 12.3
- developing a rolling three-year research schedule — see rec. 12.13
- leading a culture change in the practice of child protection— see Rec. 12.15 (progress to be reported in the Child Protection Partnership Report)
- developing resource material and information for children and families— see rec. 13.26.

The Child Guardian

As indicated above, the Children's Commission Act will need to be repealed. The Child Guardian function should be retained and refocused to provide individual advocacy for children and young people in the child protection system (see rec. 12.7).

The Child Guardian could be combined with the existing Adult Guardian to form the Public Guardian of Queensland.

Legislation should set out the key functions of the Child Guardian, including assuming the responsibilities of the child protection Community Visitor program with a re-focus on young people who are considered most vulnerable (see rec. 12.8).

Child death reviews

Amendments to chapter 7A of the Child Protection Act will be required to revise the department's child death review jurisdiction and disband the existing Child Death Case Review Committee. The amended legislation must provide that a specialist investigation team within the department will investigate the death or serious injury of children in care (limited to children who were known to the department within one year of their death or serious injury, and other cases requested by the Minister for Communities, Child Safety and Disability Services) — see rec. 12.11.

The legislation should provide for reports to then be reviewed by a multidisciplinary independent panel, to be appointed for two years.

Employment screening

The Commission is of the view that employment screening (that is, the 'working with children' checks or Blue Card system) should be revised to improve its efficiency. As part

of this, the Commission recommends that the administration of employment screening be transferred from the existing Children's Commission to the Queensland Police Service (see rec. 12.17).

As we have seen, the Children's Commission Act will be repealed. A new employment-screening scheme will need to devised and enacted.

Chapter 13 — Courts and tribunals

Leadership of the Childrens Court

Currently, leadership of the Childrens Court is shared by the President of the Childrens Court and the Chief Magistrate. However, only the President may issue standard directions to apply in child protection proceedings. The Commission recommends that the Attorney-General and Minister for Justice propose amendments to the *Childrens Court Act 1992* and the *Magistrates Act 1991* to clarify that the Chief Magistrate and the President of the Childrens Court share responsibility for:

- the orderly and expeditious exercise of the jurisdiction of the Childrens Court, and
- issuing practice directions with respect to the procedures of the Childrens Court, when constituted by magistrates.

The amendments should also ensure that the Chief Magistrate's powers and functions extend to the work of Childrens Court magistrates and magistrates. See rec. 13.3.

Short-term orders

The Commission considers that the Child Protection Act should be amended to forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application. The Minister for Communities, Child Safety and Disability Services should propose amendments to the Act in these terms, subject to the proviso: 'unless it is in the best interests of the child to make the order'. See rec. 13.4.

Siblings joint proceedings

The Commission recognises the interrelated and competing needs of siblings and half-siblings and is of the view that the Childrens Court should manage the applications for siblings together. The Minister for Communities, Child Safety and Disability Services should propose amendments to the Child Protection Act to allow the Childrens Court to transfer and join proceedings relating to siblings, if having the matters dealt with together is in the interests of justice. See rec. 13.4.

Duty of disclosure

The Commission is of the view that the department, as applicant should be under a continuing duty of disclosure during child protection proceedings. Amendments to the Child Protection Act will be required to introduce the duty, with appropriate safeguards as proposed by the Court Case Management Committee. See rec. 13.5.

Court-ordered conferencing

The Commission recognises the potential benefits of enhancing the use of court-ordered conferencing in child protection proceedings. A legislative framework for court-ordered conferencing should be provided under the Child Protection Act. See rec. 13.6.

Judicial specialisation

The Commission supports increasing the number of Childrens Court magistrates. To facilitate their appointment, amendments will need to be made to the *Childrens Court Act 1992* and the *Magistrates Act 1991* to provide for appropriate governance of the Childrens Court within the broader structure of the Magistrates Court. See rec. 13.8.

Representation for children

The Commission shares the view that it is necessary to ensure the views of children are sought and appropriately presented to the court. The Child Protection Act will need to be amended to require children's views to be provided to the court either directly or through a separate legal representative, where the child is willing and able to express their views. See rec. 13.13.

The Commission also supports clarifying in legislation when the Childrens Court should exercise its discretion to appoint a separate legal representative. Amendments to the Child Protection Act will be necessary to provide such clarity, and should also elucidate what separate representatives are required to do — for example, interview the child and explain their role and the court process, present evidence to the Childrens Court, cross-examine parties and witnesses and make applications for court orders. See rec. 13.14.

Office of the Official Solicitor

The Office of the Official Solicitor will need to be established within the Department of Communities, Child Safety and Disabilities Services. Its legislative functions should include providing legal advice to departmental officers, working with the specialist investigation teams and preparing briefs of evidence to the Director of Child Protection. See rec. 13.16.

Director of Child Protection

The Director of Child Protection will need to be established as an independent statutory agency within the Justice portfolio. Its statutory functions should include making decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought, and litigating the applications. See rec. 13.17.

The Director of Child Protection will not bring applications in respect of certain interim and emergent orders; officers within the Department of Communities, Child Safety and Disability Services will make these applications.

Joining parties

The Commission heard in evidence that, currently, significant people in a child's life are unable to be a party to child protection proceedings. The Commission recommends the amendment of the Child Protection Act to give the Childrens Court discretion to allow significant people in a child's life, including members of the child's family to be joined as a party to child protection proceedings if they have a sufficient interest in the outcome. The amended legislation should provide that these parties also have a right to legal representation. See rec. 13.19.

Reasonable efforts

The Commission is of the view that, before granting a child protection order the Childrens Court must be satisfied that the department has taken all reasonable efforts to provide support services to the child and family. The Minister for Communities, Child

Safety and Disability Services should propose amendments to the Child Protection Act to require the department to demonstrate 'all reasonable efforts.' See rec. 13.20.

The department should ensure its affidavit material supporting an application for a child protection order attests to the reasonable steps taken to offer support to a child's family (rec. 13.21).

Family group meetings

To encourage parents' participation in case-planning meetings, the Child Protection Act should be amended to provide that neither participation, nor a parent's agreement to a case plan can be used as evidence of an admission. See rec. 13.20.

Sanctions for noncompliance

The Commission is concerned that the inability to enforce supervision and directive orders may place children at risk. The department should propose amendments to the Child Protection Act to provide for effective sanctions for noncompliance with the foregoing orders. See rec. 13.22.

Costs orders

The Commission considers it appropriate to give the Childrens Court discretion to make an order for costs in exceptional circumstances. See rec. 13.23. An amendment to section 116 of the Child Protection Act will be necessary to provide for this.

The review jurisdiction of the Queensland Civil and Administrative Tribunal

Currently, the Queensland Civil and Administrative Tribunal (QCAT) can review the department's administrative decisions about placement and contact. The Commission considers that, where the department refuses a request by a parent or the child to review the continuation of a long-term guardianship order, this should be a reviewable decision. The Minister for Communities, Child Safety and Disability Services should propose an amendment to Schedule 2 of the Child Protection Act to include the above as a reviewable decision. See rec. 13.25.

The Commission heard in evidence that decisions made by QCAT have — without the knowledge of the Childrens Court or all of the parties — affected concurrent child protection proceedings in the Childrens Court. Consequently, the Commission recommends amending the Child Protection Act to allow the Childrens Court to deal with an administrative review matter before QCAT if it relates to child protection proceedings before the Childrens Court. See rec. 13.28.

14.3 Other matters

Information exchange and confidentiality

The implementation of a number of the Commission's recommendations will necessitate introducing better information-exchange processes: between the department and the Queensland Police Service for domestic and family violence incidents (rec. 4.4) and employment screening (rec. 12.17), between the department, the community-based intake gateway and other agencies to facilitate a dual pathway for intake (recs 4.5 and 4.6) and between Family Support Alliances and relevant state government departments to enable collaboration across agencies (rec. 5.7).

Enhanced information exchange will need to be balanced with confidentiality to ensure that the privacy of children and families is protected. For instance, the Child Guardian may require access to confidential information necessary to appropriately advocate on behalf of a particular child (rec. 12.7). Further, people who share information in compliance with relevant legislation must be protected from civil and criminal liability.[6]

One of the purposes of the existing chapter 5A of the Child Protection Act is 'exchanging relevant information, while protecting the confidentiality of the information.' Part 4 of chapter 5A nominates a series of prescribed entities, including the chief executives of various government departments, the police commissioner and accredited school principals[7] to exchange *relevant information*[8] with service providers (prescribed entities, people providing services to children or families and recognised entities[9]).[10] These provisions are currently limited — for example, service providers that are not prescribed entities may not exchange information. The department will need to review the existing information exchange and confidentiality provisions and make the amendments necessary to facilitate the objectives of the above recommendations.[11]

Recommendation 14.2
That the Department of Communities, Child Safety and Disability Services review the existing information exchange and confidentiality provisions in the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services the amendments necessary to implement the Commission's recommendations.

Confidentiality obligations

It is clear that the Child Protection Act aims to preserve the confidentiality rights of children and families when preservation of privacy is in the child's best interests. Section 189 is the main provision that prohibits publication of information allowing identification of children who are, or have been, in the system. However, balanced against this right to privacy is the scheme of provisions that allow information to be shared between the department and other service providers, when such disclosure is in the best interests of the child (ss. 159M and 159N).

The delicate balance between preservation of privacy and responsible disclosure is a difficult one to achieve. Ainsworth and Hansen suggest that non-disclosure reduces the accountability of the department to the wider public, and may in turn allow errors to go unchecked and decisions unchallenged.[12] Equally, the Commission notes that non-disclosure could prevent the department from explaining its legitimate actions to the wider public in some instances, and thereby reduce confidence in the system.

The *Children and Young Persons (Care and Protection) Act 1998 (NSW)* provides for a wider ambit of disclosure than the Queensland Act. Section 105 of that Act provides that the prohibition on disclosure applies only until the child or young person dies or until attaining the age of 25 years (whichever is earlier). Some jurisdictions overseas also allow disclosure of information for the purpose of clarifying or correcting the record when information has already been made public through another source.[13]

The Commission is of the view that some change of the confidentiality provisions is warranted in the interests of greater accountability of the department, and to improve public awareness of, and confidence in, the system.

Recommendation 14.3
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* so that the chief executive administering the Act and the Director of Child Protection have limited legal authority to make public or disclose information that would otherwise be confidential (including, in rare cases, identifying particulars) to correct misinformation, protect legitimate reputational interests or for any other public interest purpose. In particular, it should be considered whether some of the confidentiality obligations should not apply when the child in question is deceased.

The meaning of 'best interests' in decision-making

In addition to the legislative amendments already proposed in the body of this report, the Commission recommends amendments to clarify the role and purpose of 'best interests' in decision-making.

The Child Protection Act empowers administrators and the judiciary to make a wide range of discretionary decisions that result in state intrusion into family life. Section 5A provides some guidance by making it clear that in administering the Act, the 'best interests' of the child are paramount. However, while there are general principles for ensuring the safety, wellbeing and best interests of a child in section 5B of the Act, there is no definition of 'best interests' in the Act and little jurisprudence in the child protection context to guide decision-makers. A lack of consensus on what this concept means could contribute to inconsistent, and potentially inappropriate, decision-making.

The 1924 Geneva Declaration on the Rights of the Child emphasised children's rights to protection and support, particularly in the case of orphans. It reflected contemporary societal attitudes in positioning children, especially orphans as objects of adult pity and benevolence, but did not attempt to elevate the rights or interests of the child over those of adults.

In 1959 the United Nations adopted the non-binding Declaration of the Rights of the Child, which provided for the first time in an international instrument that:[14]

> … the child shall enjoy special protection … and … [i]n the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

In the context of developments in child psychology, women's rights and increasing pressures on the nuclear family, the 1989 United Nations Convention on the Rights of the Child restated and expanded upon the 'best interests' principle. The 1989 Convention provides that:[15]

> In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Although 'best interests' is stated to be a primary consideration (not the paramount consideration), other articles of the convention reiterate the 'best interests' principle in specific contexts. Of the 1989 convention, one commentator has stated that:[16]

> The CRC creates a new status of the child based on the recognition that s/he is a person and has the right to live a life of dignity and since the promulgation 1989 [sic] the child has been understood to be a *subject of rights.*

It is clear that the Child Protection Act was directly and specifically attempting to reflect the principles set out in the 1989 United Nations Convention. As stated in a Queensland Parliamentary Library research paper at the time:[17]

> The Bill is similar in its approach, to that of the other States and Territories around Australia, all of which also attempt to reflect the principles espoused by the United Nations Convention on the Rights of the Child (UNROC). These principles are seen by many as appropriate guidelines for the protection of children.

The difficulty with the 'best interests' concept is that it is a principle that has to be interpreted and applied in different situations. Zermatten has suggested that there are three elements to the best interests principle — it is a rule of procedure for decision-making, it can be the foundation for a substantive right, and it is a fundamental, interpretive legal principle, 'developed to limit the unchecked power over children by adults'.[18] It is suggested that all three aspects of the principle are evident in the drafting of the Child Protection Act.

However, the view taken by the 2003–04 Crime and Misconduct Commission Inquiry into Abuse of Children in Foster Care, was that this principle had not been embedded into the Act in a way that was always effective. When the Child Protection Act was passed in 1999, section 5 listed nine principles that governed the administration of the Act, the second of which was that 'the welfare and best interests of a child are paramount.' The 2004 CMC Inquiry, considered, however, that:[19]

> … there is nothing in the current Queensland legislation that emphasises that children's rights take precedence over parents' rights.

The CMC Inquiry, therefore, recommended that an additional principle be inserted into section 5 clearly providing that 'any conflict that may arise between the interests of a child and the interests of the child's family must be resolved in favour of the interests of the child'. The principles for the administration of the Act in section 5 were consequently reordered to provide that '[t]his Act is to be administered under the principle that the welfare and best interests of a child are paramount.'

In 2010, the Act was further amended to provide that all other principles in the Act are subject to a new principle: section 5A.[20] The new section 5A shies away from pitting the child and the 'family' directly against one another, but provides that:

> The main principle for administering this Act is that the safety, wellbeing and best interests of a child are paramount.
>
> Example: If the chief executive is making a decision under this Act about a child where there is a conflict between the child's safety, wellbeing and best interests, and the interests of an adult caring for the child, the conflict must be resolved in favour of the child's safety, wellbeing and best interests.

However, not just in Queensland, but internationally 'criticism continues to be directed toward the imprecision of the criterion and the vagueness of this concept'.[21] In Queensland, an attempt appears to have been made in the Act to give guidance to decision makers as to how and when the 'best interests' principle has relevance. Sometimes there are additional references to 'best interests', which are arguably superfluous given the presence of the overriding principle in section 5A. For example, in section 188B the chief executive may disclose information about a child to another family member if it would be in the child's best interests to do so. In that section 'best interests' is one of the factors taken into account in making a discretionary decision. The

reference to 'best interests' in section 188B merely emphasises the principles already established in section 5B.

However, in other sections of the Act the consideration of best interests is specifically required by a decision-maker so that an otherwise mandatory obligation is made discretionary. In section 15 the authorised officer *must* inform the parents of the outcome of an investigation, unless it is not in the child's best interests to do so, having regard to specific factors.

There is an argument that the drafting of the Act could be tightened so that references to 'best interests' are not reiterated superfluously. However, it would appear that the significance of the principle, and the emphasis given to it by the CMC's recommendation have led to the drafter having a 'better safe than sorry' attitude in reiterating the principle throughout. In addition, there appears to be an attempt to limit the indefinite and subjective nature of the principle by applying it in specific contexts in particular decision-making processes.

If a general provision is inserted, then specific reference to best interests may be removed from many of the sections of the Act — for example, section 82 currently provides that the chief executive may place a child in the care of a provisionally approved care if it is not possible, or not in the child's best interests, for the child to be placed in the care of an approved entity. Furthermore, other sections may not be required — for example, section 59(6)(b), which currently provides that the court must be satisfied the child's need for emotional security will be best met in the long term by making a child protection order. Similarly, section 59(8) currently provides that the court must have regard to a child's need for emotional security and stability before the court extends or makes a further child protection order.

The legislation in some other Australian jurisdictions goes further in providing guidance to decision-makers in child protection, as to how to interpret this very subjective and value-laden concept.[22] Given the weight given to 'best interests' in interpreting and applying the Child Protection Act, the Commission considers that the Act should be amended to list an inclusive set of criteria to be considered in determining best interests. The *Children and Young People Act 2000* (ACT) provides a useful model. Section 349 of that Act lists the following matters to be considered in determining 'best interests':

> (a) the need to ensure that the child or young person is not at risk of abuse or neglect;
> (b) any views or wishes expressed by the child or young person;
> (c) the nature of the child's or young person's relationship with each parent and anyone else;
> (d) the likely effect on the child or young person of changes to the child's or young person's circumstances, including separation from a parent or anyone else with whom the child has been living;
> (e) the practicalities of the child or young person maintaining contact with each parent and anyone else with whom the child or young person has been living or with whom the child or young person has been having substantial contact;
> (f) the capacity of the child's or young person's parents, or anyone else, to provide for the child's or young person's needs including emotional and intellectual needs;
> (g) for an Aboriginal or Torres Strait Islander child or young person—that it is a high priority to protect and promote the child's or young person's cultural and spiritual identity and development by, wherever possible,

maintaining and building the child's or young person's connections to family, community and culture;

(h) that it is important for the child or young person to have settled, stable and permanent living arrangements;

(i) for decisions about placement of a child or young person—the need to ensure that the earliest possible decisions are made about a safe, supportive and stable placement;

(j) the attitude to the child or young person, and to parental responsibilities, demonstrated by each of the child's or young person's parents or anyone else;

(k) any abuse or neglect of the child or young person, or a family member of the child or young person;

(l) any court order that applies to the child or young person, or a family member of the child or young person.

(2) For the care and protection chapters, in deciding what is in the best interests of a child or young person, a decision-maker may also consider any other fact or circumstance the decision-maker considers relevant.

Recommendation 14.4
That the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to:

- clarify that the best interests of the child is the test to be applied to all administrative and judicial decision-making under the Act
- include a provision based on section 349 of the *Children and Young People Act 2008* (ACT) setting out the relevant matters to be considered in determining the best interests of a child.

Principles for administration of the Child Protection Act

Chapter 1 of the Child Protection Act provides a series of principles for its administration. Chief among them is 5A, the 'paramount principle': 'the main principle for administering this Act is that the safety, wellbeing and best interests of a child are paramount'. Other general principles for ensuring the safety, wellbeing and best interests of a child are provided in section 5B and additional principles follow, including principles for Aboriginal and Torres Strait Islander children (s. 5C) and principles about exercising powers and making decisions under the Act (s. 5D). Then Chapter 5A, section 59B sets out the principles underlying coordinating service delivery and exchanging information, led by the principle (s. 159B(a)) that 'the State is responsible for ensuring that children in need of protection receive protection and care services that allow for more flexible care and protection orders.

Recommendation 14.5
That the Department of Communities, Child Safety and Disability Services rationalise the principles for the administration of the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services amendments that rationalise and consolidate all the principles in one place.

Parental orders

Key terms in the Child Protection Act are 'parent', 'custody' and 'guardianship'. A parent of a child is the mother or father or someone else (other than the chief executive) having or exercising 'parental responsibility' for the child (s. 11(1)) The effect of guardianship is

that parental responsibility is transferred to the chief executive or a third party (s. 13). 'Custody' embodies a narrower set of rights and responsibilities limited to the daily care of a child (s. 12(2)). Unlike guardianship, custody does not embody the right to make long-term decisions for a child.

The term 'parental responsibility' is not used anywhere else in the Act and is not defined. In contrast, in both the *Children and Young Persons (Care and Protection) Act 1998* (NSW) and the *Children and Young People Act 2008* (ACT) the concept of 'parental responsibility' is clearly defined and has a more central role. The NSW Act defines it as meaning 'all the duties, powers, responsibilities and authority which, by law, parents have in relation to their children' (s. 3).

This definition of parental responsibility is derived from the *Family Law Act 1975* (Cwlth) and combines the concepts of 'guardianship' and 'custody'. Therefore, in the NSW Act, parental responsibility includes both the longer term planning for a child or young person, such as what school they will attend and the day-to-day decisions, such as giving them permission to attend a school excursion. Parental responsibility equates to the broad range of decision-making and planning that a parent normally has for a child or young person, where there has been no legal action to restrict those responsibilities.

Importantly, under the New South Wales Act it is possible for parental responsibility to be shared between a person and the minister responsible for child protection. This allows a family member to continue to be involved in the decision-making for a child, although they may not be able to care for the child safely. The parent might be able to be involved in decisions as to schooling, religion or health. It is likely that this order would be less distressing than a guardianship order, which would result in the parent having no involvement at all in decision-making for the child.

To some extent, there is similar flexibility in Queensland because, for example, a custody order can be made in favour of the chief executive with the parent retaining guardianship. However, under the Queensland Act there is no ability to grant a guardianship order where the parent still retains some right to make long-term decisions.

The Commission is of the view that it would be useful for the department in its review of the Act, to incorporate the concept of 'parental responsibility' in child protection orders.

Recommendation 14.6
That the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999*, incorporate the concept of 'parental responsibility' in child protection orders.

Endnotes

[1] Submission of Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd., October 2012 [p29].
[2] Submission of Powering Families, 18 July 2012 [p17].
[3] Submission of Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service, September 2012 [p7].
[4] Exhibit 40, Statement of Clare Tilbury, 20 August 2012, Attachment 5 [p17].
[5] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p80: line 25].
[6] Protection from liability is currently provided under section 159Q of the *Child Protection Act 1999* (Qld).
[7] *Child Protection Act 1999* (Qld) s. 159M.
[8] *Child Protection Act 1999* (Qld) s. 159C.
[9] *Child Protection Act 1999* (Qld) s. 159D.
[10] A prescribed entity may give relevant information to any other service provider: *Child Protection Act 1999* (Qld) s. 159M(2), and a service provider may give relevant information to a prescribed entity: *Child Protection Act 1999* (Qld) s. 159M(3). However, only the chief executive of the department may *require* a prescribed entity to share information: *Child Protection Act 1999* (Qld) s. 159N(1).
[11] The Commission has identified the Child Protection Partnerships Forum as a body that could consider operational functions such as information sharing: Recommendation 12.21.
[12] Ainsworth, F & Hansen, P 2010, 'Confidentiality in child protection cases: who benefits?', *Children Australia,* vol. 35, no. 3, pp. 11–17.
[13] Child Welfare Information Gateway reports that 13 states in the United States allow limited disclosure in these circumstances. See Child Welfare Information Gateway 2010, *Disclosure of confidential child abuse and neglect records: summary of state laws*, US Department of Health & Human Services, viewed 25 June 2013, ‹https://www.childwelfare.gov/systemwide/laws_policies/statutes/confide.cfm›.
[14] *United Nations Declaration of the Rights of the Child*, GA Res 1386 (XIV) (10 December 1959), Article 2.
[15] *United Nations Declaration of the Rights of the Child*, GA Res 1386 (XIV) (10 December 1959), Article 3.
[16] Zermatten, J 2010, 'The best interests of the child principle: literal analysis and function', *The International Journal of Children's Rights*, vol. 18, no. 4, p. 483.
[17] Collins, K 1999, *In the best interests of the child: the Child Protection Bill 1998*, Legislation Bulletin, No. 2/99, Queensland Parliamentary Library, Brisbane, p. 1.
[18] Zermatten, J 2010, 'The best interests of the child principle: literal analysis and function', *The International Journal of Children's Rights*, vol. 18, no. 4, p. 485.
[19] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 349.
[20] Child Safety Legislation Amendment Bill 2004.
[21] Zermatten, J 2010, 'The best interests of the child principle: literal analysis and function', *The International Journal of Children's Rights*, vol. 18, no. 4, p. 494.
[22] See especially *Care and Protection of Children Act 2007* (NT) s. 10*, Children and Community Services Act 2004* (WA) s. 8, *Children Youth and Families Act 2005* (Vic) s. 1, and *Children and Young People Act 2008* (ACT) s. 349.

Chapter 15
Implementing the Child Protection Reform Roadmap

Under its terms of reference, the Commission was asked to chart a roadmap for child protection for the next decade. The preceding chapters demonstrate the most comprehensive review ever undertaken of child protection in Queensland with wide-ranging representation across the state including young people in care, parents and families, child protection practitioners, foster carers, theorists and specialists from many disciplines, and Aboriginal and Torres Strait Islander Elders and stakeholders.

This chapter brings together the Commission's reform package and outlines the way towards a sustainable child protection system — one that will not only adequately care for children in need but, importantly, develop a statewide family support system for vulnerable children and families.

15.1 The case for reform

While a breadth of opinion has been expressed to this Child Protection Commission of Inquiry, through it all there is general agreement that the spiralling costs and demand on the child protection statutory system have largely been driven by a vacuum in the family support services sector and in other secondary services related to child protection. This vacuum has resulted in:

- inattention to early family distress, leading to serious family breakdown with no alternative but removal of children
- inability to improve family capacity, leading to longer times in care and more distress through instability and unmet needs.

The Commission is convinced that without the circuit-breaker of an injection of adequate funding (also referred to as 'hump funding'), the trajectory of increased child protection costs will continue upwards, as it has done for the last decade (see Figure 3.1, Chapter 3).

In looking for a solution, the Commission has noted that in Victoria, where there has been a strong family support services sector for decades, there is a lower proportion of children in the child protection system. The Child Protection Reform Roadmap spelt out in this chapter predicts that Queensland can, within five years from implementation, reduce the current rate of 7.4 per 1,000 children in out-of-home care to levels comparable with, for example, Victoria's 2011–12 rate of 5.1 per 1,000, taking into

account demographic differences. Such a change would yield significant benefits financially for the state as well as improve the lives and prospects of thousands of children and their families.

Previous governments have been hesitant to provide the necessary injection of funding. They have been unconvinced that spending money on family support services will be anything more than throwing good money after bad. But without hump funding the social infrastructure required to reduce the pressure on the tertiary system can never be built.

To ensure success, critical elements for this major reform are:

- a clear vision that, in most circumstances, parents and families can protect and care for their children — and, where they are not able to, alternative arrangements ensure that children have a childhood in accordance with the rights of the child, so that they can develop into well-functioning adults
- shared leadership across government and with the non-government sector, promoting collaboration and a positive culture
- adaptive project management, keeping the reform on track, reviewing the milestones and adjusting targets as more information emerges.

The Commission believes that with full implementation of the Child Protection Reform Roadmap, the child protection landscape in Queensland will be considerably different in 2019, and from that point can be consolidated at a sustainable level based on population and cost-of-living increases.

The Commission's high-level modelling estimates that, based on the 2011–12 figures, by 2019 the State Government can set realistic targets to:

- reduce the number of children entering the system on orders by over 30 per cent
- reduce the number of children in care by approximately 25 per cent — to approximately 6000.

The target of 6,000 is conservative, as it constitutes a reduction of numbers of children in care by approximately 2,000 over that period. As can be seen below, the historic trendline suggests a potential 10,000 children in care by 2019, should there be no change in current policy or programs.

The 'no change' option

A conservative estimate of the alternative *no change* scenario, based on the growth in the last 10 years, is predicted to be:

- an increase of more than 40 per cent in the children entering the system on orders
- an increase in the number of children in care by 18 per cent — to approximately 10,000.

The Reform Roadmap requires a substantial social investment in the 2014–15 to the 2018–19 Child Safety budgets, incorporating a conservative estimate of realisable savings over that period, in order to radically reduce the projected escalation of costs. By 2019, modelling predicts that the Child Safety budget will be on a stable footing, requiring usual annual increases due to population and the consumer price index.

One of the principles held by this Commission is that each department providing human services must take responsibility for outcomes for children. Hence, designated activities to be undertaken by other agencies are described further in this chapter.

With the additional injection of funding, the Commission's modelling estimates that more than 100,000 families in need will receive support, instead of seeing their children moving further into the child protection system. In addition will be the innumerable social and economic downstream benefits for the community and Queensland as a whole that cannot be quantified, such as:

- healthier, better educated children and young people — both those within the child protection system and, importantly, those diverted from the system
- reduced mental illness, homelessness and incarceration rates for children and young people as they leave care and move into adulthood
- increased family functioning, with many short-term and long-term benefits of community participation, engagement and, simply, the joys of family life
- increased workforce participation by parents, reducing reliance on welfare and increasing social and financial contributions to the state
- improved life expectancy for Aboriginal and Torres Strait Islander children and young people in achieving Closing the Gap performance measures.

15.2 The intent of the reform

Taking into account the Commission's obligation to consider the state's fiscal position, the proposed reforms reflect the direction given by the Commission of Audit to:

- increase contestability in outsourcing services and ensure value for money
- reduce red tape and duplication
- recommission services to ensure they closely align with government policy direction
- prioritise community health services to clients on the threshold of tertiary services
- maximise the use of services provided by the Australian Government.

The Reform Roadmap proposes a significant increase in outsourced services, once time has been allowed for the non-government sector to build its capacity. While their services are being ramped up, the staffing levels in the department need to continue to match the increase predicted over the next two years.

The real gains in productivity start to emerge in year four when staffing levels will be similar to those of 2011–12, instead of increasing under the *no change* scenario.

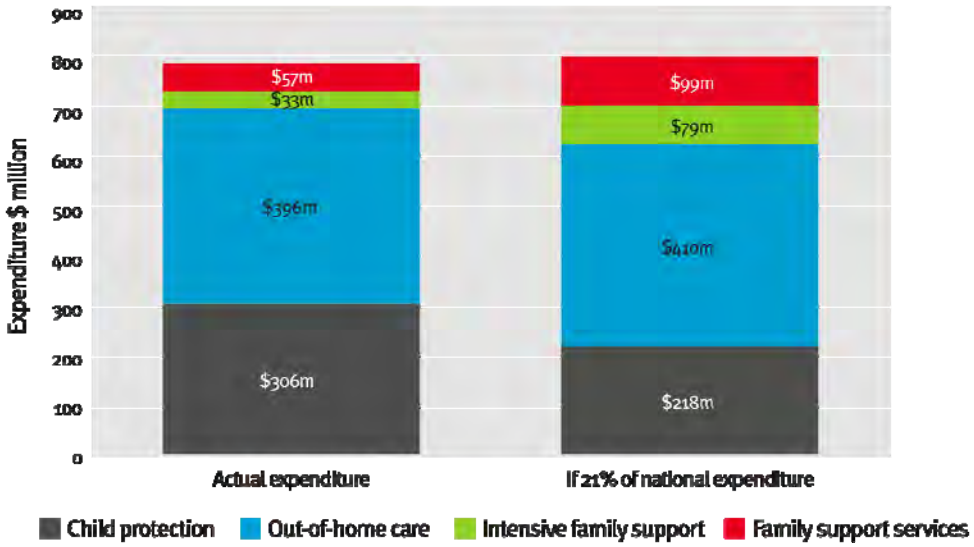
Because of the limited availability of foster carers, the projected increased demand is predicted to put greater pressure on residential services, at a cost in 2013 of $234,000 per child per annum.

Figure 15.1 shows the task at hand. In 2011–12, Queensland spent $306 million of the total $792 million child protection expenditure on child protection services. (The term 'child protection services' in this context comprises intake, investigation and court processes up to the point of child protection orders.) This represented 29.5 per cent of national funding on those services compared with Queensland's population proportion of 21 per cent of 0 to 17-year-olds. Queensland is clearly over-spending on this

component of child protection expenditure. The expenditure of $396 million on out-of-home care services was 20.3 per cent of the national funding. By way of contrast the expenditure in Queensland on intensive family support and family support services represented only 8.8 per cent and 12 per cent respectively ($90 million) of national expenditure.

The second column in Figure 15.1 shows the expenditure on each component if each was 21 per cent of the national total (noting that Queensland's relative 'share' of national expenditure would be $806 million) — an additional $14 million.

Figure 15.1: Queensland's child protection funding by type of service, 2011–12

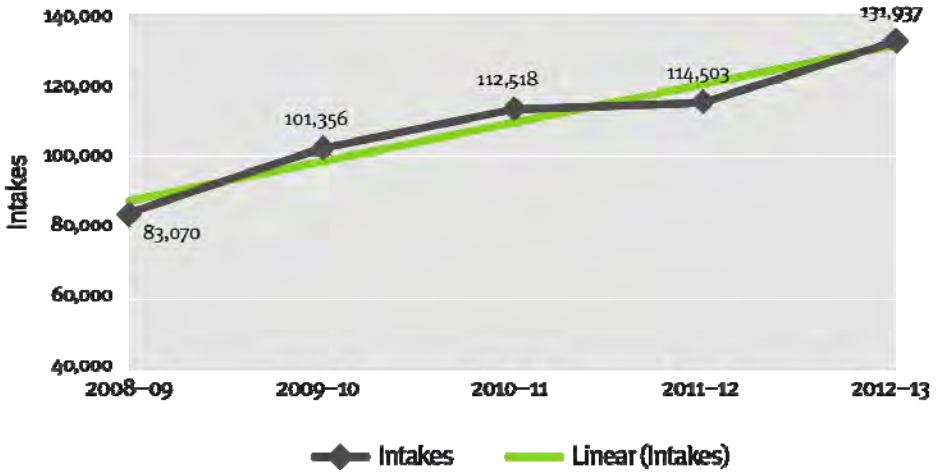


Source:	Adapted from Steering Committee for the Review of Government Service Provision 2013, *Report on government services 2013*, Tables 15A.1
Notes:	The model on the right reflects Queensland's expenditure on services if the Queensland proportion of national spending by service type were matched to Queensland's proportion of the Australian population of 0 to 17-year-olds (Queensland has 21% of the Australian population of 0 to 17-year-olds).

To shift the budget allocation, the number of staff engaged in front-end child protection services needs to be reduced so the funding can be redirected towards family support services. This cannot be done with the current broad policy settings based on a level of risk aversion by government that is unjustified and is financially unsustainable.

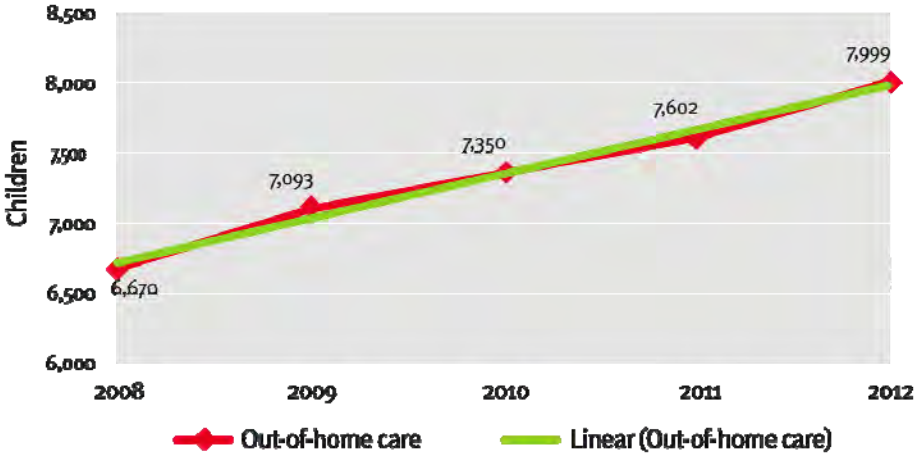
Figure 15.2 shows the immediately previous five-year trendline for intakes and Figure 15.3 shows the trendline over the same period for numbers of children in out-of-home care.

Figure 15.2: Five-year trendline of the number of child protection intakes, Queensland, 2008–09 to 2012–13



Source:	Adapted from Department of Communities, Child Safety and Disability Services, *Our performance,* Table SS.2 & I.1Q
Notes:	Intakes in 2012–13 are estimated based on the increase in the numbers of intakes in quarters one and two of 2012–13 (3,925 and 4,559 respectively) and assumes the increases are repeated in quarters three and four. The trendline is based on a linear regression of the five data points.

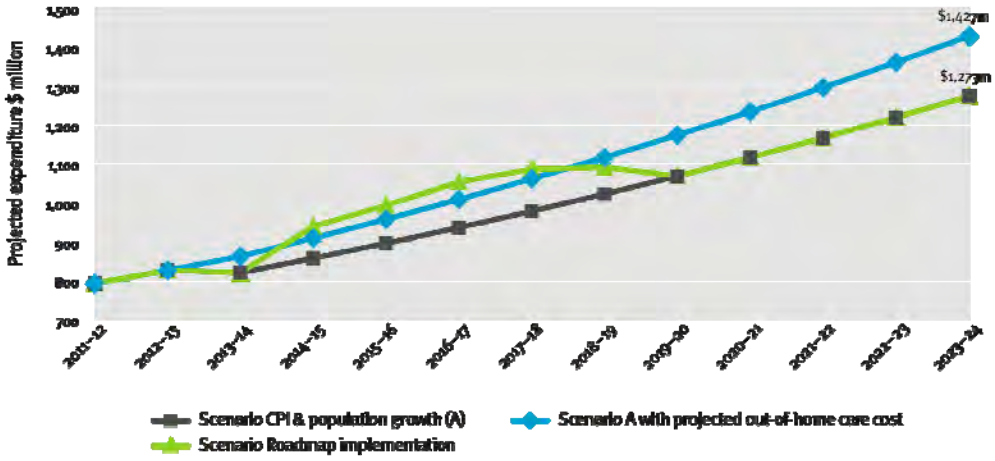
Figure 15.3: Five-year trendline of the number of children in out-of-home care as at 30 June, Queensland, 2008 to 2012



Source:	Department of Communities, Child Safety and Disability Services, *Our performance,* Table OHC.1
Notes:	The trendline is based on a linear regression of the five data points.

Figure 15.4 (next page) shows projected trendlines over the next 10 years. The top line illustrates the necessary expenditure based on applying the current out-of-home trend to the total 2011–12 expenditure of $792 million, without any change to family support, intensive family support or child protection services. The line below represents the estimated expenditure based on the 2013–14 budget allocation, adjusted for population growth and consumer price index increases over 10 years. Overlaying these two lines is the Commission's projection of the 'hump funding' required by Child Safety to restrict increases in expenditure in the longer term to those anticipated by population growth and the consumer price index. This projection would bring certainty and sustainability to the state's finances.

Figure 15.4: Projected expenditure to 2023–24 for three scenarios: (1) predicted additional cost of children in out-of-home care; (2) population and CPI growth from 2013–14 budget; (3) implementation of the roadmap

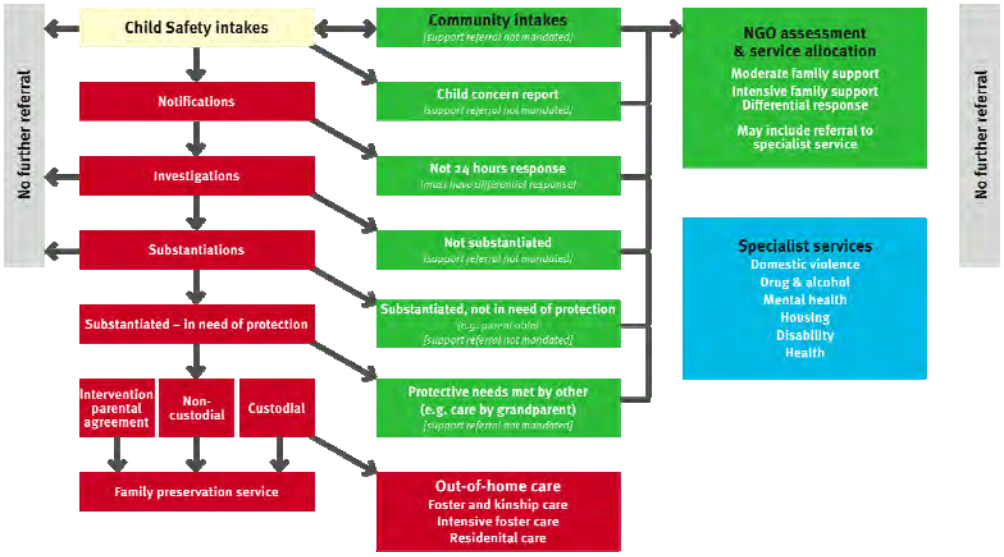


Source:	Department of Communities, Child Safety and Disability Services, *Our Performance,* Table OHC.1
Notes:	The trendline is based on a linear regression of the five data points.

The trendline suggests that by 2023–24, an additional 80 Child Safety staff would be needed just to maintain caseloads at the 2011–12 average of approximately 25 per officer, should the policy settings remain the same. Chapter 10 of this report has already recommended that caseloads be reduced to an average of 15 per worker in line with the recommendations of the 2004 CMC Inquiry (see rec. 10.4). If staffing levels remain the same as they are now, requiring increased caseloads, the level of unacceptable risk that was evident before the 2004 CMC Inquiry would potentially return, with increasingly inadequate safeguards and greater likelihood of systemic abuse to children and young people in care — and with the downstream consequences of homelessness, mental illness and incarceration as adults. Hence, the central platform of the roadmap is to divert as many children as possible from the system by directing families to the non-government sector where they are assisted to get back on track and take responsibility for the care of their children.

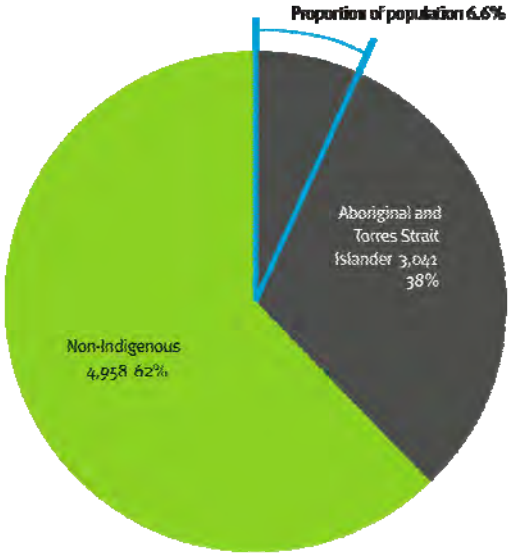
Figure 15.5 shows that, at each point of entry into the system, those not meeting the threshold will be diverted to the non-government sector and appropriate support. The essence of this approach is that, where there are concerns expressed about the safety and care of children, the right response is provided at the right time and the right children are identified as being in need of protection.

Figure 15.5: Diverting children and families from further progression into the statutory system



The high proportion of Aboriginal and Torres Strait Islander children in care, compared with non-Indigenous children, has been raised as a concern throughout this inquiry. Figure 15.6 shows quite starkly that the direction proposed in Chapter 11 to reduce over-representation is critical to the success of the roadmap. With a growing population of Aboriginal and Torres Strait Islander children and young people in Queensland, this does not bode well for 10 to 20 years hence when they are adults having their own children. Sustained, community-led strategies and the combined resources of all human services agencies are necessary to resolve the underlying social problems of abuse and domestic violence. For Aboriginal and Torres Strait Islander children in care, loving, stable relationships and attention to health and education needs are essential for better life prospects for them as adults.

Figure 15.6: Children in out-of home care and population aged 0–17 years by Indigenous status (proportion), Queensland, 30 June 2012



Source: Department of Communities, Child Safety and Disability Services, *Our performance,* Table OHC.1

Helping families care for their children

All the research evidence and public opinion presented to the Commission reiterates that children are best raised by their own families. Hence the strategies in the Reform Roadmap are primarily directed to make this possible.

In many ways, establishing and adequately resourcing an effective family support sector is the unfinished business of the 1999 Forde Inquiry and the 2004 CMC Inquiry. Both inquiries set firm foundations for the statutory system itself, which is performing relatively well, considering the strains it is experiencing. However, the additional funding recommended by the Forde Inquiry of $100 million per year, which included resources to establish support services to avoid entry into the system, has not been forthcoming. Similarly, the CMC Inquiry advised that to control child abuse, the government should maintain its commitment to developing primary and secondary child services. It recommended that:

> … a strategic framework for child protection be developed, articulating the range, mix and full cost of services required to respond effectively to clients' needs, particularly complex needs; and that the implementation of this framework be adequately resourced.

This is the missing element that will make it possible to reshape the statutory component and put more emphasis on the care of those children and young people who actually are in need of the state's care and protection. The average cost associated with a child being placed on a child protection order is close to $50,000 in 2013–14 terms. The average cost of a child in care is a further $50,000 per year. The cost of intensive family support services is usually well below $10,000 and, with consistent, specialist services, results can be achieved even for those families with the most entrenched dysfunction — the ones who cost more in the longer term. So the benefits for government in supporting these families clearly outweigh the costs. This analysis does not take into account the many other personal and community benefits that will accrue for each child who is retained safely within their family rather than proceeding further into the child protection system.

Alongside the expansion of non-government services is the need to build the capacity of the sector and of the community services industry as a whole, particularly in the delivery of Aboriginal and Torres Strait Islander services.

Tracking progress

One shortcoming of the previous inquiries was their failure to build-in a mechanism for tracking the progress of reform. Formal evaluation and review processes enable refinement to occur as well as adaptations to be made when the environment changes. This failure resulted in actions that entrenched rather than resolved the difficult factors that made the system unsustainable. The focus on performance measurement without strategic analysis — and keeping the same broad policy settings since 2004 — has meant that the oversight mechanisms have been duplicated and attention has been misdirected to internal mechanisms instead of taking a strategic view. The failure to evaluate the child protection system as a whole after the reforms of the previous inquiries can be described as a false saving, given the cost of conducting this inquiry.

The Commission is aware that many interacting factors will necessitate continuous fine-tuning of the strategies, policy directions, targets and outcomes ascribed by the Reform Roadmap. The leadership group needs to ensure they have both quantitative and qualitative data from multiple information sources that give them a well-rounded view of

the circumstances they are considering, so they can set priorities and make well-informed decisions and sensible compromises.

The leadership group, indeed leaders at all levels and in each sector, also have a critical role to play in shifting the blame culture towards a proactive, positive and supportive culture that advocates taking responsibility — and family responsibility.

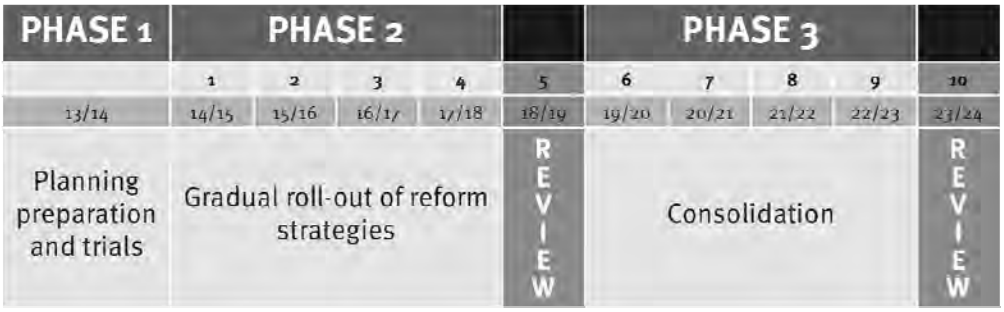
15.3 The Child Protection Reform Roadmap

The Child Protection Reform Roadmap presented below consists of:

- a high-level strategic direction showing the goal and outcome measures and the necessary structures, systems and services to deliver the outcomes
- a summary of actions emerging from the Commission's recommendations
- a calendar indicating the timeline for implementing the roadmap.

The Commission suggests implementing the roadmap in three phases (see Figure 15.7 for an indicative timeline). Many of the reforms are inter-dependent, so selection and prioritisation of strategies will need to consider the effects on other strategies. The full effect of the reforms described above is based on the proposed actions summarised in the Reform Roadmap at a glance (see Table 15.2) being accepted. However, there may be other options to achieve the intent of each recommendation. The Commission urges a common-sense approach with an eye towards the goals.

Figure 15.7: The three phases of the Child Protection Reform Roadmap



Strategic direction

In line with the *National Framework for Protecting Australia's Children 2009–2020*, the Reform Roadmap is grounded on the principle that 'protecting children is everyone's business'. The roadmap supports the National Framework's direction to ensure the safety and wellbeing of Australia's children and to reduce levels of child abuse and neglect over time.

Implementation will contribute to each of the framework's six supporting outcomes:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities

- child sexual abuse and exploitation is prevented and survivors receive adequate support.

The goal of the Child Protection Reform Roadmap is for parents and families to protect and care for their children. A secondary goal is that, where there are no acceptable alternatives, children and young people are taken into care and protected and cared for.

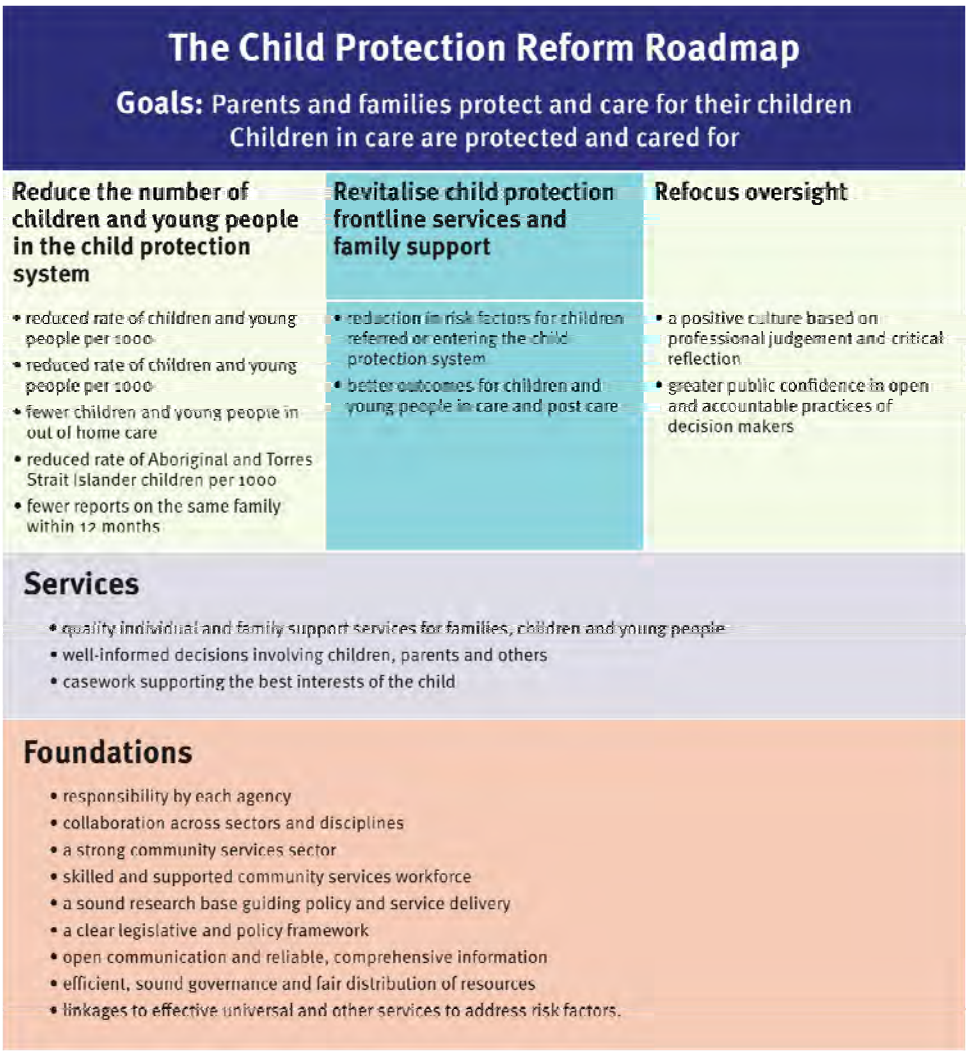
The Reform Roadmap has three tracks:

- Reduce the number of children and young people in the child protection system
- Revitalise child protection frontline services and family support, breaking the intergenerational cycle of abuse and neglect
- Refocus oversight on learning, improving and taking responsibility.

Progress along each track will be determined by the measures in Table 15.1. These depend on the efficient delivery of quality services — the right service to the right person at the right time — which depend on the sound foundations shown below. Table 15.1 also provides the essence of an evaluation framework for the roadmap.

A summary of actions required to meet the 121 recommendations of this report is shown in Table 15.2 (next page).

Table 15.1: Child Protection Reform Roadmap



Getting started

Before implementation can begin, new structures, legislation, systems and budgets need to be put in place. Future success depends on a solid foundation consisting of:

- responsibility by each agency including Administrative Arrangements, senior executive performance, performance frameworks and terms of reference
- collaboration across sectors and disciplines — incorporated as a principle in the terms of reference, and included in the performance framework
- a strong community services sector
- a skilled and supported community services workforce
- a sound research base to guide policy and service delivery
- a clear legislative and policy framework
- open communication and reliable, comprehensive information
- efficient, sound governance and fair distribution of resources
- linkages to effective universal and other services to address risk factors.

Some actions can be undertaken within existing budgets to yield immediate financial benefits to government and the non-government sector and assistance in preparation for implementation. These are shown in Table 15.3.

Table 15.2 Reform Roadmap at a glance

	Recommendations
1. Reduce number of children and young people in the child protection system	
Divert from statutory	
• advocate family responsibility	1.1
• refine child protection concepts, review the *Child Protection Act 1999*	4.8, 6.10, 14.1, 14.4, 14.5, 14.6
• define child protection cases required for mandatory reporting	4.1, 4.2, 4.3
• establish direct reporting of child concerns to a non-government assessment service	6.5, 6.6
• refer families to services instead of investigation	4.7, 11.11
• minimise impact of alcohol and domestic violence on safety of children in remote communities	11.8, 11.9, 11.10
• support families at risk of statutory intervention	13.20, 13.21
Increase access to family and individual support services	
• map service availability in regions and identify gaps	5.1, 11.2
• integrate and expand intensive family support services across Queensland, including for Aboriginal and Torres Strait Islander families	5.4, 5.5, 5.6, 11.1, 11.6
• provide services to support parents with children with extreme needs due to disability	4.12
• link families with support services including parental health programs	5.2
• facilitate information about community services available to families online	6.1

	Recommendations
2. Revitalise child protection frontline services	
Improve child protection practice	
• introduce and monitor a Signs of Safety (or similar) practice framework aligned with Structured Decision Making tools	7.1, 10.2, 10.6, 12.6
• assess the needs of children and young people in care	4.10
• improve family group meetings	7.2, 7.3
• reduce caseload to an average of 15	10.4
Work collaboratively across sectors and disciplines	
• develop family case plans for joint case management with a lead professional	5.7
• develop collaborative partnerships across government and non-government sectors, including a shared case model with staff of Aboriginal and Torres Strait Islander services	6.3, 11.3, 12.12
• task Child Protection Senior Officers group to drive cross-agency strategies and performance	10.3
• improve information sharing between parties to facilitate service collaboration	4.4, 14.2, 14.3
Develop skilled professional workforce and carers	
• establish specialist investigation role to improve assessment and investigation and work with legal advisors	4.9
• engage Aboriginal and Torres Strait Islander Practice Leaders	10.8
• support Aboriginal and Torres Strait Islander workers to become Child Safety officers	10.5
• develop workforce strategy for government and non-government child protection workers	10.7
• extend training of recognised entities especially regarding courtwork	11.4
• require specialist qualifications for child protection staff including managers	10.1, 10.3
• require court coordinators to be legally qualified	13.18
• train carers in specific needs of children when required	8.6
Increase access to support for children in care	
• arrange regular cultural contact	7.5, 7.6
• assess health including trauma and provide therapeutic services	7.7, 7.8
• negotiate priority access to Australian government programs for young people leaving care	9.3
Building the options for care	
• engage with Aboriginal and Torres Strait Islander discrete communities about best options for child protection services	11.12
• engage professional carers for children with high support needs	8.10
• develop new placement options that match needs of the child	8.1, 8.9, 8.11
• incorporate therapeutic care in residential care services	8.7, 8.8
• support young people in their transition from care until age 21 years	9.1, 9.2
Increase stability	
• plan for permanency including options for adoption	7.4
• promote value of kinship care, simplify recruitment and increase support	8.3, 8.4
• limit the extension of short term orders	13.4

	Recommendations
3. Refocus oversight on learning, improving and taking responsibility	
Define strategic direction, departmental responsibility and governance of reform	
• assign responsibility for outcomes to departments: education, health, communities, police, justice, housing, child safety	12.1, 12.5
• establish Child Protection Reform Leaders Group and Regional Child Protection Service Committees and reporting schedules	4.13, 12.4
• develop a positive culture in the practice of child protection	12.15
• increase judicial specialisation and clarify roles	13.3, 13.8, 13.10
• establish Director of Child Protection	13.17
Involve external stakeholders at every level	
• include non-government members at each of the key points of governance and establish a stakeholder advisory group to work jointly with the department	6.2
• build capacity of non-government sector, establish community services industry body	6.5, 6.6
Redefine systemic and individual advocacy	
• establish the Family and Child Council to provide cross-sectoral leadership and advice	12.3
• build the evidence base to support service delivery through research and evaluation	12.13, 12.14
• refocus Child Guardian role	12.7
• establish child and youth advocacy hubs to help children and young people in the child protection system	12.8
Improve child protection proceedings	
• reduce timeframes with case management framework, introduce continuing duty of disclosure, publish child protection benchbook	13.1, 13.2, 13.5, 13.9, 13.24
• establish Office of the Official Solicitor	13.16
• provide legislative framework for court-ordered conferencing	13.6, 13.7
• engage families in court and appeal processes	13.19
• involve children and young people and parents in decision making	13.13, 13.15, 13.26
• increase representation and understanding of children and families in court processes	13.11, 13.12, 13.14
• provide sanctions for non-compliance with supervisory or directive orders, allow Childrens Court discretion to make costs orders	13.22, 13.23
• include department's refusal to review long-term guardianship order as reviewable decision	13.25
• QCAT review and improve practice and processes	13.27
Reduce duplication	
• adopt one tier complaint systems in each department with oversight by the Ombudsman	12.9, 12.10
• refocus child death review and investigation	12.11
• fund Aboriginal and Torres Strait Islander peak body	11.7
Reduce red tape, streamline processes	
• streamline and automate screening processes	11.5, 12.17
• outsource recruitment, training, monitoring and support of foster and kinship carers	8.5
• simplify, standardise and consolidate contract management and performance reporting	12.16
• develop realistic and affordable service-delivery costings and ensure value for money	5.5, 6.4
• establish protocols between QCAT and the Childrens Court for dual matters	13.28
• ensure sufficient oversight and quality of outsourced services	8.2

Table 15.3: Proposed immediate actions within existing budgets

Immediate actions	Benefits	
	Government	*Non-government sector*
Implement the child protection guidelines for mandatory reviewers. Change the Queensland Police Service policy on reporting all domestic violence incidents	The current over reporting of incidents where there is not a protective need, takes significant resources from Child Safety practice. Freeing up this time will reduce caseloads and improve case work outcomes for children and young people	
Delay renewals of blue cards (extend expiry date) while the scope is reviewed and legislation is enacted to streamline the process. Notify applicants online and cease issuing a blue card	As this is a peak year for blue card renewals, a delay will have maximum effect. Daily checking will continue so there is no additional risk	Savings in administrative processes required for compliance
Fast track red tape reductions for contract management, licensing, suitability checks and standards	Staffing cuts have already occurred in this area so further savings are unlikely, however streamlining and consolidation of contract management is necessary to enable staff to prepare for and manage increased outsourcing of services	Significant reductions in administrative expenses can be gained from these reforms and will prepare the sector for expansion.
Establish a pilot of 'dual pathways' allowing referrers to report child protection concerns directly to a non-government service provider.	The pilot will test a model for start-up in July 2014 with gradual roll-out of 20% of referrals growing to 75% by 2019	Opportunity to input into the design of the protection intake service
Further prioritisation of community visitors to reduce the frequency and scope of the program – for example, allowing more young people to opt out where their placement is stable and to maintain contact in alternative ways	Some reduction in costs, while maintaining sufficient support until the child advocacy model is in place and departmental casework is strengthened – noting that consideration needs to be given to a child's attachment to a community visitor and how that may needs to be maintained	Reduced time pressures on foster carers and young people in care
Prioritising work of the Children's Commission to engaging with cross-sectoral to build capacity of the sector including commencing a workforce strategy • developing linkages across sectors and disciplines • improving linkages with universal and other services	Providing a cross-agency and multiple disciplinary view while assisting in the preparation for implementation Reducing duplication of oversight mechanisms	Involvement of the sector in preparing for a rapid increase in services

Budget

The Commission's modelling has developed indicative budgets based on available data to ensure that the recommendations are within reach and will deliver the future savings required. These are not intended to be prescriptive but are provided to give some insight into the size and nature of reforms required. More detailed costing with updated data and full knowledge of constraints, potential for internal transfers and other priorities will need to occur. Table 15.4 identifies actions that are expected to require investment, and indicates the resources that may be required.

The Commission expects that some recommended functions and activities will be absorbed within existing budgets. Table 15.5 identifies these.

The scope of the Reform Roadmap lies within the statutory system and the part of the secondary system that adjoins it and prevents children from unnecessarily entering it. However, the Commission recognises the importance of universal services, early intervention services and specialist adult services related to risk factors. It is essential to retain access to less-intensive family services both to prevent escalation and also to provide maintenance or 'step-down' programs for families leaving intensive intervention. Many families referred to the non-government assessment and referral services are likely to require these services. If they are not available, it will be difficult for organisations to turn families away.

Table 15.4: Recommended actions requiring specific funding

Recommended actions	Estimates from 2014–15 to 2018–19
Child Safety	
• Family support services ranging from high intensity family preservation services to moderate intensity family support, including additional Aboriginal and Torres Strait Islander family services for cases not meeting Child Safety threshold at each decision point shown in Figure 15.5	17,280 building to 30,800 families
• Intake and referral service building from 20% to 75% of reports of child concerns	58,000 building to 108,000 cases
• Transition from care services pre and post 18	350 young adults and 1200 children 15 to 18 years
• Strategies and services to reduce over-representation emerging from the Aboriginal and Torres Strait Islander project	up to 5 staff in a discrete community or location with a high number of Indigenous families to manage facilities and/or processes to support children and families in need of protection
• Aboriginal Senior Practice Leaders	five staff building to 10 in second year
• Regional officers to support the Regional Child Protection Services Committees, map and identify service gaps	one per region
Legal unit	one senior officer
Disability	
• expansion of Evolve to reach 17% of children with high and extreme needs	additional 284 children
• Disability services to support families with young people with extreme needs instead of relinquishment	respite and support for 12 to 15 young people a year
Social inclusion	
• Domestic violence services diverted from Child Safety	for 1,700 families, building to 4,500
Queensland Health	
Therapeutic services to meet the needs of 17% of children in out-of-home care with high and extreme needs (expansion of Evolve)	additional 300 children
Specialist assessments of children on entry to out-of-home care to identify trauma and attachment disorders	1,500 children reducing to 1,000 per year as numbers entering care reduce
Strategies to improve health outcomes for children in care	to be developed for 2014–15 budget
Department of Education, Training and Employment	
Strategies to support educational needs identified on Education Support Plans	to be developed for 2014–15 budget
Strategies to reduce expulsions and suspensions	to be developed for 2014–15 budget
Department of Justice and Attorney-General	
Expert assistance to courts	between $400,000 and $600,000
Strategies to improve outcomes and alternatives for children in care and in the youth justice system	to be developed for 2014–15 budget

Table 15.5: Functions likely to be absorbed into existing budgets

Government department	Function
Department of the Premier and Cabinet	Secretariat for Child Protection Reform Group
Department of Premier and Cabinet Department of Treasury Department of Education Training and Employment Queensland Health Department of Housing and Public Works Department of Aboriginal and Torres Strait Islander and Multicultural Affairs Department of Communities Child Safety and Disabilitiy Services Department of Justice and Attorney-General Queensland Police Service	Membership on Child Protection Senior Officers Group and dedicated position within the agency to promote, monitor and report on strategies to achieve the goals of the Reform Roadmap

There is a risk that organisations will use valuable places in higher needs services by default. Based on the assumptions used in the Commission's modelling, some 20,000 families a year may require non-intensive services, some of whom may require

information and others may require lower-level intervention. Without additional funding for these services, existing resources could be maximised by:

- recommissioning programs to ensure they are well targeted to the range of needs and pitched at the right levels
- allowing flexibility within programs to meet various levels of need
- encouraging non-government organisations to offer fee-for-service options to those able to pay
- aligning programs across jurisdictions and portfolios to ensure they are complementary and collectively meet regional and local needs. This is particularly the case for mental health, drug and alcohol, homelessness, domestic violence, employment and training services.

Savings and transfers

Savings will be achieved by reducing some functions currently performed by the Children's Commission. However, some agencies will need to be strengthened to manage additional workload. Table 15.6 suggests the resources that may be needed in these transfers and new structures.

Table 15.6: Proposed transfer of oversight functions

Children's Commission Function	New function	Estimated staff required
Complaints	Ombudsman Child Safety	two officers two officers
Investigations	Coroner Child Safety	one officer two officers
Community Visitors	Office of Child Advocate Child and Youth Advocacy Hubs	Child Advocate; up to 12 hubs with 7 staff; office with policy and corporate staff.
Employment screening	Queensland Police Service	annual cost comparable with other states by 2016
Research, advocacy	Family and Child Commission (including secretariat for Child Protection Advisory Council)	two Commissioners (one Aboriginal or Torres Strait islander) 40 staff

Considerable savings are expected to occur within Child Safety when strategies reduce the number of children in the system. However, for the first few years the reform model will depend on these resources being redirected to existing gaps and to reducing workloads. For example:

- reduction in costs for intake and assessment to cover increased casework and increased non-custodial work in order to reduce caseloads and improve court work, which will in turn reduce entry, increase reunification and improve outcomes during care and on transition from care
- savings due to reduced red tape in the contracting and monitoring of services to cover monitoring of expanded outsourced services
- savings due to reduction in child-related costs to be reallocated to other children to cover health, educational, contact and expenses (the current $1,000 per year per child being inadequate).

Similarly, over time, fewer children in care will reduce the number of visits required by the child and youth advocates, allowing the Child Guardian to focus on building the resilience and confidence of children in care. A streamlined approach to employment screening is likely to reduce the cost to government of blue-card applications for

volunteers (that is, reduced application costs as well as the associated administrative burden).

The Commission's modelling indicates that the biggest savings in the Child Safety budget occur four to five years from commencement — noting the spike in referrals in the second half of 2012 that will continue to drive up costs for some time. By the fifth year, it is expected that the savings will accrue and will be able to fund increased secondary services with a reduced proportion of the Child Safety budget spent on up-front child protection services.

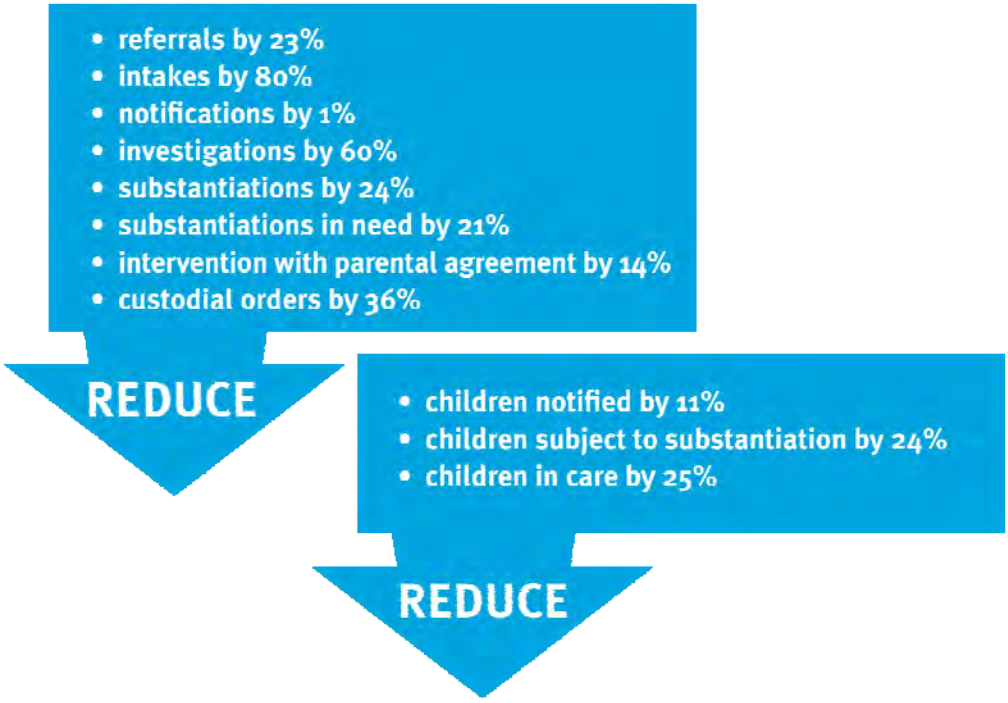
Achieving the intended reduction requires many concerted actions. Table 15.7 shows the link between the roadmap actions and intermediary targets.

Table 15.7: Intermediary targets and the link to roadmap actions

Target	Underpinned by	Achieved through strategies
By 2019 *Approaching out-of-home care rate of 5.1 per 1,000 population aged 0–17 years*		
5% reduction in intakes for 5 years	- legislative and policy change of all referring agencies - charismatic leadership to the community - therapeutic services to parents and children reducing primary cause of family dysfunction	• years 1–3: reduction due to refinement of mandatory reporting, • 4 and 5 years due to Family Responsibility message and reduction in re-referrals by high needs families
10% reduction in children entering out-of-home care per year	- diversion from custodial orders - increased support to families - reduction of harm by resolving adult risk behaviours	• better court processes • better child and family case work • access to intensive, specialist and moderate services • staff qualifications and training • staff supervision
10% increase in children leaving care per year	- reduced average time in care - more children in care for < 6 months - fewer children in care multiple times - fewer extensions of short-term orders - reduced escalation of behaviour in care - options for stability such as adoption	• better child and family case work • better family support for reunification • access to therapeutic services • involvement in decision making • shared case management • fewer placement changes • no extension of short-term order beyond 2 years • alternatives for stability such as adoption • staff qualifications and training • staff supervision
Improved outcomes for children in care (benchmark in 2014)	mproved safety - low rates of re-substantiation and matters of concern Improved development in care - education development - contact with family - social connections - sense of belonging - health - stable placement Improved satisfaction with care	• better child and family case work • reduced number of children in residential care • higher proportion with kin • access to therapeutic services • access to education and health specialist support • access to cultural connections • greater involvement in decision making • shared case management • staff qualifications and training • staff supervision
Improved outcomes post care	Improved outcomes in 12 months of leaving and by age 21 years - education/ employment - connections with family - social connections - health - stable housing - sense of identity	as above plus • better transition from care to age 21 years • improved access to family support services • advocacy support services
Improved public confidence in the child protection system	- use and satisfaction with complaints mechanisms - community trust - evidence of involvement of all parties - expert view of reliability of the system	open performance data reporting on: • complaints • investigations • involvement in decision making • collaboration at all levels

Figure 15.8 indicates reductions projected through each phase of child protection and our-of-home care services based on Commission modelling.

Figure 15.8: Targeted reductions in child protection case work over five years with full implementation



15.4 Challenges of implementation

The Commission suggests that a five-year timetable of change is necessary to arrest current trends and also to produce the best financial outcome. A more protracted approach may not move the levers sufficiently to reduce the number in the system and will result in spreading resources too thinly with the old and the new operating alongside.

The proposed timeline also recognises the difficulty in maintaining momentum for the cultural change needed to sustain a complex policy shift such as this. The Australian National Audit Office emphasises the importance of sustained focus on the pace, efficiency and quality of implementation of government decisions. It warns that failure of initiatives 'is often not due to the concept, but to the implementation' and that 'defects in implementation rob the community of the full benefits of a new policy and waste community resources'. Its 2006 *Better practice guide* listed the components essential to success as:

- executive management and support
- planning supported by the right skills, resources and structures
- leadership.

The *Better practice guide* gives detailed checklists for each aspect of implementation.

Implementation of the Reform Roadmap is both strengthened and complicated by the number of departments involved and the diversity of stakeholders. Whole-of-government initiatives suffer from failure to be accountable at an individual level. They require persistence, negotiation and agreement on the goals to get past differences.

Collaboration and involvement are critical, but timeliness is also important so participants need to be willing to move the debate and resolve issues in a spirit of cooperation.

After 2019

The Roadmap Calendar proposes a review in the fifth year from the start of the implementation program. The review will bring together program evaluations, research evidence, annual reports and performance measurements to determine the progress made and the extent to which the goals have been met. It will allow for adjustments to be made and new targets to be set based on the composition of the child protection system.

Years 6 to 10 are intended to be a consolidation of the reformed system, keeping growth within population and the consumer price index, while maintaining the quality of services. Further structural adjustments may need to be made at this point. The emphasis can shift to intractable and emerging issues.

15.5 Alternative options

Should the government be in a position where the proposed investment in intensive support services is not possible due to the state's fiscal position, some of the recommendations may still proceed. For example, the recommendations in Tables 15.3, 15.4 and 15.6 as well as those regarding legislative amendments and some workforce and organisational issues will have minimal cost. They will produce some efficiencies within Child Safety, which may alleviate some of the pressure caused by the steadily increasing numbers of children in the child protection system. They may also modify the trajectory of the growth in out-of-home care but will not arrest the growth because they do not include the transfer of cases not requiring protection to the non-government sector, or over-representation strategies, and do not fundamentally or substantially change child protection practice.

A third option is to time the investment into new services more gradually, or delay the injection of funds to 2016–17 when the forecast is for the state to have a surplus. In this scenario, reforms recommended by the Commission would be prioritised and scheduled over a longer period. Because of the gap between the projected expenditure and the current projected budget, this option will give a smaller return than full implementation. The longer it takes for additional action to address the shortfall, the higher the starting point will be for change and the greater the risk that the system will not adequately identify and respond to children in need of protection.

15.6 Conclusion

The terms of reference require the Commissioner to chart a new roadmap for Queensland's child protection system over the next decade.

> The recommendations should take into consideration the Interim Report of the Queensland Commission of Audit and the fiscal position of the State, and should be affordable, deliverable and provide effective and efficient outcomes. The recommendations should include:
>
> - any reforms to ensure that Queensland's child protection system achieves the best possible outcomes to protect children and support families;

- strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system, particularly out-of-home care
- any legislative reforms required
- any reforms to improve the current oversight, monitoring and complaints mechanisms of the child protection system.

The Commission's report provides three options:

1. **Full implementation of the Child Protection Reform Roadmap** — a major, focused reform agenda requiring a substantial injection of budget over five years to arrest the trajectory of the number of children in the child protection system, particularly in out-of-home care. This option will need to be costed within the relevant departments to more adequately identify early savings and internal transfers. It will place less pressure on the state budget if departments that provide necessary services (such as health, education and disability services) reprioritise their budgets to ensure that children and parents who are at risk of entering the tertiary system have ready access to services.
2. **Partial implementation of the reform agenda with an addition to budget** to match Queensland's proportion of national expenditure over 10 years, based on the 2011–12 starting point of $806 million shown in Figure 15.1. It is estimated that total expenditure from 2014–15 to 2023–24 will be up to $300 million more than the Reform Roadmap forecast. This scenario will achieve targeted improvements in the provision of services to children, particularly to improve outcomes for children in out-of-home care, but will not fully arrest the trajectory of growth in the numbers of children in the child protection system.
3. **Partial implementation of the reform agenda with no additional budget.** Recommendations that can be undertaken within existing budgets are referred to earlier. This option yields benefits and savings from efficiencies and reductions in duplication. But it poses the biggest risks as it does not fully respond to the projected growth in out-of-home care, so will reduce the available resources per activity.

The Commission recommends option 1 as the optimal way to 'achieve the best possible outcomes to protect children and support families' and 'to reduce the over-representation of Aboriginal and Torres Islanders at all stages of the child protection system, particularly out-of-home care'. While the additional funding is a necessary component of option 1, it is not sufficient. As has been described above, critical elements include leadership and cultural change to drive messages of taking responsibility — of public servants and service providers, and — most importantly — of families themselves. The government, too, has a role in delivering messages encouraging family responsibility and in promoting community recognition of the work that is done daily by child protection workers to protect and care for children when parents are not willing or able to do so.

The Commission acknowledges the work carried out by the Children's Commission in developing the capacity and guiding the child protection system over the past nine years. There will be concerns in some quarters that the proposed reduction in oversight mechanisms removes too many safeguards to ensure that procedures are followed and children are safe. However, the Commission has been mindful of the full suite of checks and balances afforded by the Queensland Government and believes that it is now appropriate for departmental and officer-level responsibility to be called on. We cannot

afford to add further layers of oversight at the expense of delivering services to the public and need to understand and manage risks in new ways.

It has been evident throughout the inquiry, that there are thousands of dedicated staff both in government and in the non-government sector who care very deeply and passionately about producing the best outcomes for children. Whether they are working in the frontline directly with children and families or in equally necessary support, development and management roles, they frequently go well beyond the call of duty and are committed to doing the best they can in an imperfect world. It is the Commission's intention that the system as a whole (with the proposed reforms) supports, encourages and enables all staff to improve on where we are at present, to reduce the number of children entering the system and to ensure better outcomes for the children and young people who are in need of protection and have no other options but to come into the care of the state. The professionalism, skills and confidence of the child protection and broader community services workforce underpin the reform agenda. An important aspect of cultural change is to champion and value those who perform this essential and demanding public service.

The Commission is confident that the Reform Roadmap sets the direction to 'achieve the best possible outcomes to protect children and support families'. Increased access to family support programs will yield social and economic benefits to the state and to individuals that are well beyond the remit of this inquiry.

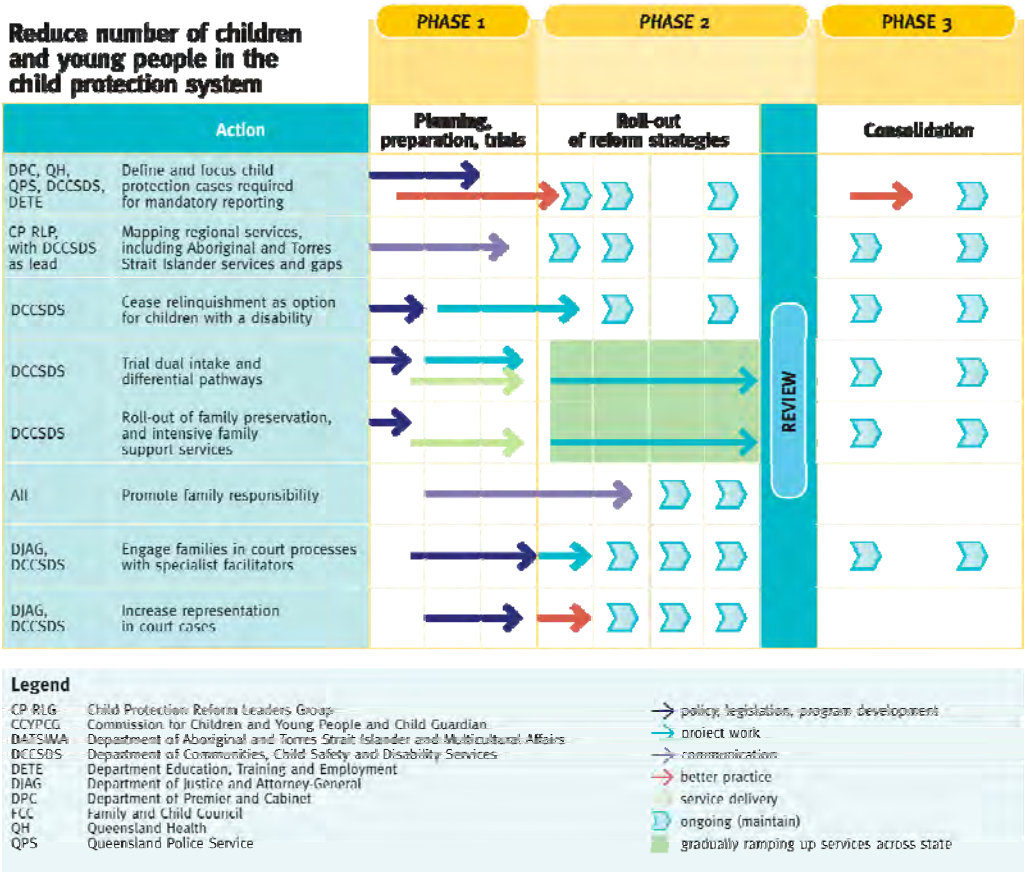
What will the reformed system look like?

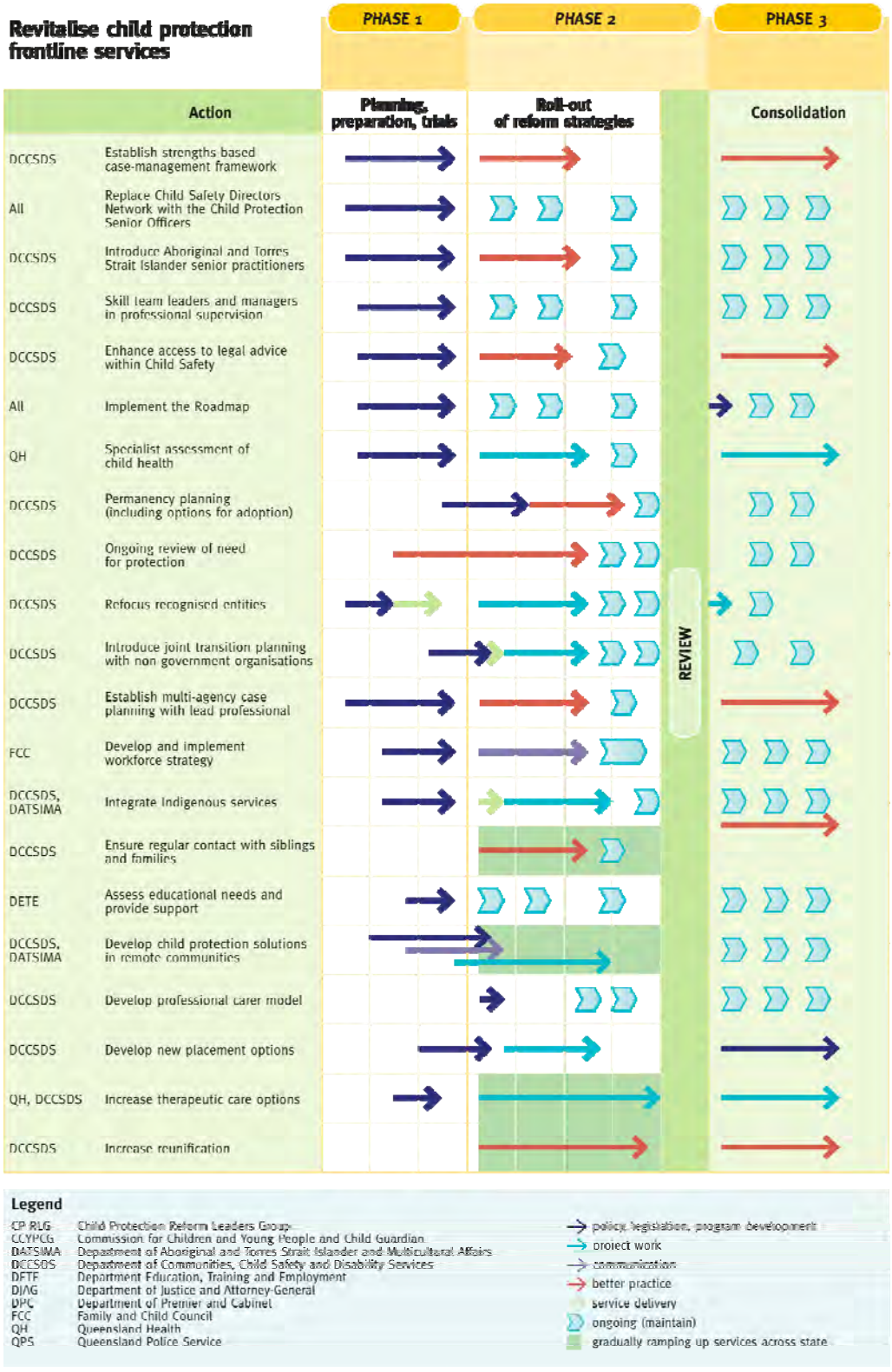
The Commission's vision is that children and young people will be at the centre, with supported and supportive parents, families and communities. Vulnerable families and children will have access to high-quality services to help them maintain the family unit and ride out the challenges they face. Children and young people in care will have the supports they need to grow, learn and develop into adulthood, enjoy their childhood and feel safe and cared for. This vision (as depicted in Figure 15.9) is achievable and in the best interests of the state.

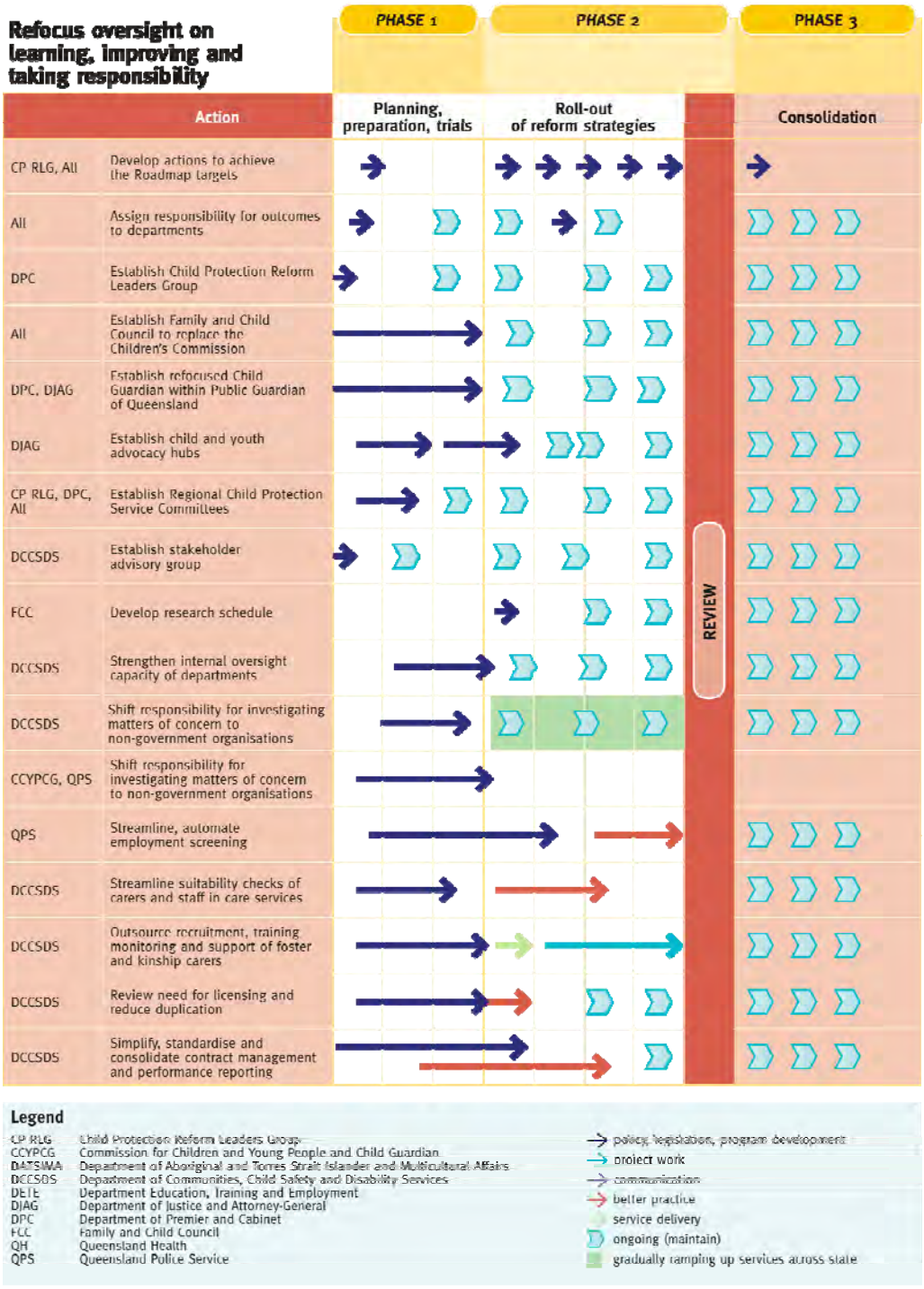
Recommendation 15.1

That the Queensland Government commit to the Child Protection Reform Roadmap with the intention of significantly reducing the number of children in the child protection system, and improving outcomes for children in out-of-home care.

Figure 15.9


Reduce number of children and young people in the child protection system
PHASE 1
PHASE 2
PHASE 3
Action
Planning, preparation, trials
Roll-out of reform strategies
Consolidation
DPC, QH, QPS, DCCSDS, DETE
Define and focus child protection cases required for mandatory reporting
CP RLP, with DCCSDS as lead
Mapping regional services, including Aboriginal and Torres Strait Islander services and gaps
DCCSDS
Cease relinquishment as option for children with a disability
DCCSDS
Trial dual intake and differential pathways
DCCSDS
Roll-out of family preservation, and intensive family support services
All
Promote family responsibility
DJAG, DCCSDS
Engage families in court processes with specialist facilitators
DJAG, DCCSDS
Increase representation in court cases
REVIEW
Legend
CP RLG Child Protection Reform Leaders Group
CCYPCG Commission for Children and Young People and Child Guardian
DATSIMA Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
DCCSDS Department of Communities, Child Safety and Disability Services
DETE Department Education, Training and Employment
DJAG Department of Justice and Attorney-General
DPC Department of Premier and Cabinet
FCC Family and Child Council
QH Queensland Health
QPS Queensland Police Service
policy, legislation, program development
project work
communication
better practice
service delivery
ongoing (maintain)
gradually ramping up services across state


Revitalise child protection frontline services
PHASE 1
PHASE 2
PHASE 3
Action
Planning, preparation, trials
Roll-out of reform strategies
Consolidation
REVIEW
DCCSDS Establish strengths based case-management framework
All Replace Child Safety Directors Network with the Child Protection Senior Officers
DCCSDS Introduce Aboriginal and Torres Strait Islander senior practitioners
DCCSDS Skill team leaders and managers in professional supervision
DCCSDS Enhance access to legal advice within Child Safety
All Implement the Roadmap
QH Specialist assessment of child health
DCCSDS Permanency planning (including options for adoption)
DCCSDS Ongoing review of need for protection
DCCSDS Refocus recognised entities
DCCSDS Introduce joint transition planning with non government organisations
DCCSDS Establish multi-agency case planning with lead professional
FCC Develop and implement workforce strategy
DCCSDS, DATSIMA Integrate Indigenous services
DCCSDS Ensure regular contact with siblings and families
DETE Assess educational needs and provide support
DCCSDS, DATSIMA Develop child protection solutions in remote communities
DCCSDS Develop professional carer model
DCCSDS Develop new placement options
QH, DCCSDS Increase therapeutic care options
DCCSDS Increase reunification
Legend
CP RLG Child Protection Reform Leaders Group
CCYPCG Commission for Children and Young People and Child Guardian
DATSIMA Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
DCCSDS Department of Communities, Child Safety and Disability Services
DETE Department Education, Training and Employment
DJAG Department of Justice and Attorney-General
DPC Department of Premier and Cabinet
FCC Family and Child Council
QH Queensland Health
QPS Queensland Police Service
policy, legislation, program development
project work
communication
better practice
service delivery
ongoing (maintain)
gradually ramping up services across state


Refocus oversight on learning, improving and taking responsibility
PHASE 1
PHASE 2
PHASE 3
Action
Planning, preparation, trials
Roll-out of reform strategies
Consolidation
CP RLG, All
Develop actions to achieve the Roadmap targets
All
Assign responsibility for outcomes to departments
DPC
Establish Child Protection Reform Leaders Group
All
Establish Family and Child Council to replace the Children's Commission
DPC, DJAG
Establish refocused Child Guardian within Public Guardian of Queensland
DJAG
Establish child and youth advocacy hubs
CP RLG, DPC, All
Establish Regional Child Protection Service Committees
DCCSDS
Establish stakeholder advisory group
FCC
Develop research schedule
DCCSDS
Strengthen internal oversight capacity of departments
DCCSDS
Shift responsibility for investigating matters of concern to non-government organisations
CCYPCG, QPS
Shift responsibility for investigating matters of concern to non-government organisations
QPS
Streamline, automate employment screening
DCCSDS
Streamline suitability checks of carers and staff in care services
DCCSDS
Outsource recruitment, training monitoring and support of foster and kinship carers
DCCSDS
Review need for licensing and reduce duplication
DCCSDS
Simplify, standardise and consolidate contract management and performance reporting
REVIEW
Legend
CP RLG Child Protection Reform Leaders Group
CCYPCG Commission for Children and Young People and Child Guardian
DATSIMA Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
DCCSDS Department of Communities, Child Safety and Disability Services
DETE Department Education, Training and Employment
DJAG Department of Justice and Attorney-General
DPC Department of Premier and Cabinet
FCC Family and Child Council
QH Queensland Health
QPS Queensland Police Service
policy, legislation, program development
project work
communication
better practice
service delivery
ongoing (maintain)
gradually ramping up services across state

Appendix A

Progress of implementation of the recommendations of the Forde Inquiry and the CMC Inquiry

Under its first term of reference, the Queensland Child Protection Commission of Inquiry was tasked with reviewing progress regarding the implementation of the recommendations of two former inquiries related to child protection in Queensland:

- Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry)[1] and
- Inquiry into Abuse of Children in Foster Care (Crime and Misconduct Commission).

Both of these inquiries were established in response to concerns about the abuse of children in out-of-home care. Recommendations from the Forde Inquiry focused on residential care facilities and those from the CMC Inquiry extended to include foster and kinship care. The balance of the recommendations of both inquiries covered a range of issues about the child protection system from reporting, monitoring and data collection, to oversight mechanisms, casework, the departmental workforce, non-government service delivery, and service delivery to Aboriginal and Torres Strait Islander children and families.

The Forde Inquiry presented its report in May 1999 and the Crime and Misconduct Commission presented its report in January 2004.[2] Both reports were published after the enactment of the *Child Protection Act 1999* (Qld). The legal framework for the child protection system, therefore, has evolved in the context of these two inquiries.

The work of the Forde Inquiry, established in 1998 in response to public concern regarding abuse of children in Queensland institutions, was twofold: an investigation into historical institutional abuse and a review of current systems including legislation, policy and practice. The inquiry found that unsafe, improper or unlawful care or treatment of children had occurred in government and non-government institutions. Significantly, in reviewing contemporary residential care facilities the inquiry concluded there was still a potential risk of abuse to children in care as a result of deficient accountability systems. Consequently, the inquiry made 42 recommendations focused primarily on improving monitoring and accountability to ensure that children in care were protected.

The CMC Inquiry grew out of a 2003 misconduct investigation into the then Department of Families's handling of allegations relating to the suspected abuse of children in foster care. As a result of its investigations, the CMC resolved to examine systemic issues concerning the provision of foster care across the state. The CMC Inquiry found that:[3]

> … the [then] current child protection system [had] failed Queensland children in many important respects … Collectively, the evidence [indicated] organisational failure to equip officers at virtually all relevant levels of the Department of Families with the information or skills and resources to make the right decisions in the best interests of children in care in a satisfactory number of cases.

The CMC Inquiry concluded that a whole-of-government strategy was required to ensure the effective protection of children and made 110 recommendations to implement this primary proposal.

The recommendations of both inquiries were extensive, ranging from broad proposals for systemic change to the achievement of specific tasks and outputs (for example, terminating funding to a particular residential facility, or developing specific programs). The Forde and CMC inquiry recommendations have been monitored, audited and reported on regularly by the government and the CMC respectively and copies of some of these reports can be found on the website of the Department of Communities, Child Safety and Disability Services.[4] Rather than producing yet another checklist, this report will provide a discursive evaluation of the implementation of those recommendations that still have some relevance today. Among the recommendations discussed below and in this report are those that have not been implemented as intended, those that have not been implemented effectively, or those that possibly took the child protection system in the wrong direction.

While it is important that governments are accountable for the outcomes of those previous inquiries, the emphasis of this review is on looking forward to a redesigned system for child protection in an era that has new challenges and requires new answers.

Funding and secondary services (Chapters 3 and 5)

Forde

4. That the Queensland Government increase the budget of the Department by $103 million to permit it to meet the national average per capita welfare spending for children, and agree to maintain the increase in line with the national average. The additional resources should focus 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.

CMC

4.1 That a new Department of Child Safety be created to focus exclusively upon core child protection functions and to be the lead agency in a whole-of-government response to child protection matters.

4.4 That the government maintain its commitment to developing primary and secondary child protection services.

5.14 That the Department of Families (or some other agency separate from the DCS) retain responsibility for delivering prevention and early intervention services, including services for all children and for programs targeting communities or families identified as vulnerable.

The Forde Inquiry found that for many years child welfare in Queensland had been underfunded compared with other Australian states and territories, adversely affecting the performance of the then Department of Families.[5] As per rec. 4 above, the Forde Inquiry recommended that the government increase the budget of the department and that the additional resources should focus on prevention of child abuse through intervention and preventive programs for high-risk families.

While the government accepted the recommendation in principle, its budget response fell below the $103 million per annum benchmark.[6] The 1999–2000 state budget

increased the department's budget by $10 million, to increase incrementally by an additional $10 million each year ($20 million in 2000–01, $30 million in 2001–02) up to $40 million in 2002–03, amounting to an increase in spending of $100 million over four years. However, the Forde Inquiry had recommended a $103 million increase *per annum*, which would have been the amount necessary for Queensland to meet the then national average per capita in child welfare expenditure.

The recommendation for $103 million additional spending was based on the level of statutory demand in 1997–98. Over the next five years (1998–2003), the demand for statutory services increased so that intakes more than doubled from 19,221 in 1997–98 to 43,202 in 2002–03, which resulted in the budget increase mostly being directed to responding to the increased demand on the statutory system, rather than to early intervention and prevention programs.[7] In Commission hearings, Professor of Social Work at the Queensland University of Technology Robert Lonne confirmed 'the increasing numbers of children in care … pushed the available resources into the statutory system.'[8] The 2000 Report to the Queensland Parliament by the Forde Implementation Monitoring Committee indicated that no more than 30 per cent of the new funds had been allocated to prevention and early intervention.[9]

In 2002–03, the government introduced the Future Directions policy and allocated $32 million in new funds to prevention and early intervention services, which was increased to $42 million in 2004–05. Nearly 60 per cent of the $42 million was employed to pilot prevention and early intervention programs with the intention of rolling out successful programs across the state.[10] However, in 2004, the implementation of the new directions policy was interrupted by the CMC Inquiry, which made its own recommendations about prevention and early intervention.[11]

In response to rec. 4.1 of the CMC Inquiry (see above), the government created a new Department of Child Safety, and the functions of the previous Department of Families were split between the new department and the Department of Communities.[12] The Department of Child Safety became responsible for core child protection functions, while the Department of Communities was given responsibility for delivering prevention and early intervention services (rec. 5.14).[13] This new structure reflected the government's intention to implement rec. 4.4 of the CMC Inquiry: 'that the government maintain its commitment to developing primary and secondary child abuse prevention services.' In its submission, however, PeakCare said that some observers were critical of the:[14]

> insufficient influence held and exercised by the [new] Department of Child Safety … as the 'lead agent' in ensuring that an increased spread, number and range of primary and secondary services did, in fact, eventuate via the funding programs administered by other departments.

In its response to the discussion paper, the Department of Communities acknowledged that budget increases over the past decade have primarily been directed to responding to the continual and growing demand on the tertiary system rather than to developing secondary supports. Queensland's investment in tertiary child protection has increased from $314.9 million in 2004–05 to $735.5 million in 2011–12.[15] In Commission hearings, the Director-General of the department, Margaret Allison, also referred to this shift, recognising that 'over the last … eight or so years there has been a sharp drift towards the tertiary end of the system'.[16] Professor Robert Lonne elaborated:

> the overall fiscal resources that went into the system expansion between 2003 and 2011, overwhelmingly it's gone to the statutory end[17] … the more money that you put into investigations means that there's less capacity to put money into preventative services.[18]

Chapter 3 of this report analyses this funding shift in more detail.

Therefore, despite the recommendations of both the Forde and CMC inquiries, the development of child abuse prevention services in Queensland, at least until the establishment of the Helping Out Families initiative in 2010 (see Chapter 5 of this report), has not occurred in any systematic way. And, while funding has continued to be directed to the tertiary system, the recommended increased funding for prevention and early intervention has never been realised. In its response to the discussion paper, the department said:[19]

> [i]n recent years, the increasing service delivery demand within the tertiary child protection system has fully consumed the budget allocation for tertiary Child Safety services.

Chapter 5 of this report discusses the need to expand secondary services to reduce the unsustainably high demand on the tertiary system.

Intake, investigations and assessments (Chapter 4)

CMC

5.10 That the DCS evaluate organisational models, including the use of dedicated officers, with a view to determining the most effective and efficient way of processing intake and assessment matters.

5.11 That the DCS consider whether there may be advantages in having all court preparation work undertaken by specialist staff.

5.12 That the casework and investigative functions of the DCS be vested, as far as is possible, in different staff members.

5.15 That child-centred casework and the provision of parental support be vested, as far as is possible, in different staff members.

5.16 That, as a preventive response, 40 specialist FSO positions be created to work exclusively with parents whose children have already been the subject of a low-level notification and continue to reside at home. These positions should be filled progressively over the next two financial years.

The CMC Inquiry recognised the specialist intake, assessment, investigation and casework functions performed by Child Safety staff and recommended the department 'evaluate organisational models including the use of dedicated officers' to perform the different roles (rec. 5.10). In response to recs 5.10 to 5.12, the government created the following dedicated positions:

- intake workers now located at regional intake services to provide a specialist response to intake and assessment (rec. 5.10)[20]
- court coordinators to undertake court preparation work (5.11)[21]
- discrete investigation and casework teams (rec. 5.12).[22]

Chapter 4 of this report makes recommendations for a dual intake system through a community services intake gateway and through Child Safety.

In relation to court coordinators, Legal Aid Queensland in its submission said:[23]

> the [court coordinator] position does not have any formal decision-making power, and at times is not effective when it is not supported by the leadership group … of the [Child Safety Service Centre].

Legal Aid then made several recommendations to improve the effectiveness of the role. In its response to the discussion paper, the department suggested a number of strategies to improve the quality of information the department provides to the court, including a preference for all court coordinators to be legally qualified and for court coordinators to form part of a Child Safety service centre's management structure: 'enabling court coordinators to be able to provide more objective advice about the preparation of [court] material on behalf of the department.'[24] In Commission hearings, the Regional Director for the department, Bernadette Harvey, noted the broadening of the qualifications of court coordinators: more coordinators with law degrees benefits the department as it increases the range of skills and particularly affects the length of affidavits.[25] Chapter 13 of this report discusses the work of court coordinators.

In Commission hearings, Professor Robert Lonne said in relation to investigation and casework that 'there should be … an organisational separation of responsibilities for children in care and the investigation side.'[26] Ms Harvey also agreed that if the person responsible for the removal of a child has a different title to the person who is providing care and ongoing protection this might help in relationship building.[27] In a meeting with Commission officers, a representative of the Child Safety Directors Network said there is still a need to look at workforce design: the department needs people with investigative expertise to do the front-end work and people with social work expertise at the back-end.[28] In its response to the discussion paper, the department said '[s]ince [the CMC report], Child Safety Services intake, investigation and assessment processes have significantly improved.[29] In its response to the discussion paper, the CMC said '[f]or the sake of effectively utilising expertise and specialist skills available, and of avoiding the stigmatisation of therapeutic interventions, separation of investigative and casework functions should be considered.'[30] Chapter 4 of this report makes further observations and recommendations about the separation of the investigation and casework roles.

The CMC Inquiry also identified a potential conflict between Child Safety staff performing child-centred casework and providing support to parents. The inquiry further recommended the creation of specialist family services officer positions 'to work … with parents whose children have … been the subject of a … notification and continue to reside at home' (recs 5.15 and 5.16).[31] These recommendations were implemented as part of the department's increase of frontline positions (see discussion below in relation to the department's difficulty in filling funded positions); however, the department could not confirm whether separation of child-centred casework and parental support roles occurs in practice.[32] In its submission, the Australian Association of Social Workers said 'the repeated experience of frontline practitioners is that they cannot access resources to support at risk children living with their biological families.'[33] In Chapter 7 of this report, the Commission makes recommendations in relation to the performance of family-centred casework.

Following the CMC Inquiry the department introduced the Structured Decision-Making tools for intake and assessment. In its response to the options paper, the Commission for Children and Young People and Child Guardian (Children's Commission) said it:[34]

> supports the use of tools designed to support professional practice and consistency in decision-making … [h]owever, there is general support for the notion that the tools may require adjustment.

In Commission hearings, Professor Robert Lonne agreed that the current Structured Decision-Making tools are culturally biased.[35]

The Commission also heard in evidence that the implementation of these tools has contributed to the development of the current culture of 'proceduralism' in the department. In Commission hearings, Professor of Social Work at the University of Queensland Karen Healy said:[36]

> I have no problem with a structured decision-making tool. I have a problem when it becomes more than a guide. It's become, if you like, a straitjacket around many people's decision-making. … The problem is that when that's not balanced with professional discretion that might tell you something about the local context that's not in your structured decision-making tool.

In its submission, PeakCare confirmed child protection practitioners have reported concerns about a reluctance to overrule the findings arising from the application of the Structured Decision Making tools.'[37] Chapter 7 of this report considers the Structured Decision-Making tools and proposes a return to a practice-driven culture.

SCAN teams (Chapter 4)

CMC

6.3 That the existence of the SCAN teams be enshrined in statute to reflect their important contribution to the child protection system.

6.4 That the operation of SCAN teams be based upon agreement to a standard set of interdepartmental policies and procedures.

6.5 That SCAN teams receive appropriate levels of funding to discharge their responsibilities effectively, including appropriate funds for proper record-keeping systems and SCAN team training.

6.6 That SCAN team recommendations are accepted by the DCS, except in instances where the DCS believes the recommendations are contrary to the best interests of the child, and that any departure from a SCAN team recommendation is reported to the Director-General of the DCS and made the subject of detailed 'exception' reporting.

6.8 That full reviews of the functioning of SCAN teams occur regularly and that audits be conducted to measure compliance with policies and procedures, including official record-keeping systems.

The CMC Inquiry made recommendations about the SCAN team system, which provides a coordinated inter-agency response.[38] In response to rec. 6.3, the government amended Chapter 5A of the Child Protection Act to formalise the SCAN process, which is supplemented by interdepartmental policies and procedures now contained in the SCAN team system manual (see below) (rec. 6.4).[39] The inquiry also made recommendations about SCAN team funding and training and 'exception' reporting (non-acceptance of SCAN recommendations) (recs 6.5 and 6.6). In accordance with rec. 6.8, the Child Safety Directors Network SCAN subcommittee reviewed the SCAN system in 2007–08,[40] identifying a number of systemic issues including 'lack of effective chairing' and 'lack of child focused recommendations and outcomes.'[41] In 2008, the SCAN team core member agencies endorsed a refocused manual, which provided for joint professional development for core member agency representatives. The manual was last updated in 2010.[42] In a meeting with Commission staff, a representative of the Child Safety Directors Network stated that SCAN teams cannot be held accountable for collective inaction.[43] In its submission, the Queensland Police Service said 'SCAN has been an

effective forum to authoritatively assess the protective needs of children …'.[44] Chapter 4 of this report considers the future role for SCAN in the child protection system.

Non-government service delivery (Chapter 6)

CMC

6.9 That a strategic framework for child protection be developed, articulating the range, mix and full cost of services required to respond effectively to clients' needs, particularly complex needs; and that the implementation of this framework be adequately resourced.

6.10 That alternative funding models that would more adequately meet the true needs of children, families and carers be investigated.

6.11 That a more progressive and contemporary integrated service delivery model, which creates a partnership between government and non-government organisations to deliver better services for clients of the child protection system, be developed.

The CMC Inquiry recommended a 'partnership between government and non-government organisations' (rec. 6.11). In response to rec. 6.9, the government developed local partnership and planning networks (department and non-government organisations) to develop a strategic framework for child protection and investigate alternative funding models (rec. 6.10).[45] The department established the planning and partnerships program to manage the implementation of the new framework (the draft Queensland Child Protection Strategy) and identify improvements to the coordination of services. The implementation of the new strategy was interrupted in 2007 and has largely been overtaken by the adoption of the National Framework for Protecting Australia's Children 2009–2020.[46] In her statement, the Chief Executive Officer of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, Natalie Lewis, said the quarterly Child Protection Partnership forum is 'probably one of the strongest platforms for [the peak] in terms of putting forward ideas about child protection and how it impacts Aboriginal and Torres Strait Islander children.'[47] In its submission, PeakCare said that varied progress had been made in rectifying non-government service delivery partners not being treated as true partners.[48] Recommendations on building the current capacity of the non-government organisation sector are made in Chapter 6.

Casework and case loads (Chapter 7)

CMC

7.29 That tools and resources be developed by the DCS to ensure that foster carers are included in children's case planning.

7.35 That there be thorough, standardised, evidence based case planning that is consistently applied and focuses on the best interests of the child. This issue needs to be addressed both in university training courses and in ongoing training provided to staff.

7.36 That all children have an identified and designated caseworker from the DCS who maintains regular contact with the child and is responsible for the development of a detailed case plan that focuses on both the short- and long-term needs of the child. The plan must be reviewed at least every six months.

9.3 That legislation require the development of a case plan for the care of all children on child protection orders or in the custody of the director-general.

The CMC Inquiry found 'that the current standard of case planning [was] inadequate'[49] and consequently made a series of related recommendations, including that 'an identified and designated caseworker' (rec. 7.36) be responsible for the development of a '… thorough, standardised, [and] evidence-based case [plan]' for the child, which must

be reviewed at least every six months (recs 7.35 and 7.39). To further enhance case planning and monitoring, the government introduced a specific provision into the Child Protection Act which mandated the development of a case plan (rec. 9.3).[50]

The Commission heard in evidence that the standard of case planning continues to be lacking and case plans are often not well implemented (see Chapter 7 of this report for further discussion). In his statement, Professor of Social Work at the Queensland University of Technology Robert Lonne also said '[c]onsideration of better and more inclusive processes for parents must be part of a reform agenda.'[51] Chapter 7 of this report examines case planning and management in more detail and recommends a greater focus on casework with children and families.

Participation of children, families and carers (Chapter 7)

CMC

7.24 That tools and resources be developed by the DCS to ensure that placement meetings are initiated by departmental staff and completed in a timely manner, preferably before a child is placed with a carer. Carers should be consulted and agreements negotiated by the carers and the DCS, rather than dictated by the department.

7.25 That, during placement meetings, foster carers be provided with all relevant information about the child. When foster carers accept a child for placement they should be given copies of the child's medical and dental records and the child's Medicare details.

7.37 That the DCS adopt clear policy so that section 96 of the Child Protection Act 1999, which states that a family meeting should be organised for all children requiring protection, is followed.

7.39 That processes be implemented to ensure initial case planning is carried out promptly and case plan reviews are carried out every six months, as required under the Child Protection Act 1999; and that all stakeholders, but particularly the child, their family, and the child's carer, are invited to participate in every planning meeting.

7.40 That tools and resources for the participation of children and young people in case planning be developed and used to ensure their participation in planning process that are in keeping with the principles of the Child Protection Act 1999.

7.43 That tools and resources be developed by the DCS to ensure that the procedures for involving parents in casework (e.g. family meetings, planning agreements) are followed, and that their support worker be included in these processes.

8.9 That departmental policies and practices recognise the rights of children and biological parents and reflect this recognition in culturally appropriate ways that allow for all parties to be fully informed of, and involved in, case planning for children.

8.13 That the DCS consult with appropriate community representatives in the case-planning processes for Indigenous children.

The CMC Inquiry found that children were often not being involved in case planning processes.[52] In response to recs 7.39 and 7.40, the Inquiry recommended that 'all stakeholders, [and] particularly the child … [be] invited to participate in every planning meeting' (rec. 7.39) as well as the development and use of tools and resources to ensure children's participation in case planning (rec. 7.40). The inquiry made separate recommendations about the development of tools and resources to facilitate the participation of parents (rec. 7.43) and foster carers (rec. 7.29). It also recommended that these tools and resources be culturally appropriate (rec. 8.9) and that the department consult with appropriate community representatives (recognised entities) in case-planning processes for Aboriginal and Torres Strait Islander children (rec. 8.13). Further, the CMC Inquiry recommended that the department adopt a policy to ensure that a family meeting (family group meeting) occurs for all children (rec. 7.37). In response to rec. 7.37, the government introduced a new division into the Child

Protection Act about family group meetings, which requires the chief executive to convene a family group meeting to develop a case plan for a child.[53]

The CMC Inquiry also recommended that the department complete placement meetings with carers in a timely manner, providing carers with all relevant information about the child. Further, when carers accept a child for placement, the inquiry recommended that they be given copies of the child's medical and dental records. The inquiry also recommended that the department consult with, rather than dictate to carers (recs 7.24 and 7.25). In response, the government amended the Child Protection Act to require the chief executive to give proposed carers relevant information about the child.[54] To facilitate the disclosure of such confidential information to carers, as well as to other departments, government agencies and non-government agencies, the government amended the Child Protection Act to remove existing barriers to information sharing (recs 7.26, 7.27 and 7.28).[55] Despite this, the Commission heard in evidence the department often fails to give carers all information that they reasonably need to provide care for and ensure the safety of the child.[56]

Residential care facilities (Chapter 8)

Forde

17. That requirements for the Department to conduct regular inspection and monitoring of residential care facilities and juvenile detention centres be specified in legislation.

20. That legislation be enacted to require that licensing of residential care facilities be subject to an independent written evaluation.

22. That in order to ensure effective links between standards of care, service agreements, quality assurance, licensing and legislative requirements for residential care, the Department:

- review the Practice Standards for the Conduct of a Licensed Residential Care Service to ensure consistency with the statement of standards outlined in the Child Protection Act 1999 and develop clear performance indicators that are incorporated into service agreements
- develop a system of independent external accreditation based upon the standards required under the Act
- require that all residential care facilities be subject to independent evaluation as a condition of being granted a licence or renewal of a licence.

35. That by December 2000 the Department prepare:

- detailed and standardised procedures for record-keeping that must be maintained by residential facilities, detention centres and the Department
- quality assurance mechanisms, including monitoring and review processes, that can measure whether appropriate standards are being maintained, that individual cases of abuse are detected and dealt with, and whether staff have the necessary conditions to work effectively
- detailed time-limited plans for their implementation across residential institutions caring for children.

36. That by December 2000 the Department:

- review issues affecting field staff responsible for children in care, including excessive caseloads, inadequate personal and professional supervision, high turnover, insufficient resources and training, and implement measures to address them
- establish the minimum requirement to operate each institution and provide adequate funding to ensure that the facilities can operate safely
- require through service agreements and service standards for residential services that staff are recruited through transparent merit selection processes, that clear human resources development and management standards are applied and that these

standards be part of a contract, review and evaluation process. This must include, as a minimum, clear job descriptions and regular progress and performance monitoring of staff

- require scrupulous screening of all staff and other people in regular contact with children in residential care facilities and juvenile detention centres, not only through police checks (including fingerprints and records of charges laid) but also extensive interviews to ensure their suitability to be in contact with children or young people in care or detention
- require that criminal history and Child Protection Register checks be conducted on an ongoing basis, at a minimum of five-yearly intervals, for all residential care and juvenile detention centre staff
- address staff training requirements (initial and ongoing) for residential care services by the application of Service Standards and provision of training for all service providers
- require that an accredited core training program be completed by all residential care workers and that orientation programs to clarify staff roles and expectations be conducted, as well as refresher training programs for staff at regular intervals
- review staffing and supervision arrangements within detention centres, with risk assessment procedures applied to determine appropriate supervisory arrangements and the optimum staffing balance of permanent to casual staff to provide cost-effective service delivery by experienced staff, while minimising risk.

CMC

6.12 That a quality assurance strategy is developed and implemented for all services government and nongovernment) and a minimum standard be set for the licensing of non-government services.

7.5 That more therapeutic treatment programs be made available for children with severe psychological and behavioural problems. Successful programs should be identified, implemented and evaluated.

The Forde Inquiry found there was no legislative requirement for residential care services to be subject to regular reviews (rec. 20) or ongoing supervision, for example in relation to their record-keeping processes (rec. 35). The inquiry also found that while the licensing framework required residential care services to be conducted in accordance with current practice standards, the standards had no legislative or regulatory status (rec. 22).[57] In response to recs 20, 22 and 35, the government noted the implementation of the new monitoring and licensing framework under the Child Protection Act.[58] The legislative framework requires a care service to furnish independent assessors with evidence of their suitable record-keeping processes, which are then monitored by the department (rec. 35).[59] Before granting a licence, section 4 of the *Child Protection Regulation 2011* also requires the chief executive to obtain an independent written evaluation of the care service to determine if the standard of care complies with the minimum service standards and the licensing requirements in the Child Protection Act (recs 20 and 22).[60]

In response to rec. 6.12 of the CMC Inquiry, the government developed and implemented a quality assurance framework for out-of-home care services, which established a minimum standard for the licensing of non-government services (Child Safety Service Standards).[61] The Commission heard in evidence that the foregoing licensing framework was implemented with rigour. In its submission PeakCare said while 'internal processes have generally improved as a result … going through 'licensing' … is resource-intensive, excessively bureaucratic and onerous'.[62] In its submission, Churches of Christ Care agrees that the licensing requirements are 'overly onerous and resource intensive' and that 'standards are inconsistently interpreted and measured.'[63]

A further criticism made by Churches of Christ Care in its submission is that the licensing standards only apply to non-government services: '[non-government organisations] are assessed on the completion of processes that are in turn reliant on the completion of tasks by the [d]epartment, who themselves are not held accountable for the completion of the task.'[64] In a 2007 letter to the government, the Alliance of Queensland Child Protection Peaks said the current licensing requirements for the non-government entities 'highlighted just how far below their own minimum standards the [department] operate[s].'[65]

The licensing framework has not been evaluated since its implementation in 2000. It should be noted the government has committed to transferring the licensing regime to the Human Services Quality Framework.[66] Chapter 12 of this report reviews the licensing framework and how it operates in the context of the service standards and contract management requirements. Recommendations for reform of the licensing framework are also proposed.

The Forde Inquiry made recommendations about residential care staff, including one for the application of 'clear human resources development and management standards,' 'scrupulous screening' and ongoing criminal history and Child protection register checks (rec. 36). Further, the inquiry identified that the then current service agreements did not require caregivers to be provided with training.[67] In response to rec. 36, the government amended the Child Protection Act to restrict the chief executive from granting an application for a licence to provide care services unless the chief executive is satisfied 'methods for the selection, training and management of people engaged in providing the services are suitable' (s. 126(f)). Residential care staff must also hold positive Child Safety suitability and Children's Commission blue card assessments, both of which continue to be monitored during their employment.[68] In Commission hearings, a Regional Director for the Department, Bernadette Harvey, noted that, while residential care workers are heavily screened, there are currently no minimum standards in regard to their qualifications.[69] Issues in relation to the training of residential care staff are considered in Chapter 8 of this report.

The CMC Inquiry identified an 'unmet need for therapeutic services for children in care,'[70] recommending the implementation of more therapeutic treatment programs 'for children with severe psychological and behavioural problems' (rec. 7.5). The department provides therapeutic residential care as a placement option and funds Evolve Interagency Services to provide therapeutic and behaviour support services for children with complex behavioural and psychological issues or disability support needs.[71] The Commission heard evidence in support of therapeutic residential care and increased access for children to mental health services.[72] In her statement, Dr Anja Kriegeskotten, psychiatrist for Evolve Therapeutic Services and North West CYMHS, said 2009–10 cross-agency data indicated a reduction in behavioural symptoms for young people who had accessed an Evolve service.[73] It is unclear whether therapeutic residential care services have been properly evaluated since their introduction.[74] Chapter 8 of this report considers therapeutic care in more detail.

Residential care facilities — distribution of services (Chapter 8)

Forde

21. That by December 2000 the Department:

- assess the needs across Queensland for residential care
- review the effectiveness of current models of residential care (e.g. family group homes compared to larger institutions such as BoysTown)
- develop criteria for equitable distribution of facilities and appropriate models of care
- develop medium and long-term plans for future development of residential care, taking into account the distribution and needs of children throughout the State
- review funding and provision of residential services for Indigenous young people to ensure quality of services and cultural appropriateness.

CMC

7.2 That the placement needs of children and adolescents in care be identified and a broad range of options — including foster care, residential services, family-group homes, therapeutic foster care, intensive support, and supported independent living — be provided to best meet the needs of individual children.

7.3 That the effectiveness of these placement options in meeting the needs of different groups of children and young people be evaluated.

7.4 That the Department of Child Safety:

- identify the extent of the need for residential care services
- identify the type of children who would most benefit from these services
- develop service models that meet children's needs in this area
- identify the skills and training required by staff
- monitor and evaluate residential care services.

In relation to residential care services generally, the Forde Inquiry found there were major variations in the allocation of departmental funding to individual services and services were located disproportionately to the needs that existed in different parts of the state.[75] In response to rec. 21, the government implemented the child protection reform strategy to ensure the needs-based distribution of residential care services.[76] In 2004, the CMC Inquiry recommended again that the department 'identify the extent of the need for residential care services' (rec. 7.4). In response, the department conducted a preliminary analysis of the need for services[77] and since 2004 has funded regions for out-of-home care on a needs basis.[78]

The Forde Inquiry also proposed (rec. 21) that the department 'review the effectiveness of current models of residential care.' In response, the government commissioned Deakin Human Services to review the residential care services provided by BoysTown and Logan Lodge.[79] The CMC Inquiry made recommendations in relation to the placement needs and related placement options for children, finding that 'the placement needs of children … are not being adequately met.'[80] In response to recs 7.2 and 7.3, the government funded non-government organisations to provide a continuum of placement options.[81] The effectiveness of these new placement options was reviewed in November 2006.[82] The effectiveness of current residential care services is considered in Chapter 8 of this report.

Foster and kinship carers — recruitment and assessment (Chapter 8)

CMC

7.1 That the Department of Child Safety be responsible for receiving and investigating notifications of child abuse and neglect, and take over responsibility for the final assessment and certification of all carers, and for assessing the appropriateness of carers' reapprovals.

7.12 That initial screening mechanisms be more efficient and rely on identifying the characteristics that are associated with continuing in foster care and providing good outcomes for children.

7.13 That efforts be made to recruit a more diverse group of carers, rather than continuing to concentrate recruitment efforts in lower socioeconomic areas.

7.14 That the DCS identify areas of high, unmet need and initiate recruitment drives to obtain more carers for specific types of children. Recruitment drives can be directed to areas of high need and focus on recruiting carers who can meet the needs of specific groups of children (e.g. teenagers, or children with special needs or challenging behaviours).

7.15 That the DCS be responsible for the final approval of foster carers. Special attention should be focused on processes that give carers specific approval for numbers and types of children.

7.16 That regard be had to relevant research findings in order to identify the factors that are most likely to result in successful placements, and to use this knowledge to develop practical processes for the recruitment of suitable carers.

7.18 That a framework be developed for supporting relative care that includes enhanced screening and monitoring of carers and the provision of training opportunities and other support for carers. There should be an extensive consultation process, especially with Indigenous communities, in the development of the framework.

8.8 That urgent attention be given to identifying ways of encouraging more Indigenous people to become carers.

9.2 That the Child Protection Act be amended to ensure that it regulates the assessment and approval of all carers.

The CMC Inquiry made recommendations about foster and kinship carers, including in relation to screening (rec. 7.12, 7.18), approval (recs 7.1, 7.15, 9.2) and recruitment (recs 7.13, 7.14, 7.16, 8.8). In response to recs 7.12 and 7.18, the department established the Central Screening Unit to manage personal screening checks of all out-of-home care providers, including foster and kinship carers and their adult household members.[83] Assessment of carers can be conducted by non-government agencies on behalf of the department, but the final approval of all carers is the responsibility of the department (recs 7.1, 7.15, 9.2).[84] In Commission hearings, Director of Key Assets, Fostering Queensland, Robert Ryan said a high degree of rigour has been introduced into the foster care approval system as a result of previous inquiries.'[85]

In its submission, Save the Children said 'that in some cases foster carers lack basic skills, knowledge and experience to care for the children who have been placed under their guardianship. In some circumstances, this can lead to multiple placements with foster carers':[86]

> Save the Children recommends that the process for the selection and screening of foster carers be consistent and more rigorous to ensure the most appropriate, safe and suitably experienced and skilled people become foster carers.

In her statement, a psychiatrist for Evolve therapeutic services and North West CYMHS, Dr Anja Kriegeskotten, said 'robust assessment of the suitability of foster parents (and residential staff) is needed'.[87]

In response to rec. 7.16, the department developed evidence-based practice resources to guide the assessment of carers and to inform carer-recruitment strategies, including an Aboriginal and Torres Strait Islander awareness and recruitment campaign (recs 7.13, 7.14 and 8.8).[88] The Commission understands evidence-based approaches to assessment and recruitment were only halfway implemented. In its response to a Commission summons, the department said 'providing culturally appropriate care is a particular challenge, as all services, … struggle to attract carers in the numbers required in order to meet the [c]hild [p]lacement [p]rinciple. While numbers do continue to grow, this is not at a level that matches the demand for placements.'[89] Issues in relation to foster and kinship care are discussed in more detail in Chapter 8 of this report.

Foster and kinship carers — support, training and remuneration (Chapter 8)

CMC

7.9 That additional efforts be made to identify alternative respite options for children that could improve children's wellbeing, for example regular camps and school holiday programs.

7.10 That, to prevent carer burnout and limit placement breakdown, planned respite for carers be 'routine' and not have to be requested by carers. Plans for respite could be included in the child's case plan.

7.23 That conditions and support for departmental carers be enhanced to ensure that they are not disadvantages in comparison with agency carers.

7.30 That consideration be given to the DCS implementing mentoring programs for foster carers and children in foster care.

8.7 That, subject to consultation, provision be made for Indigenous carers to have enhanced access to respite care, and adequate training and support be made available to Indigenous carers (as recommended generally in Chapter 7).

The CMC Inquiry also recommended the department plan for and identify alternative options for respite care (recs 7.9 and 7.10), including improving access to respite care for Aboriginal and Torres Strait Islander carers (rec. 8.7). In response, the Child Safety practice manual was updated, requiring options for respite care to be included in case plans. Child Safety service centres are also provided a budget to purchase alternative respite options.[90] Respite care options for foster and kinship carers are considered in Chapter 8 of this report.

The CMC Inquiry also made a series of recommendations about training for foster carers. In response to recs 7.19 to 7.21, the department implemented tiered multilevel pre-service and ongoing training. The Commission notes the department launched its foster care training package, *Quality care: foster care training* in 2005, which sets the mandatory prerequisites for foster care approval and re-approval. [91] In its submission, the Cairns Community Legal Centre contrasted the lack of training available to parents of a child with a disability.[92] The CMC Inquiry recommended enhanced support for departmental carers (rec. 7.23), and that the department consider implementing mentoring programs for foster carers (rec. 7.30). Chapter 8 of this report makes recommendations in relation to support for departmental carers being transferred to non-government agencies. Training and support for foster and kinship carers are also considered in Chapter 8 of this report.

The CMC Inquiry recommended the appropriate remuneration of foster carers (rec. 7.32) based on a tiered system for payments (rec. 7.33). In 2005–06, the department conducted an investigation into the 'true costs' of caring for a child, as a result of which fortnightly allowances to carers were increased from January 2007. Further, the

department provides an additional allowance for carers of children with high needs and 10 per cent loading for carers in remote locations (rec. 7.34).[93]

Transition from care (Chapter 9)

Forde

41. That the Department develop transitional programs to prepare young people in the care of the State for independent living and help them to make the transition by providing assistance to gain employment, education and housing.

In response to rec. 41, the government established its transition-from-care pilot program, an evaluation of which was completed in November 2000.[94] In current practice, transition-from-care planning should begin when a young person turns 15 years, primarily through the development of a transition-from-care plan. However, the Commission heard in evidence that transition planning is poor and transition plans are often not completed until just prior to a young person leaving care (see Chapter 9 for further discussion). In its submission PeakCare said 'many young people transitioning to independence report not having, or not knowing about, their 'transition from care plan' or actively participating in its development'.[95] In its submission, the Australian Christian Lobby confirmed that '[s]ome young people, including those with intellectual or other disabilities, are discharged when they become legal adults with no transition plan in place to help them adjust to caring for themselves'.[96] The Children's Commission in its submission also said 'the wellbeing of children living in out-of-home care … still has a long way to go in … transition from care and … these issues are magnified for young people in residential care'.[97]

Also, while the Child Protection Act does not set an upper age limit for assistance (ss. 75 and 159), in practice most young people leave care and therefore stop receiving support from Child Safety at 18 years (see Chapter 9 for more information). In her submission, Dr Anja Kriegeskotten, psychiatrist for Evolve therapeutic services and North West CYMHS, said:[98]

> [t]he [s]tate offers little support to young people after the age of 18 years. … [This] can be problematic when all support is withdrawn at once when the young person is 18 years old … A possible solution may be to allow services to remain involved to a later age at least in some cases.

In its submission, the Children's Commission said 'in line with other Australian jurisdictions, support for young people [ageing] out of care [should] be extended to at least 21 years'.[99] Notably, the commitment to extend support for young people's transition from care period to 21 has been included in the Minister for Communities Charter letter as a first agenda item for the Queensland Government.[100] Extension of the transition-from-care period and other initiatives for improving transition-from-care planning are discussed in Chapter 9 of this report.

Workforce (Chapter 10)

CMC

5.1 That there be a baseline increase of approximately 160 family services officers and team leaders to deal with intake, assessment and casework requirements.

5.2 That this increase be made progressively over the next two financial years and be in addition to other specific recommendations made in this report for the creation of specialist positions.

5.3 That the DCS adopt an empirically rigorous means of calculating workloads and projecting future staffing numbers.

5.4 That frontline child-protection service staff numbers be increased annually in line with workload increases.

5.5 That the current regional structure used by the Department of Families be critically reviewed, with a view to improving the ratio of direct service delivery staff to management and administration staff.

5.6 That the DCS establish enhanced training and professional development processes for field staff as a matter of high priority.

5.7 That successful completion of induction training before assuming casework responsibilities be mandatory for DCS caseworkers.

5.9 That DCS training incorporate appropriate and ongoing Indigenous cross-cultural training for all staff.

7.22 That caseworkers be well trained and supervised in evidence-based parenting practices so they can support foster parents with appropriate parenting advice. This training should occur within their pre-service university based courses and through in-service training.

The Forde Inquiry recommended the department review issues affecting field (frontline) staff including caseloads, supervision, turnover, resources and training (rec. 36). These issues were considered again by the CMC Inquiry, which made a series of recommendations about frontline staff numbers, training and specialist officers. In response to rec. 5.3, the department developed a workload analysis tool to calculate caseloads and project future staff levels.[101] The CMC Inquiry further recommended the department increase frontline positions over the next two financial years (recs 5.1 and 5.2). While the department funded the recommended number of new frontline positions, as of 1 June 2006 the department had only filled 84 per cent of the positions, experiencing particular difficulties recruiting staff in rural and remote locations and generally retaining staff.[102] It should be noted, since 2006–07 the annual separation rate for child safety officers has decreased from about 22 per cent to 15.98 per cent in 2011–12.[103]

The CMC Inquiry recommended that the department continue to increase frontline staff numbers relative to increases in workload (rec. 5.4).[104] Despite the inquiry's finding that 'a ratio of 15 children to 1 worker is [a] reasonable' caseload,[105] as of 1 June 2006 the average caseload for child safety officers was 17.3.[106] In 2009, a workload review project initiative was negotiated as part of the State Government Departments Certified Agreement. The management workload review project working group and Together Queensland developed a workload management guide to inform team leaders in allocating reasonable caseloads. Currently, the average caseload for Child Safety officers is 20, varying across regions (see Chapter 10 for more information). In her submission, the Director of JK Diversity Consultants, Jatinder Kaur, said Child Safety officers' caseloads have not improved since 2004.[107] A number of respondents to the Commission's survey of Child Safety staff also commented about excessive caseloads.[108] In Commission hearings, Together Queensland Secretary, Alex Scott said

'[w]e think there's a need for clear and transparent processes for determining what is a reasonable workload for a reasonable worker for a reasonable style of case.'[109]

To further improve service delivery, the CMC Inquiry recommended the mandatory completion of induction training before Child Safety officers assume casework responsibilities (rec. 5.7), as well as 'enhanced training and professional development' for frontline staff (rec. 5.6), including cross-cultural training (rec. 5.9). In response, the department developed a mandatory entry-level training program, which commenced with nine weeks' induction training and took one year to complete.[110] The department also developed a series of specialist skills modules for the ongoing professional development of frontline staff, which included training in evidence-based parenting practices (rec. 7.22).[111]

In his statement, the Director of Workforce Capability for the department, Kenneth Dagley, said Child Safety officers are currently required to complete the department's entry-level training program, which takes 72 weeks.[112] While it is against department convention for new Child Safety officers to be assigned a caseload until they have completed phases one and two of the training program, the Commission heard in evidence this practice is not consistent.[113] In relation to professional development, 64 per cent of respondents to the Commission's survey of Child Safety staff disagreed that the department invests in their professional development. Child Safety workers are generally required to fund their own professional development and do external training in their own time. Criticism was also made about in-house training primarily being offered online and the opportunity for staff to complete training being limited by workload.[114]

The Commission understands the department recently undertook regional consultations in relation to Child Safety officer training, the outcome of which is expected to be an updated staff development strategy. As part of this, a new model of entry-level training was to commence delivery in early 2013, which would require Child Safety officers to complete a mandatory component of in-service training prior to assignment of a caseload.[115] A policy position on baseline training for frontline staff is 'currently before the executive management team'.[116]

In its response to the Commission's discussion paper, the CMC said 'it is imperative, for the sake of attracting and retaining a professional workforce, that meaningful and continuing training along with opportunities for development and progression within the department be maintained'.[117] Recommendations relating to the Child Safety workforce are made in Chapter 10 of this report.

Culturally appropriate services and recognised entities (Chapter 11)

Forde

21. That by December 2000 the Department:

- assess the needs across Queensland for residential care
- review the effectiveness of current models of residential care (e.g. family group homes compared to larger institutions such as BoysTown)
- develop criteria for equitable distribution of facilities and appropriate models of care
- develop medium and long-term plans for future development of residential care, taking into account the distribution and needs of children throughout the State
- review funding and provision of residential services for Indigenous young people to ensure quality of services and cultural appropriateness.

CMC

8.1 That the government recognise the ongoing need for independent community-based Indigenous organisations, and that these organisations be provided with the necessary support and resources to provide culturally appropriate child protection services to the Indigenous community. This support should include training and professional development, as well as assistance complying with service agreements and accountability requirements.

8.2 That, where AICCAs have been de-funded, they be replaced by appropriate independent Indigenous organisations that have the support of their local community and that, wherever possible, these organisations employ staff with backgrounds in child protection.

8.10 That the DCS provide culturally appropriate child protection services that take account of the drug- and alcohol-related problems besetting some remote communities. This will require the provision of specific support services to address the special needs of children requiring DCS intervention in these communities.

The government failed to respond to the final part of rec. 21 of the Forde Inquiry (see above).[118] It should be noted that the department currently funds eight Aboriginal and Torres Strait Islander residential services. A chapter of the CMC report was dedicated to Aboriginal and Torres Strait Islander children and the inquiry made recommendations about the provision of culturally appropriate child protection services (recs 8.1 and 8.2). The CMC Inquiry envisaged a continuing role for the existing Aboriginal and Islander Child Care Agencies (AICCAs)[119] or equivalent independent Indigenous organisations in the child protection system.[120]

The then Aboriginal and Islander Child Care Agencies played an integral role in the child protection system. Aboriginal and Islander Child Care Agencies emerged across Australia in the 1970s as a community-led response to Aboriginal and Torres Strait Islander children entering care.[121] Though the specific responsibilities of each agency varied, they typically provided a mix of services such as general family support for non-child protection clients, intensive family support for families and children who had had contact with the child protection system, placement services (including recruitment, training and initial assessment of carers), carer support, responding to notifications and child advocacy (see Chapter 11 for further information).

In response to rec. 8.1, the government established 22 recognised entities to provide advice to the department on Aboriginal and Torres Strait Islander children at key decision-making points.122 The Child Protection Act was also amended to set out the types of decisions requiring participation of recognised entities (rec. 8.11).123 The number of recognised entities has since reduced; as of 2012 there were 11 services across the state (for more information see Chapter 11). In a 2007 letter to the government, the Alliance of Queensland Child Protection Peaks said '[t]he reorganisation of funding to services previously known as AICCAs to services called [r]ecognised [e]ntities has impacted significantly on the ability for [the] community to effectively respond and support children and families in crisis [and has led] to the deterioration in the adherence to the Aboriginal and Torres Strait Islander [c]hild [p]lacement [p]rinciple.'[124]

In 2009–10 the government diverted $9.787 million, about half of the recognised entity program funding to establish 11 Aboriginal and Torres Strait Islander Family Support Services to work with families to prevent progression into the child protection system.[125] In material provided to the Commission by Black Wattle Consulting, Josie Crawshaw said 'the Queensland model is very prescriptive, separating the [recognised entity] statutory work from family support work is not best practice'.[126] In a meeting with Commission officers, representatives from ATSILS said because of reduced funding capacity and

staffing numbers post reform, the recognised entity model is not completely representative of communities. This is of particular concern when the recognised entity is just one person. The representatives said the reform significantly reduced the capacity of recognised entities across the state: for example, there is only one recognised entity worker for the Gulf region: how effective can that be given 100 per cent of Gulf cases are Indigenous children?[127]

The ATSILS representatives also said that because recognised entities are funded through the department they could be seen to be subject to pressure or undue influence to agree with the department, rather than value-add to department decision-making.[128] In Commission hearings, the Chief Executive Officer of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, Natalie Lewis, said 'the recognised entities … need to actually be independent from the department and be able to provide independent advice as to placement decisions.'[129] The ATSILS representatives said further they don't see recognised entities as a functional model, saying the intention is sound but the design is incorrect, in practice limiting any meaningful and active engagement the Aboriginal professional can have with a family and child. Further, the design of the model is restrictive, limiting the role of one of the key Aboriginal professionals within the service delivery model to a consultative and participation-based role. The representatives said the model should be enhanced so that it can meaningfully contribute to end over-representation.[130]

Since the CMC report, social work consultant Julie Bray said she has 'observed a marked deterioration in the outcomes for Aboriginal and Torres Strait Islander children'.[131] She has attributed this to the replacement of the previous integrated AICCA model with the narrower recognised entity services:[132]

> It is my contention that the deterioration in outcomes for Aboriginal and Torres Strait Islander children and families is a direct result of departmental intervention and forced changes to a successful community driven Aboriginal and Torres Strait Islander service model and that the way forward is to invest in this sector and rebuild this holistic Aboriginal and Torres Strait Islander service system.

In his statement Professor Lonne said '[t]he number and rate per thousand children under protective orders and in [out-of-home care] has more than doubled since the CMC report. … Most of this growth has resulted from a massive increase in the over-representation of Indigenous children.'[133] Further, 'I have not seen much evidence of '[the [d]epartment's relationships with Indigenous communities, peoples and agencies] improving since the CMC Inquiry.'[134] The department has acknowledged the challenges which continue to beset Aboriginal and Torres Strait Islander child protection service delivery, particularly in remote communities (rec. 8.10).[135] The department is currently reviewing the Aboriginal and Torres Strait Islander Family Support Services and has indicated an intention to further redirect current investment in cultural advice to intensive family support services.[136] These challenges are considered in depth in Chapter 11 of this report.

Complaints, reporting, monitoring and data collection (Chapter 12)

Forde

16. That legislation be enacted to make mandatory the reporting of all abusive situations that come to the attention of departmental employees and persons employed in residential care facilities and juvenile detention centres.

18. That the Department have a legislatively imposed responsibility to collect information relating to abuse of children and young people in residential care facilities and juvenile detention centres.

24. That the Department develop and implement an information system that records individual complaints and trends in institutional abuse.

34. That by December 2000 the Department develop and implement policies which ensure that:

- there is a range of easily accessible, confidential complaints mechanisms for children
- children making complaints are protected and any worker about whom a child has made a serious complaint is separated from children in the facility, without loss of pay and other employment conditions, pending the outcome of the investigation of the complaint
- a rapid response to complaints is made and the action taken is documented
- senior officers of DFYCC or other personnel independent of the service with substantial experience in matters relating to child abuse carry out the investigation
- all allegations of abuse in out-of-home care are made the subject of mandatory reporting by institutional staff and are notified to the Children's Commissioner and the Office of the Director-General, DFYCC
- all serious complaints result in review processes to identify systemic problems and to provide recommendations for improvement
- all documentation relating to complaints or allegations of abuse is subjected to external review and audit, to ensure that required procedures have been followed
- a central database of caregivers is established to identify patterns of complaints and trends in institutional abuse.

CMC

5.17 That the DCS continue and complete the upgrade of information systems begun by the Department of Families, as a matter of the highest priority.

5.20 That the DCS establish a unit and clear procedures for receiving, assessing and responding to complaints.

7.6 That a central registry be set up containing details of all carers, children currently in their care, and their availability for further placements. The registry should flag when carers are due for reapproval, whether they have been denied their initial approval or reapproval and whether they have been, or applied to be, a carer in another state. Also, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.

7.7 That an audit of all current carers be conducted to obtain up-to-date data and determine their availability for placements.

7.31 That the DCS ensure that an appropriate procedural framework is established for responding to allegations made against foster carers.

The Forde Inquiry recommended a series of legislative amendments in relation to reporting, monitoring and data collection. Firstly, it identified there was no legislative requirement for people employed in residential care facilities to report incidents of harm to children (rec. 16) and correspondingly there was no legislative responsibility for the department to collect information relating to abuse of children in out-of-home care (rec. 18).[137] In response to recs 16 and 18, the government claimed that the mandatory reporting,[138] collection and publishing provisions[139] in the recently enacted Child Protection Act addressed the recommendations[140] (these provisions have since been

supplemented by the Matters of Concern policy, see below) and the department commenced reporting on the level of abuse of children in out-of-home care in its 2001–02 annual report.[141]

The Forde Inquiry also found that there was no database to identify patterns of complaints about caregivers or trends in institutional abuse.[142] Further, the inquiry found that the departmental guidelines for conducting investigations into complaints were unclear and that the staff responsible for carrying out investigations into allegations of abuse in residential care services also had responsibility for overseeing the management of the services, potentially compromising their independence.[143] The inquiry considered that the reporting mechanisms for young people to make a complaint were likely insufficient.[144] In response to recs 24 and 34, the government implemented a complaints management process and established protocols with the Children's Commission for the regular provision of trend data.[145] The Child Guardian aggregates the foregoing statistics in an annual report.

In October 2003, the department supplemented its mandatory reporting and complaints-management processes with a policy framework for responding to allegations made against foster carers. A matter of concern is any concern raised in relation to the care of a child in out-of-home care that is a potential breach of the statement of standards.[146]

In 2004, the CMC Inquiry identified that the department needed the capacity to respond quickly and adequately to matters of concern and other complaints.[147] In response to rec. 5.20, the department established a central Complaints and Review unit, which reports to the director-general.[148] In September 2006, the department implemented its Matters of Concern policy to introduce child placement concern reports and matters of concern notifications. This was in response to a recommendation about 'responding to allegations made against foster carers' (rec. 7.31). This policy has been further reviewed and the current matters of concern procedures are contained in Chapter 9 of the Child Safety practice manual.

To improve record-keeping in relation to the above processes, the CMC Inquiry recommended completion of the upgrade of the department's information systems. In response to recs 5.17 and 7.6, the department completed the implementation of the Integrated Client Management System (ICMS) in March 2007.[149]

In short, the Forde and CMC recommendations for transparent complaints handling, monitoring and data collection were diligently and comprehensively implemented. If anything, the faithful and complete implementation of the above recommendations has resulted in a disproportionate focus on procedure in the department. In Commission hearings, Professor of Social Work Robert Lonne said that proceduralism increased almost immediately following the CMC Inquiry.[150] In his statement Professor Lonne continued, 'the advent of sophisticated [i]nformation and [c]ommunication [t]echnologies have had the unintended consequence of requiring ever increasing time by harried frontline staff'.[151] In its submission, the Australian Association of Social Workers (Queensland Branch) noted the subsequent diversion of frontline resources to administrative and record-keeping activities post the CMC report:[152]

> It is not clear that the intention [of the CMC recommendations] was for frontline service worker resources to be diverted to record keeping activities. Yet, frontline service providers report to the AASW that there has been a substantial expansion of record keeping activity with the majority of their time now spent on administrative activity rather than in direct service practice. This is most apparent in the requirements of the current [ICMS] which requires workers to complete multiple screens to report one event and

> which does not support the holistic thinking required for sound assessment and intervention.

Beyond the increased amount of administrative work, Professor Lonne said that 'proceduralism and the risk-averse nature of practice [have] changed people's decision-making.'[153] He added: 'what becomes known as good practice is, "I follow the procedure," rather than, "I have met this family's needs".'[154] In its submission, the CMC said:[155]

> While it may be the case that development of new policies and procedures leads to increased compliance requirements for staff, policy or procedure recommendations are generally targeted at addressing particular issues that have been identified, and establishing how those issues could be better resolved in future.

The net result of this shift towards proceduralism in the current child protection environment and the effectiveness of the current complaints and monitoring systems are examined in Chapter 12 of this report.

Commission for Children and Young People and Child Guardian (Chapter 12)

Forde

25 That amendments be made to the Children's Commissioner and Children's Services Appeals Tribunals Act 1996 to ensure the independence of the office of Children's Commissioner, and provisions be made for its attachment for administrative support services to the Premier's Department.

26 That the office of the Children's Commissioner be strengthened by:

- investing it with the role of Independent Inspector of residential care facilities and juvenile detention centres with wide powers of inspection in relation to such matters as the treatment of residents, preparation for release, morale of residents and staff, quality of health care and education, physical facilities and management
- empowering the Commissioner to conduct Inquiries into matters affecting children and young people including the authority to investigate and resolve complaints about the provision of services to children and young people
- establishing a comprehensive research function to enable research to be conducted into all matters relating to the rights, interests and wellbeing of children and young people in residential facilities and juvenile justice centres
- providing the Commissioner with the power to monitor the role of the Department in overseeing the care of young people in residential facilities and detention centres.

CMC

5.21 That a position of Child Guardian, to be situated within the Commission for Children and Young People, be established, whose sole responsibility would be to oversee the provision of services provided to, and decisions made in respect of, children within the jurisdiction of the DCS.

5.22 That the powers granted to the Child Guardian be clearly set out in the legislation, and include the powers necessary to investigate complaints and enable proactive monitoring and auditing of the DCS.

8.4 That DCS compliance with the Indigenous child placement principle be periodically audited and reported on by the new Child Guardian.

The *Children's Commissioner and Children's Services Appeals Tribunal Act 1996* (the Children's Commissioner Act) established the Queensland Children's Commission in November 1996. The establishment of the Children's Commission formed part of a

national response to the New South Wales Woods Royal Commission, which had raised concerns about organised paedophilia.[156]

In 1999 the Forde Inquiry made a series of recommendations about the Children's Commission and its principal legislation. The inquiry found that complaints by children about institutional abuse were not always heard or acted on by the Commission and that the Children's Commissioner Act was unclear in defining the Commission's advocacy function.[157] In response to rec. 25, the government enacted the *Commission for Children and Young People Act 2000* (the Commission for Children Act), which established the Children's Commission as an independent statutory body. To ensure its independence from the Department of Families, administrative support for the Children's Commission was transferred from the department to the Department of the Premier and Cabinet.[158]

The Commission heard in evidence that machinery of government changes made in 2009 and 2012 returned the Children's Commission to the administrative responsibility of the Department of Communities. In its submission, the Children's Commission said this has 'weakened the perception of its independence in some parts of the community'[159] and subsequently recommended '[t]hat carriage of the [Commission for Children Act] be assigned to the Premier or a Minister of a central agency.'[160] Bravehearts Inc in its submission went further, saying 'the role of the [Children's Commission] should be independent of government and include the capacity to speak out publicly on issues relating to children and young people in Queensland and provide advice to [g]overnment.'[161]

The Forde Inquiry also noted there were no external review processes for residential care services where child abuse had been substantiated.[162] In response to rec. 26, the new Commission for Children Act provided community visitors with powers to enter and inspect residential facilities (see below for more recommendations in relation to community visitors). The Act also provided the Children's Commission with powers to investigate complaints about the provision of services to children,[163] conduct research and monitor laws, policies and practices that relate to children.[164]

Despite this, in 2004 the CMC Inquiry also commented on the 'lack of clarity in the specification and ambit of the powers of [the Children's Commission].'[165] In response to recs 5.21 and 5.22, the government amended the Commission for Children Act to extend the statutory office of the Children's Commissioner to include the Child Guardian functions, which include 'complaints, investigations, [c]ommunity [v]isitors and systemic monitoring.'[166] The government also created the statutory position of Assistant Commissioner to be responsible for the performance of these functions.[167] One of the functions of the Child Guardian, for example is to audit the department's compliance with the Aboriginal and Torres Strait Islander Child placement principle (rec. 8.4).

The Directors-General Coordinating Committee established key outcome indicators based on eight domains and assigned responsibility for them to the Child Guardian (see Chapter 12 for more information). In a meeting with Commission officers, a director at the Children's Commission[168] described the Children's Commission's proactive approach to oversight as innovative and said being able to establish agreement on key outcome indicators and prompting departments to provide data for public reporting in relation to those was an achievement in itself. However, the Commission heard in evidence that the Children's Commission's systemic monitoring activities are limited by their focus on data and lack of evaluation (see further discussion in Chapter 12). While there have been modest improvements across the department's key outcome indicators,

only matters of concern reports have dropped significantly from 8.1 per cent in 2003–04 to 2 per cent in 2007–08.[169]

In its second submission, the Children's Commission acknowledged 'the [d]epartment's performance against service delivery benchmarks [is] consistently poor' and noted 'some instances of lack of action [in] implementation or an inability to address significant issues by the department,'[170] including the department's response to the Aboriginal and Torres Strait Islander Child Placement Principle audit. In response, the Children's Commission director said the success of systemic monitoring relies on the responsiveness of the agency receiving the information: there is acceptance by senior management of the status quo and non-implementation of clear legislative obligations.[171]

In its original submission, the Children's Commission said there had been significant improvements in the safety and standards in out-of-home care since the Forde and CMC inquiries: 'the development and application of a robust, evidence based oversight framework by the [Children's Commission]' has contributed to this.[172] More broadly:[173]

> The [Children's Commission] is of the view that … the system has improved significantly [as a result of the implementation of the recommendations of the Forde and CMC inquiries], particularly in relation to the oversight of the system and children's safety, although there are still areas of wellbeing that need further improvement … these matters are now being identified for further attention with detailed and trend information.

The effectiveness of the Children's Commission and the Child Guardian function in today's child protection environment is further discussed in Chapter 12.

Advocacy and community visitors (Chapter 12)

Forde

19. That the provision of advocacy services for young people in residential care facilities and juvenile detention centres be required by legislation.

28. That there be a review of the Official Visitors' program focusing on the legislative base, policy and procedural guidelines, actual practice, and effectiveness of the service.

29. That the Official Visitors' program be maintained and extended with a view to providing a comprehensive monitoring function of all residential facilities for children and young people, including those not funded by the State but which, nevertheless, provide a similar service and including juvenile detention centres.

30. That visits from Official Visitors be regular and frequent, and the number of Visitors reflect the size of the client base.

31. That Official Visitors be empowered to act as advocates for children and young people in care, by listening to, giving voice to, and facilitating the resolution of, their concerns and grievances.

32. That Official Visitors be provided with complete orientation and training in alternative care practice, standards of residential care, advocacy issues and practice, and developing trusting relationships with young people.

33. That Official Visitors be given access to relevant information about children and young people in care, and that they be bound by the same rules of confidentiality as other Commission and departmental staff.

CMC

5.23 That the Community Visitor Program of the Commission for Children and Young People be extended to cover all children in the alternative care system, including those in foster care. This program should be administered by the Child Guardian.

The Forde Inquiry identified there was no legislative provision for advocacy services for young people in residential care (rec. 19).[174] In response to this recommendation, the government amended the Child Protection Act to include 'ensuring access by children in care to advocacy services' as one of the chief executive's functions.[175] In late 2000, the government also approved funding for the Australian Association of Young People in Care (the CREATE Foundation), a peak body representing children in care.[176] The CREATE Foundation is a systems advocate that conducts research, develops policy and engages with young people in care.[177]

The Forde Inquiry also made recommendations in relation to the advocacy program of official visitors (community visitors). The inquiry found there was limited opportunity for young people in residential care to access community visitors and that visits did not occur with sufficient frequency for community visitors to develop rapport with the young people (rec. 28).[178] In response to recs 29 and 30, the new Commission for Children Act required community visitors to visit all residential facilities[179] at least once a month and included advocacy as one of the community visitors' functions (rec. 31).[180]

Further, the Forde Inquiry found that community visitors were limited in their ability to access relevant information about a young person's history or care environment, or sufficient information to conduct a meaningful investigation into a complaint.[181] In response to rec. 33, the Commission for Children Act gave community visitors powers to enter visitable sites, obtain information from staff and require the production of relevant documents. The Children's Commission also introduced a two-and-a-half day orientation program for community visitors (rec. 32), which has since been replaced by a week-long induction program.[182]

In 2004, the CMC Inquiry found that '[t]he jurisdiction of the … [c]ommunity [v]isitor [p]rogram [was] insufficient to meet the needs of children in … care.'[183] In response to rec. 5.23, the government extended the program to cover children in foster and kinship care.[184] Since this extension, the frequency of visits has been reduced to bi-monthly after six months. In its submission, the Children's Commission said 'children … in out-of-home care are far safer … than ever before due to a combination of improved service delivery and better oversight by the [Children's Commission],' including through its community visitors.[185] Further, the community visitor program 'is a crucial element in [overseeing] and creating public confidence in, the child protection system.'[186] The community visitor program has not been reviewed since 2007 and recommendations for its reform are made in Chapter 12 of this report.

Other external oversight mechanisms (Chapter 12)

CMC

4.2 That a Directors-General Coordinating Committee, chaired by the Director-General of the Department of the Premier and Cabinet, be established to coordinate the delivery of multi-agency child protection services.

4.3 That a position of Child Safety Director (CSD) be established within each department identified as having a role in the promotion of child protection.

6.1 That each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services.

6.2 That the Directors-General Coordinating Committee consider appropriate ways for the DCS and state government departments to interact with federal and local governments and relevant community groups.

6.7 That SCAN be a standing agenda item on the Directors-General Coordinating Committee.

To promote 'multi-agency cooperation, coordination and service delivery'[187] the CMC Inquiry recommended the establishment of a Child Safety Director position within each department (rec. 4.3) and a high-level Directors-General Coordinating Committee (rec. 4.2). The Directors-General Coordinating Committee was established in mid-2004 and among other things was tasked with considering 'appropriate ways for the [department] and state government departments to interact with federal and local governments and relevant community groups' (rec. 6.2).[188] The Commission understands communication and coordination between state government agencies and other tiers of government and the community sector remain problematic (for further discussion see Chapter 12). The Committee met quarterly until it was dissolved in 2007, which coincided with the aforementioned machinery of government changes. In 2007 the government established seven new chief executive officer committees. The committees were rearranged in 2008; currently the Human Services Chief Executive Officer Committee considers issues relevant to child protection.[189]

Currently, 10 agencies have Child Safety Directors who meet monthly to form the Child Safety Directors Network. The network has driven a range of initiatives including Helping Out Families, Evolve Interagency Services and the Suspected Child Abuse and Neglect (SCAN) system.[190] However, Child Safety Directors have been criticised for not advocating for change in their own agencies to share responsibility for child protection matters (see Chapter 12 for further information). A view was expressed to Commission officers[191] that after the CMC report there was a drive for action within the Network: it had specific recommendations to implement and milestones that had to be met within specific timeframes. The Network's function has evolved from being a leadership and implementation body, to playing a coordination and information sharing role. In its submission, PeakCare said the intentions of the above recommendations were on the right track but were not adequately realised.[192] Some observers, for example are critical of 'a lack of engagement with the non-government sector by the [Network] and a perceived inability of the network to adequately coordinate a whole-of-government approach.'[193]

To further this whole-of-government approach, the CMC Inquiry recommended '[t]hat each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services' (rec. 6.1). In accordance with rec. 6.1, the department continues to table the annual *Child protection partnerships* report in parliament (s. 248 of the Child Protection Act).[194] In its response to the options paper, the Children's Commission said:[195]

> [T]he development of an annual report on the performance of the child protection system … was an important reform arising from the CMC Inquiry. It represented a mechanism and opportunity for driving data capture across the child protection continuum, the strategic analysis of service system performance and collective accountability for achievements and action.

However, in its second submission, the Children's Commission said 'the annual … report envisaged by the CMC … remains under-developed … and not reflective of the progress made in other areas of data management.'[196] The current effectiveness of the Child Safety Directors Network and the *Child protection partnerships* report is discussed in the context of oversight more generally in Chapter 12.

In its submission, the Queensland Police Service (QPS) said the Child Safety Directors Network '[has] been instrumental in the effective coordination and implementation of child protection reforms recommended by previous reviews and inquiries as they provide a forum for the discussion, management and progression of recommended

reforms.'[197] Further, 'it is the position of the QPS that representation on [these oversight committees] allows appropriate input and contribution to the oversight of the system.' However, 'these committees would benefit from a greater level of accountability for their own outcomes through establishment of robust, independent, governance processes.'[198]

Child death reviews (Chapter 12)

CMC

5.25 That the new Department of Child Safety continue the practice of undertaking a review of all deaths of children in care, or who have been known to the department within the last three years. Steps should be taken to ensure that an appropriate degree of independence exists in the review process, and external consultants, experts and Indigenous advisers should be engaged in relevant matters.

5.26 That, following the establishment of the Department of Child Safety, discussions be held between the State Coroner and the relevant investigative agencies, with a view to developing protocols and other working arrangements directed to determining who is to be the lead investigative agency in different cases and how information can be appropriately exchanged between agencies.

5.27 That a new review body — called the Child Death Review Committee (CDRC) — undertake the detailed reviews of the DCS's internal and external case reviews.

5.28 That the jurisdiction of the Commission for Children and Young People be expanded to include the following roles:

- to maintain a register of deaths of all children in Queensland
- to review the causes and patterns of death of children as advised by investigative agencies through a Child Death Review Committee, to review in detail all DCS case reviews, whether conducted internally or externally, regarding the deaths of children in care and those who had been notified to DCS, within three years of their deaths
- to conduct broader research focusing on strategies to reduce or remove risk factors associated with child deaths that were preventable
- to prepare an annual report to the parliament and the public regarding child deaths.

The CMC Inquiry 'highlighted the limited capacity of the [d]epartment at the time to conduct child death reviews.'[199] In response to recs 5.27 and 5.28, the government established another external committee, the Child Death Case Review Committee, to review the department's internal child death reviews (the department retained responsibility for undertaking the original review of all deaths of children known to Child Safety within three years of their death) (rec. 5.25). Certain child deaths are also reportable to the State Coroner and may be subject to a coronial inquest.[200] Recommendation 5.26 proposed the development of 'protocols and other working arrangements directed to determining who is to be the lead investigative agency in different cases and how information can be appropriately exchanged between agencies.' Various provisions in the Child Protection Act, the Commission for Children Act and the *Coroners Act 2003* provide for information exchange between the foregoing agencies.[201]

In its response to the discussion paper, the department said '[t]here 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.'[202] In a meeting with Commission officers, the State Coroner indicated the above arrangements assist him in performing his statutory functions (see Chapter 12 for further discussion). The Department of Justice and Attorney-General in its submission also noted the significant assistance the committee provides to coronial investigations and the cost-saving that derives from the overlap between the above agencies.[203] The CMC in its submission said 'the overlap between the functions of the Coroner and the [committee] can be seen to

reflect the fact that the death of a child in the care of the [s]tate … is a most grave matter, and one which requires the utmost scrutiny to determine whether any steps can be taken to avoid such outcomes in the future.'[204]

One view expressed to Commission officers,[205] was that at first the committee had to focus on the capacity of the department to conduct its own reviews. Over time, however, the department has improved the quality of its reviews.[206] In its submission, the committee said it 'has played a critical role in driving the quality of departmental child death review processes,'[207] but suggested a number of amendments going forward to limit its review jurisdiction to the most serious cases and expand the role of the Children's Commission. In its submission, the department also proposes its review jurisdiction be limited to 12 months.[208] More broadly, the department said in its response to the discussion paper that '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.'[209] Further, '[t]he current level of scrutiny can result in a fear of failing to comply with requirements and this in turn contributes to risk averse culture.[210] In its 2010–11 report, the Committee said that the reviews conducted by the department were generally of a high quality.[211] In its submission, the Children's Commission said there is an 'ongoing need for an independent review [and] audit process for responding to the deaths of children known to the Queensland child protection system and as an essential measure for building public confidence in the child protection system.'[212] Chapter 12 of this report considers the role of the Committee and the effectiveness of aforementioned external oversight mechanisms in the current child protection system.

Research (Chapter 12)

CMC

5.8 That the DCS critically examine the possibility of forming partnerships with external agencies such as universities in developing and implementing an enhanced training and professional development program.

7.44 That the DCS evaluate research into the effect of reunification or permanency planning on children.

The CMC Inquiry recognised the importance of researched-informed staff training[213] and evidence-based legislative reform[214] and made a couple of recommendations about evaluating research and forming partnerships with universities (recs 5.8 and 7.44). Chapter 12 of this report considers the need to prioritise child protection research.

The legal system (Chapter 13)

Forde

27. That there be a Children's Services Appeals Tribunal constituted as a separate entity to the Children's Commission whose procedures are inquisitorial rather than adversarial in nature.

CMC

7.38 That the Child Protection Act be amended to make it necessary for a case plan to be submitted to the court before an order is sought (as presently occurs in NSW and the ACT).

7.46 That the DCS review the practices associated with granting long-term guardianship orders and short-term child protection orders (including custody orders).

The Forde Inquiry recommended '[t]hat there be a Children's Services Appeals Tribunal constituted as a separate entity to the Children's Commission whose procedures are inquisitorial rather than adversarial in nature' (rec. 27). In response to this recommendation the Children Services Tribunal was established as a separate entity under the *Children Services Tribunal Act 2000*.[215] The Children Services Tribunal's functions have since been transferred to the Queensland Civil and Administrative Tribunal (QCAT).[216] QCAT currently has jurisdiction to review administrative decisions of the department about placement and contact decisions. Chapter 13 of this report reviews aspects of QCAT's functions in the child protection system.

The CMC Inquiry made recommendations in relation to granting court orders. In response to rec. 7.38, the government amended the Child Protection Act to prohibit the Childrens Court from making a child protection order unless a copy of the child's case plan had been filed in the court[217] and the court is satisfied that the case plan is appropriate for meeting the child's assessed protection and care needs.[218] In response to rec. 7.46, the department '[reviewed] the practices associated with granting long-term guardianship orders and short-term child protection orders. The department intended to introduce a new category of order, Permanent Parenting Orders, which would enable a proposed guardian to take custody of the child, limiting the need for the department to have ongoing involvement with the child. [219] Based on the outcome of consultation processes, the department did not make the necessary amendments to the Child Protection Act. Chapter 13 of this report reviews current practices associated with granting orders.

Best interests (Chapter 14)

CMC

7.45 That an additional principle be inserted into section 5 of the Child Protection Act 1999 clearly providing that any conflict that may arise between the interests of a child and the interests of the child's family must be resolved in favour of the interests of the child.

8.5 That the Indigenous child placement principle specifically state that a placement decision can only be made if it is in the best interests of the child.

8.6 That in situations where Indigenous children are placed with non-Indigenous carers, the child protection legislation should specifically provide that contact be maintained with their kinship group, where that is in the best interests of the child.

The CMC Inquiry identified 'there [was] nothing in the current Queensland legislation that [emphasised] that children's rights take precedence over parents' rights.'[220] In response, the government amended section 5 of the Child Protection Act, reordering the principles for the administration of the Act to provide that '[t]his Act is to be administered under the principle that the welfare and best interests of a child are paramount.' In 2010, the Act was amended to further strengthen the paramount

principle; section 5A was inserted into the Act providing that '[t]he main principle for administering this Act is that the safety, wellbeing and best interests of a child are paramount.'[221]

In relation to Aboriginal and Torres Strait Islander children, the CMC Inquiry specifically recommended that 'the best interests of the child should be paramount in any decision,'[222] including a placement decision. In response to rec. 8.5, the government amended section 82 of the Child Protection Act to provide that the chief executive may only place a child in accordance with the Aboriginal and Torres Strait Islander child placement principle if it is in the child's best interests. However, the Act was further amended to ensure that 'before placing the child in the care of a family member or other person who is not an Aboriginal person or Torres Strait Islander, the chief executive must give proper consideration to whether the person is committed to [among other things] facilitating contact between the child and the child's parents' (rec. 8.6).[223] The best interests principle is further considered in Chapter 14 of this report.

Pre-birth notifications and newborns (Chapter 13)

CMC

9.1 That the *Child Protection Act 1999* be amended to enable the department to intervene where it is suspected than an unborn child may be at risk of harm after birth.

In response to rec. 9.1 of the CMC Inquiry, the government inserted section 21A in to the Child Protection Act, enabling the department to respond to reports that an unborn child may be at risk of harm after birth and offer help and support to the pregnant woman.[224] Further amendments in 2010 clarified provisions in the Act about giving relevant information to the chief executive.[225] In its submission, the Child Death Case Review Committee said it believes 'that if concerns regarding unborn children were more appropriately assessed … and supports were effectively put in place during pregnancy, there [would] likely … be a reduction in the number of children who come to the attention of the child protection system soon after birth.'[226] Possible responses to at-risk unborn children are considered in Chapter 13 of this report.

Conclusion

The Commission heard in evidence that the net effect of the implementation of the recommendations for the Forde Inquiry and particularly the CMC Inquiry was a systemic shift towards tertiary intervention. In her statement, Natalie Lewis, Chief Executive Officer of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak said an increasingly risk-averse system has evolved since the CMC Inquiry: '[t]his has resulted in more coercive intervention and contributed to the increasingly disproportionate representation.'[227] In his statement, Professor of Social Work at the Queensland University of Technology Robert Lonne agreed that 'these measures have redirected the system away from helping people as the first response to instead making investigation of risk of harm as the primary intervention.'[228] In Commission hearings, director-general of the department Margaret Allison confirmed that the 'culture in the department is quite risk averse.'[229]

This emphasis on tertiary intervention has resulted in an under-investment in secondary services at the same time as increased reports to Child Safety and increased numbers of children entering out-of-home care. Fundamentally, this shift has also affected child protection practice. In Commission hearings, Professor of Social Work at the Queensland University of Technology Robert Lonne said 'there is a social cost to families

in having a system that's geared almost solely to investigation.'[230] In its submission, Powering Families said '[t]he … current government response to children and families in the child protection system seems to be a focus on removing the child based on risk of harm and less on the family unit through strength-based family support.'[231] This shift from a therapeutic to a forensic approach to child protection practice has reduced the emphasis on relationships between child safety staff and their clients.[232] And this has a flow on effect for staff retention: 'people go into this line of work out of commitment, commitment to children, commitment to helping people, and if they get into a job where they find that's devalued and their role is different then they tend to move on.'[233]

In its submission, the CMC said 'it is understandable, in light of the memory of [the events that precipitated the CMC Inquiry] (and the Forde Inquiry before it) that a degree of risk aversion will always attend child protection decisions.'[234] However, the overwhelming evidence heard by the Commission suggested that a systemic shift towards prevention and family support is required. In its submission, Mission Australia said that 'a fundamental policy shift is required to ensure that approaches are focused on child protection before the fact rather than child protection after the fact.'[235] In Commission hearings, Professor Robert Lonne similarly suggested '[reshaping] the system toward professional practice that embraces the centrality of relationship between workers and parents and children.'[236] This approach was affirmed by Powering Families in its submission: 'a family-inclusive approach to child protection is better, repair and improve the family unit rather than simply removing the child.' In its submission, the department similarly '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.'[237] In its response to the discussion paper, the department reiterated:[238]

> 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 report will ultimately provide a roadmap for reducing demand on the tertiary system and reinvigorating child protection practice.

Endnotes

[1] Apart from recommendations 5 to 15 and 39 of the Forde Inquiry. See C*ommissions of Inquiry Order (No. 1) 2012*, ss. 4(d) and 4(a).

[2] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane.

[3] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, pp. xi–xii.

[4] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane; Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane; Queensland Government 1999*, Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane.

[5] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, pp. 117–8.

[6] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p11].

[7] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p11]. The Commission understands that Queensland's child welfare expenditure is now comparable to the national average. However, the department acknowledges that 'the mix of investment is weighted toward the statutory end of the continuum': Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p13].
[8] Transcript, Professor Bob Lonne, 28 August 2013, Brisbane [p62: line 39].
[9] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p11].
[10] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p11–2].
[11] In 2004–05, the government appropriated the final $10 million allocated to implementing the new directions policy to fund Referral for Active Intervention services: Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p12].
[12] Machinery of government changes in 2009 resulted in the Department of Child Safety being returned to the administrative control of the Department of Communities, which was rebranded as the Department of Communities, Child Safety and Disability Services in 2012: Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[13] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane; Queensland Government 1999, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 16. The Department of Communities received no additional funding for prevention and early intervention, apart from the final $10 million allocated for RAI: Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p12].
[14] Submission of PeakCare Queensland Inc., October 2012 [p68].
[15] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p11].
[16] Transcript, Margaret Allison, 26 February 2013, Brisbane [p7: line 18].
[17] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p61: line 18].
[18] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p61: line 40].
[19] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p63].
[20] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[21] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane; Queensland Government 1999, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, pp. 5–16.
[22]Crime and Misconduct Commission 2007, Reforming *child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane; Queensland Government 1999, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 12.
[23] Submission of Legal Aid Queensland, 26 October 2012 [p27].
[24] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p81].
[25] Transcript, Bernadette Harvey, 23 October 2013, Rockhampton [p85: line 5].
[26] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p104: line 12].
[27] Transcript, Bernadette Harvey, 23 October 2013, Rockhampton [p83: line 9].
[28] Meeting with representative of Child Safety Directors Network, 24 January 2013, Brisbane.
[29] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p39].
[30] Exhibit 196, Submission of Crime and Misconduct Commission, March 2013 [p3].
[31] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 340.
[32] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[33] Submission of Australian Association of Social Workers, August 2012 [p4].
[34] Submission of Commission for Children and Young People and Child Guardian, November 2012 [pp5–6].
[35] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p138: line 8].
[36] Transcript, Professor Karen Healy, 29 August 2012, Brisbane [p74: line 31].
[37] Submission of PeakCare Queensland Inc., October 2012 [p83].
[38] Statement of Corelle Davies, 9 August 2012 [p23].
[39] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[40] Statement of Corelle Davies, 9 August 2012 [p6].

[41] Statement of Superintendent Cameron Harsley, 10 August 2012 [p11].
[42] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[43] Meeting with representative of Child Safety Directors Network, 24 January 2013, Brisbane.
[44] Exhibit 188, Submission of Queensland Police Service, 22 March 2013 [p49].
[45] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 54.
[46] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[47] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p4: line 37].
[48] Submission of PeakCare Queensland Inc., October 2012 [p73].
[49] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 348.
[50] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 352.
[51] Statement of Professor Bob Lonne, 16 August 2012 [p17: para 92].
[52] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 349.
[53] Omitting section 96 of the Child Protection Act 1999 (Qld).
[54] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. Information included in a written agreement between Child Safety and the approved carer: *Child Protection Act 1999* (Qld) s. 84.
[55] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. Chapter 5A of the Child Protection Act provides for service delivery coordination and information exchange.
[56] Under section 83A(2) of the *Child Protection Act 1999* (Qld).
[57] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 258.
[58] Under chapter 4, part 2 of the *Child Protection Act 1999* (Qld). Queensland Government 1999*, Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 51.
[59] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[60] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, pp. 48, 51.
[61] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 30.
[62] Submission of PeakCare Queensland Inc., October 2012 [p99]. PeakCare's submission also links increasing non-compliance with the child placement principle with the imposition of an inappropriate regulatory framework.
[63] Submission of Churches of Christ Care, September 2012 [p5].
[64] Submission of Churches of Christ Care, September 2012 [p5].
[65] Submission of PeakCare Queensland Inc., September 2012, Attachment C005 [p3].
[66] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p70].
[67] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 272.
[68] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[69] Transcript, Bernadette Harvey, 23 October 2012, Rockhampton [p99: line 20].
[70] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 345.
[71] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[72] Transcript, Natalie Lewis, 16 January 2013, Brisbane [p59: line 41].
[73] Statement of Anja Kriegeskotten, 17 October 2012 [p2].
[74] Stage 1 of a two-stage evaluation report was completed in January 2011, see Chapter 8 for more detail.
[75] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 260.
[76] Queensland Government 1999*, Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 28.
[77] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 56.
[78] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.

[79] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 49. BoysTown was closed subsequent to the completion of the Deakin review.
[80] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 344.
[81] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 55.
[82] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 35.
[83] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 38.
[84] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 38.
[85] Transcript, Robert Ryan, 31 October 2012, Ipswich [p23: line 25].
[86] Submission of Save the Children, October 2012 [pp4–5].
[87] Statement of Anja Kriegeskotten, 17 October 2012 [p11].
[88] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. This strategy also informed the recruitment of respite carers (rec. 7.8): Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 37.
[89] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[90] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 37.
[91] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 40.
[92] Submission of Cairns Community Legal Centre, 17 December 2012 [p10].
[93] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 43. Foster care allowances are indexed annually.
[94] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 74.
[95] Submission of PeakCare Queensland Inc., September 2012 [p57].
[96] Submission of Australian Christian Lobby, September 2012, [p6].
[97] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p72].
[98] Statement of Anja Kriegeskotten, 17 October 2012 [p10].
[99] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p89].
[100] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[101] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 47. The department failed to institute a funding growth formula: Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p12].
[102] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, pp. 6–7.
[103] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[104] In response to recommendation 5.5, the department also reviewed its regional structure, which improved the ratio of frontline staff to management and administrative staff: Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 9.
[105] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 147.
[106] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 8. The workload analysis tool calculates caseloads based on funded positions. Because a significant number of funded positions are unfilled, the tool understates caseloads.
[107] Submission of JK Diversity Consultants, 1 July 2012 [p3].
[108] Survey, Child Safety Staff, December 2012.

[109] Transcript, Alex Scott, 6 September 2012, Brisbane [p55: line 25].
[110] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, pp. 9–10.
[111] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 40.
[112] Statement of Kenneth Dagley, 19 October 2012 [p2].
[113] Submission of PeakCare Queensland Inc., October 2012 [p89].
[114] Survey, Child Safety Staff, December 2012.
[115] Statement of Kenneth Dagley, 17 October 2012 [p19].
[116] Statement of Kenneth Dagley, 25 October 2012 [p8].
[117] Submission of Crime and Misconduct Commission, March 2013 [p5].
[118] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[119] AICCAs were community-based organisations which provided a mix of services, including general and intensive family support, placement services and statutory advice (for further information, see Chapter 11).
[120] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Crime and Misconduct Commission, Brisbane, p. 350.
[121]Black Wattle Consulting & Strong Aboriginal Families, Together April 2012, *An excerpt on: the history of ACCAs in Queensland*, Black Wattle Consulting & Strong Aboriginal Families, p. 2.
[122] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, pp. 49–50. The recognised entity program replaced the AICCA model.
[123] *Child Protection Act 1999* (Qld) s. 6. See Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 60.
[124] Submission of PeakCare Queensland Inc., September 2012, Attachment C005 [p4].
[125] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p53].
[126] Strong Aboriginal Families, *Together 2012 SAF,T QLD study tour April 2012*, Strong Aboriginal Families, Together, p. 3.
[127] Meeting with Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, 18 October 2012, Mount Isa.
[128] Meeting with Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, 18 October 2012, Mount Isa.
[129] Transcript, Natalie Lewis, 16 January 2013, Brisbane [pp33–4: line 46].
[130] Meeting with Aboriginal & Torres Strait Islander Legal Service (Qld) Ltd, 18 October 2012, Mount Isa.
[131] Statement of Julie Bray, 17 December 2012 [p2].
[132] Statement of Julie Bray, 17 December 2012 [p3].
[133] Statement of Professor Bob Lonne, 16 August 2012 [p6].
[134] Statement of Julie Bray, 17 December 2012 [p8].
[135] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 59.
[136] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp54, 82].
[137] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 258.
[138] Under s 148 of the *Child Protection Act 1999* (Qld).
[139] Under s 7(r) of the *Child Protection Act 1999* (Qld).
[140] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, pp. 41, 46.
[141] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 46.
[142] Forde Inquiry 1999, *Commission of inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 264.
[143] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 268.
[144] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 269.

[145] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, pp. 51, 62–3.
[146] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[147] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 341.
[148] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. The department also located complaints and review officers at the local level: Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 50.
[149] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. The Carer directory was the first part of the ICMS to be implemented in November 2005 (rec. 7.7): Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 36.
[150] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p89: line 40].
[151] Statement of Professor Bob Lonne, 16 August 2012 [p9].
[152] Submission of the Australian Association of Social Workers Queensland Branch, August 2012 [p5].
[153] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p90: line 12].
[154] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p93: line 4].
[155] Exhibit 196, Submission of Crime and Misconduct Commission, March 2013 [p8].
[156] Children's Commission 2011, *Our Genesis*, Commission for Children and Young People and Child Guardian, viewed 25 June 2013, ‹http://www.ccypcg.qld.gov.au/about/our-genesis.html›.
[157] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 264.
[158] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 57.
[159] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p6].
[160] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p38].
[161] Submission of Bravehearts Inc., February 2013 [p22].
[162] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane, p. 264.
[163] In its submission, the Children's Commission criticised the government's narrow implementation of this recommendation, which only gives young people who are the subject of action under the Child Protection Act standing to make a complaint: Submission of Commission for Children and Young People and Child Guardian, 21 September 2012, Appendix A [p100].
[164] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 57.
[165] Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 161.
[166] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 50; *Commission for Children and Young People Act 2000* (Qld) ss. 14(2), 17(2).
[167] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 21.
[168] Meeting with Director of Commission for Children and Young People and Child Guardian, 16 January 2013, Brisbane.
[169] In 2011–12, matters of concern reports were 3.7 per cent. While the Commission notes the above results, there are caveats on the data being used to indicate trends over time.
[170] Submission of Commission for Children and Young People and Child Guardian, 29 November 2012 [p19].
[171] Meeting with Director of Commission for Children and Young People and Child Guardian, 16 January 2013, Brisbane.
[172] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p3].
[173] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p17].
[174] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 258.
[175] *Child Protection Act 1999* (Qld) s. 7(m).
[176] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 47.

[177] See ‹http://www.create.org.au/›.
[178] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 265.
[179] In 2001 the Monitoring committee expressed concerns that the then program only extended to young people in residential facilities, excluding a number of school boarding facilities, subsidised unsupported accommodation, boarding houses, domestic violence services and foster carers: Submission of Commission for Children and Young People and Child Guardian, 21 September 2012, Appendix A [pp105–8].
[180] *Commission for Children and Young People Act 2000* (Qld) ss. 17(1)(g), 93, 89, 93; Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, pp. 59–60.
[181] Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane; Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 266.
[182] *Commission for Children and Young People Act 2000* (Qld) ss. 99–102. Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 60.
[183] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 341.
[184] Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, Brisbane, p. 50. Community visitors now visit young people residing at a 'visitable site' or a visitable home under ss. 86(a) or 86(b) and (c), respectively of the *Commission for Children and Young People Act 2000* (Qld).
[185] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p57].
[186] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p95].
[187] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 339.
[188] SCAN was also included as a standing agenda item (rec. 6.7).
[189] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[190] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p69].
[191] Meeting with representative of Child Safety Directors Network, 24 January 2013.
[192] Submission of PeakCare Queensland Inc., October 2012 [p72].
[193] Submission of PeakCare Queensland Inc., October 2012 [p68].
[194] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013. The Child protection partnerships report replaced the previous Child protection performance report in 2008–09.
[195] Submission of Commission for Children and Young People and Child Guardian, 29 November 2012 [p6].
[196] Submission of Commission for Children and Young People and Child Guardian, 29 November 2012 [p10].
[197] Exhibit 188, Submission of Queensland Police Service, 22 March 2013 [p46].
[198] Exhibit 188, Submission of Queensland Police Service, 22 March 2013 [p52].
[199] Submission of Child Death Case Review Committee, September 2012 [p7].
[200] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013; *Child Protection Act 1999* (Qld) ch. 7A.
[201] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 24.
[202] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p71].
[203] Exhibit 189, Submission of Department of Justice and Attorney-General, March 2013 [pp33–4].
[204] Exhibit 196, Submission of Crime and Misconduct Commission, March 2013 [p8].
[205] Meeting with representative of Child Death Case Review Secretariat, 24 January 2013.
[206] This has been documented in the Committee's annual reports since 2008–09.
[207] Submission of Child Death Case Review Committee, September 2012 [p7].
[208] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p71].
[209] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p72].
[210] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [pp71–2].
[211] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012, Appendix A [p116].
[212] Submission of for Children and Young People and Child Guardian, 21 September 2012 [p96].

[213] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 340.
[214] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 349.
[215] Queensland Government 2001, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane, p. 57.
[216] *Queensland Civil and Administrative Tribunal Act 2009* (Qld).
[217] *Child Protection Act 1999* (Qld) s. 59(4).
[218] *Child Protection Act 1999* (Qld) s. 59(1)(b);Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[219] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 48.
[220] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 349.
[221] Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[222] Crime and Misconduct Commission Inquiry 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane, p. 350.
[223] *Child Protection Act 1999* (Qld) s. 83. Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 56.
[224] Crime and Misconduct Commission 2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's Protecting Children report*, Crime and Misconduct Commission, Brisbane, p. 63.
[225] Relevant information may be information about a pregnant woman or her unborn child. Response to summons, Department of Communities, Child Safety and Disability Services, 8 March 2013.
[226] Submission of Child Death Case Review Committee, September 2012 [p12].
[227] Statement of Natalie Lewis, 2 January 2013 [p11].
[228] Statement of Professor Bob Lonne, 16 August 2012 [p12].
[229] Transcript, Margaret Allison, 26 February 2013, Brisbane [p32: line 25].
[230] Transcript, Professor Bob Lonne, 28 August 2012, Brisbane [p59: line 11].
[231] Submission of Powering Families, August 2012 [p3].
[232] Transcript, Professor Bob Lonne, 28 August 2012 [p91: line 17].
[233] Transcript, Professor Bob Lonne, 28 August 2012 [p92: line 29].
[234] Exhibit 196, Submission of Crime and Misconduct Commission, March 2013 [p6].
[235] Submission of Mission Australia, September 2012 [p14].
[236] Statement of Professor Bob Lonne, 16 August 2012 [p13].
[237] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp51–7].
[238] Exhibit 186, Submission of Department of Communities, Child Safety and Disability Services, March 2013 [p8].

Appendix B
The Commission

The Commissioner

Her Excellency the Governor appointed the Hon Timothy Carmody QC as the Commissioner of the Inquiry.

Commissioner Carmody was called to the Queensland Bar in 1982, and was appointed a Senior Counsel in and for the State of Queensland in 1999, and was appointed one of Her Majesty's Counsel for the State of Queensland in 2013.

Commissioner Carmody was Queensland's Crime Commissioner from 1997 until 2002, and a judge of the Family Court of Australia from 2003 to 2008.

Counsel Assisting

The Commissioner was assisted by the following members of the Queensland Bar at various stages:

Ms Kathryn McMillan QC

Mr Michael Copley QC

Mr Michael Woodford

Mr Aaron Simpson

Mr Ryan Haddrick

Commission staff

Staff of the Commission (from varying backgrounds including policy development, legal, research, and frontline/operational areas) were seconded from government departments or appointed through temporary employment contracts.

The Commission also employed the aid of two cultural advisors, one male and one female, who identified as Aboriginal or Torres Strait Islander. These officers assisted in the gathering of information and conduct of hearings in regional and remote areas of Queensland.

Staff of the Commission were:

Research Team

Julia Duffy, Executive Director and Official Solicitor

Anne Edwards, Research Director

Bates, Kristyn

Boorman, Fiona

Chaplain, Monica

Clifford, Jo-Anne

Dalton, Ben

Evans, Russell

Jerrard, Bronwyn

Johnson, Susan

Kitson, Heidi

Le, Vy

Moynihan, Catherine

Munson, Sally

Musgrove, Hailey

Norton, Marion

Power, Michael

Rahemtula, Emma

Richardson, Lesley

Robinson, Liam

Rowe Minniss, Fiona

Schubert, Jason

Sephton, Pieta

Sheppard, Susan

Trotter, Leanne

Vaughan, Fiona

Valentine, Shellee

Wragge, David

Investigations Team

Detective Inspector Peter Brewer

Detective Senior Sergeant Brett Barber

Detective Sergeant John Mison

Detective Sergeant Fabian Colless

Detective Senior Constable Denise Parer

Media Team

Susan Grantham, Media Manager

Elizabeth Edmiston, Media and Communications Officer

Office and Records Management Team

Kelly, Donna

Lowrie, Shannon

Moon, Lyn

Paralegals and Administration Officers

Blumke, Michael	May, Georgia
Eggleton, Jessica	Muir, Stephen
Fanning, Cara	Newcombe, Carla
Garrick, Jason	O'Brien, Patrick
Griffin, Alex	Sims, Sharyn
Guy, Verdi	Tweddle, Ashley
Latimer, Ayesha	Underwood, Joshua
MacRae, Deena	Warren, Joshua

Not all of the staff listed, in particular research and paralegal roles, were full-time and many were not engaged for the full length of the Inquiry.

Appendix C
The Commission's approach

Reporting timeframe

The Commission was initially required to report to the Premier by 30 April 2013, but on 21 February 2013 the date was extended to 30 June 2013 through Commissions of Inquiry Amendment Order (No. 1) 2013.

Engagement of specialists

The Commission was guided in its thinking by a 12-member advisory group (members are listed below in Table C.1), the members of which were selected due to their knowledge of and expertise in child protection and child safety. Two meetings of the advisory group were held.

Table C.1: Queensland Child Protection Commission of Inquiry advisory group membership

Dr Anne Brennan	Child and Adolescent Psychiatrist
Dr Jan Connors	Director, Child Protection Unit, Mater Children's Hospital
Adjunct Professor Chris Goddard	Director, Child Abuse Prevention Research Australia, Monash University
Dr Scott Harden	Child, Adolescent and Adult Forensic Psychiatrist
Ms Hetty Johnston	Executive Director, Bravehearts
Ms Natalie Lewis	Chief Executive, Queensland Aboriginal and Torres Strait Islander Child Protection Peak
Dr Karen Martin	Associate Professor, Early Childhood School of Education, Southern Cross University
Mr Garth Morgan	Executive Director, Queensland Aboriginal and Torres Strait Islander Human Services Coalition
Associate Professor Stephen Stathis	Clinical Director, Child and Family Therapy Unit, Royal Children's Hospital

Dr Clare Tilbury	Senior Lecturer, School of Human Services, Griffith University
Ms Karyn Walsh	President, Queensland Council of Social Services and Coordinator, Micah Projects
Mr Lindsay Wegener	Executive Director, PeakCare
Ms Llewellyn Williams	Social and Emotional Wellbeing Counsellor, Link Up Queensland

Several consultants were also engaged to provide specialist expertise and intellectual input into discrete topics of particular interest to the Commission. For example:

- Three meetings were held with Professor Patrick Parkinson and Associate Professor Judy Cashmore, who critiqued some of the Commission's early drafts.
- Two meetings were held with Emeritus Professor Dorothy Scott, who provided critique and commentary on some of the Commission's thinking on particular issues.
- Two meetings were held with Professor Leonie Segal, a noted health economist who has worked in the area of assessing the economic impact of child protection interventions. Professor Segal was engaged to provide the Commission with two papers — one presenting the findings of her work on the cost effectiveness of child protection interventions in other jurisdictions, and the other assessing the potential effectiveness of Queensland's Helping Out Families initiative.
- A meeting was held with Associate Professor Leah Bromfield and Professor Fiona Arney from the Australian Centre for Child Protection, who provided information about their work on the Northern Territory child protection inquiry.
- Dr Annie Holden was engaged to analyse police, school and hospital records for select discrete communities subpoenaed by the Commission.

Finally, the Commission met with Professor Boni Robertson from Griffith University and Mr Noel Pearson from the Cape York Institute to gain their perspectives on the over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

Communicating with the public

To publish its materials, the Commission established a website at www.childprotectioninquiry.qld.gov.au, hosted by the Department of Justice and Attorney-General. Information available on the website included:

- the terms of reference
- information on how to make a submission to the Inquiry
- all publishable submissions[1]
- hearing schedules
- exhibit list of all publishable exhibits
- transcripts of hearings

- written statements of each witness to the Inquiry
- links to interim documents published by the Commission including the *Discussion paper* (February 2013).

The Commission also live streamed, where possible, all hearings conducted around the state, which allowed the Queensland community to watch the proceedings live.

Twitter was used as a way of informing the community about upcoming deadlines for submissions and also about any hearings or information sessions to be held around the state. The Commission's YouTube channel was only used to present important information on how to submit to the Inquiry.

The work of the Inquiry has occurred in two ways — via the hearings process, enabled by the *Commission of Inquiry Act 1950* (Qld), and via a set of research activities that are traditionally used to evaluate the effectiveness of programs and policies.

Hearings process

The first round of submissions was open from 2 August to 28 September 2012; the second round opened in February 2013 after the release of the discussion paper and closed on 15 March 2013.

A total of 443 submissions were received:

- 196 from non-government organisations
- 235 from individuals, and
- 12 from Queensland Government departments.

An online response form enabled members of the public to respond to the questions posed in the discussion paper. There were 76 responses to the online response form, which the Commission has considered in drafting this report.

Forty-four days of hearings were conducted throughout Queensland. Table C.2 below outlines the dates and locations, and lists the names of those who appeared before the inquiry.

Table C.2: Commission hearings

Week	Witnesses
Week beginning 13 August 2012, Brisbane	Mr Brad Swan, Executive Director, Department of Communities, Child Safety and Disability Services Ms Linda Apelt, Former Director-General, Department of Communities, Child Safety and Disability Services
Week beginning 20 August 2012, Brisbane	Ms Elizabeth Fraser, Commissioner, Commission for Children and Young People and Child Guardian Mr Cameron Harsley, Detective Superintendent, Queensland Police Service Ms Corelle Davies, Child Safety Director, Queensland Health Ms Deirdre Mulkerin, Executive Director, Department of

	Housing and Public Works Mr Ian Stewart, Deputy Commissioner, Queensland Police Service Ms Lyn McKenzie, Deputy Director-General, Department of Education, Training and Employment
Week beginning 27 August 2012, Brisbane	Mr Steve Armitage, Assistant Director-General, Department of Justice and Attorney-General Professor Clare Tilbury, School of Human Services, Griffith University Professor Bob Lonne, School of Public Heath and Social Work, Queensland University of Technology Professor Karen Healy, Australian Association of Social Workers Mr William Hayward, Aboriginal and Torres Strait Islander Legal Services Professor Lesley Chenoweth, School of Human Services and Social Work, Griffith University
Week beginning 3 September 2012, Brisbane	Mr Wayne Briscoe, Executive Director, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs Mr Alex Scott, Secretary, Together Queensland Industrial Union of Employees Mr Sean Moriarty, Social worker, family consultant in private practice
Week beginning 10 September 2012, Cairns	Mr Glen Horan, Detective Senior Sergeant, Queensland Police Service Ms Joan McNally, Manager, Department of Communities, Child Safety and Disability Services Dr Elizabeth Buikstra, Safe Kids Unit, Cairns and Hinterland Hospital and Health Services Ms Pauline Carlton, Director, Department of Communities, Child Safety and Disability Services Mr David Goodinson, Regional Director, Department of Communities, Child Safety and Disability Services Ms Patricia Anderson, Manager, Department of Communities, Child Safety and Disability Services
Week beginning 24 September 2012, Townsville	Ms Nicola Jeffers, Acting Regional Executive Director, Department of Communities, Child Safety and Disability Services Dr Andrew White, Director of Paediatrics, Townsville Hospital and Health Services Ms Susan Lagana, Acting Manager, Department of

	Communities, Child Safety and Disability Services
Week beginning 1 October 2012, Beenleigh	Mr Antoine Payet, Acting Regional Director, Department of Communities, Child Safety and Disability Services Ms Michelle Oliver, Acting Manager, Department of Communities, Child Safety and Disability Services Mr Peter Waugh, Detective Senior Sergeant, Queensland Police Service Ms Ann Kimberley, Child Protection Liaison Officer, Gold Coast Hospital and Health Services
Week beginning 8 October 2012, Aurukun	Mr Brendon McMahon, Senior Sergeant, Queensland Police Service Mr Bruce Marshall, Service Development and Integration Officer, Department of Communities, Child Safety and Disability Services Mr Patrick Mallett, Acting Campus Principal, Department of Education, Training and Employment Dr Karl Briscoe, Cape York Hospital and Health Services
Week beginning 15 October 2012, Mount Isa	Mr Paul Garrahy, Acting Director, Department of Communities, Child Safety and Disability Services Ms Kelly Harvey, Detective Senior Sergeant, Queensland Police Service Dr Rhys Parry, North West Hospital and Health Services Ms Tina Ferguson, North West Hospital and Health Services Mr Gregory Anderson, Regional Director, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
Week beginning 22 October 2012, Rockhampton	Ms Charmain Matebau, Manager, Department of Communities, Child Safety and Disability Services Ms Bernadette Harvey, Acting Regional Executive Director, Department of Communities, Child Safety and Disability Services Professor Kevin Ronan, Central Queensland University Ms Katina Perren, Solicitor, Madden Solicitors Ms Cheryl MacDonald, Child Protection Liaison Officer, Central Queensland Hospital and Health Service
Week beginning 29 October 2012, Ipswich	Mr David Bradford, Former Director of Training, Department of Communities, Child Safety and Disability Services Mr Kenneth Dagley, Director, Department of Communities, Child Safety and Disability Services Mr Robert Ryan, Director, Key Assets

Week beginning 5 November 2012	Ms Holly Brennan, Manager of Research and Program Development, Family Planning Queensland Professor Stephen Smallbone, School of Criminology and Criminal Justice, Griffith University Mr Grant Thomson, Forensic social worker, registered mental health practitioner and counsellor Dr Stephen Stathis, Clinical Director of the Child and Family Therapy Unit, Royal Children's Hospital, Brisbane Dr Jan Connors, Director, Child Protection Unit, Mater Health Services Dr Elisabeth Hoehn, Director, Future Families, Queensland Hospital and Health Services Associate Professor Brett McDermott, Executive Director, Mater Child and Youth Mental Heath Service
Week beginning 26 November 2012, Brisbane	CLOSED HEARINGS
Week beginning 14 January 2013, Brisbane	Ms Julie Bray, Social work consultant Ms Alison Glanville, Solicitor, Aboriginal and Torres Strait Islander Legal Service (ATSILS), Toowoomba Mr William Ivinson, Head of School of Indigenous Australian Peoples, Southbank Institute of Technology Ms Rose Elu, Torres Strait Islander Elder Ms Cathy Pereira, Principal solicitor, Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service (ATSIWLAS) NQ Ms Natalie Lewis, CEO, Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) Mr Shane Duffy, CEO, Aboriginal and Torres Strait Islander Legal Services (ATSILS) Ms Rebekah Bassano, Principal solicitor, Queensland Indigenous Family Violence Legal Service (QIFVLS) De-identified witness
Week beginning 4 February 2013, Brisbane	Mr Philip Hurst, Detective Senior Sergeant, Queensland Police Service Kristina Farrell, social worker Danielle Burke-Kennedy, youth worker De-identified witness Greg Wall, Service Manager, Churches of Christ Care Pathways residential programs

	Paul Glass, House Manager, Silky Oaks De-identified witness Darren Frame, CEO, Silky Oaks Marissa Sherry, Service Manager, Churches of Christ Care Pathways, Mount Isa Michelle Bellamy, Manager, Residential Service, Youth Lifestyle Options Dr Michelle Fryer, Child and Adolescent Psychiatrist Janice Carroll, Director, Intensive Support Services, Family and Community Services
Week beginning 26 February 2013, Brisbane	Margaret Allison, Director-General, Department of Communities, Child Safety and Disability Services Helen Gluer, Under Treasurer, Department of Treasury

Several organisations were granted authority to appear before the inquiry, which gave them the right to cross-examine those who gave evidence. Parties who were granted leave to appear were the:

- State Government — granted general leave
- Commissioner for Children, Young People and Child Guardian — granted leave to appear in relation to 3(a) to 3(d) inclusive
- Aboriginal and Torres Strait Islander Legal Service — granted leave to appear in relation to 3(b) and 3(c)
- Legal Aid Commission — granted leave to appear in relation to 3(c)(iii)
- Crime and Misconduct Commission — granted leave to appear in relation to 3(a) and when evidence is taken in relation to the Crime and Misconduct Commission.

Each of the parties was given an opportunity to give a final written submission and a final oral submission to the inquiry.

In addition, there were a number of potential witnesses who were not called to provide evidence at a hearing but who provided a statement to the Commission. These statements were not published to the website but they provided additional information and were considered by the Commission.

Publications

The Commission published two information papers to the website – *Emerging issues* (September 2012) and *Options for reform* (October 2012). These earlier papers presented information about issues of relevance to the Queensland child protection system and were intended to provide information about the progress being made by the Commission.

A discussion paper was published in February 2013 to provide a more comprehensive exploration of the key issues facing Queensland's child protection system and to offer

preliminary proposals to solve the problems identified. The paper posed a series of 47 questions relating to the proposals.

Literature review

The Commission reviewed a wide range of academic literature on child protection. This not only provided broader information about the operation of care systems in Australia and overseas, but also gave a theoretical basis for understanding the problems facing the child protection system in Queensland. The reference list on page 653 details the literature used in drafting this report.

Meetings

More than 150 meetings were held with individuals and stakeholders with knowledge and expertise in the child protection system (see Table C.3 below).

Relevant directors-general and ministers, both past and present were invited to meet with the Commissioner and contribute their experiences of the child protection system in Queensland.

Three roundtable discussions were held during April 2013, as well as a series of targeted meetings with individual key stakeholders, to seek specific feedback about the Commission's proposed findings and recommendations. The roundtable discussions gave a final opportunity to review and critique the reform proposals and to discuss how these proposals might affect the core business of each in the area of child protection. The roundtable meetings were as follows:

Legal stakeholders (16 April 2013):

- Queensland Law Society
- Bar Association of Queensland
- Legal Aid Queensland
- Aboriginal and Torres Strait Islander Legal Service
- Queensland Association of Independent Legal Services
- Queensland Public Interest Law Clearinghouse
- Department of Justice and Attorney-General
- Queensland Indigenous Family Violence Legal Service
- Aboriginal and Torres Strait Islander Women's Legal Service (South East)
- Aboriginal and Torres Strait Islander Women's Legal Service NQ Inc (Townsville)
- Sough West Brisbane Legal Centre
- Women's Legal Service
- Youth Advocacy Centre

Peak Bodies (17 April 2013):

- Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd
- PeakCare Queensland Ltd

- Queensland Council of Social Services
- Australian Association of Social Workers
- CREATE Foundation
- Foster Care Queensland
- Health and Community Services Workforce Council
- Ethnic Communities Council of Queensland
- Queensland Aboriginal and Torres Strait Islander Human Service Coalition
- Queensland Advocacy Incorporated

These consultations resulted in refinement of many of the proposed findings and recommendations and strengthened the Commission's position in relation to the reform approach adopted.

Focus groups and surveys

At the request of the Commission, CREATE Foundation convened and facilitated three focus group meetings with 47 children in the care system. A report outlining the outcomes of these focus groups is available on the Commission's website.

With the support of the Department of Communities, Child Safety and Disability Services, the Commission also convened five focus groups with frontline child protection workers. Held in Mount Isa, Ipswich, Mt Gravatt, Caboolture and Labrador, these meetings covered a range of issues about the challenges of child protection work, as well as the needs of frontline staff working in child protection.

To complement the information gleaned in the focus groups, an online survey of all frontline child protection workers employed by the Department of Communities, Child Safety and Disability Services was conducted. This survey asked a range of questions about the experiences of frontline workers and sought their views about existing supports. A total of 444 workers responded to the survey.

Two other online surveys conducted were:

1. A survey of the non-government frontline child protection workforce was distributed to non-government organisations through PeakCare and Queensland Aboriginal and Torres Strait Islander Child Protection Peak. This survey used identical questions to the survey of departmental workers where possible to enable comparisons across items, but modified some items to make them more relevant to the non-government context. There were also 444 workers responded to the survey
2. A survey of legal practitioners who work in the area of child protection was distributed by Legal Aid Queensland and also to barristers listed on the Queensland Bar Association website who work in the areas of criminal, administrative or family law. The survey sought views on a range of issues relating to the operation of the child protection jurisdiction and how it could be improved. A total of 117 legal practitioners responded to the survey.

(The surveys are published on the Commission website.)

Case reviews

To gain an understanding of the kinds of matters coming to Child Safety and how children traverse the child protection system, the Commission undertook several small-scale case review projects. While none of these sub-projects were in themselves useful in terms of reaching any wider conclusions about how children fare in the child protection system, they were nevertheless instructive in relation to specific challenges facing the system. There were three distinct sub-projects undertaken:

The Commission requested the paper files of all investigations involving unborn children conducted in the North Queensland Region between 2009 and 2012 that resulted in the child entering out-of-home care. Commission staff randomly selected 24 cases and reviewed the reasons the notification had resulted in a removal, as well as the outcome of the intervention with the family.

The Commission also requested that Child Safety provide a de-identified list of all children who had exited care, by way of either transition from care or reunification, between 1 January 2012 and 30 March 2012. The Commission also sought a de-identified list of all children who were placed in residential care as at 30 June 2012. From a list of 1,006 children, 20 cases were randomly selected for review — 10 relating to Aboriginal or Torres Strait Islander children and 10 relating to non-Indigenous children, as well as 10 children residing in residential care and 10 children who had exited care. In selecting cases, Commission staff ensured there was a spread across Child Safety regions. The Commission had access to both paper records and electronic records to undertake the review of these 20 cases. A series of case studies were developed for use in this report.

Finally, the Commission identified, from the statement of Bradley Swan (28 February 2013, Attachment 1) a small group of 12 children who had been subject to short-term orders for 10 years or more as at 30 June 2012. The Commission requested the records of these cases and reviewed the reasons these matters had resulted in this outcome.

Site visits

A number of site visits were held during the information-gathering process, including visits to residential and therapeutic care facilities, non-government organisations that provide child protection services, and government offices.

Table C.3: List of meetings held with staff of the Child Protection Commission of Inquiry as at 21 June 2013

Aboriginal and Torres Strait Islander Legal Service
Aboriginal and Torres Strait Islander Legal Service, Cairns office
Aboriginal and Torres Strait Islander Legal Service, Mount Isa office
Aboriginal and Torres Strait Islander Legal Service, Rockhampton office
Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service (SE)
ACT for Kids
ACT for Kids Helping Out Families, Gold Coast
ACT for Kids Safe House, Aurukun
Advocacy and Support Centre, Toowoomba
African Seniors and Elders Club
Alcohol, Tobacco and Other Drugs Service, Mount Isa

Alliance for Forgotten Australians

Alternate Care Pty Ltd

Apunipima Cape York Health Council

Assoc Prof Judith Cashmore, Sydney Law School, University of Sydney

Aurukun Community Justice Group

Australian Association of Social Workers

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs Mount Isa Regional Operation Centre

Bar Association of Queensland

Benevolent Society Helping Out Families, Beenleigh

BOLD (Outcomes for Parents with Learning Disabilities network)

BoysTown (The Next Step Program)

Bravehearts

Browns Plains Disability Service Centre

Cape York / Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association Inc

Care Pathways, Mount Isa foster carers focus group

Care Pathways, Mount Isa residential

Centacare, Mount Isa

Central Queensland Indigenous Development Ltd

Child Death Case Review Committee

Child Safety Services (ICMS)

Child Safety Services, Brisbane region frontline staff focus group

Child Safety Services, Gulf / Mt Isa Child Safety service centres frontline staff focus group

Child Safety Services, Gulf / Mt Isa Child Safety service centres site visit

Child Safety Services, North Coast region frontline staff focus group

Child Safety Services, South East region frontline staff focus group

Child Safety Services, South West region frontline staff focus group

Children's Court of Victoria (Children's Court Clinic)

Children's Court of Victoria (New Model Conference)

Churches of Christ Care

Commission for Children and Young People and Child Guardian

Commission for Children and Young People and Child Guardian, Townsville Community Visitors

Commissioner Ada Woolla, Family Responsibilities Commission

Commissioner David Glasgow, Family Responsibilities Commission

Commissioner Doris Poonkamelya, Family Responsibilities Commission

Commissioner Dorothy Pootchemunka, Family Responsibilities Commission

Commissioner Edgar Kerindun, Family Responsibilities Commission

Commissioner Ian Stewart, Queensland Police Service

CREATE Foundation

CREATE Foundation Ipswich youth consultation

CREATE Foundation National Youth Advisory Council (Youth Delegates)

CREATE Foundation Rockhampton youth consultation

CREATE Foundation Toowoomba youth consultation

Crown Law, Department of Justice and Attorney-General

Department for Child Protection Western Australia, Director-General, Mr Terry Murphy

Department of Aboriginal and Torres Strait Islander and Multicultural Affairs

Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, LEAP: Learning Earning Active Places strategy, Mount Isa

Department of Child Protection and Family Support, Government of Western Australia

Department of Communities, Child Safety and Disability Services, Queensland Government

Department of Family and Community Services, New South Wales Government

Department of Human Services, State Government of Victoria

Department of Human Services, State Government of Victoria, ChildFIRST

Department of Human Services, State Government of Victoria, Maribyrnong Girls Unit

Department of Justice and Attorney-General, Queensland Government

Department of Premier and Cabinet, New South Wales Government

Department of Premier and Cabinet, Victoria

District Judge Nicholas Crichton, England

Djarragun College

Dr Cindy Blackstock, First Nations Child and Family Caring Society of Canada

Dr Christine Carter

Dr Jane Thompson, School of Public Heath and Social Work, Queensland University of Technology

Dr Judy Gillespie, The University of British Columbia

Dr Ryan Mills

Dr Tiani Hetherington, Griffith University

Emeritus Professor Dorothy Scott

Ethnic Communities Council of Queensland

Evolve Behaviour Support Services

Evolve Therapeutic Services, Logan

Family Care Model, Caboolture

Family Inclusion Network Townsville

Family Planning Queensland

Family Planning Queensland Cairns Sexual Assault Service

Families First Victoria

Foster Care Queensland

Forgotten Australians

Griffith University interested academics focus group, Logan

Griffith University Griffith Youth Forensic Service

Judges and magistrates from relevant jurisdictions throughout Queensland and Australia (14 in total)

Health and Community Services Workforce Council

Hon Cr Tony McGrady AM, Mayor of Mount Isa

Intergrated Family and Youth Service

Kabalulumana Hostel (AHL) site visit

Kalwun Development Corporation

Key Assets Fostering Qld

Laurel House and Laurel Place

LEAP, Mount Isa

Legal Aid Queensland

Legal Aid Queensland, Cairns office

Life Without Barriers

Lifeline Ms Shirley Flann North Queensland Domestic Violence Resource Service

Link-Up Qld

Mercy Family Services

Mount Isa and Gulf Recognised Entity

Mount Isa Recovery Service

Mr Alf Lacey, Mayor of Palm Island

Mr Andrew Turnell

Mr Brentyn Parkin, CEO, My Community Directory

Mr David Bradford, Davange Consulting

Mr Dereck Walpo, Mayor of Aurukun

Mr Frank Peach

Mr Jodie Cook, Public Advocate

Mr Kevin Cocks AM, Anti-Discrimination Commissioner

Mr Mike Reynolds

Mr Michael Stockall, solicitor

Mr Michael Thomas, Managing Director, Tomato Group, Sanctuary Institute, USA

Mr Noel Pearson

Mr Sean Moriarty

Mr Steve Kinmond, Deputy Ombudsman & Community and Disability Services Commissioner, New South Wales Government

Ms Desley Boyle

Ms Emmarita Geia

Ms Gracelyn Smallwood

Ms Gwenn Murray

Ms Heather Douglas, TC Beirne School of Law, University of Queensland

Ms Isla Eichmann and Joy Wagstaff, Senior Guidance Officers, Mount Isa

Ms Kerryn Boland, Children's Guardian, New South Wales Government

Ms Keryn Ruska

Ms Linda Apelt

Ms Mary Wiseman

Ms Tamara Walsh, TC Beirne School of Law, University of Queensland

Ms Zoe Rathus, Director of Clinic Program, Griffith Law School, Griffith University

Multicultural Development Association

Office of Adult Guardian

Office of Communities, Commission for Children and Young People, New South Wales Government representatives

Office of the Child Safety Commissioner, Victoria

Office of the Government Statistician, Queensland Treasury and Trade

Office of the Queensland Ombudsman

Out of Home Care FNQ

PACT Foundation

Palm Island Community Company

Parents Under Pressure – Professor Sharon Dawe and Dr Paul Hartnett

PeakCare Queensland Ltd

Port Kennedy Association Inc

PPC Worldwide – Mr Ian Moore

PRADO project presentation, all involved agencies

Professor Bob Lonne, School of Public Heath and Social Work, Queensland University of Technology

Professor Brad McKenzie, Faculty of Social Work, University of Manitoba

Professor Boni Robertson, Griffith University

Professor Clare Tilbury, School of Human Services, Griffith University

Professor Fiona Arney, Director, Australian Centre for Child Protection, University of South Australia

Professor Leonie Segal, Division of Health Sciences, School of Population Health, University of South Australia

Professor Lesley Chenoweth, School of Human Services and Social Work, Griffith University

Professor Patrick Parkinson AM, Sydney Law School, University of Sydney

Professor Chris Goddard Monash University

Public Trust Office, Queensland

Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd

Queensland Aboriginal and Torres Strait Islander Human Service Coalition

Queensland Advocacy Incorporated

Queensland Association of Independent Legal Services

Queensland Audit Office

Queensland Council of Grandparents

Queensland Council of Social Service

Queensland Health Child and Youth Mental Health Services, Gold Coast Health Service District

Queensland Health Family Care model

Queensland Indigenous Family Violence Legal Service

Queensland Indigenous Family Violence Legal Service, Cairns office

Queensland Law Society

Queensland Public Law Interest Clearinghouse

Queensland Youth Housing Coalition

RAATSICC Family Support, Mount Isa

Related agencies (non-government agencies) Logan

Related agencies (legal service providers) Rockhampton

Recently arrived refugees and community organisations, Toowoomba focus group

Related agencies (over-representation), Townsville

Related agencies (service delivery issues), Townsville

Related agencies (transitioning from care), Townsville

Resolutions Consultancy

Robina Disability and Community Care Service Centre

Sisters Inside

South West Brisbane Community Legal Centre

Specialist Service Delivery

SupportLink

Together

Townsville Aboriginal and Islander Corporation for Health Services

UnitingCare Community Helping Out Families, Northern Logan

UnitingCare Community Out of Home Care, FNQ

Victoria Legal Aid

Victorian Aboriginal Child Care Agency

Western Cape College

Women's Legal Service

Woorabinda Community Justice Group

Wuchopperen Health Service

Young Parents Program Inc

Young People Ahead, Mount Isa

Youth Advocacy Centre

Youth Affairs Network of Queensland

Youth Empowered Towards Independence

Youth Justice and Children's Law Issues Committee, Magistrates Court of Queensland

---

[1] Publishable information included that which has not been marked as confidential by the contributor, has not been placed under a not-for-publication order by the Commissioner during hearings and does not breach legislative provisions. Submissions were only published on the website when they were within the terms of reference and were deemed not to be confidential, obscene, potentially defamatory or in breach of anti-discrimination legislation.

Appendix D
Data methods and definitions

Several key sources of child protection data have been used in this report:

- information provided by Child Safety and other agencies in response to a summons by the Queensland Child Protection Commission of Inquiry
- data tables published on Child Safety's website Our performance
- Report on Government Services 2013 (Steering Committee for the Review of Government Service Provision 2013)
- Child Protection Australia 2011–12 (Australian Institute of Health and Welfare 2013).

Certain key concepts and approaches to data presentation and analysis have been applied throughout the report. An understanding of these may assist in the interpretation of the figures presented in this chapter.

Counting rules

- Counts of child protection activity such as intakes, notifications, substantiations and orders are not counts of discrete children – for example, if a child was subject to more than one intake during the period, an intake is counted for each instance.
- Counts of discrete children in child protection data will count individual children only once within the period – for example, if a child was subject to more than one intake during the period, an intake is counted only once according to the first instance that the child was recorded.
- In some cases counts of discrete children will be based on the 'most serious' activity – for example, children admitted to more than one order will be counted against the order that is considered more intrusive.

Indigenous status

- Unless otherwise indicated, the category *Aboriginal and Torres Strait Islander* includes children identified as being either Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander.
- Children with Indigenous status recorded as 'unknown' are included in the non-Indigenous category.

Caution must be applied in interpreting time series analyses of child protection data. Changes over time may reflect factors other than those being measured. In particular, an increase in the propensity for people to identify as Aboriginal and Torres Strait Islanders may confuse an understanding of any actual increase in this group over time. Census counts in 2001, 2006 and 2011 show marked increases in the population of Aboriginal and Torres Strait Islander people above expected population increases for this reason. Further, there have been general improvements in collecting and recording Indigenous status in data systems. Both factors can conflate to mask or inflate actual changes in data or rates, the former by increasing the denominator in per population rates, and the latter in increasing the numbers recorded over time as Aboriginal and Torres Strait Islander. However the caution is not suggesting that the increase in the over-representation of Aboriginal and Torres Strait Islander children in the child protection system has not occurred, but merely flagging that data limitations can affect the fine level accuracy of data.

Figures

- Where applicable, figure notes provide a cumulative number of the units or children applicable to the figure as N = (number). For example, data in Figure 2.5 relate to a total of 21,842 discrete children in substantiations.

Population estimates

- Estimated resident populations were provided by the Government Statistician, Queensland Treasury and Trade, based on Australian Bureau of Statistics data. Note that there have been revisions to estimated populations between the 2006 and 2011 Census and there may be minor differences in calculated 'per population' rates compared to other published information. Further revisions to estimated populations are expected to be released in August 2013.
- Estimated resident populations for people aged 0–17 years are used as the base for 'per population' calculations. 'Per population' calculations for financial years are based on the population estimate at June at the beginning of the period (hence June 2011 population is used for 2011–12).
- 'Per population' rates for point in time counts of children are based on the estimated resident population at 30 June of the same year. As population estimates for June 2012 by Indigenous status were not available at the time of analysis, the Aboriginal and Torres Strait Islander and non-Indigenous populations have been estimated by assuming the same annual change between 2011 and 2012 as in the total 0–17 year olds population.
- See Table D.1 for population estimates used in the analyses.

Table D.1: Estimated resident population aged 0–17 years by Indigenous status, Queensland, at June 2003 to 2012

	June 2003	June 2004	June 2005	June 2006	June 2007	June 2008	June 2009	June 2010	June 2011	June 2012
Aboriginal & Torres Strait Islander	62,695	63,812	65,174	66,264	67,383	68,340	69,176	70,069	70,936	71,986
Non-Indigenous	893,505	905,854	922,502	940,739	954,681	970,773	987,605	993,035	997,700	1,012,465
Total	956,200	969,666	987,676	1,007,003	1,022,064	1,039,113	1,056,781	1,063,104	1,068,636	1,084,451

Source Government Statistician, Queensland Treasury and Trade (unpublished)

Notes: The Aboriginal and Torres Strait Islander and non-Indigenous populations aged 0–17 years in June 2012 have been estimated by assuming the same annual change between 2011 and 2012 as in the total 0–17 year olds population.

Appendix E
Helping Out Families

This appendix describes the Helping Out Families program as it currently operates, and follows with an independent analysis of the outcomes of the program undertaken by Ha Nguyen (Research Fellow) and Professor Leonie Segal.

Description of Helping Out Families

In 2011, a Department of Communities evaluation of the Helping Out Families initiative reported early signs that the initiative was working well. For example:

- Families were accessing services (just under 50% of those families referred) and as a result there had been a local reduction in intakes to Child Safety.
- Those families who had received services were less likely to be re-reported to Child Safety.
- A small number of families who had received services and whose cases were closed had reported reduced risks to children.
- There was better collaboration between government and non-government agencies through establishing formal networks at multiple levels.
- There were high levels of satisfaction in families who received the universal and targeted health home-visiting services.
- An increasing range of successful strategies was developed by the Family Support Alliance Service to make contact with families and gain their trust.[1]

The department's 2012 submission to the Commission referred to this promising initial data. The department reported that, in this region, notifications have decreased by 3 per cent compared with a 15 per cent increase for the rest of the state and suggests that admissions to out-of-home care are projected to decrease by 7 per cent while admissions in the rest of Queensland are expected to increase by 18 per cent.[2]

The Commission engaged an independent reviewer to assess the cost-effectiveness of the Helping Out Families initiative compared with other programs. The results of this review (see below) concluded that Helping Out Families has demonstrably helped out families on the program. Although there are limitations to the analysis, given that the initiative has only been in place for a short time, the results suggest at this early stage that it is successful and should provide cost-savings in the long term.

Professor Segal's analysis (see below) assessed the performance of Helping Out Families in terms of value for money, measured by the incremental costs per incremental

effect over a 12-month period. The effects measured were the estimated change in the number of children notified, the change in the number of children subject to substantiation and the change in the number of children remaining in out-of-home care. The costs were then compared with the estimated savings to the community of the cases of child abuse that were avoided.

The review found that the estimated mean costs for implementing Helping Out Families per family per year would be $540 for referral and from $7,839 to $14,513 for intensive family support services, including better access to domestic and family violence services and home health visiting services. The mean costs per case of abuse avoided, a child subject to substantiation or a child in out-of-home care, in the Helping Out Families initiative was estimated to be between $33,341 and almost $295,000. Furthermore, given the consequences of unresolved abuse and neglect, the potential cost-savings of programs such as these are almost certainly greater than the up-front investment in family support services.

Professor Segal's review did not look at specific elements of the Helping Out Families initiative or whether there were ways that it could be improved. However, other information presented to the Commission suggests there are some limitations to the intensive family support services available in Queensland including those operating under the Helping Out Families initiative.

Governance of Helping Out Families

The Helping Out Families initiative involves three tiers of governance to promote service integration: Local Level Alliance, Managerial Alliance, and Executive Alliance (see also Figure E.1 below). The Local Level Alliance focuses on service delivery while the Managerial Alliance provides leadership, analysis and resolution of problems that cannot be successfully addressed by the Local Level Alliance. This evaluation found that the Managerial Alliance is instrumental in supporting a collaborative integrated service delivery model.[3] This group has also been effective in responding to issues; for example, a Domestic and Family Violence Working Party was established to improve the integration of domestic and family violence prevention services into the Helping Out Families initiative.[4]

Finally, the Executive Level Alliance comprises regional executive directors from the department, Queensland Health and the Department of Education, Training and Employment, as well as chief executive officers from non-government agencies involved in delivering the Helping Out Families initiative. The department assisted with the establishment of the Executive Level Alliance. This group meets on an as-needs basis to address any systemic barriers within their organisations that cannot be resolved by the Managerial Alliance.[5]

While participating stakeholders expressed concern about the amount of time required by staff to attend meetings (the Local Level Alliance and the Managerial Alliance both meet monthly), strong governance was seen to be an important success factor for implementation of the initiative, particularly through its establishment phase.[6]

Figure E.1: Governance for Helping Out Families

There is also a suggestion that the health home-visiting and the domestic and family violence elements of the Helping Out Families intensive family support services require some review or modification.[7] These are described in more detail below.

Health home-visiting. Under the Helping Out Families initiative, a health home-visiting service, delivered by Queensland Health provides access for up to six contacts with maternal child health staff for parents of newborn children up to 3 years of age ($3.8 million). For families assessed as particularly vulnerable, health home-visiting staff work more intensively, providing a total of up to 15 visits in the first year.

Funding for the health home-visiting component of the Helping Out Families initiative needs to be considered in light of an election commitment by the current government to

fund home-visiting for all women who have given birth. Funding of $92 million over four years was committed for this universal service. However, Queensland Health has advised more recently that through the health home-visiting election commitment, services will be delivered for $28.9 million over four years to fund women in both the private and public health systems for two home-visits and for increased participation in community clinics. As outlined above, funding for the health home-visiting component of the Helping Out Families initiative will require more than two visits, and this will be additional to the funding commitment made for the universal home-visiting service already announced.

Domestic and family violence responses. The 2011 evaluation of the Helping Out Families initiative found that referrals to family violence prevention services had been lower than expected, approximately 50 in the first seven months of operation across the three sites, with most families having multiple problems and opting to take up offers of assistance from Intensive Family Support Services.

The initiative has acknowledged the seriousness of domestic and family violence through additional investment in specialist counselling, court support and perpetrator programs. For example, the Domestic Violence Prevention Centre Gold Coast Inc. was funded to provide improved services.[8] However, the centre has expressed concerns with the current arrangement under Helping Out Families where the Family Support Alliance and Intensive Family Support Service teams are required to recognise, respond and refer women to specialist domestic and family violence services as part of a suite of referral agencies available to them. The centre points out that these teams are generic service providers that are being asked to make a specialist response. It suggests that without specialist knowledge there is a potential for increased violence against women and children. While acknowledging the collaborative work that has been done to remedy this situation, the centre recommends that the Helping Out Families initiative be re-designed to provide a more appropriate domestic and family violence response.[9]

UnitingCare Community has also provided feedback on the domestic and family violence element of Helping Out Families. Its experience has been that, although many families present with domestic and family violence as a feature of their relationships, few are open to accepting help from a domestic and family violence service in the first instance.[10]

Family Inclusion Network Brisbane suggests that current secondary responses to domestic and family violence are problematic. It contends that some services are limited in their capacity to engage with families due to complex factors including workplace health and safety. For example, in cases of domestic and family violence, some organisations refuse to allow staff to assist the family due to concerns for worker safety.[11]

In Chapter 4 the Commission recommended a specialist non-government domestic and family violence response to families where concerns have been assessed by Child Safety as reaching the threshold for a notification (called the 'differential response'). In light of this recommendation and the feedback outlined above, it would be important to review the domestic and family violence response under the Helping Out Families initiative before it is rolled out across the state, to ensure it can effectively and appropriately deliver safe services to families.

As part of the ongoing evaluation of Helping Out Families, Child Safety Services should address any concern that the domestic and family violence component of the initiative may not be delivered safely.

A Preliminary cost effectiveness analysis of the Queensland Helping out Families initiative

A report to the Queensland Child Protection inquiry

by Ha Nguyen* and Leonie Segal**

Health Economics and Social Policy Group,
School of Population Health, University of South Australia

Contact:

**Professor Leonie Segal
Email: leonie.segal@unisaa.edu.au Phone: 08 83022473
*Ha Nguyen, Research Fellow

Email: ha.nguyen2@unisaa.edu.au Phone: 08 83022688

A Preliminary cost effectiveness analysis of the Queensland Helping out Families initiative

1 Background

The Helping out Families (HOF) is a Queensland (QLD) Government initiative that aims to enhance support for families at risk of involvement or currently involved with the statuary child protection system. The initiative has been piloted by the Department of Communities, Child Safety and Disability Services (the Department) since October 2010 in the three sites in the South East Queensland region (the SEQ). Logan and Beenleigh-Eagleby-Nerang began operation in October 2010 and the South Gold Coast in January 2011.

The stated core objectives for the HOF initiative in the Framework for Evaluation are to[1]:

- *"Reduce demand for tertiary child protection services in the longer-term, resulting in a reduction in the number of children in out-of-home care;*
- *Provide better secondary service responses in the community to reduce escalation into tertiary children protection services; and*
- *Provide better outcomes for children and families."*

HOF consists of four major components;

1) *A Regional Intake Service (RIS) for Child Safety*: RIS assesses families referred through using established risk and structured decision-making tools. While RIS has been established across all seven regions since December 2010, extra funding has been provided through HOF in pilot sites to further support the identification and referral of eligible families to early intervention support from HOF services.
2) *A Family Support Alliance (FSA) service*: FSA services receive referrals from RIS, seek family consent and undertake needs identification and prioritise families for referral to the appropriate HOF intensive family support services.
3) *Intensive Family Support (IFS) services:* IFS services engage families referred from FSA, conduct more detailed needs assessments and provide intensive case management and support. In addition to referrals via the RIS and FSA; they also direct from other organisations (such as health or education), as well as self-referrals from families in need.
4) Under the HOF initiative, additional funding has also been provided to:
    a. Domestic and Family Violence (DFV) services and
    b. Health Home Visiting (HHV) services to give priority access to HOF clients.

[1] Department of Communities, Child Safety and Disability Services, "Framework for Evaluation – Helping Out Families". p: 1

A series of evaluations has been conducted by the Department Evaluation Team, and reported in baseline, implementation and outcome evaluation reports. Further analysis and reporting is also planned once the HOF initiative has more time to accumulate follow-up data.

The current paper draws together the reported information to date about child protection outcomes, and takes this together with data on the costs of implementing HOF to describe what we can about the performance of HOF to date.

The specific aim is to estimate the incremental costs (HOF above standard system) to achieve outcomes related to involvement with the child protection system, measured by changes in:

i) the number and rate of children notified,
ii) the number and rate of children subject to a substantiation
iii) the number and rate of children remaining in out-of-home care.

2 Method

2.1 Broad Approach

In an ideal situation, the performance of HOF would be assessed through a cluster randomised trial – with sites randomised to either received or not received HOF (offer services as usual). If enough sites can be included it is likely that the distribution of potential confounders would be evenly distributed between intervention and control sites and an unbiased estimate of effect arrive determined. This was not possible in the context of the service implementation model. Rather, three sites have been selected to implement HOF within the SEQ (covering approximately 2/3 families in SEQ); with the rest of the State proceeding with the usual delivery system. HOF commenced at two sites in October 2010 and the third site in January 2011.

Given this implementation design, we have taken the areas with "current practice" or without HOF as the comparator. Specifically we compare outcomes for the three sites in the SEQ implementing the HOF with SEQ sites not covered by the HOF and also with the rest of the State.

This in effect assumes that the areas are comparable in terms of distribution of potential confounders (or where the impact of confounders is small relative to the effect of the program). We do not know if this is a reasonable assumption. This is a population level analysis.

We will also conduct an individual level analysis comparing outcomes for families referred to IFS and who use the service compared with those who don't. Such an analysis can only be indicative as there is always the possibility that clients who choose to engage with the IFS, at all, or for longer periods are different from to those who do not. That is it is not clear that observed differences can be attributed to the IFS.

In short this report estimates the cost-effectiveness of the HOF initiative in relation to child protection outcomes dealing with the issue of child maltreatment by

i) Comparing the three nominated child protection outcomes pre-HOF and post-HOF at the three HOF sites in the SEQ with: Change in child protection outcomes in the period pre-HOF and post-HOF in
   - the SEQ sites not covered by the HOF and
   - the rest of the State.

ii) Difference in outcomes for families referred for a fully engaging with IFS and those referred who do not fully engage.

2.2 Data sources

Child protection Outcomes

The choice of outcomes to measure the performance of HOF needs to reflect the objectives of the scheme which ideally map against the model elements.

The HOF model, based on its components, provides supports in the intake phase (RIS), investigation and assessment phase (FSA) and specific intensive family support services (IFS, DFV and HHV). These activities taken together are aimed at reduce the rate of child maltreatment; the need to remove children and the need to keep them in care. The aim is always to leave (reunite) children with their birth families, and to make this a safe choice.

Based on the stated program objectives and the available data sources the selected outcome to assess performance are changes in the number and rate of children notified, children subject to a substantiation and children entering and remaining in out-of-home care. We recognise that of course such data does not fully capture the impact of the program and would always need to be supplemented by other information.

As defined by the Department, a notification is recorded when information reported to Child Safety suggests that a child needs protection. In this situation, an investigation or other appropriate action is taken by the department which may result in a substantiation, where the investigation and assessment indicates that a child has experienced a significant harm and/or is at unacceptable risk of being harmed in the future. A child may be removed from their home to ensure their safety; usually with the intention of reunification with the birth family, given access to suitable intensive supports for the family to create a safe environment for the child.

Data have been supplied by the Department on the total number of children notified, children subject to a substantiation and children in out-of-home care for the 5 ‘financial years’ from 2007/08 to 2011/12 reported by the seven child protection regions in Queensland and for the SEQ region divided into HOF and non-HOF sites. That is we have child protection data up till June 30 2012. This dataset thus includes three full years prior to implementation (2007/08,

2008/09 and 2009/10), one year that straddles HOF implementation (2010/11) and one year post HOF (2011/12). The dataset also reports rates per 1,000 children less than 18 years in each region, HOF sites and non-HOF sites in the SEQ and non-HOF sites in all QLD.

In terms of families referred for IFS, the Interim Evaluation Report 2013 prepared by the Department[2] contains data on outcomes (re-notification report) for families who use the IFS services at a 'therapeutic level' in comparison with those who chose not to use the service, or do so for up to 12 months after leaving HOF or not engaging.

Costs

We adopted the child protection system perspective for costing to include the annual budgeted expenditure on the HOF initiative, reported by the Department. The costs are reported by key components; that are for RIS, FSA, IFS and extra funding for DFV and HHV.

2.3 Analysis and assumptions

Our analysis assumes that without the HOF initiative, the change in child protection activity for the period before and after the introduction of HOF (October 2010 to January 2011) would have been the same in the HOF sites as in the non-HOF sites in the SEQ; or in the non-HOF sites in all of QLD. The effect of HOF is then measured by the difference between the observed and the 'expected' numbers based on non-HOF sites.

In terms of costs, we assume in the first instance that all costs of HOF are additional; that is all funds allocated to HOF per year are incremental to costs of "current practice". If HOF to some extent replaces existing services then the costs using this method will be overstated.

The performance of HOF in terms of value for money is measured by the incremental costs per incremental effect over a 12 month period;

- change in number of children notified,
- change in number of children subject to a substantiation,
- change in number of children remaining in out-of-home-care (this is used rather than number of children entering care, as often children are placed into care for protection with the express purpose of working with birth families for reunification – thus especially in the short period of follow-up, number of children remaining in care is the better measure of performance).

[2] Child Safety Strategic Policy and Intergovernmental Relations (Jan 2013), "Helping Out Families – Phase 3 Outcomes Evaluation Report".

3 Findings

3.1 Program Costs

Total Annual Costs of HOF

The costs of implementing HOF in 2011/12 were $15.3 million, allocated to specific HOF components as follows:

- RIS - The Regional Intake Service $0.3 million
- FSA - The Family Support Alliance service $1.3 million
- IFS - The Intensive Family Support service $7.4 million
- DFV – Extra funds to Domestic and Family Violence services $2.5 million
- HHV – Extra funds to Health Home Visiting services $3.8 million

Mean annual costs of HOF per family

We have estimated the costs per referral and per family engaged, to allow comparison with other programs reported in the international literature with similar objectives[3]. During the 12 month period from April 2011 to March 2012, there were 3,257 referrals made to HOF of 2,961 distinct families. Given the range of complexity and levels of need, referred families receive different sets of services provided through HOF. The mean costs per referral and per family was $491 and $540, respectively for the intake service (consisting of RIS and FSA components). Just looking at the families referred to IFS (944 families), the mean costs was $7,839 per family for IFS services or $14,513 per family receiving IFS, DFV & HHV services. Based on the number of children referred to IFS (6,586), the mean costs per child for IFS services would be $1,123 and $2,080 for those receiving IFS, DFV and HHV.

Table 1. Costs per referral to HOF and per distinct family referred to HOF by different initiative components

Unit of service	Number of cases	Cost/unit RIS & FSA ($1.6m/year)	Cost/unit IFS ($7.4m/year)	Cost/unit IFS, DFV & HHV ($13.7m/year)
Referrals to HOF*	3,257	$491		
Families referred to HOF**	2,961	$540		
Families referred to IFS#	944		$7,839	$14,513
Children referred to IFS##	6,586		$1,123	$2,080

Data sources: * Data used for HOF outcomes evaluation – Distinct referrals
** Data used for HOF outcomes evaluation – Distinct families
# Statement of Helen Ferguson, Acting Executive Director, Child Safety Services, Department of Communities, Child Safety and Disability, Queensland, responding to Request: Helping out Families on 26th April 2013
Data used for HOF outcomes evaluation – Distinct clients

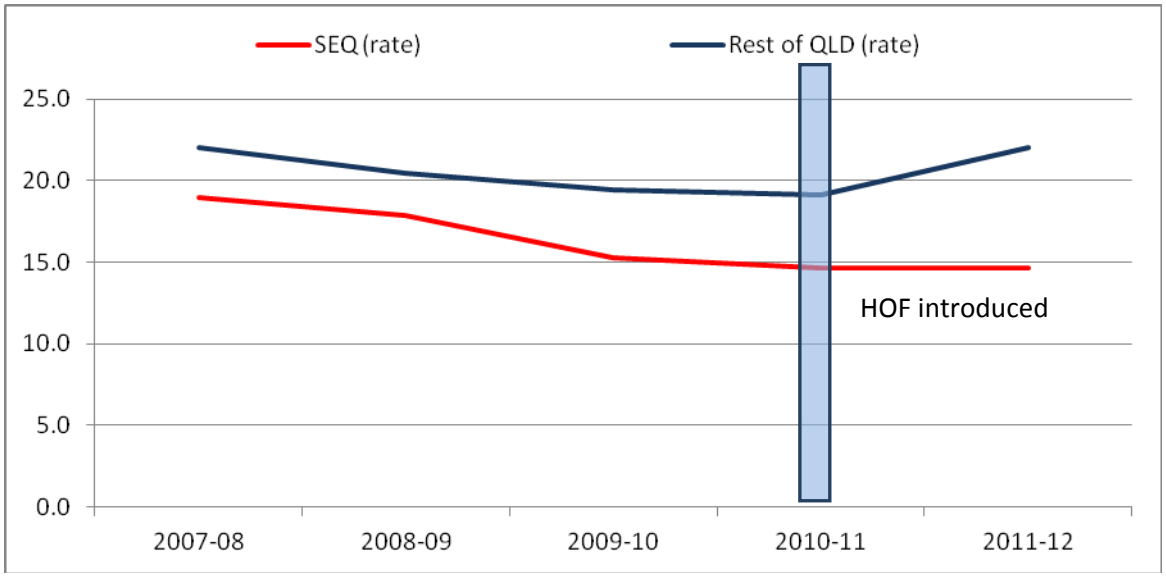
[3] Dalziel, K. and L. Segal (2012). "Home visiting programmes for the prevention of child maltreatment: cost-effectiveness of 33 programmes." Arch Dis Child **97**(9): 787-798.

3.2 Child Protection Outcomes and Cost-effectiveness

Notifications

There are no separate data on child protection notifications in HOF and non-HOF sites. Thus, trend of notifications per 1,000 children for the SEQ in comparison with the rest of QLD is shown in figure 1 below. There is a generally falling trend across QLD in the 3 years from 2007/08, but in the year post HOF, in 2011/12, it increased in the rest of QLD, but continued to decrease in the SEQ. As approximately 2/3 of SEQ children less than 18 years are located in HOF sites it is likely that notification rates in HOF sites will have decreased to a larger extent, if at all that for non-HOF sites followed the rest of QLD trend.

Figure 1. Rates of children notified (per 1,000) in the SEQ and the rest of QLD 2007-08 to 2011-12 pre & post HOF



Substantiations

Figure 2 shows the trend in rates of children subject to a substantiation (per 1,000 children) before and after the HOF implementation; comparing HOF sites and non-HOF sites for the SEQ region and for the rest of QLD. Not taking into account a sudden increase between 2007/08 and 2008/09 in the SEQ (probably due to changes in boundaries), it can be seen that in the period prior to the introduction of HOF, a general downtrend in children subject to a substantiation was observed in both HOF and non-HOF sites in the SEQ region and in the rest of QLD. However, in the year post HOF, the HOF sites saw a continuation of this trend, while in the non-HOF sites in SEQ and the rest of QLD the rates of children subject to a substantiation increased.

Figure 2. Rates of children subject to a substantiation (per 1,000) in HOF, non-HOF sites in the SEQ and non-HOF sites in all QLD (right axis) 2007-08 to 2011-12

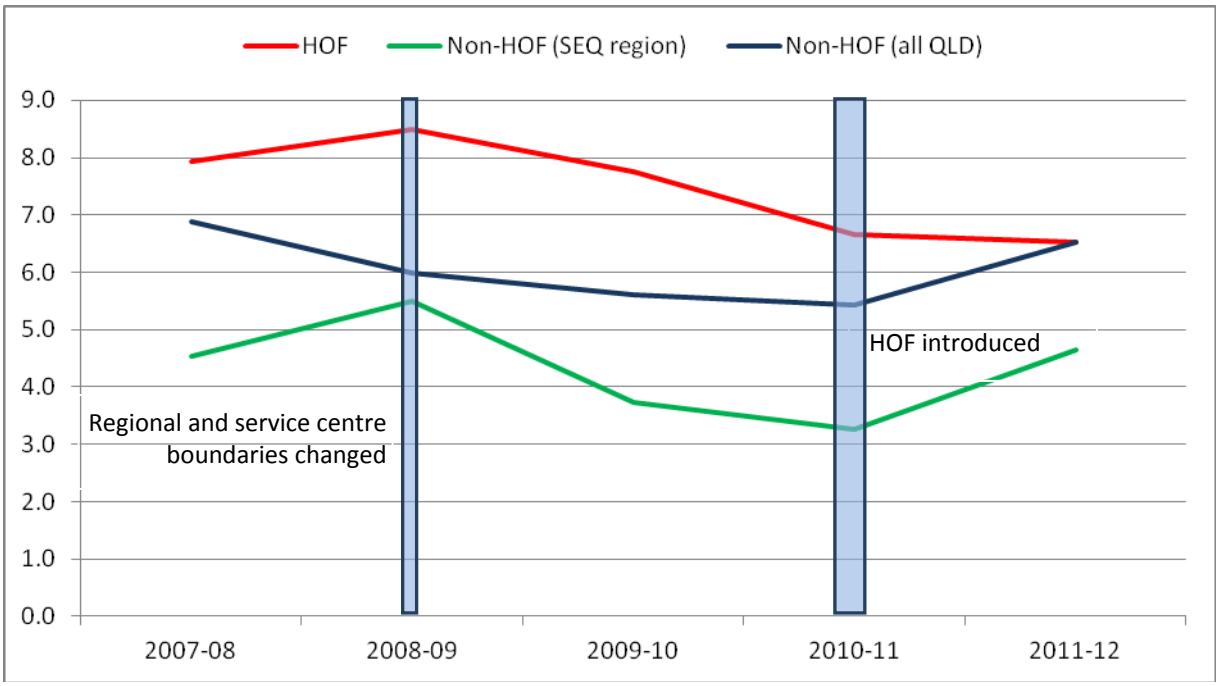


Table 2 shows the estimate of costs per child substantiation avoided based on expected change before and after HOF implementation. In the HOF sites the rates of children subject to a substantiation decreased from a mean of 8.1/1,000 children over the three years prior to HOF to 6.5/1,000 children in the year post HOF, a reduction of 18.9%. In non-HOF sites in the SEQ by comparison, the mean annual rate of children subject to a substantiation increased by 1.3% from 4.6/1,000 (2007/08 to 2009/10) to 4.7/1,000 (2011/12); and by 5.9% in the rest of QLD (up from a mean 6.2 to 6.5/1,000).

If the trend in non-HOF sites in the SEQ were applied to HOF sites and expressed as number of children subject to a substantiation, that averted by HOF is estimated at 223. The mean costs per case avoided would range from $26,887 when taking into account the costs for RIS, FSA and IFS to $45,708 by also including the costs for DFV and HHV.

If the difference in change in substantiations between the HOF sites and the rest of QLD is used to establish the counterfactual, then the expected number of children subject to a substantiation avoided would be 274. The mean costs per case avoided would then be $21,924, including just the costs for RIS, FSA and IFS or $37,270 if the costs for DFV and HHV were also included.

Table 2. Children subject to a substantiation – Expected cases avoided and costs per case avoided in HOF sites

	Annual mean rate			Expected	Mean cost/case avoided^^	
	pre-HOF (2007/10)	post-HOF (2011/12)	Change	cases avoided^	(A)	(B)
HOF	8.1	6.5	-18.9%			
Non-HOF (SEQ)	4.6	4.7	1.3%	223	$26,887	$45,708
Non-HOF (QLD)	6.2	6.5	5.9%	274	$21,924	$37,270

Notes: (A) Total costs include RIS + FSA + IFS; (B) Total costs include RIS + FSA + IFS + DFV + HHV

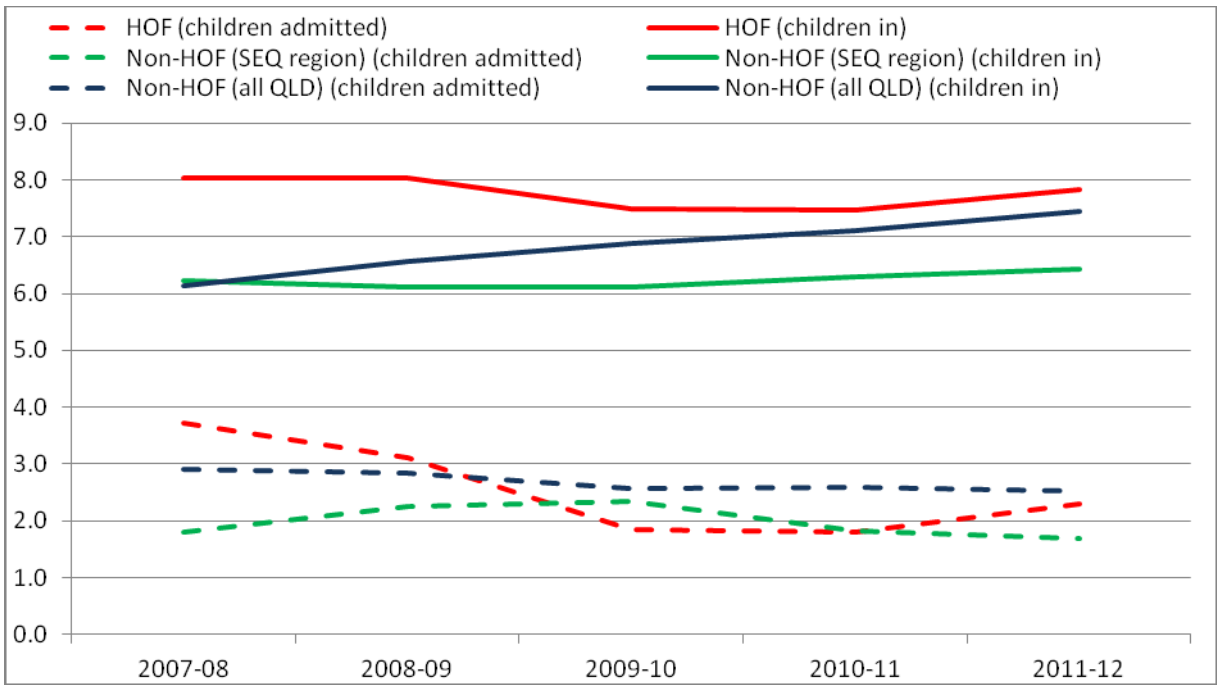
^ Assuming the pre and post-HOF change in HOF sites were equal to that in non-HOF sites (the SEQ and in all QLD), the expected cases avoided were the difference between the expected and observed rates of children subject to a substantiation in HOF sites multiplied by the number of children under 18 years of 136,849 in 2011/12. This is estimated from the number of children in HOF sites in 2010/11 (135,989) with the change as in the SEQ.

^^ Assuming that 2/3 of program cost is allocated to the substantiation outcome and 1/3 to out-of-home care.

Out-of-home care placements

The rates of children admitted to and remaining in out-of-home care (per 1,000 children) from 2007/08 to 2011/12 for HOF and non-HOF sites in the SEQ and non-HOF sites in all QLD are described in Figure 3.

Figure 3. Rates of children admitted to and living in out-of-home care (per 1,000) in HOF and non-HOF sites in the SEQ and non-HOF sites in all QLD, 2007-08 to 2011-12



In terms of children admitted to out-of-home care (dotted lines), there was a decreasing trend in HOF sites and non-HOF sites in all QLD, but a slight

increase in non-HOF sites in the SEQ during the three years before HOF implementation. After 2010/11, the rates of children admitted to care reduced slightly in all non-HOF areas (both the SEQ and all QLD), but grew in HOF sites. However, comparing the 3 years before HOF with the one year following, all areas, HOF and non-HOF show a reduction in admissions.

Regarding the rates of children remaining in care, they increased every year in non-HOF sites in all QLD from 6.2/1,000 in 2007/08 to 7.4/1,000 in 2011/12. The pattern observed in non-HOF sites in the SEQ was quite stable over the period of analysis. In HOF sites, a small reduction during the years before HOF, was followed by a small increases, leaving rates in 2011-12 lower than in 2007-08.

Table 3 includes the estimated annual rates of children in out-of-home care before and after HOF implementation in HOF sites, non-HOF sites (the SEQ) and non-HOF sites in all QLD; and mean costs per case avoided. Similar to the change in the annual mean rate of children subject to a substantiation, the estimated rates of children in out-of-home care decreased in HOF-sites and increased in all non-HOF sites (both in the SEQ and in the rest of QLD). The increase in HOF sites was smaller, just 0.4%, while the increase was larger, 4.5% in non-HOF sites in the SEQ and 13.9% in non-HOF sites in all QLD.

Table 3. Children in out-of-home care at June 30 (end financial year): Expected cases avoided and cost per case avoided in HOF sites

	Annual mean rate			Expected	Mean cost/case avoided^^	
	pre-HOF (2007/10)	post-HOF (2011/12)	Change	cases avoided^	RIS + FSA + IFS	RIS + FSA + IFS + DFV + HH
HOF	7.9	7.8	-0.4%			
Non-HOF (SEQ)	6.1	6.4	4.5%	52	$57,480	$97,716
Non-HOF (QLD)	6.5	7.4	13.9%	154	$19,526	$33,195

Notes: (A) Total costs include RIS + FSA + IFS; (B) Total costs include RIS + FSA + IFS + DFV + HHV

^ Assuming the pre and post-HOF change in HOF sites were equal to that in non-HOF sites (the SEQ and in all QLD), the expected cases avoided were the difference between the expected and observed rates of children subject to a substantiation in HOF sites multiplied by the number of children under 18 years of 136,849 in 2011/12. This is estimated from the number of children in HOF sites in 2010/11 (135,989) with the change as in the SEQ.

^^ Assuming that 2/3 of program cost is allocated to the substantiation outcome and 1/3 to out-of-home care.

If the trend in the non-HOF sites (the SEQ) is applied to the HOF sites, HOF implementation would result in 52 fewer children living in out-of-home care. The mean costs per child in care avoided are estimated at $57,480 with RIS, FSA and IFS included or $97,716 with all HOF funded services.

Applying the same approach, if the trend in the HOF sites were equal to that in non-HOF sites in all QLD, the expected number of children in care avoided by HOF in the three sites would be 154. The mean costs per child in care avoided would be $19,526 based on RIS, FSA and IFS components, and $33,195 with all HOF components.

4 Conclusion

The cost of the HOF initiative is at between $7,839 and $14,513 for intensive family support services, consistent with the cost of other family support programs[2]. The mean estimated costs per case of maltreatment avoided (a child subject to a substantiation or a child in out-of-home care) in the HOF initiative ranged from $19,526 to $97,716, also consistent with the best value family support programs[2]. Furthermore, given the consequences of unresolved abuse and neglect the potential cost savings of these programs are almost certainly greater than the up-front investment in family support services. That is the initiative would deliver better outcomes and result in lower cost. Current analyses suggest that the HOF implementation has resulted in positive outcomes under most reasonable sets of assumptions.

There are limitations in this analysis that need to be considered. The current analysis relies on data that includes only one year post HOF. There are 2 issues here, first is whether the full impact can yet be observed. Tilbury in a review of child protection services in Queensland after the Forde Inquiry[12], noted that given the magnitude of the child protection issue, a longer time period is desirable to observe the full effect of service change. The second issue relates to the variability in the key outcomes, such that one year of data may be an unreliable indicator of underlying trends.

Finally we note that this paper has not looked at specific elements of the HOF program or whether there are ways it could be enhanced. It is simply seeking to assess overall performance, using the available data. It does suggest, at this early stage in implementation, that the HOF initiative is successful, (and should be cost saving). These results should be considered alongside other evaluation activities to determine the future of the program.

---

[1] Department of Communities 2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.

[2] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p34].

[3] Department of Communities 2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.

[4] Department of Communities, Child Safety and Disability Services 2013, *Helping Out Families: phase 3 outcomes evaluation report*, Child Safety Strategic Policy and Intergovernmental Relations, Brisbane.

[5] Department of Communities 2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.

[6] Department of Communities 2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.

[7] Statement of Tony O'Connell, 12 March 2013 [pp1–2].

[8] Submission of Domestic Violence Prevention Centre Gold Coast Inc., 15 March 2013 [p2].

[9] Submission of Domestic Violence Prevention Centre Gold Coast Inc., 15 March 2013 [p3].

[10] Submission of UnitingCare Community, 15 March 2013 [p8: para 42].

[11] Submission of Family Inclusion Network (Brisbane), February 2013 [p8].

[12] Tilbury, C 2005, 'Child protection services in Queensland post-Forde Inquiry', *Children Australia*, vol. 30, no. 3, pp. 10–6.

Appendix F

University of South Australia

Where to Invest to Reduce Child Maltreatment – A Decision Framework and Evidence from the International Literature

Prepared for the Queensland Inquiry into Child Protection

Leonie Segal**

Kim Dalziel #

Kate Papandrea*

May 2 2013

Contact: ** Professor Leonie Segal, Chair Health Economics & Social Policy, Leonie.segal@unisa.edu.au 08 8302 2473

* Health Economics & Social Policy Group, University of South Australia

University of Melbourne

Where to Invest to Reduce Child Maltreatment – A Decision Framework and Evidence from the International Literature

I Introduction to the concept of Resource Scarcity

Government and other agencies are committed to the provision of services to support vulnerable families to reduce child maltreatment and to address the harmful consequences of abuse and neglect. In a climate of resource scarcity - there are never enough resources or funds to meet all of the community's expectations - service choices need to reflect evidence about what works and what is 'value for money'. Put simply, investing in services that yield more benefit per unit cost, at the expense of those that yield fewer benefit per unit cost, will increase societal benefits and in this context most effectively protect our children.

The scale, seriousness, scope and complexity of child abuse and neglect are well established as are the consequences of child maltreatment. The consequences are wide-ranging and include impacts on physical and mental health, social and economic functioning and include excess mortality (WHO, 2007; Gilbert et al, 2009; Wang & Holton, 2007). Brown & colleagues (2009) report a 20 year reduction in life expectancy for children with six or more adverse childhood experiences, predominantly forms of abuse and neglect, relative to children experiencing none. The social and economic consequences of child maltreatment include drug and alcohol abuse, involvement in crime and violence, lower educational attainment, poor employment outcomes and unstable housing (Gilbert et al, 2009, Vinnerljung et al 2008). Child maltreatment involves also considerable budgetary costs to society in lost production and spending on child protection services, the criminal justice system, special education and health services. The total costs to society of child abuse and neglect have been estimated for several countries and found to be high relative to diseases/risk factors. For example, in the USA for 2007 the costs of child abuse were estimated at US$103.8 billion, similar to the estimated cost of smoking (at $130 billion per year) (Wang et al, 2007; US Dept Treasury, 1998); and in Australia the cost of child abuse and neglect was estimated at A$10.7 billion in 2007, almost three times the estimated cost of obesity in 2005 of $3.8 billion (Taylor et al, 2008; Access Economics, 2006).

But, determining the 'best' investment strategy will not be 'self-evident'. A plethora of programmes are claimed to reduce child maltreatment including home visiting for neonates/infants, early childhood and pre-school education, intensive family support programs, parenting programs, drug and alcohol services. Consequences are difficult to track across administrative and program boundaries and over time. Furthermore, as successful implementation will require cross portfolio budget negotiations and the involvement of central agencies, the optimal mix of services will be difficult to realise. If to address

child maltreatment, investment is required in program areas and portfolios that don't match up with benefits realisation - where is the incentive to invest? Who has the mandate to 'look at the bigger picture' and resource the solution? Problems which are cross portfolio and carry long term consequences are for this reason typically not well addressed. Protection of children is a clear example of this type of cross portfolio problem. Where the imperatives on the individual agency are not congruent with the wider needs of the society, decisions will tend to be dominated by crisis response to urgent problems and immediate financial imperatives.

The solution is a planned and systematic approach to evidence synthesis to provide objective advice regarding where to invest in services to protect children, looking across portfolios and across jurisdictions (as recognised in the United Nations call for the development of national research agendas and action plans on family violence against children, Pinheiro, 2006).

Frameworks for answering this type of question - determining the optimal mix of services to address a society problem, in this case child maltreatment - have been devised and are known as 'Priority setting' models, as described below.

2 The Decision framework

Formal priority setting processes are now standard in health resource allocation decision making in many countries. (For example, through the Pharmaceutical Benefits Advisory Committee (PBAC) to advise on pharmaceutical funding in Australia (Aust. Govt, 2008), or the National Institute for Health and Clinical Excellence (NICE) in the UK. However, formal priority setting processes within the child protection field is uncommon, with the exception of the valuable work of the Washington State Institute for Public Policy (Lee et al 2008), which informs welfare policies of Washington State.

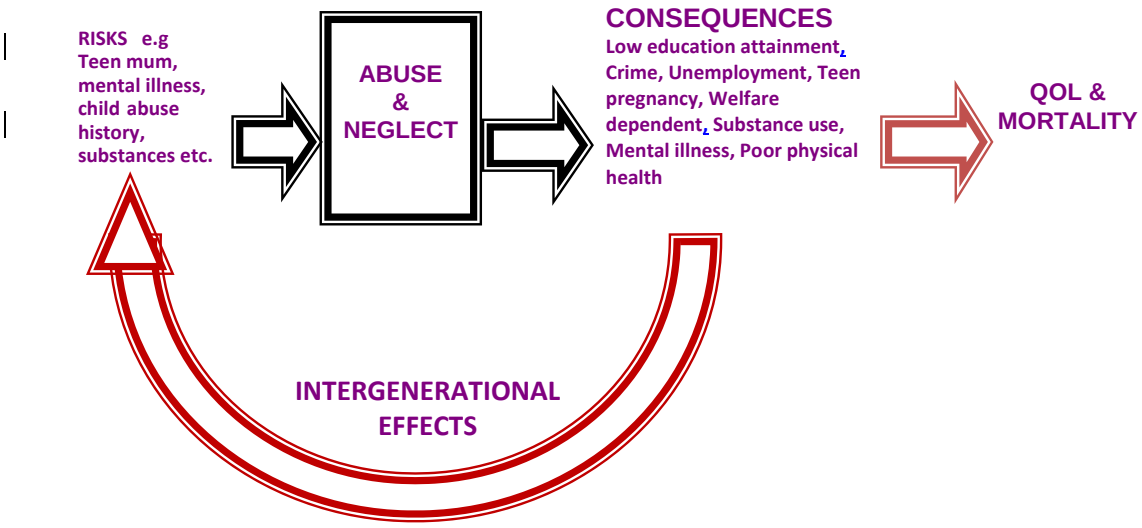
The population-wide priority setting model developed by Segal (Segal & Richardson, 1994; Segal & Mortimer, 2006) is particularly suitable for application to child protection. The model takes the population at risk or subject to current (or previous) harm and seeks to compare performance across all potential interventions to reduce burden of harm within each subpopulation. The relative benefit of investing along the prevention / consequence spectrum is specifically investigated. The priority setting model incorporates three broad phases.

Phase 1: Identify interventions – the aim being to identify *all* service options, across delivery settings, portfolio and ecological level (social, community, family and individual) to address child maltreatment. This requires a sound understanding of the causes of child maltreatment and the pattern of consequential harms, in order to identify where the process may be interrupted. Figure 1 provides a simplified schema of the process of child maltreatment and accumulation of possible harms. The schema is used to determine the scope of possible interventions by portfolio (e.g. health, child protection, education, criminal justice, social security, housing);

program area (e.g. infant visiting, drug & alcohol services, therapeutic pre-school, etc.); target populations (general population, those at high risk, families experiencing current abuse/engaged with the child protection system); and setting (e.g. home, clinic, pre-school); (see Segal & Dalziel, 2011 Table 1).

The schema also highlights the potential inter-generational transmission of abuse and neglect; with many of the risk factors for abuse are also consequences. The theory underpinning the intergenerational transmission of abuse has also been recently described (Amos et al 2011). Thus, services that address the consequences of maltreatment - such as mental health services for persons with a history of abuse or therapeutic foster care or diversionary programs for juvenile offenders - can both ameliorate harms and reduce risk of abuse in the next generation. This means services wherever they sit on the cause-consequence spectrum can be considered primary prevention /early intervention.

Figure 1 Risk and Consequences of Child Abuse and Neglect: A schema



Phase 2: Estimate Economic Performance of Service Options: to gather evidence of effectiveness (impact) of each program option, described in terms of success in reducing maltreatment and/or addressing harms and size of effect. Based on program description or budget outlays, costs of implementation are calculated and used to estimate and compare relative performance of different programs. Comparison of performance requires that outcomes are (or can be) expressed in the same metric and ideally one that has a clear interpretation as a measure of child maltreatment or harm. Appropriate measures include hospital admissions / Emergency Department attendance for child abuse related cause; child abuse and

neglect reports, substantiations and/or entry to or time in out-of-home care; social and economic consequences such as school attendance or attainment; involvement in crime; mental health consequences (rates of suicide, etc.). The diversity in possible outcome measures creates a challenge in assessing service success and comparing performance. Once a suitable outcome measure is selected; the primary measure of performance is cost per unit of outcome (cost per case of maltreatment prevented / cost per child not entering care or reunified with birth family). Costs and outcomes are measured as incremental to the costs and impacts of usual care or alternative care model.

Because child maltreatment is associated with a range of negative consequences which carry budget, quality of life and mortality impacts, preventing cases of maltreatment is expected to result in budget savings. Ideally the measure of performance will incorporate estimates of downstream consequences avoided, particularised for the intervention and target population. Taylor & colleagues (2008) estimated for Australia direct downstream budget costs of new cases of maltreatment in 2007, at 5,967 million, with most costs on the child protection system, crime and to address poor health. This amounts to $245,000 per child (based on new substantiations in 2007, PC 2011), adjusting to 2011 values; and is taken as the bets estimate of the *mean* potential cost saving of preventing a case of child maltreatment in Australia. For some children the costs and potentially cost saving will be considerably higher. Children with a child abuse history and demonstrating severely disturbed behaviours will typically attract considerably higher costs and potentially higher savings if effectively addressed. Just considering costs of out-of-home care, children who carry a loading (e.g related to challenging behaviours) spend a mean 2516 days in care at an estimated cost of > $500,000 (Segal et al 2013).

Phase 3: Derive policy relevant conclusions - A comparison of the economic performance across all interventions is made to identify the better performing programs that warrant expansion and those that perform poorly for reduced funding. Ideally the budget impact of alternative investment scenarios is estimated to identify where and when cost savings are likely to be realised and which program areas will require additional investment funds. This is the type of policy relevant outcome produced for the Washington State Legislature by the Washington State Institute for Public Policy (Lee et al, 2008). Access to linked administrative data in Australian will support estimation of budgetary and other downstream consequences in the future.

Overview - Why use a formal decision framework

The rise of the evidence-based medicine movement in the second half of the 20th century reflected a concern that 'expert opinion' was not a sound base for decision making. Yet decades down the track, simple rules such as 'prevention better than cure' or 'universal better than targeted' are still sometimes proposed as a basis for decision makings. And yet recourse to simple general rules will

not ensure best outcomes for society. Where services sit on the prevention/consequence pathway does not indicate likely returns for society. Rather cost-effectiveness or likelihood of being cost saving is evenly distributed across the cause consequence pathway (Cohen et al, 2008, Dalziel et al, 2008). Furthermore, at an ethical level, population surveys consistently find that the community is concerned to help those in greatest need. This for instance is captured in Maynard's work on the Rule of Rescue (Maynard et al, 2004). As a society we don't actually believe, at least in relation to health care, that it is ever too late to offer support. Or, while there is accumulating evidence from diverse disciplines that the period from conception though infancy are critical to child physical, emotional and intellectual development, this does not mean that universal preschool is the best way to ensure all infants have access to a suitably nurturing environment, nor that it is 'too late to intervene' once that infancy window is passed. These are, rather, empirical questions on which the international literature can shed light.

3 The international Evidence

What can be learned from the international literature about the relative performance of programs designed to address child maltreatment and harms across portfolios and program areas? The literature on neonate and infant home visiting and family support programs are the focus of current policy debate and spending proposals to address child maltreatment and form the primary source of evidence drawn on here. These program areas can cover the spectrum from universal/population focus to highly targeted services for the most vulnerable populations. The more limited evidence based for early childhood education in the context of maltreatment also contributes to the argument. The international literature on programs to prevent child maltreatment is extensive and summarised in several reviews (Biluka et al, 2005; Gutterman, 1999; Howard et al, 2009; MacMillan, et al 2009; Mikton et al, 2009; Sweet et al, 2004; Hahn et al, 2003; MacLeod & Nelson, 2009; Geeraert et al, 2004). These reviews indicate which programs are effective in terms of selected outcome measures but do not provide all of the information needed to guide policy. A reinterpretation of the evidence base to inform policy is covered below.

3.1 Evidence from Neonate infant home visiting

The infant home visiting program, together with family support programs are the most researched for the prevention of child maltreatment and offer lessons to guide investment decisions. Segal & colleagues (2012) completed a systematic literature review of 52 neonate and infant home visiting programs[1]

[1] Based on a search, in January 2010 of systematic reviews and original trials through databases (Cochrane, Medline, Embase, Meditext, PsychInfo, Social sciences index), bibliographies, key authors, key journals and grey literature identified 52 programs that met the inclusion criteria. The inclusion criteria were a controlled trial, 2+ home visits within 6 months of birth, measured child maltreatment (or related) outcomes, published in English.

(published in the Milbank Quarterly) limited to controlled studies that report direct or indirect child maltreatment outcomes. The aim was to understand the determinants of program success and the relative performance of services targeted to different population risk groups, (population level /low, moderate or high risk and extreme risk/current abuse). The 52 programs identified were diverse in the populations enrolled, program components and intensity, training and qualifications of staff and objectives (Segal et al, 201). Just less than 50% of programs were found to be successful (outcomes better than control group). Integrity between the target population, the theory of change and program components, was predictive of success, but observed in only 13.5% of programs, all of which were successful. In addition programs targeting high/extreme risk families (including current abuse), prevented many times the number of cases of maltreatment than programs delivered to families at moderate risk (for example as defined by socio-economic characteristics such as young age, poverty, low education).

Thirty-three studies met additional criteria for the conduct of a cost-effectiveness analysis, with outcomes suitable for economic evaluation (Dalziel & Segal, 2012). Costs of program delivery and performance measured by size of impact and cost-effectiveness was highly variable improved monotonically across the risk range from universal/low risk to moderate risk, to high and extreme risk group. Programs targeting the most vulnerable families were generally the best value for money, typically costing less than double that of addressing moderate risk participants but with several times the effect. Although this was not universal and two of the best performing programs targeted high and moderate risk clients. Sixty percent of studies addressing populations at high to extreme risk were expected to be ***cost saving*** - downstream cost saving greater than program cost. These represent a clear funding priority offering both better outcomes and lower costs. See Table 1.

Some of the best performing infant home visiting programs (that also had good quality study design), included the Child and Youth Program conducted in Baltimore with low income women involving lay visitors, with professional support, until age 2 (Hardy & Street, 1989); an Australian home visiting program for high risk teenage mothers, to age 17, who attended a public hospital neonate clinic, offering extended home visits for 6 months post birth by a midwife (Quinlivan et al, 2003); the Special Families Care Project Minnesota, an intensive early intervention program for mothers at high risk of abusing their infants (Christensen et al, 1984); the Nurse Family Partnership home visiting program in Denver Colorado that used nurse visitors with first time mums for up to 2 years (Olds, 2002); and the New Zealand Early Start program for low income, welfare dependent women, using nurses or social workers; and specially designed program elements for Maori families Fergusson et al, 2005).

Most programs used professional visitors of nurses, social worker, psychologist or a multidisciplinary team. Many programs enrolled largely and some exclusively first time mothers; with a focus on adolescent mothers not

uncommon. Most successful programs included a range of services additional to home visiting and often employed a flexible client driven approach. The length of home visit varied from one to four hours as did the number of visits and to age of child – but often continuing to two years.

Table 1 Summary of Performance across risk categories for 33 infant home visiting programs subject to C-E analysis[#]

	Risk level of population target and (n studies) by risk level			
	Population / Low risk (n=3)	Moderate risk (n=11)	High risk (n=14)	Extreme risk/ current abuse (n=5)
Costs				
Median cost of delivering program	$4,580	$7,492	$9,641	$13,296
Effectiveness				
Average cases maltreatment prevented / 100 enrolled	1.1	1.8	4.2	9.5
• Mean				
• median	0.4	1.1	2.4	8.6
% >5/100 cases of maltreatment avoided	0%	8%	36%	60%
% success *	33%**	45%	43%	60%
Cost effectiveness				
Median $ / case prevented	901,000	>1 million	660,000	158,000
% studies <$245,000[# #]/ case of maltreatment prevented likely to be cost saving	0%	8%	43%	60%

For more information on individual program results see Segal et al, 2012 and Dalziel & Segal, 2012.

*success defined such: if only 1 outcome variable reported it had to be statistically significantly positive, if 2 or more variables reported, ≥ 1 had to be statistically significantly positive and all other variables showed at worse no difference. In all cases, success required the absence of any statistically significant negative results.

** small cell size; # # see above text, derived from Taylor et al, 2008

Conclusions re infant home visiting: Home visiting programs for neonates and infants have mixed success, but can be effective and cost-effective, especially if targeted at high risk families and as such warrants a place in a suit of programs to prevent child maltreatment. Identification of high risk families/women is not difficult and can occur through mainstream services such as antenatal visits or primary care or drug and alcohol services. No family should be considered at too high risk to be part of an infant visiting program, provided the program is designed with suitable staffing and resourcing to adequately work with the more vulnerable populations.

3.2 Evidence from family support programs

Family support programs range from group parenting classes for parents seeking new ideas to enhance their approach to parenting, to intensive support for highly vulnerable families. The latter includes families with known risk factors for providing a nurturing environment for the child and families in contact with the child protection system (including families where children

have been removed). Given the context of protecting children, the focus here is on the performance of family support programs that aim to help vulnerable families to create a safe and nurturing environment for the child, prevent child maltreatment and support children to remain with or return with safety to the birth family.

There is a sizable international literature on family support programs. The studies described below were identified through a comprehensive literature search (Dec 2011) using standard databases, bibliographies, key authors, key journals and the grey literature. A total of 1335 articles were examined against the inclusion criteria (a self-described family support/parent program, measured child maltreatment outcome of child abuse/neglect report or substantiation, removal to out-of-home care, reunification with birth family), a controlled trial, English language, not infant home visiting (covered by Segal et al, 2012). The results for 24 distinct programs/program arms that met the search criteria form the evidence-base reported on here.

Effectiveness estimates were derived directly from the manuscripts and costs were estimated from descriptions of program components for experimental and control groups, (or reported budgets). Some program costs are indicative, where highlighted. Table 2 provides a summary of program performance across the 24 family support programs classified by target population and program aim. All programs have a focus on what under the above home visiting schema would be classed as very high/extreme risk/current abuse families, except PPP which is a population level intervention that seeks to change behaviours across all risk categories through a suit of program levels of increasing intensity. A brief description of programs and their costs and outcomes is provided in Table 3; covering the better performing programs (with good quality study design) plus all population level initiatives, given the particular policy relevance of this latter group.

In contrast to the suite of neonate infant visiting programs, for very mixed success is reported, the vast majority of family support programs were identified as successful (22/24 or 92%) – defined simply as core child maltreatment outcomes better in the intervention than control group. In terms of value for money, every program that was successful was also an exceptional good investment from a societal perspective. In fact the estimated cost per case (maltreatment prevented, child reunified with birth family etc.), was such that *every* successful program (92%) would also be expected to be cost saving, i.e. downstream cost avoided greater program cost. The potential to prevent cases of maltreatment or to safely reunify with birth families is strong across all categories; and wherever families are from high/extreme risk and or in the child protection system. The idea that ‘unless we as a society intervene early it is too late’ simply is not borne out by the evidence – rather the evidence suggests ‘it is never too late’. The data suggests that it will be efficient to allocate resources to support the most vulnerable families, wherever they currently are in the prevention consequence sequence. The family support

programs studied were almost all designed with clear reference to an underlying theory and mechanism of change, implemented with highly skilled staff and resourced appropriately.

Table **2 Summary of Performance across risk categories for 24 intensive family support programs subject to C-E analysis**

	Risk level & Program objective (n studies)			
	High to extreme risk families not necessarily involved in the CPS. Aim Prevent maltreatment case (n=4)	Families involved in the CPS. Aim: Prevent new substantiation / report (n=6)	Families with child at high risk of placement in OHC. Aim: placement prevention (n=7)	Families with children in OHC. Aim: Appropriate reunification of child with birth family (n=7)
Program Cost				
Median Incremental# cost of delivering program (approx.)	$6,330	$8,540	$5,100	$9,000
Effectiveness				
Number of successful programs*	4/4	6/6	6/7	6/7
Mean cases prevented**/100 enrolled	12.2	16.2	12.6	23.8
Median cases prevented /100 enrolled	11.0	15.5	12.8	26.0
% with >5/100 target	75%	100%	86%	86%
% > 15 / 100	25%	50%	50%	71%
Cost effectiveness				
Mean cost effectiveness	$52,000	$52,700	$40,500	$37,800
Programs likely cost saving <$245,000 per success (CM prevented, family reunified etc)	All that are successful 22/24 or 92% highly cost-effective and likely cost saving			

relative to usual care such as a standard case management services or similar - full cost would be greater (but so would outcomes relative to no service)
* intervention better than control on core child maltreatment outcome
** .excluding 2 dominated
CPS child protection system
CM child maltreatment

Description of Selected programs - Best performing programs and those implemented at Population level

There were 10 programs with acceptable quality evidence and an estimated incremental cost-effectiveness ratio less than $50,000 per case of maltreatment avoided/per reunification achieved. Such programs offer clear opportunity to achieve important social, health and economic gains, through spending on family support programs that will return the investment in a short space of time several times over. Given the focus on the most vulnerable families and potential for intergenerational impact, it could be considered unethical not to fund such programs.

Table 3 Selected Family support Programs

Program	Description	$/success#	cases CM prevented /100 treated	% cases CM Intervention Control	~cost/family incremental*
A. Best performing cost < $50,000 per success: Trial based programs					
Outcome: Case of child maltreatment prevented (CP (re) report, CP (re) substantiation, Child Abuse Potential inventory)					
Safe Environment for Every Kid SEEK (Dubowitz et al, 2009)	Training paediatricians (2 x ½ sessions) to more effectively screen at-risk families in the clinic (thru use of screening tool); plus support to families at-risk through dedicated social worker. Target: low incomes parents with child (0-5 yrs) visiting a paediatrician for a child health check.	**$13,600**	5.9	13.3 19.2	~$800
Parents under Pressure (Dawe & Harnett, 2007)	A 10 week in-home parenting program of 1 to 2 hours each delivered by trained therapists to provide therapeutic and practical support to parents on methadone maintenance programs. Topics include; view of self as a parent, managing emotions, mindful child management, managing substance use problems, extending support networks, life skills & relationships. Target: the program is designed for parents at considerably elevated risk of CM, with a child <8 years.	**$41,300**	19.8	-17 3 (change from baseline)	$8,200
Parent Child Interaction Therapy PCIT (Chaffin et al, 2004)	12-14 clinic sessions of coached behavioral training with child-parent dyads. Families progress through three modules with a motivational lead-in component. Some families (a) also received the enhanced version + services for drug and alcohol problems or family violence (with lower success). Target: physically abusive parents and their children	**$75,500** **$19,700**	13 30 (a)	36 49 19(a) 49	$9,820 $5,900
Outcome : Child removal to Out-of-Home Care					
Specialist support teams (Beihal, 2005)	An intensive program lasting on average 5 months for young people with serious emotional and behavioral difficulties, many with lengthy histories of abuse, neglect and past OHC placement. The program aimed to prevent imminent placement into OHC through intensive direct work with families (averaging 33 direct contact hours) addressed at youth behaviours and parent child interaction. Target: troubled youth 11 – 16 where parent, child and/or social worker was suggesting OHC placement	$13,200	25	25 50	$3,300
Parent Mutual Aid Organisations (Cameron & Birnie-Lefcovitch, 2000)	A program designed to provide informal assistance to families including social opportunities. The PMAO organization is established in defined location and provides activities, parenting resources and links to services. Target: families using welfare services	**$24,700**	15.8	14.2 30	$3,900
Outcome: Child reunified with birth family					
The Utah experimental re-unification service	Operated over a 90 week period, was intensive (3 home visits per week) and aimed at the whole family. It utilized a case worker and emphasized practical help, building support networks and	**$31,500**	26	75 49	$8,200

(Walton et al, 1993)	parenting skills.				
The intensive reunification program (Berry et al, 2007)	Involved joint activities for parents and their children for 2 hours per night, 2 nights per week for 36 weeks. The program was supervised and modeled by workers and involved sharing a meal, a joint activity and an education and peer support group where parents and children were separated.	**$37,200**	27	57% 29%	$10,050
Parent Partner program (Berrick et al, 2011)	Used as mentors parents who had experienced the child protection system and removal of children. After training mentors were paired up with families currently facing these challenges in the role of support, advocate and guide. They worked with the families for as long as was required and were available at each step to help them achieve their goals and reunification.	**$24,240**	33	59% 26%	$8,000
Drug Court Engaging Mums Program (EMP) (Dakof et al, 2009)	All mothers are supported by an assigned court case worker for 12 months (masters in counseling) - in the intervention group the case worker had specific training in the EMP model, worked as part of a team with child welfare workers, treatment providers parent educators and other social and health care providers; to help mothers comply with court orders e.g to attend substance abuse DV, other programs; remain drug free, demonstrate capacity to parent; through a series of individual and family sessions. Aim support mothers to get back their children. Target: Mothers involved in Dependency Drug Court (their children have been removed and drug dependence core issue).	**$25,300**	30	70% 40%	$7,600
B Population level interventions : Cluster randomised or regional control					
	Outcome: Substantiations				
Positive parenting program (PPP) (Prinz et al, 2009)	A five level population intervention designed to enhance quality of parenting; largely trough training of existing clinical/community-based staff in PPP program*:* *Universal (Level 1)***:** implementation of media & informational strategies to promote positive parenting. *Selected Triple P (Level 2):* individual delivery, 1- 2 x 20 min. consults with parents, plus large group parenting seminars of 90 min. *Primary Care Triple P (Level 3):* training primary care practitioners (health, other) in the effective management of common child problem behaviours delivered by 4 brief 20 min individual consults. *Standard and Group Triple P (Level 4):* 10-session program (up to 90 min ea) delivered by combination of individual and group formats and including home visits. Target: children with detectable problems who may/may not meet diagnostic criteria for a behavioural disorder & parents struggling with parenting challenges. *Enhanced Triple P (Level 5):* augmentation to Level 4 for families with additional risk factors and offering more intensive individual sessions	**$17,800 ******	2.8/'000 children <9	I = +0.9/'000 C=+ 3.7/'000	$50** / child<9

	especially to address parent-child issues.				
Helping Out Families (HOF)	Multi-level family support program introduced into 3 areas in South-East Queensland incorporating: ▪ *Regional Intake Service for Child Safety*: to assess families referred using structured decision-making tools - extra funding to further support identification and referral of eligible families to early intervention support from HOF services. It offers an alternative path to the statutory child protection system. ▪ *Family Support Alliance*: to undertake needs identification and prioritise families for referral to the appropriate HOF intensive family support services. ▪ *Intensive Family Support services:* to conduct more detailed needs assessment, provide intensive case management and support, to achieve core objectives of reducing maltreatment and increasing prospect of children remaining with birth families. ▪ *Extra funding* to domestic and family violence services and Health Home Visiting to give priority access to HOF clients. Target: families at high risk or currently involved with the child protection system	**$23,200 to $40,000**	1.9/1000	6.5/'000 8.2-8.5/'000	$44 to $76 / child **
Out-of home care placements (prevention/reunification)					
PPP	See above	**$25,800**	.97/'000 children <9	I = -0.27/'000 C = + 0.7/'000	$25** / child <9
HOF	See above	**$20,000 to $92,500**	-1.1 to -0.4/1000		$22 to $37/ child <18
Stronger Families Safer children (Dept for Communities & Social Inclusion, 2012)	This program funded non-government agencies via competitive contract to work with families involved with the SA child protection system, using whatever model they thought would be most effective to reduce children in care. There were 3 distinct sub-programs: a) Early intervention Service to preventing out-of-home care placement in the child protection system, requiring intensive support but not at imminent risk of having child removed	**$56,700**	9%	14% 23%	$5,100 / family
	b) Intensive placement prevention: for families at immediate risk of having a child placed in care	**dominated**	14% more in care	33% 19%	$9,500
	c) Reunification: to support reunification with birth for children in care	**$92,200**	9%	78% 87%	$8,300
Other Programs $50,000 to $100,000/success – also highly cost-effective and expected to be cost saving					
Child first (Lowell et al, 2011)	A home-based program for multi-risk (depression, domestic violence, homelessness, incarceration, unemployment) mothers & children aged 6-36 months with social-emotional/behavioural problems. Program includes: (a) a system of care approach to provide integrated services &	**$90,900**	11 (fewer children involved with CPS @	53.4 64.4	$10,000

	supports (e.g. early education, housing, substance abuse treatment) and (b) a relationship-based approach to enhance nurturing, responsive parent–child interactions & promote positive social-emotional and cognitive development. Each family receives 45-90 minutes weekly visits & is assigned a clinical team of a mental health clinician + a case manager.		3years)		
Project Safecare . Chaffin et al, 2012	An evolution of Project 12-ways. This is an in-home manualised structured behavioural skills training program. Visits occurred weekly over 6 months.	**$78,000**	9.5	35.5 45	$7,400
C. Poorer quality / pre-post study design but high effectiveness and cost-effectiveness* **					
Parallel Parent and Child Therapy (PACT) (Furber et al. 2013)	Intensive trauma focused relational therapy for mother and child, using 2 therapists, for families with inter-generational abuse history and children with severely disturbed behaviours. Weekly 1 hour sessions for typically 18+ months.	**$50,000**	49	66% 0%	$33,500

Child Maltreatment prevented; OHC placement prevented or Family reunified

* Incremental costs = cost of intervention less cost of control program. Thus mean program costs of intervention is higher – relative to no service, but then outcomes are also higher relative to no intervention (as is clear from the outcomes column which shows intervention and control outcomes).

** This is based on 2/3 estimated costs of PPP allocated to preventing CM outcome and 1/3 to placement prevention (based on Mihalopoulos et al. 2007)

*** Not part of original search, but of particular interest as an Australian program working with families with intergenerational abuse history.

Whilst there are important differences in the components of the best performing programs they each share similar high-risk populations, in most cases where abuse had already been identified and families are involved with child protection systems. Programs were in each case had processes to identify particular needs of families and provide the support that could address those needs. Most programs were intensive, often with multiple contacts with families per week in the early stages, but were of reasonably short duration; typically from three to six months. Thus despite relatively intensive contact, program costs were typically quite low cost, generally between $4,000 and $10,000 per family (in additional to the usual care control). This cost is low compared with neonate infant home visiting or early childhood education, and especially given the high vulnerabilities of the families and the multiple issues they face. Generally, the more highly protocol driven programs with well trained staff were most successful, even though the protocol may have involved flexible delivery in response to family needs, but within a clear delivery structure. A number of highly successful programs also involved experts with previous experience as a client of the child protection system. One reunification program that was not successful (Brook & McDonald, 2007) incorporated several distinct components delivered through distinct services by several workers who were not part of the one team. This program also required a very considerable time commitment from families, of more than 20 hours per week. This offers important lessons around the need for a team approach,

careful consideration of the expected total time commitment from families; and the wisdom of seeking to tackle too many distinct issues at the same time.

In interpreting these results it must be noted that programs have for the most part been implemented in a trial setting, with outcomes measured for active participants. When rolled out into the community the same outcomes are not necessarily achieved, reflecting issues of implementation fidelity and successful engagement with the entire target population. For instance, the SA Stronger Families Safer Children Program experienced mixed success. This might also in part reflect lack of clearly defined program protocol (embracing a strongly community-driven approach), challenges around recruitment of appropriately skilled staff, and total reliance on the non-government sector for delivery. On the other hand, the Queensland Helping Out Families initiative (HOF) and the PPP which have been implemented at the population level appear to have been highly successful. Two out of three components of the SA Stronger Families Safer Children Trial were also successful (although less so than some of the smaller trial base initiatives).

The early childhood education literature is now considered, which also highlights a possible tension between local responsiveness and evidence-based implementation. The challenge is to find a balance that maintains fidelity to the evidence but also allows responsiveness to individual families (which may not be the same as expectations of the community).

3.3 Evidence from Early childhood Education

The importance of the early childhood period for later child and adult outcomes is well established and is reflected in a widely held belief that investing in community-based universal early childhood education is an effective form of intervention for vulnerable families. Early childhood programs typically target families characterised as low income, low IQ, low SES, ethnic minorities. Such families would be considered low to moderate risk in the schema used for describing home visiting programs.

There are early childhood education programs that deal with children at extreme risk or the subject of current abuse; these tend to be specialist services such as therapeutic pre-schools, for which the evaluation literature is hampered by typically small programs and challenges in establishing appropriate controls. This research evidence is yet to be collated, but such programs seem to represent a promising approach to highly vulnerable families.

The evidence described here concerns general pre-school programs typically located in low SES neighborhoods, and thus will largely involve families at some elevated risk, and may have small numbers of children at high or extreme risk or already involved with the child protection system. The only published early childhood education study to report child maltreatment outcomes is of the Chicago Child-Parent Centers (Reynolds, 2002). The CPC program was a very comprehensive centre, plus home based program that actively involved parents.

The CPC program subject to evaluation ran from 1983 to 1996 in Chicago, across 24 sites. The families were predominantly low SES, 7% were Hispanic and 93% African American. The aim of the program was improved cognitive and social development for children through early childhood education plus the provision of family support. The program commenced with kindergarten (age 3 to 5) with three hour session five days per week, for a mean of 19.2 months. Home outreach was used to engage the most disadvantaged families through bi-weekly home visits (1- 1½hrs). In addition, child health and nutrition services were provided, together with a parenting program. The percentage of children with child abuse and/or neglect reports at follow-up from ages 4 to 17 and program cost (reported cost currency converted and inflated to Australian 2012 dollars) are as reported in Table 4.

Table 4 Cost effectiveness of Chicago Child-Parent Centres

Program (number in sample)	Number child abuse and/or neglect reports age 4-17 (%)	Cases of maltreatment per 100 participants	~Cost of program	Incremental cost per maltreatment report avoided
Chicago Child-Parent Centres Group (n=913)	46 (5.0%)	5	$11,100	
Control Group* (n=495)	51 (10.3%)	10.3	$1,500	
Difference	5.3%	5.3	Difference $9,600	$181,000 per case of maltreatment avoided

* Eligible children not attending CPC but attending some other pre-school program

A number of other early childhood education programs which have not reported child maltreatment outcomes have been evaluated using a cost-benefit methodology, which includes a range of long term benefits such as increased productivity through better education outcomes, and impact on crime and welfare dependency. A summary of the costs and benefits of programs reporting this information is provided in Table 5.

Table 5 Cost-Benefit results for early childhood education programs in the published literature

Program. When conducted key ref	**N children** (I C)	Number of sites	**Cost of program per child #**	**Benefit/Cost ratio***
Perry Preschool 1960's Heckman et al, 2009	**121** (I=58 C=65)	1	$29,836	6.2
Abecedarian 1970's Masse et al, 2002	**105** (I=57 C=54)	1	$45,189	3.8
Chicago CPC 1980s Reynolds et al, 2011a	**1,539** (I=989 C=550)	24	$ 9,800	10.8
Even Start 1989→ Aos, 2004	**463**	18/>1000	$ 5,981	0.0
Early Head Start 1995 Aos et al, 2004	**3,000** (I=1512 C=1488)	17 / 700	$25,796	0.23
Sure Start 1999-2003→	**19,112** (I=16502	524	$ 7,873	0.06

Meadows, 2010	C=2610)	

expressed as 2011 AU $

* Break even Benefit/Cost ratio = 1 (Benefits, including discounted value on downstream impacts and cost of program implementation same). Thus Even Start, Early Head Start and Sure start all cost more than the value of benefits realised (measured at varying periods of follow-up).

I = Intervention group, C= control group

Programs show mixed cost benefit results. The three oldest programs, Perry Preschool, Abecedarian and Chicago CPC all have benefit-cost ratios greater than one, indicating a positive return on investment. The more recent country-wide programs of Even Start, Early Head Start and Sure Start report either no difference between groups or only small effects, yielding poor returns on investment –benefits worth less than (or at best equal to) program costs. That is early childhood education programs when implemented at scale have shown poor results incorporating a wide range of possible impacts. While, CPC is operated at a number of sites in Chicago it uses a tightly defined program protocol; whilst Even Start, Early Head Start and Sure Start tend to allow considerable local variation and responsiveness to the local community.

The performance of the CPC, in terms of maltreatment prevented, and cost per case of maltreatment prevented is broadly consistent with the best value home visiting programs. This type of comprehensive preschool program is also identified as potentially cost saving and thus a valuable investment. However, almost all the family support programs analysed perform better, in terms of cases of maltreatment prevented and cost-effectiveness. We note of course that early childhood education has a range of objectives and outcomes not captured in a maltreatment outcome. Still, the widely held view that investing in early childhood education will represent the best return on investment for society is not necessarily supported from a review of all the published cost-benefit studies. The early promise of two small RCTs of questionable quality is yet to be realised in large population wide program delivery. As a body of evidence, the existing cost benefit studies do not provide a complete guide to investment decisions relating to early childhood education. Greater attention to the underlying program effectiveness and the context in which programs have been delivered, their fidelity, the benefits for specific sub-populations will assist policy makers with decisions regarding investment in early childhood programs. For example, sub-group analyses of the successful Abecedarian and CPC report benefits only for children of mothers with low education attainment, with little if any benefit observed for other children. For example, long term follow-up of the CPC (Reynolds et al, 2011b) found benefits only to children of mothers who had not completed high school; in relation to high school completion for the child, engagement in crime or substance abuse. A sub-group analysis of the Abecedarian program similarly found large improvements in IQ at 36 months in children of mothers with the least education but for children of mothers with a college education no differences

were observed. The Brookline Early Education Project (BEEP) again found benefits at long term follow-up (measured by employment and income) entirely concentrated in children from the most disadvantaged neighbourhoods; while for 'middle class' children no benefits were observed (Palfrey et al, 2005).

4 Conclusion

Whilst there is a growing evidence-base that can inform the components of a child protection policy, there will always be evidence gaps. Even for ostensibly the same or similar program, there is variation in target population, recruitment strategy, qualifications and training of service providers, program intensity, supervisory arrangements, access to and quality of specialist referral services. There are considerable challenges, (ethical, resourcing, skills) deterring the conduct of rigorous evaluation and the publication of results. There is little published Australian evidence on family support programs, despite what seems to be considerable innovation across the service system. The secondary evidence required to model downstream consequences, (out-of-home care placement, involvement in crime, poor health, drug and alcohol use, teenage pregnancy, unemployment) is considerable, but extension in linked administrative data sets should support this work in the future.

It is clear none-the-less from the published evidence that there are many successful program models to support vulnerable families to improve outcomes for children. It is also clear that there is considerable success working with the most vulnerable families, including those who have had children removed into care and those who have not (yet) had contact with the child protection system. While working with families who already are in contact with the child protection system may look 'late' in the cause-consequence schema, because of the importance of the inter-generational abuse transmission, disruption of the inter-generational cycle offers a highly effective form of early intervention. While there are programs which are highly effective and cost-effective in low/medium risk populations, outcomes are mixed and choice of program and fidelity in implementation is critical, cost of intervention and targeting resources at those more at risk.

Some insight into desirable program elements can also be suggested. Successful programs often adopt of a highly responsive/family-centered case management approach, delivered within a well defined structure, by highly skilled and trained teams (not a set of disjointed services) and where family support work is quarantined from other activities.
The adoption of a formal priority setting framework using the decision tools of health economics, combined with social epidemiology and traditions of economic evaluation provides a workable evidence-based framework for advising on an efficient investment strategy to create a safe and nurturing environment for children. Whilst there are challenges in conducting economic evaluation in this field, reflecting the multi-component nature of interventions, the diversity of reported outcomes and the wide ranging and interactive nature

of consequences including inter-generational transmission, a simplified approach focused on the core child maltreatment outcomes can be highly informative.

Given the challenges around data collection, the clarity of the story is extraordinary: i) that in general the more vulnerable the population target the more effective and cost-effective the program and ii) that there are highly successful (including cost saving) program options available for vulnerable families where-ever they currently are in the system or in the cause consequence schema. The on-going collection of data reflecting sound evaluation principles will enable the evidence base for decision making to improve over time.

References

Access Economics. The economic costs of obesity. Access Economics for Diabetes Australia, October 2006.

Aos S, Lieb R, Mayfield J, et al,. 2004. Benefits and Costs of Prevention and Early Intervention Programs for Youth. Washington State Institute for Public Policy. www.WSIPP/

Amos J, Furber G, Segal L, 'Understanding maltreating mothers: a syntheses of relational trauma, attachment disorganization, structural dissociation of the personality and experiential avoidance', *Journal of Trauma and Dissociation*, vol 12(5):495-509, doi: 10.1080/15299732.2011.593259, 2011

Australian Government, Department of Health & Ageing, 2008, *Guidelines for preparing submissions to the Pharmaceutical Benefits Advisory Committee (PBAC),* December 2008; PBAC, Canberra, http://www.ag.gov.au/cca

Berrick J D, Cohen E, and Anthony E. 2011. Partnering with Parents: Promising Approaches to Improve Reunification Outcomes for Children in Foster Care. *Journal of Family Strengths*, 11: 1–13.

Berry M, McCauley K & Lansing T. 2007. Permanency Through Group Work: A Pilot Intensive Reunification Program. *Child Adolescent Social Work Journal*, 24:477–493.

Biehal N, 2005. Working with adolescents at risk of out of home care: The effectiveness of specialist teams. *Children and Youth Services Review*, 27:1045–1059.

Bilukha O, Hahn RA, Crosby A, et al, Task Force on Community Preventive Services. 2005. The Effectiveness of Early Childhood Home Visitation in Preventing Violence—A Systematic Review. *American Journal of Preventive Medicine,* 28:11–39.

Brook J & McDonald TP, 2007. Evaluating the Effects of Comprehensive Substance Abuse Intervention on Successful Reunification. *Research on Social Work Practice*, 17:664–672

Brown DW, Anda RF, Tiemeier H, et al, 2009 Adverse Childhood experiences and the risk of premature mortality. *American J. of Preventive Medicine.* 37:389–396.

Cameron G and Birnie-Lefcovitch S. 2000. Parent Mutual Aid Organisations in Child Welfare Demonstration Project: a Report of Outcomes. *Children's and Youth Services Review*, 22:421–440.

Chaffin M, Silovsky JF, Funderburk B, et al, 2004. Parent–Child Interaction Therapy With Physically Abusive Parents: Efficacy for Reducing Future Abuse Reports. *Journal of Consulting and Clinical Psychology*, 72:500–510.

Chaffin M, Hecht D, Bard D, et al. 2012. A Statewide Trial of the SafeCare Home-based Services Model With Parents in Child Protective Services. *Pediatrics,* 129:509-515.

Christensen ML, Schommer BL, & Velasquez J. 1984. Part I: An Interdisciplinary Approach to Preventing Child Abuse. *American J. of Maternal Child Nursing* 9:108–12

Cohen JT, Neumann PJ, and Weinstein MC. 2008, Does Preventive Care Save Money? Health Economics and the Presidential Candidates. *The New England Journal of Medicine*, 358:661–663.

Dakof GA, Cohen JB, and Duarte E. 2009. Increasing family reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal*, 60:11–23.

Dalziel K & Segal L. 2012. Home visiting programmes for the prevention of child maltreatment: cost effectiveness of 33 programmes. *Archives of Disease in Childhood,* 97:787-798, doi:10.1136/archdischild-2011-300795.

Dalziel K, Segal L, Mortimer D. 2008. Review of Australian health economic evaluation - 245 interventions: what can we say about cost-effectiveness? *Cost Effectiveness and Resource Allocation* 6:9.

Dawe S & Harnett P. 2007. Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial. *Journal of Substance Abuse Treatment,* 32:381–390.

Department for Communities and Social Inclusion (DCSI). 2012. Evaluation of the Stronger Families Safer Children Program: Stage 2. Research Report: http://www.decd.sa.gov.au/research/files/links/Eval_Stonger_Families_Saf_1.pdf

Dubowitz H, Feigelman S, Lane W,and Kim J. 2009. Pediatric Primary Care to Help Prevent Child Maltreatment: The Safe Environment for Every Kid (SEEK) Model. *Pediatrics*, 123:858–864.

Fergusson DM, Grant H, Horwood LJ, and Ridder EM. 2005. Randomized Trial of the Early Start Program of Home Visitation. *Pediatrics*, 116:803–9.

Furber G, Segal L, Amos J, Kasprzak. 2013. Outcomes of therapy in high risk mother-child dyads in which there is active maltreatment and severely disturbed child behaviours. *Journal of Infant, Child, and Adolescent Psychotherapy* (in press).

Geeraert L, Van den Noortgate W, Grietens H, and Onghena P. 2004. The Effects of Early Prevention Programs for Families with Young Children at Risk for Physical Child Abuse and Neglect: A Meta-Analysis. *Child Maltreatment*, 9:277–291.

Gilbert R, Widom CS, Browne K, Gergusson D, Webb E, & Janson S. 2009, Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373:68–81.

Guterman NB. 1999. Enrollment Strategies in Early Home Visitation to Prevent Physical Child Abuse and Neglect and the "Universal versus Targeted" Debate: A Meta-analysis of Population-Based and Screening-Based Programs. *Child Abuse & Neglect*, 23:863–90.

Hahn RA, Bilukha OO, Crosby A, Fullilove MT, et al. 2003. First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. Findings from the Task Force on Community Preventive Services. *Morbidity & Mortality Weekly Report Recommendations & Reports* 52 (RR-14):1–9.

Hardy JB and Streett R. 1989. Family Support and Parenting Education in the Home: An Effective Extension of Clinic-Based Preventive Health Care Services for Poor Children. *Journal of Pediatrics,* 115:927–931.

Heckman JJ, Moon SH, Pinto R, Savelyeva PA, and Yavitza A. 2009. The Rate of Return to the High/Scope Perry Preschool Program UCD Geary Institute Discussion Paper Series. Dublin: UCD Geary Institute.

Howard KS and Brooks-Gunn J. 2009. The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect. *Future of Children*, 19:119–146.

Lee S, Aos S, Miller M. Evidence-Based Programs to Prevent Children from Entering and Remaining in the Child Welfare System: Benefits and Costs for Washington 2008 July. Washington State Institute for Public Policy. #08-07-3901.

Lowell DL, et al. 2011. A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research Into Early Childhood Practice. *Child Development*, 82:193–208.

MacLeod J and Nelson G. 2000. Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse & Neglect*, 24:1127–1149.

MacMillan HL, Wathen JB, Fergusson DM, Leventhal JM, and Taussig HN. 2009. Interventions to prevent child maltreatment and associated impairment. *The Lancet*, 373:250–266.

Masse L N, Leonard N, Barnett S, and Steven W. 2002. A benefit cost analysis of the Abecedarian early childhood intervention. New Brunswick: National Institute for Early Education Research.

Maynard A, Bloor K, Freemantle N. 2004. Challenges for the National Institute for Clinical Excellence. *BMJ: British Medical Journal*, 329:227–229

Meadows P. 2011. National evaluation of Sure Start local programmes: An economic perspective. DfE Research Report DFE-RR073, London: Department for Education.

Mihalopoulos C, Sanders MR, Turner KM, Murphy-Brennan M, Carter R. 2007. Does the triple P-Positive Parenting Program provide value for money? *The Australian and New Zealand Journal of Psychiatry*, 41:239–246

Mikton C & Butchart A. 2009. Child maltreatment prevention: a systematic review of reviews. Bulletin of the World Health Organization, 87:353–361.

Olds DL. 2002. Prenatal and Infancy Home Visiting by Nurses: From Randomized Trials to Community Replication. *Prevention Science*, 3:153–172.

Pinheiro PS. (ed). 2006. World Report on Violence Against Children. United Nations, Secretary-General's Study on Violence Against Children. Geneva, Switzerland, ATAR Roto Presse SA.

Palfrey JS, Hauser-Cram P, Bronson MB, Erikson Warfield M, Sirin S & Chan E. 2005. The Brookline Early Education Project: A 25-Year Follow-up Study of a Family-Centered Early Health and Development Intervention. *Pediatrics,* 116:144–152.

Productivity Commission (PC). 2011. *Report on Government Services 2011*. Canberra: Australian Government.

Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR. 2009. Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10:1–12.

Quinlivan JA, Box H, and Evans SF. 2003. Postnatal Home Visits in Teenage Mothers: A Randomised Controlled Trial. *The Lancet,* 361:893–900.

Reynolds AJ, Temple JA, Robertson DL & Mann EA. 2002. Age 21 Cost-Benefit Analysis of the Title I Chicago Child-Parent Centers. *Educational Evaluation and Policy Analysis,* 24: 267–303.

Reynolds AJ, Temple JA, White BAB, Ou S-R, Robertson DL. 2011a. Age 26 Cost-

Benefit Analysis of the Child-Parent Center Early Education Program. *Child Development, 82*:379–404.

Reynolds AJ, Temple JA, Ou S-R, Arteaga IA, White BAB. 2011b. School-Based Early Childhood Education and Age-28 Well-Being: Effects by Timing, Dosage, and Subgroups. *Science*, 333:360–364.

Segal L, Gospodarevskaya E, and Delfabbro P 2012. *Pattern of Out-of-home care - A South Australian out-of-home care exit cohort*, Health Economics & Social Policy Group, University of SA.

Segal L, Opie RS, Dalziel K, 2012. Theory! The missing link in understanding the performance of neonate/infant home visiting programs for the prevention of child maltreatment: A systematic review. *Milbank Quarterly,* 90:47–106.

Segal L & Dalziel K. 2011. Investing to protect our children: Using economics to derive an evidence-based strategy', *Child Abuse Review,* 20:274–289.

Segal L and Richardson J. 1994. Economic Framework for Allocative Efficiency in the Health Sector. *Australian Economic Review*, 27:89–98.

Sweet MA and Appelbaum MI. 2004. Is Home Visiting an Effective Strategy: A Meta-analytic Review of Home Visiting Programs for Families with Young Children. *Child Development*, 75:1435–56.

Taylor P, Moore P, Pezzullo L, Tucci J, Goddard C, De Bortoli L. 2008. The Cost of Child Abuse in Australia, Australian Childhood Foundation and Child Abuse Prevention Research Australia: Melbourne.

The US Department of the Treasury. The Economic Costs of Smoking in the United States and the Benefits of Comprehensive Tobacco Legislation. Report 3113, March 15, 1998.

Vinnerljung B, Sallnäs M. 2008. Into adulthood: a follow-up study of 718 young people who were placed in out-of-home care during their teens. *Child and Family Social work*, 13:144155.

Walton, E. 1997. Enhancing investigative decisions in child welfare: An exploratory use of Intensive Family Preservation Services. *Child Welfare,* 76:447–461.

Walton E, Fraser MW, Lewis RE, Pecora PJ, Walton WK. 1993. In-Home Family-Focused Reunification: An Experimental Study. *Child Welfare,* 72:473–487.

Wang CT & Holton J. 2007. Total estimated cost of child abuse and neglect in the United States. Prevent Child Abuse America.

World Health Organisation (WHO). 2007. Injuries and violence prevention: Child injuries and violence. www.who.int/violence_injury_prevention/child/en (accessed July 24, 2007).

Appendix G
Glossary

Aboriginal and Torres Strait Islander child placement principle	For an Aboriginal or Torres Strait Islander child who is to be placed in out-of-home care, the chief executive must give consideration to making the placement – in order of preference – with: (a) a member of his or her family (b) a member of his or her community or language group (c) another Aboriginal or Torres Strait Islander person who is compatible with the child's community or language group (d) another Aboriginal or Torres Strait Islander.
Affidavit	A written statement of fact made voluntarily under an oath or affirmation administered by a person authorised to do so by law.
Alternative dispute resolution	Refers to the processes, other than judicial determination, in which an impartial person assists those in a dispute to resolve the issues between them. The main types of alternative dispute resolution are mediation, arbitration and conciliation.
Appreciative inquiry	An approach to organisational change that focuses on successful, rather than problematic, organisational behaviour. It entails concentrating on and reviewing what is working well, rather than giving undue attention to a retrospective analysis of what went wrong.
Case management	Refers to the overall responsibilities of the department when intervening in the life of a child and family. Case management is a way of working with children, families and other agencies to ensure that services are coordinated, integrated and targeted to meet the needs and goals of children and their families.

Case plan	A written plan for meeting a child's protection and care needs. It is developed in a participative process between the department, the child, their family and other people significant to the child and family. It records the goal and outcomes of ongoing intervention and identifies the agreed tasks that will be performed to meet the goal and outcomes.
Case planning	Case planning is a participative process of planning strategies to address a child's protection and care needs and promote a child's wellbeing. It is made up of a cycle of assessment, planning, implementation and review.
Child concern report	A child concern report is a record of child protection concerns received by Child Safety that do not meet the threshold for a notification – for example, where a determination is made that a child and family are better served by family support services rather than a child protection response.
Commission for Children and Young People and Child Guardian	The Commission for Children and Young People and Child Guardian promotes and protect the rights, interests and wellbeing of children and young people in Queensland. Its operation is governed by the *Commission for Children and Young People and Child Guardian Act 2000*.
Crime and Misconduct Commission Inquiry, or CMC Inquiry	The Crime and Misconduct Commission Inquiry examined the abuse of children in foster care, and produced the January 2004 Crime and Misconduct Commission report, *Protecting children: an inquiry into abuse of children in foster care*.
Cumulative harm	Harm to a child caused by a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and wellbeing. The acts, omissions or circumstances may apply at a particular point in time or over an extended period, as well as the same acts, omissions or circumstances being repeated over time.
Directive order	An order made under section 61 of the *Child Protection Act 1999*, directing a parent: • to do or refrain from doing something directly related to the child's protection, and/or • not to have contact (direct or indirect) with the

	child, or to only have contact when a stated person or a person of a stated category is present.
Differential response	Differential response is an investigation model that provides a range of responses to meet the care and protection needs of children, as an alternative to the forensic assessment of child protection allegations. These models typically have a forensic investigation response for serious child protection concerns, and support service responses for families where less serious child protection concerns exist.
Discrete Aboriginal or Torres Strait Islander community	A discrete Aboriginal or Torres Strait Islander community refers to a geographic location inhabited or intended to be inhabited by predominantly Aboriginal or Torres Strait Islander people, with infrastructure usually either owned or managed on a community basis.
Dual reporting	Dual reporting is an intake model that enables reports to be made directly to government child protection authorities or, alternatively, to a community-based intake service where more general concerns about a child's wellbeing have been identified. An out-posted Child Safety officer is available to support the community-based agency to work with families and ensure cases requiring statutory intervention are referred to child protection authorities when required.
Ecomap	A flow diagram that maps family and community systems over time. An ecomap is a diagram in which a family genogram is placed in the centre, and other important people and institutions in the life of the family are depicted with circles around the centre.
Family group meeting	Family group meetings are required under the *Child Protection Act 1999* as the forum in which a case plan for a child is agreed or reviewed, or where other matters relating to the child's wellbeing and protection and care needs are considered.
Family preservation service	Services provided to children and families to prevent an out-of-home care placement where such a placement is imminent and to support reunification where reunification is to take place.
Family Responsibilities Commission	The Family Responsibilities Commission began operation on 1 July 2008 as a key component of the Cape York Welfare Reform. The purpose of the Commission is to support the restoration of socially responsible standards of behaviour and to help

community members to resume and maintain primary responsibility for the wellbeing of their community and the individuals and families within their community.

Family support service — Activities associated with the provision of lower level (that is, non-intensive) services to families in need, including identification and assessment of family needs, provision of support and diversionary services, some counselling, and active linking and referrals to support networks. These services are typically delivered via voluntary arrangements (as distinct from court orders) between the relevant agency and family.

Forde Inquiry — The Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry) was established in 1998. It reported in May 1999 and made recommendations relating to child protection practices, youth justice and redress of past abuse

Foster care — A form of family-based care where the child is cared for in a family home and where guardianship rests with the chief executive or some other legal entity.

Genogram — A genogram is a pictorial display of a person's family relationships. Genograms are created with simple symbols representing gender with various lines to illustrate family relationships.

Guardianship — A person who has or is granted guardianship of a child (under a child protection order) has the powers, rights and responsibilities to attend to:

- a child's daily care
- making decisions that relate to day-to-day matters concerning the child's daily care
- making decisions about the long-term care, wellbeing and development of the child in the same way a person has parental responsibility under the *Family Law Act 1975*.

Harm — Any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. Harm 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.

Intake	Intake is the first phase of the child protection continuum, and is initiated when information or an allegation is received from a notifier about harm or risk of harm to a child or unborn child, or when a request for Child Safety assistance is made.
Intensive family support service	Specialist services that aim to prevent the imminent separation of children from their primary caregivers as a result of child protection concerns and to reunify families where separation has already occurred.
Intervention	The intervention for the child is the action taken by the chief executive to give the help that the child needs. Examples include: • giving support services to the child and his or her family • arranging for the child to be placed in care under a care agreement.
Intervention with parental agreement	Refers to ongoing intervention with a child who is considered in need of protection, based on the agreement of a child's parent/s, to work with the department to meet a child's safety and protection needs.
Investigation and assessment	Investigation and assessment is the second phase of the child protection continuum. It is the Child Safety response to all notifications to determine the safety and protective needs of a child.
Maltreatment	Non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically, abuse refers to acts of commission while neglect refers to acts of omission. Note that in practice the terms child abuse and neglect are used more frequently than the term child maltreatment.
Matter of concern	A matter of concern includes: • a child placement concern report regarding inadequate or poor quality care that fails to meet the standards of care detailed in the *Child Protection Act 1999* but does not meet the threshold for a notification • a notification involving allegations of harm or risk of harm to a child in out-of-home care by persons

providing direct care, including approved foster and kinship carers, provisionally approved carers and persons in the carer/s household, and staff of licensed care services or another entity.

National Framework — The *National Framework for Protecting Australia's Children 2009–2020* is a Council of Australian Government policy framework that aims to ensure that Australia's children and young people are safe and well.

Natural justice/procedural fairness — The two principles of the term have been developed by courts to ensure that the process by which a decision is made is fair and reasonable. Put simply, the first requires a decision-maker to give a person or organisation who will be affected by a decision an opportunity to 'have their say' about the case against them, which the decision-maker must then take into account when making a decision. The second principle requires a decision-maker not to have a personal interest in the outcome and to make a decision impartially.

Non-government organisation — For the purposes of the Commission's work, a non-government organisation is a recognised organisation or organised body with an active operation in the child and family welfare sector. Non-government organisations may be funded solely or in part by government (Australian and/or state/territory). Non-government organisations are also referred to as non-government agencies or voluntary services.

Notification — Information received about a child who may be harmed or at risk of harm requires an investigation and assessment response. A notification is also recorded for an unborn child when there is reasonable suspicion that it will be at risk of harm after birth.

Ongoing intervention — Ongoing intervention is the third phase of the child protection continuum. It occurs when it is necessary for the department to provide support and assistance to the family to reduce risk to a child, or to the extent necessary to ensure that the child's protection and care needs are met. There are three types of ongoing intervention:

- a support service case
- intervention with parental agreement

	• intervention with a child protection order.
Out-of-home care	Out-of-home care refers to placements of children, subject to statutory child protection intervention, using the authority of the *Child Protection Act 1999*, section 82(1). Out-of-home care includes placements with: • a licensed care service • an approved or kinship carer • another entity.
Over-representation	Over-representation refers to the proportion of Aboriginal and Torres Strait Islander children in the child protection system compared with their proportion in the general population or compared with other groups of children in the child protection system.
Primary services	Primary services are generally directed at the general population and can include activities such as increasing the economic self-sufficiency of families, making health care more accessible and affordable, expanding and improving coordination of social services, providing more affordable child-care services and preventing unwanted pregnancy.
Public health model	The public health model encapsulates a 'composite approach' to prevention whereby interventions to prevent child maltreatment, or to respond to varying degrees of risk of child maltreatment, are available at primary, secondary and tertiary levels. In this model, services are delivered on a continuum from primary services, which offer supports at the universal or community level, through to tertiary services, which target children and families where abuse has occurred and/or where there is significant risk of abuse.
Recognised entities	An entity (an individual or organisation) with whom the chief executive must consult about issues relating to the protection and care of Aboriginal and Torres Strait Islander children.
SCAN teams (Suspected Child Abuse and Neglect teams)	The SCAN team system enables a coordinated multi-agency response to children where statutory intervention is required by facilitating: • the sharing of relevant information between members of the system • the planning and coordinating of actions to assess and respond to children's protection needs

- a holistic and culturally responsive assessment of children's protection needs.

Secondary services	Secondary services target families who are at risk of child maltreatment. Where families are at risk of harming a child, secondary approaches give high priority to early intervention. Secondary services generally involve early screening to detect children who are most at risk, followed by an intervention to deal with the risk factors.
Self-place	A young person self-places when they are subject to a child protection order but leave their placement and reside elsewhere without the approval of Child Safety.
Signs of Safety framework	Signs of Safety is a strengths-based approach to child protection casework. It is based on the idea that creating sustainable changes in a family requires intentional, deliberate effort by caseworkers to identify signs of safety that already exist within the family, and then to work collaboratively with family members to meet the protection needs of children in the home.
Statutory child protection services	The phrase 'statutory child protection services' refers to statutory agencies/departments charged with responsibility for securing the safety and welfare of children. Such agencies/departments are authorised to intervene to protect children where children have been harmed or are at risk of harm. They have a legal mandate for such intervention, which is prescribed in relevant legislation.
Structured Decision Making	Structured Decision Making (SDM™) is an assessment and decision-making model to assist the Child Safety officer and team leader in making critical decisions about the safety of children.
Subpoena	A document issued by a court ordering a person to attend court and produce information or testify in a case.
Substantiated harm	The outcome of an investigation and assessment where it is assessed that the child or young person has experienced significant harm and/or there is unacceptable risk of harm, and there is no parent able and willing to protect the child.
Tertiary services	Tertiary services target families in which child

	maltreatment has already occurred. Tertiary services seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring.
Universal services	See primary services.
Unsubstantiated harm	The outcome of an investigation and assessment where it is assessed that there is no evidence that the child has experienced significant harm and there is no unacceptable risk of harm.

References

3p Consulting 2011, *Children's Visitor pilot evaluation,* Commissioner for Children, Tasmania.

Access Economics 2006, *The economic costs of obesity*, Diabetes Australia.

Administration for Children and Families n.d., *Child Welfare Information Gateway: funding*, US Department of Health and Human Services, Washington, viewed, 10 April 2013, ‹https://www.childwelfare.gov/management/funding/›.

Ainsworth, F & Hansen, P 2010, 'Confidentiality in child protection cases: who benefits?', *Children Australia,* vol. 35, no. 3, pp. 11–7.

Alexander, K 2010, *To look at child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice*, The Winston Churchill Memorial Trust of Australia, viewed 2 May 2013, ‹http://www.churchilltrust.com.au/site_media/fellows/2009_Alexander_Katherine.pdf›

The Allen Consulting Group 2008, *Inverting the pyramid: enhancing systems for protecting children*, Australian Research Alliance for Children & Youth.

American Humane Association 2010, *Guidelines for Family Group Decision Making in child welfare*, American Humane Association, Englewood.

Amos, J, Furber, G & Segal, L 2011, 'Understanding maltreating mothers: a synthesis of relational trauma, attachment disorganization, structural dissociation of the personality and experiential avoidance', *Journal of Trauma and Dissociation*, vol. 12, no. 5, pp. 495–509.

Arney, F 2010, 'Promoting the wellbeing of young Aboriginal children', *Children and Public Health*, vol. 7, pp. 23–7.

Australian Bureau of Statistics 2006, *Census of population and housing*, Australian Government, viewed 6 June 2013, ‹http://www.abs.gov.au/websitedbs/censushome.nsf/home/historicaldata2006?opendocument&navpos=280›.

——2006, *Personal safety, Australia, 2005 (reissue)*, cat. no. 4906.0, Commonwealth of Australia, Canberra.

——2009, *Community services, 2008–09*, viewed on 18 June 2013, ‹http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/8696.0Main+Features12008-09?OpenDocument›.

——2009, *Not-for-profit organisations, Australia, 2006–07*, viewed on 25 June 2013, ‹http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/8696.0Main+Features12008-09?OpenDocument›.

——2012, *Australian Health Survey: first results, 2011–12*, cat. no. 4364.0.55.001, Commonwealth of Australia, Canberra.

——2013, *Australian social trends, April 2013*, cat. no. 4102.0, Commonwealth of Australia, Canberra.

——2013, *Census of population and housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011, 2011–12*, cat. no. 2033.0.55.001, Commonwealth of Australia, Canberra.

Australian Charities and Not-for-Profit Organisations 2012, *Timeline of what charities need to do*, Australian Government, Canberra, viewed 6 June 2013, ‹http://www.acnc.gov.au/ACNC/Manage/Ongoing_Obs/Timeline/ACNC/Edu/Mge_Timeline.aspx?hkey=cb174026-f52d-4364-bb66-af785432b46b›.

Australian Government 2013, *2012–13 Commonwealth Budget*, Australian Government.

Australian Human Rights Commission 1997, *Bringing them home report,* Australian Government, Canberra.

Australian Institute of Family Studies 2012, *The longitudinal study of Australian children: annual statistical report 2011*, Australian Institute of Family Studies, Melbourne.

Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25, cat. no. PHE 145, Canberra.

——2011, *Access to health services for Aboriginal and Torres Strait Islander people*, Cat. no. IHW 46, Australian Institute of Health and Welfare, Canberra.

——2011, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011*, Australian Government.

——2012, *Child protection Australia 2010–11*, Child Welfare Series, no. 53, cat no. CWS 41, Australian Institute of Health and Welfare, Canberra.

——2012, *Specialist Homelessness Services 2011–12*, cat. no. HOU 267, Canberra.

——2013, *Child protection Australia, 2011–12*, Child Welfare Series no. 55, Australian Institute of Health and Welfare, Canberra.

Australian Institute of Judicial Administration 2011, *Child protection in Australia and New Zealand — issues and challenges for judicial administration conference*, viewed

24 April 2013,
‹http://www.aija.org.au/Child%20Protection%202011/Program.pdf›.

——2012, *Doing justice for young people — issues and challenges for judicial administration in Australia and New Zealand,* viewed 24 April 2013, ‹http://www.aija.org.au/Youth%20Justice%202012/Programme.pdf›.

Australian Law Reform Commission 1997, *Seen and heard: priority for children in the legal process*, Commonwealth of Australia.

——2010, *Family violence — a national legal response*, ALRC report 114, Canberra.

Australian Public Service Commission 2007, *Tackling wicked problems: a public policy perspective*, Australian Government, Barton.

Australian Research Alliance for Children and Youth 2009, *Advancing collaboration practice: fact sheets 1 to 13*, viewed 18 June 2013, ‹http://www.aracy.org.au/search?command=search&search_terms=collaboration›.

Australian Tax Office 2011, *Tax basics for non-profit organisations: a guide to tax issues affecting non-profit organisations including charities, clubs, societies and associations*, Australian Government, Canberra.

Baker, J 2010, *Transition from Care Project*, PeakCare Queensland Inc. and CREATE Foundation, Brisbane.

Bamblett, M & Lewis, P 2007, 'Detoxifying the child and family welfare system for Australian Indigenous Peoples: self-determination, rights and culture as the critical tools', *First Peoples Child and Family Review*, vol. 3, pp. 43–56.

Ban, P 2005, 'Aboriginal child placement principle and family group conferences', *Australian Social Work*, vol. 58, no. 4, pp. 384–394.

Barlow, J & Calam, R 2011, 'A public health approach to safeguarding in the 21st century', *Child Abuse Review*, vol. 20, no. 4, pp. 238–255.

Barton, S, Gonzalez, R & Tomlinson, P 2012, *Therapeutic residential care for children and young people: an attachment and trauma-informed model for practice*, Jessica Kingsley Publishers, London.

Behnke, M & Smith, V 2013, 'Prenatal substance abuse: short- and long-term effects on the exposed fetus', *Pediatrics*, vol. 131, no. 3, e1009.

Bell, L 2002, *Information packet: transition to independent living, National Resource Center for Foster Care and Permanency Planning*, New York, viewed 13 June 2013, ‹http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/transition_to_independent_living-pkt.pdf›.

Biddle, N 2011, *CAEPR Indigenous Population Project*, Centre for Economic Policy Research, Australian National University, Canberra.

Bilukha, O, Hahn, R, Crosby, A, Fullilove, M, Liberman, A, Moscicki, E, Snyder, S, Tuma, F, Corso, P, Schofield, A & Briss, P 2005, 'The effectiveness of early childhood home visitation in preventing violence: a systematic review', *American Journal of Preventive Medicine*, vol. 28, pp. 11–39.

Bird, J 2011, 'Regulating the regulators: accountability of Australian regulators', *Melbourne University Law Review*, vol. 35, no. 3, pp. 739–744.

Black Wattle Consulting & Strong Aboriginal Families, Together April 2012, *An excerpt on: the history of ACCAs in Queensland*, Black Wattle Consulting & Strong Aboriginal Families, Together.

Bloom, S 2005, 'The sanctuary model of organizational change for children's residential treatment', *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations*, vol. 26, no. 1, pp. 65–81.

Boetto, H 2010, 'Kinship care: a review of issues', *Family Matters*, no. 85, pp. 60–7.

Braithwaite, V, Harris, N & Ivec, M 2009, 'Seeking to clarify child protection's regulatory principles', *Communities, Children and Families Australia*, vol. 4, no. 1, pp. 7–23.

Brennan, H 2008, *Settings and solutions: supporting access to sexuality and relationships information for children in care*, Family Planning Queensland, Brisbane.

Bromfield, L 2012, *The Economic costs of child abuse and neglect*, Australian Institute of Family Studies, Australian Government, Canberra.

——& Holzer, P 2008, *A national approach for child protection: project report*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

——& Osborn, A 2007, *Getting the big picture: a synopsis and critique of Australian out-of-home care research*, National Child Protection Clearing House, Australian Institute of Family Studies, Melbourne.

——, Higgins, J, Higgins, D & Richardson, N 2007, *Why is there a shortage of Aboriginal and Torres Strait Islander Carers? Promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers and young people: strengths and barriers*, Child Family Community Australia, Australian Institute of Family Studies, Melbourne.

——, Lamont, A, Parker, R & Horsfall, B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

Brook, J & McDonald T, 2007, 'Evaluating the effects of comprehensive substance abuse intervention on successful reunification', *Research on Social Work Practice*, vol. 17, pp. 664–672.

Brown, D, Anda, R, Tiemeier, H, Felitti, V, Edwards, V, Croft, J & Giles, W 2009, 'Adverse childhood experiences and the risk of premature mortality', *American Journal of Preventive Medicine*, vol. 35, no. 5, pp. 389–396.

Bryant, C 2009, *Identifying the risks for Indigenous violent victimisation*, Indigenous Justice Clearinghouse, Canberra.

Brydon, K 2004, 'Barriers to permanency planning: what the literature suggests', *Children Australia*, vol. 2, no. 3, pp. 16–21.

Bunn, A 2013, *Signs of Safety in England: an NSPCC commissioned report on the Signs of Safety model in child protection*, NSPCC, London.

Cameron, C & Taylor-Sands, M 2007, '"Corporate governments" as model litigants', *Legal Ethics*, vol. 10, no. 2, pp. 154–175.

Campbell, D, Pyett, P & McArthy, L 2007, 'Community development interventions to improve Aboriginal health: building an evidence base', *Health Sociology Review*, vol. 16, no. 3–4, pp. 304–314.

Cashmore, J 1997, 'Systems abuse' in John, M (ed.), *A charge against society: the child's right to protection*, Jessica Kingsley Publishers, London, pp. 33–47.

——2000, 'What the research tells us: permanency planning, adoption and foster care', *Children Australia*, vol. 25, no. 4, pp. 17–22.

——2009, 'Relational aspects in the regulation of systems for protecting children', *Communities, Children and Families Australia* vol. 4, no. 1, pp. 31–5.

——& Mendes, P 2008, 'Australia' in Stein, M & Munro, E (eds.), *Young people's transitions from care to adulthood*, Jessica Kingsley Publishers, London.

——& O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, pp. 10–5.

——& Paxman, M 1996, *Longitudinal study of wards leaving care*, NSW Department of Community Services, Social Policy Research Centre, University of NSW.

——& Paxman, M 2006, 'Predicting after-care outcomes: the importance of "felt" security', *Child and Family Social Work*, vol. 11, no. 3, pp. 232–241.

Centre for Corporate Public Affairs 2008, *Relationships matter: not-for-profit community organisations and corporate community investment,* Department of Families, Housing, Community Services and Indigenous Affairs, Melbourne.

——2009, *Impact of the economic downturn on corporate community investment: final report*, Department of Families, Housing, Community Services and Indigenous Affairs.

Child Protection Practitioners Association of Queensland Limited, *Upcoming events*, viewed 16 June 2013, ‹http://www.cppaq.com.au/›.

Child Welfare Information Gateway 2010, *Disclosure of confidential child abuse and neglect records: summary of state laws*, US Department of Health & Human Services, viewed 25 June 2013, ‹https://www.childwelfare.gov/systemwide/laws_policies/statutes/confide.cfm›.

Children's Commission – *see* Commission for Children and Young People and Child Guardian.

Children's Workforce Development Council 2007, *The lead professional: practitioners guide*, Children's Workforce Development Council, United Kingdom.

Closing the Gap Clearinghouse 2013, *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people*, Closing the Gap Clearinghouse, Canberra.

Cohen, J, Neumann, P & Weinstein, M 2008, 'Does preventive care save money? Health economics and the presidential candidates', *The New England Journal of Medicine*, vol. 358, pp. 661–3.

Collins, K 1999, *In the best interests of the child: the Child Protection Bill 1998*, Legislation Bulletin, No. 2/99, Queensland Parliamentary Library, Brisbane.

Commission for Children and Young People and Child Guardian 2002, *Snapshot: children and young people in Queensland*, Commission for Children and Young People and Child Guardian, Brisbane.

——2010, *Out-of-home care: mandatory and essential services audit report*, Commission for Children and Young People and Child Guardian.

——2011, *Our Genesis*, Commission for Children and Young People and Child Guardian, viewed 25 June 2013, ‹http://www.ccypcg.qld.gov.au/about/our-genesis.html›.

——2012, *2011 Views of Children and Young People in Foster Care Survey*, Commission for Children and Young People and Child Guardian, Brisbane.

——2012, *2011 Views of Young People in Residential Care Survey*, Commission for Children and Young People and Child Guardian, Brisbane.

——2012, *Annual report: Commission for Children and Young People and Child Guardian 2011–12,* Commission for Children and Young People and Child Guardian, Brisbane.

——2012, *Indigenous Child Placement Principle Audit Report 2010/2011*, Commission for Children and Young People and Child Guardian, Brisbane.

——2012, *Leaving out-of-home-care — successful transitions to independence,* Commission for Children and Young People and Child Guardian, viewed 27 May 2013, ‹http://www.ccypcg.qld.gov.au/reportsCP/successful-transitions-to-independence/index.aspx›.

——2012, *Queensland Child Guardian key outcome indicators update: Queensland child protection system 2008–11*, Commission for Children and Young People and Child Guardian.

——2012, *Snapshot 2012:* C*hildren and young people in Queensland*, Brisbane.

——2013, *Views of Children and Young People in Foster Care Survey: Health and Wellbeing*, Commission for Children and Young People and Child Guardian.

Community and Disability Services Minister's Advisory Council n.d., *Family Support Services— National Collaboration framework 2011–13*, Australian Government, Canberra.

Connolly, M 2006, 'Fifteen years of family group conferencing: coordinators talk about their experiences in Aotearoa New Zealand', *British Journal of Social Work*, vol. 36, pp. 523–540.

——& Doolan, M 2007, 'Child deaths and statutory services: issues for child care and protection', *Communities, Families and Children Australia*, vol. 2, no. 1, pp. 26–38.

——& Doolan, M 2007, 'Responding to the deaths of children known to child protection agencies', *Social Policy Journal of New Zealand,* vol. 30, pp. 1–8.

Connor, S 2005*, Information packet: siblings in out-of-home care*, National Resource Center for Family-Centered Practice and Permanency Planning, Hunter College School of Social Work, New York.

Council of Australian Governments 2008, *National Partnership Agreement on Remote Service Delivery*, Council of Australian Governments, Canberra.

——2009, *Protecting children is everyone's business – National Framework for Protecting Australia's Children 2009–2020*, Commonwealth of Australia, Canberra.

——2012, *National Indigenous Reform Agreement*, Council of Australian Governments, Canberra.

Courtney, M & Dworskey, A 2005, *Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19*, Chaplin Hall Publication, Chicago.

Courtney, M, Terao, S & Bost, N 2004, *Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care*, Chapin Hall Center for Children at the University of Chicago, Chicago.

CREATE Foundation 2010, *What's the Answer? Young people's solutions for improving transitioning to independence from out of home care,* CREATE Foundation.

——2012, *Reducing the criminalisation of young people in residential care: feedback from Children and Young People about their experiences in residential care*, August 2012, CREATE Foundation, Albion.

——2013, *Consultation report for the Queensland Child Protection Commission of Inquiry: results of focus groups with children and young people about their experiences in out-of-home care*, CREATE Foundation, Albion.

Crane, P & O'Regan, M 2010, *On PAR: using participatory action research to improve early intervention*, Department of Families, Housing, Community Services and Indigenous Affairs.

Crime and Misconduct Commission 2004, *Protecting children: an inquiry into abuse of children in foster care*, Brisbane.

——2007, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's protecting children report*, Crime and Misconduct Commission, Brisbane.

Cripps, K & Davis, M 2012, *Communities working to reduce Indigenous family violence*, Indigenous Justice Clearinghouse, Canberra.

Dale, P 2004, 'Like fish in a bowl: parents' perceptions of child protection services', *Child Abuse Review*, vol. 13, no. 2, pp. 137–157.

Dalziel, K, Segal, L, Mortimer, D 2008, 'Review of Australian health economic evaluation — 245 interventions: what can we say about cost-effectiveness?', *Cost Effectiveness and Resource Allocation*, 6:9.

Day, A, Daffern, M & Simmons, P 2010, 'Use of restraint in residential care settings for children and young people', *Psychiatry, Psychology and Law*, vol. 17, no. 2, pp. 230–244.

DCCSDS — *see* Department of Communities, Child Safety and Disability Services.

Delfabrro, P, Barber, J & Cooper, L 2002, 'Children entering out-of-home care in South Australian: baseline analysis for a 3-year longitudinal study', *Children and Youth Services Review*, vol. 24, no. 12, pp. 917–932.

Deloitte Access Economics 2011, *The economic and social cost of child abuse in Victoria, 2009–10*, Protecting Victoria's Vulnerable Children Inquiry, Melbourne.

Department for Child Protection 2011, *Kath French Secure Care Centre: practice guidelines 14 June 2011*, Government of Western Australia.

——2011, *The Signs of Safety Child Protection Practice Framework*, Government of Western Australia.

——2012, *Annual Report 2011–2012*, Government of Western Australia, Perth.

——2013, *Community Child Protection Worker: working together with families and children for a better future*, Government of Western Australia.

Department for Education 2012, *Statistical first release: children looked after in England*, 25 September 2012, London, viewed 3 December 2012, ‹http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012v2.pdf›.

Department of Child Safety 2005, *Annual report 2004–2005*, Queensland Government, Brisbane.

——2006, *Annual report 2005–2006*, Queensland Government, Brisbane.

——2006, *Progress in reforming the Queensland child protection system: Report to the Crime and Misconduct Commission: Report to the Crime and Misconduct Commission, January 2006*, Department of Child Safety.

——2007, *Annual report 2006–2007*, Queensland Government, Brisbane.

——2007, *Review of the qualifications and training pathways*, Queensland Government, Brisbane.

——2008, *Characteristics of parents involved in the Queensland child protection system — report 2*: *parental risk factors for abuse and neglect*, Queensland Government.

——2008, *Characteristic of parents involved in the Queensland child protection system — report 4: Households with high needs children*, Queensland Government.

——2009, *Characteristics of parents involved in the Queensland child protection system — report 6: Summary of Key Findings*, Queensland Government.

Department of Communities 2009, *Annual report 2008–2009*, Queensland Government, Brisbane.

——2010, *2009–10 child protection partnerships report: annual report on the operations of Queensland Government agencies relevant to child protection*, Department of Communities, Brisbane.

——2011, *Helping Out Families: final implementation evaluation report*, Department of Communities, Brisbane.

——2011, *Out-of-home care services licensing manual*, Queensland Government, Brisbane.

——2011, *Specialist foster care review: consultation report*, Department of Communities, Brisbane.

——& PeakCare Queensland 2010, *A contemporary model of residential care for children and young people*, Department of Communities, Brisbane.

Department of Communities (Child Safety Services) 2010, *2009–10 Child protection partnerships repor*t, Queensland Government.

——2011, *Permanency planning: practice paper*, Queensland Government, Brisbane.

——, Queensland Police Service, Department of Education and Training, Queensland Health, and the Queensland Aboriginal Torres Strait Islander Child Protection Peak 2010, *Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) team system manual*, Brisbane.

Department of Communities, Child Safety and Disability Services 2011, *Child safety service centres*, Queensland Government, Brisbane, viewed 7 May 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres›.

——2011, *Operational procedure: complaints management procedure*, Queensland Government.

——2012, *2011–12 annual report*, Queensland Government.

——2012, *2012–16 strategic plan*, Queensland Government, viewed 15 May 2013, ‹http://www.communities.qld.gov.au/gateway/about-us/corporate-publications/strategic-plan/2012-2016-strategic-plan›.

——2012, *Child safety practice manual*, Queensland Government, viewed 6 November 2012, ‹http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual›.

——2012, *Exiting out-of-home care,* Queensland Government, viewed 21 December 2012, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase-permanency-planning/exiting-out-of-home-care›.

——2012, *Kinship Care: Program description*, Department of Communities, Child Safety and Disability Services, Brisbane.

——2012, *Mapping of Learning and Development (L&D) for out-of-home care sector*, Department of Communities, Child Safety and Disability Services, Brisbane.

——2012, *Our performance*, Queensland Government, viewed 15 February 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance›.

——2012, *Permanency planning, policy no. CPD594–3*, Department of Communities, Child Safety and Disability Services.

——2012, *Policy statement: child related costs — client support and family contact*, Queensland Government, Brisbane.

——2013, *Child Safety Practice Manual: section 10.16 referral to an Aboriginal and Torres Strait Islander family support service*, Department of Communities, Child Safety and Disability Services, Brisbane.

——2013, *Helping Out Families: Phase 3 Outcomes Evaluation Report*, Child Safety Strategic Policy and Intergovernmental Relations, Brisbane.

——2013, *Our performance*, Queensland Government, viewed 18 June 2013, ‹http://www.communities.qld.gov.au/childsafety/about-us/our-performance›.

——2013, *Policy statement: child related costs — placement funding*, Queensland Government, Brisbane.

Department of Education, Employment and Workplace Relations 2011, *Transition to Independent Living Allowance (TILA): Eligibility Criteria*, Australian Government, viewed 27 May 2013, ‹http://www.tila.org.au/eligibilitycriteria.html#C1›.

Department of Education, Training and Employment 2012, *Community services skilling plan 2012*, Queensland Government, viewed 17 June 2013, ‹http://www.training.qld.gov.au/information/skilling-plans/community-services/overview.html›.

——2012, *Management of Young Children Program (MYCP)*, Queensland Government, viewed 23 June 2013, ‹http://education.qld.gov.au/studentservices/behaviour/resources/mycp.html›.

——2013, *Student protection*, Department of Education, Training and Employment, Brisbane.

Department of Families, Housing, Community Services and Indigenous Affairs 2010, *Transitioning to independence from out of home care – discussion paper*, Australian Government, viewed 24 October 2012, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/transitioning-to-independence-from-out-of-home-care-discussion-paper›.

——2012, *Cape York Welfare Reform evaluation 2012*, Performance and Evaluation Branch, Department of Families, Housing, Community Services and Indigenous Affairs.

——2012, *Queensland social and community services providers*, Australian Government, viewed 29 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/fair-pay-for-social-and-community-services-workers/queensland-social-and-community-services-providers›.

——2012, *Second three-year action plan, 2012–2015: National Framework for Protecting Australia's Children 2009–2020*, Commonwealth Government, Canberra.

——2012, *Queensland 2010–11 NPAH annual report*, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/10_2012/qld_npah_2010-11_annual_report.pdf›.

——2013, *Family and children's services*, Australian Government, viewed 4 February 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/family-and-children-s-services#cfc›

——2013, *Family Support Program — funding*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/family-support-program-funding-0›.

——2013, *Our responsibilities*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities›.

——2013, *Programs and services*, Australian Government, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services›.

——& National Framework Implementation Working Group 2011, *Transitioning from out-of-home care to independence: a nationally consistent approach to planning*, viewed 27 May 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/out_of_home_care_rpt.pdf›.

Department of Health and Human Services 2012, *Gateway and family support services: midterm review report*, Department of Health and Human Services, Hobart.

Department of Human Services 2013, *Placement in secure welfare services*, Advice 1459, 10 January 2013, State Government Victoria, viewed 19 February 2013, ‹http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/secure-welfare-placements/?a=660415›.

Department of the Premier and Cabinet 2012, *A guide to the Queensland Government Management Framework*, Queensland Government, Brisbane.

Departmental Audit and Evaluation Branch 2007, *Evaluation of the First Nations Child and Family Services Program*, Indian and Northern Affairs Canada, Quebec.

Dillon, M & Westbury, N 2007, *Beyond humbug: transforming government engagement with Indigenous Australia*, Seaview Press, South Australia.

Disley, E, Rubin, J, Scraggs, E, Burrowes, N & Culley, D 2011, *Lessons learned from the planning and early implementation of the Social Impact Bond at HMP Peterborough*, Ministry of Justice, United Kingdom.

Dworsky, A, Dillman, K, Dion, M, Coffee-Borden, B & Rosenau, M 2012, *Housing for youth aging out of foster care: a review of literature and program typology,* U.S. Department of Housing and Urban Development, Washington.

Edwards, B, Wise, S, Gray, M, Hayes, A, Katz, I, Mission, S, Patulny, R & Muir, K 2009, *Stronger Families in Australia study: the impact of Communities for Children*, Occasional Paper No. 25, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.

Ellett, A 2009, 'Intentions to remain employed in child welfare: the role of human caring, self-efficacy beliefs, and professional organizational culture', *Child and Youth Services Review*, vol. 31, no. 1, pp. 78–88.

Elmes, G 2013, *Review gives communities a voice, not a lecture*, Media release, Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier, viewed 20 June 2013, ‹http://statements.qld.gov.au/Statement/2013/2/6/review-gives-communities-a-voice-not-a-lecture›.

Encompass Family and Community 2010, *Review of Staffcare and staff support need*, Department of Communities, Queensland.

FaHCSIA – *see* Department of Families, Housing, Community Services and Indigenous Affairs.

Fair Work Ombudsman 2012, *Equal remuneration order,* Australian Government, viewed 7 June 2013, ‹http://www.fairwork.gov.au/industries/social-and-community-services/pay/pages/equal-remuneration-order.aspx#rates-of-pay-from-1-december›.

——2012, *New transitional pay equity regulation in Queensland*, Australian Government, viewed 7 June 2013, ‹http://www.fairwork.gov.au/factsheets/FWO-fact-sheet-New-Transitional-Pay-Equity-Regulation-in-QLD.pdf›.

Family & Community Services, *Brighter futures*, New South Wales Government, viewed 7 March 2013, ‹http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/early_intervention_services/brighter_futures.html›.

Family Inclusion Network 2007, *Family inclusion in child protection practice*, Family Inclusion Network, Townsville.

Financial Ombudsman Service 2012, *Fact sheet: insurance premium increases*, Australian Government, viewed 6 June 2013, ‹www.fos.org.au/public/download.jsp?id=18981›.

Fitzgerald, T 2001, *Cape York justice study*, Department of the Premier and Cabinet, Queensland.

Flaxman, S, Muir, K, & Oprea, I 2009, *Indigenous families and children: coordination and provision of services*, Commonwealth of Australia, Canberra.

Forde Inquiry 1999, *Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane.

Forster, P 2004, *A blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report: 'Protecting children: an inquiry into abuse of children in foster care'*, Queensland Government, Brisbane.

Frederico, M, Jackson, A, & Black, C 2006, *Give sorrow words — a language for healing: take two — second evaluation report 2004–2005*, School of Social Work and Social Policy, La Trobe University, Bundoora.

——2010, *More than words — the language of relationships: take two — third evaluation repor*t, School of Social Work and Social Policy, La Trobe University, Bundoora.

Freiberg, K, Homel, R & Branch S 2010. 'Circles of care: the struggle to strengthen child developmental systems through the Pathways to Prevention Project', *Family Matters*, no. 84, pp. 28–34.

Freitag, R 2011, *The SDM System and Family engagement: integrating practice models for better outcomes*, National Council on Crime and Delinquency Children's Research Center, Madison.

Freundlich, M 2010, *Chafee plus ten: a vision for the next decade*, The Jim Casey Youth Opportunities Initiative, St Louis.

Funnel, S & Rogers, P 2011, *Purposeful program theory: effective use of theories of change and logic models*, Jossey Bass, USA.

Geeraert, L, Van den Noortgate, W, Grietens, H & Onghena, P 2004, 'The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: a meta-analysis', *Child Maltreatment*, vol. 9, pp. 277–291.

Gibbs, J, Dwyer, J & Vivekananda, K 2009, *Leading practice: a resources guide for child protection frontline and middle managers*, Child Protection, Victorian Government Department of Human Services.

Gilbert, R, Spatz Widom, C, Browne, K, Fergusson, D, Webb, E & Janson, J 2009, 'Burden and consequences of child maltreatment in high-income countries', *The Lancet,* vol. 373*,* no. 9657, pp. 68–81.

Gillingham, P & Humphreys, C 2010, 'Child protection practitioners and decision making tools: observations and reflections from the front line', *British Journal of Social Work*, vol. 40, no. 8, pp. 2598–2616.

Goddard, C & Hunt, S 2011, 'The complexities of caring for child protection workers: the context of practice and supervision', *Journal of Social Work Practice*, vol. 25, no. 4, pp. 413–432.

Goldman, J, Salus, M, Wolcott, D & Kennedy, K 2003, *A coordinated response to child abuse and neglect: the foundation for practice*, US Department of Health and Human Services, Washington.

Government of South Australia 2010, *Second annual report by the Minister for Families and Communities to the Children in State Care Commission of Inquiry Report*, Government of South Australia, Adelaide.

Gray, D, Green, M, Saggers, S & Wilkes, E 2009, *Review of the Aboriginal and Torres Strait Islander community-controlled alcohol and other drugs sector in Queensland*, Queensland Aboriginal and Islander Health Council.

Guterman, N 1999, 'Enrollment strategies in early home visitation to prevent physical child abuse and neglect and the "universal versus targeted" debate: a meta-

analysis of population-based and screening-based Programs', *Child Abuse & Neglect*, vol. 23, pp. 863–890.

Habel, L, Clark, R & Segal, L 2013, 'Interest from tertiary educated persons in fostering children with higher care needs under a professional (paid) model compared with general foster care', *Australian Social Work*, vol. 66, no. 1, pp. 8–25.

Hahn, R, Bilukha, O, Crosby, A, Fullilove, M, Liberman, A, Moscicki, E, Snyder, S, Tuma, F, Schofield, A, Corso, P & Briss, P 2003, 'First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation: findings from the Task Force on Community Preventive Services', *Morbidity & Mortality Weekly Report Recommendations and Reports*, vol. 52, no. RR-14, pp. 1–9.

Hatton, H & Brooks, S 2011, *Enhancing child safety and building partnerships with families through supported decision-making casework: evaluation of in-class trainings for Signs of Safety*, Center for Human Services, University of California, Davis.

Harris, N 2008, *Family group conferencing in Australia 15 years on*, Australian Institute of Family Studies, Melbourne.

Hayman, N, White, E & Spurling, G 2009, 'Improving Indigenous patients' access to mainstream health services: the Inala experience', *Medical Journal of Australia*, vol. 190, pp. 604–6.

Head, B 2006, *Effective collaboration*, Australian Research Alliance for Children & Youth, Canberra.

Health and Community Services Workforce Council 2012, *Community services sector: industry skills and workforce, development report: June 2012*, Workforce Council, Brisbane.

——2013, *Child protection services*, Workforce Council, viewed 6 June 2013, ‹https://www.workforce.org.au/community-services/child-protection.aspx›.

——2013, *Community services*, Workforce Council, viewed 25 June 2013, ‹http://www.workforce.org.au/community-services/community-services.aspx›.

——2013, *Integrated workforce development strategy*, Workforce Council, viewed 20 March 2013, ‹http://www.workforce.org.au/initiatives/completed-initiatives/iwds.aspx›.

Healy, J 2011, *Improving health care safety and quality: reluctant regulators*, Ashgate Publishing, United Kingdom.

Healy, K 2012, *A study of crisis intervention and planned family support with vulnerable families*, Micah Projects, viewed 10 May 2013, ‹http://www.micahprojects.org.au/resource_files/micah/A-study-of-crisis-intervention-and-planned-family-support-with-vulnerable-families.pdf›.

——& Lonne, B 2010, *The social work and human services workforce: report from a national study of education, Training and Workforce Needs*, Australian Learning and Teaching Council, Strawberry Hills.

——& Meagher, G 2007, 'Social Workers' preparation for child protection: revisiting the question of specialisation', *Australian Social Work*, vol. 60, no. 3, pp. 321–335.

——, Darlington, Y & Yellowlees, J 2012, 'Family participation in child protection practice: an observational study of family group meetings', *Child & Family Social Work*, vol. 17, no. 1, pp. 1–12.

Hess, P, Kanak, S & Atkins, J 2009, *Building a model and framework for child welfare supervision*, Children's Bureau, US Department of Health and Human Services.

Higgins, D, Bromfield, L & Richardson, N 2005, *Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people*, National Child Protection Clearing House, Australian Institute of Family Studies, Melbourne.

Higgins, J & Butler, N 2007, *Indigenous responses to child protection issues: promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers, children and young people: profiling promising programs*, Child Family Community Australia, Australian Institute of Family Studies, Melbourne.

Hodge, L, *Implementing evidence-based programs with Indigenous child welfare services*, viewed 25 June 2013, ‹http://helpingfamilieschange.org/wp-content/uploads/2013/03/Hodge-Indigenous-Child-Welfare-Services.pdf ›.

Horsfall, B, Bromfield, L & McDonald, M 2010, *Are social marketing campaigns effective in preventing child abuse and neglect?*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

Housego, A & O'Brien, T 2012, 'Delivery of public services by non-government organisations', *Australian Journal of Public Administration*, vol. 71, no. 2, pp. 211–220.

Howard, KS & Brooks-Gunn J, 2009, 'The role of home-visiting programs in preventing child abuse and neglect', *Future of Children*, vol. 19, pp. 119–146.

Hudson, P & McKenzie, B 2003, 'Extending Aboriginal control over child welfare services: the Manitoba Child Welfare Initiative', *Canadian Review of Social Policy*, vol. 51, pp. 49–66.

Human Rights and Equal Opportunities Commission 1997, *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*, Commonwealth of Australia, Canberra.

Humphreys, C 2012, '"Permanent" care: is the story in the data?', *Children Australia*, vol. 37, no. 1, pp. 4–9.

——& Kiraly, M 2011, 'High-frequency contact: a road to nowhere for infants', *Child & Family Social Work*, vol. 16, no. 1, pp. 1–11.

Hutchinson, B, Asquith, J & Simmonds, J 2003, '"Skills protect": towards a professional foster care service', *Adoption & Fostering*, vol. 37, no. 3, pp. 8–13.

Institute of Child Protection Studies 2012, *National analysis of workforce trends in statutory child protection*, Institute of Child Protection Studies, Australian Catholic University.

Johnson, G, Natalier, K, Mendes, P, Liddiard, M, Thoresen, S, Hollows, A & Nailey, N 2010, *Pathways from out-of-home care: final report no. 147,* Australian Housing and Urban Research Institute, Melbourne.

Judicial Commission of New South Wales, *Children's Court*, NSW Government, viewed 23 April 2013, ‹http://www.judcom.nsw.gov.au/publications/benchbks/local/care_and_protection_jurisdiction.html#p47-240›.

KPMG 2010, *Evaluation of the Community Justice Group Program: final report, November 2010*, Department of Justice and Attorney General.

——2010, *Keep Them Safe: a shared approach to child wellbeing: a plan for building the capacity of non-government organisations (NGOs) to take an extended role in service delivery and for developing the workforce, Discussion Paper*, NSW Government.

——2011, *Child FIRST and integrated services evaluation and summary report*, KPMG.

Kiraly, M & Humphreys, C 2011, *Breaking the rules: children and young people in kinship care speak about contact with their families*, Child Safety Commissioner, Melbourne.

Kjeldsen, C & Kjeldsen, M 2010, 'When family becomes the job: fostering practice in Denmark', *Adoption & Fostering*, vol. 34, no. 1, pp. 52–64.

Kurtz, C & Snowden, D 2003, 'The new dynamics of strategy: sense making in a complex and complicated world', *IBM systems journal*, vol. 42, no. 3, pp. 462–483.

Langton, M 2008, *The end of 'big men' politics*, Griffith Review, Brisbane.

Lee, S, Aos, S & Miller, M 2008, *Evidence-based programs to prevent children from entering and remaining in the child welfare system: benefits and costs for Washington*, Washington State Institute for Public Policy, Olympia.

Libesman, T 2004, *Child welfare approaches for Indigenous communities: international perspectives*, Australian Institute of Family Studies, Melbourne.

——2008, 'Indigenous children and contemporary child welfare', in Monahan, G & Young, L (eds.), *Children and the law in Australia* , LexisNexis, Chatswood.

Limerick, M 2011, *Review of the Palm Island community company: assessment of the Palm Island community company*, consultant report.

Lohoar, S 2012, *Safe and supportive Indigenous families and communities for children: a synopsis and critique of Australian research*, Child Family Community Australia, Australian Institute of Family Studies, Melbourne.

Loman, L & Siegel, G 2004, *Minnesota alternative response evaluation: final report executive summary*, Institute of Applied Research, St Louis.

Loman, L, Filonow, C & Siegel, G 2010, *Ohio alternative response evaluation final report*, Institute of Applied Research, St Louis.

Lonne, B, Parton, N, Thomson, J & Harries, M 2009, *Reform child protection*, Routledge, Abdingdon.

Lynch, M, Buckman, J & Krenske, L 2003, *Youth justice: criminal trajectories*, Trends and issues in crime and criminal justice, no. 265, Australian Institute of Criminology, Canberra.

Macdonald, G, Millen, S, McCann, M, Roscoe, H & Ewart-Boyle, S 2012, *Therapeutic approaches to social work in residential child care settings*, Social Care Institute for Excellence, London.

MacLeod, J & Nelson, G 2000, 'Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review', *Child Abuse & Neglect*, vol. 24, pp. 1127–1149.

MacMillan, H, Wathen, J, Fergusson, D, Leventhal, J & Taussig, H 2009, 'Interventions to prevent child maltreatment and associated impairment', *The Lancet*, vol. 373, no. 9659, pp. 250–266.

Magistrates Court of Queensland 2012, *Annual report 2011–2012*, Queensland Courts, Brisbane.

Malin, M, Campbell, K & Agius, L 1996, 'Raising children in the Nunga Aboriginal way', *Family Matters*, No. 43, pp. 43–7.

Margolis, S, Ypinazar, V, Muller, R & Clough, A 2011, 'Increasing alcohol restrictions and rates of serious injury in four remote Australian Indigenous communities', *Medical Journal of Australia*, vol. 194, pp. 503–6.

Martin, B & Healy, J 2010, *Who works in community services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide.

Masson, J 2000, 'Representation of children in England: protecting children in child protection proceedings', *Family Law Quarterly*, vol. 34, pp. 467–495.

Maxwell, C, Chase, E, Statham, J & Jackson, J 2009, *Boarding school provision for vulnerable children: pathfinder evaluation*, Research report DCSF-RR070, Department for Children, Schools and Families, London.

Maynard, A, Bloor, K & Freemantle, N 2004, 'Challenges for the National Institute for Clinical Excellence', *British Medical Journal*, vol. 329, 227–229.

McDonald, M & Rosier, K 2011, *Interagency collaboration Part B: does collaboration benefit children and families? Exploring the evidence*, Australian Family Relationships Clearinghouse, Australian Institute of Family Studies, Melbourne.

McDowell, J 2011, *Transitioning from care in Australia: an evaluation of CREATE's What's the Plan? campaign*, CREATE Foundation, Sydney.

——2013, *Experiencing out-of-home care in Australia: the views of children and young people (CREATE Report Card 2013)*, CREATE Foundation, Sydney.

McHugh, M 2006, 'Indirect costs of fostering and their impact on carers', *Communities, Children and Families Australia*, vol. 2, no. 1, pp. 73–85.

——2009, *A Framework for practice for implementing a kinship care program,* Final Report, Social Policy Research Centre, Sydney.

——2013, *Placement stability in foster and kinship care*, Social Policy Research Centre, University of New South Wales.

——& Valentine, K 2011, *Financial and non-financial support to formal and informal out-of-home carers*, Occasional Paper No. 38, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.

McLean, S, Price-Robertson, R & Robinson, E 2011, *Therapeutic residential care in Australia: taking stock and looking forward*, Australian Institute of Family Studies, Melbourne.

McLellan, J 2009, 'New challenges in public sector governance', *Keeping good companies*, vol. 8, pp. 466–470.

Meitner, H 2012, *An introduction to safety mapping, harm and danger statements, and the Three Houses with Heather Meitner*, viewed 21 November 2012, ‹http://www.youtube.com/watch?v=kzsr-DC8DDU›.

Memmott, P, Chambers, C, Go-Sam, C & Thomson, L 2006, *Good practice in Indigenous family violence prevention — designing and evaluating successful programs*, Australian Domestic and Family Violence Clearinghouse, New South Wales.

Memmott, P, Stacy, R, Chambers, C & Keys, C 2001, *Violence in Indigenous communities*, Commonwealth of Australia, Canberra.

Mendes, P 2009, 'Young people transitioning from out of home care: a critical analysis of Australian and international policy and practice', *Australian Social Work*, vol. 62, no. 3, pp. 388–402.

——2010, 'Moving from dependence to independence: a study of the experiences of 18 care leavers in a leaving care and after care support service in Victoria', *Children Australia*, vol. 35, no. 1, pp. 14–21.

——, Johnson, G & Moslehuddin, B 2011, 'Effectively preparing young people to transition from out-of-home care: an examination of three recent Australian studies', *Family Matters*, no. 89, pp. 61–70.

Mikton, C & Butchart, A 2009, 'Child maltreatment prevention: a systematic review of reviews', *Bulletin of the World Health Organization*, vol. 87, pp. 353–361

Minister for Transport, Trade, Employment and Industrial Relations 2008, *Progression arrangements for Department of Child Safety frontline employees, Directive No. 12/08*, Queensland Government.

Ministerial Advisory Group 2011, *Out-of-home care transition: implementation framework*, Ministerial Advisory Group Transition Planning Unit, New South Wales.

Mitchell, F, Rosech-Marsh, A & Robb, L 2012, *Taking stock of alternatives to secure accommodation or custody for girls and young women in Scotland*, Criminal Justice Social Work Development Centre for Scotland, Edinburgh.

Morgan, P 2012, 'Ripe for reconsideration: foster carers, context, and vicarious liability', *Torts Law Journal*, vol. 20, no. 2, pp. 110–144.

Morgan, R 2007, 'Boarding school care', *Adoption and Fostering*, vol. 31, no. 1, pp. 100–5.

Morgan Disney & Associates Pty Ltd & Applied Economics Pty Ltd 2006, *Transition from care: avoidable costs of alternative pathways of young people exiting the formal child protection care system in Australia*, vol. 1, Morgan Disney & Associates, viewed 12 June 2013, ‹http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/vol1_transition_care.pdf›.

Morrison, C 2007, *Breaking through: how boarding schools can transform the lives of vulnerable children*, Royal Wanstead Children's Foundation, Surrey.

Morrison, T 1996, 'Partnership and collaboration: rhetoric and reality', *Child Abuse and Neglect*, vol. 20, no. 2, pp. 130–1.

Mullighan, E 2008, *Children in State Care Commission of Inquiry: Allegations of sexual abuse and death from criminal conduct,* State of South Australia, Adelaide.

Mossman, P 2005, 'Working out family access issues for children in out of home care in New Zealand', in Bannister, B (ed.), *Social work now*, Department of Child, Youth and Family Services.

Munro, E 2011, *The Munro Review of Child Protection — final report: a child-centred system*, Department of Education, United Kingdom.

——2011, *The Munro Review of Child Protection — interim report: the child's journey*, Department for Education, United Kingdom.

Murray, G 2003, Final report on phase one of the audit of the foster carers subject to child protection notifications, Department of Families, Brisbane.

——2007, *Evaluation report: family group meetings policy*, Legal Aid Queensland.

National Aboriginal Community Controlled Health Organisation 2012, *National Aboriginal Community Controlled Health Organisation annual report 2011–2012*, National Aboriginal Community Controlled Health Organisation, Canberra.

National Association of Public Child Welfare Administrators 2010, *Child Welfare Finance Reform Policy Proposal*, American Public Human Services Association, Washington, viewed 10 April 2013, ‹http://www.napcwa.org/home/docs/NAPCWAFinancingProposal.pdf›.

National Child Welfare Workforce Institute 2011, *Childstat: leading systems-level improvements based on case-level experiences*, Webinar, National Child Welfare Workforce Institute, viewed 17 June 2013, ‹ http://vimeo.com/29793494›.

National Health and Medical Research Council 2009, *Australian guidelines to reduce health risks from drinking alcohol*.

National Mental Health Commission 2012, *A contributing life: the 2012 National Report Card on Mental Health and Suicide Prevention*, National Mental Health Commission, Sydney.

New Zealand Government 2012, *The white paper for vulnerable children*, vol. 2, New Zealand Government, Wellington.

Nicholls, T & Elmes, G 2013, *Community welfare program extended in Budget*, Queensland Government, viewed 25 June 2013, ‹http://statements.qld.gov.au/Statement/2013/6/4/community-welfare-program-extended-in-budget›.

Northern Territory Council of Social Service 2012, *Submission to Department of Children and Families: Secure Care*, July 2012, Northern Territory Council of Social Service, Alice Springs, viewed 18 June 2013, ‹http://www.ntcoss.org.au/sites/www.ntcoss.org.au/files/Secure%20Care%20Submission.pdf›.

Norton, M 2010, *The Queensland community services sector 2010,* Queensland Council of Social Service, Brisbane.

NSW Government 2010, *Keep them Safe: A shared approach to child wellbeing: Workforce and NGO Capacity Building Plan: A Plan for building the capacity of NGOs to take an extened role in services and for developing NGO and government workforce to implement changes related to KTS*, NSW Government.

——2010, *Workforce Development and NGO Capacity Building Plan*, NSW Government, viewed 1 March 2013, ‹http://www.keepthemsafe.nsw.gov.au/ngos/capacity_building_and_workforce_development›.

——2013, *Non-government organisations*, NSW Government, viewed 18 March 2013, ‹http://www.keepthemsafe.nsw.gov.au/ngos›.

NSW Office of the Children's Guardian 2002, *Is there a place for secure care in the provision of services for children and young people?*, NSW Office of the Children's Guardian, Sydney.

O'Donnell, M, Scott, D & Stanley, F 2008, 'Child abuse and neglect — is it time for a public health approach?'*, Australian and New Zealand Journal of Public Health*, vol. 32, no. 4, pp. 325–330.

Office of Economic and Statistical Research 2012, *Census 2011: Aboriginal and Torres Strait Islander population in Queensland*, Queensland Treasury and Trade, Brisbane.

Osborn, A & Bromfield, L 2007, *Young people leaving care*, Australian Institute of Family Studies, Melbourne.

Palm Island Community Company 2012, *Annual report 2011–12*, Palm Island Community Company, Townville.

Park, K 2010, *Assessing child safety through an integrated practice model: the Structured Decision Making system and Signs of Safety*, National Council on Crime and Delinquency Children's Research Center, Madison.

Patton, M 2010, *Developmental evaluation*, Guilford Press, New York.

Paxman, M 2006, *Outcomes for children and young people in kinship care*, Issues Paper, December 2006, NSW Department of Community Services, Ashfield.

Pearson, N 2000, *Our right to take responsibility*, Noel Pearson and Associates, Cairns.

Pelton, L 2008, 'Informing child welfare: the promise and limits of empirical research' in Lindsey, D & Shlonsky, A (eds.), *Child welfare research: advances for practice and policy*, Oxford University Press, New York.

Price-Robertson 2012, *Interagency collaboration: always the best option?*, Child Family Community Australia, Australian Institute of Family Studies, viewed 17 June 2013, ‹http://www.aifs.gov.au/cfca/about.html›.

Productivity Commission 2010, *Contribution of the not-for-profit sector: Productivity Commission research report*, Productivity Commission, Australian Government.

——2011, *Report on Government Services 2011*, Australian Government, Canberra.

Protecting Victoria's Vulnerable Children Inquiry 2012, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Department of Premier and Cabinet, Melbourne.

Public Service Commission 2006, *Complaints management systems*, *Directive No. 13/06*, Queensland Government.

Quartly, M & Swain, S 2012, 'The market in children: analysing the language of adoption in Australia', *History Australia*, vol. 9, no. 2, pp. 69–89.

Queensland Aboriginal and Islander Health Council 2012, *Queensland Aboriginal and Islander Health Council annual report 2011–2012*, Queensland Aboriginal and Islander Health Council, Brisbane.

——2013, *Queensland Aboriginal and Islander Health Council annual report 2011–2012*, Queensland Aboriginal and Islander Health Council, Brisbane.

Queensland Audit Office 2007, *Auditor-General's report to Parliament no. 4 for 2007*, Queensland Government, Brisbane.

Queensland Cabinet and Ministerial Directory 2013, *Gillard Government fails Queensland's homeless*, media release, 30 May, Minister for Communities, Child Safety and Disability Services: Davis, T and Minister for Housing and Public Works: Maunder, T, viewed 3 June 2013, ‹http://statements.qld.gov.au/Statement/2013/5/30/gillard-government-fails-queenslands-homeless›.

Queensland Child Protection Commission of Inquiry 2013, *Discussion paper*, Queensland Child Protection Commission of Inquiry, Brisbane.

Queensland Commission of Audit 2012, *Queensland Commission of Audit— interim report*, Queensland Government, Brisbane.

——2013, *Queensland Commission of Audit— final report*, Queensland Government, Brisbane.

Queensland Government 1999, *Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Queensland Government, Brisbane.

——2001, *Queensland government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions, progress report*, Queensland Government, Brisbane.

——2008, *Budget measures 2008–09*, Queensland Government, Brisbane.

——2009, *Budget measures 2009–10*, Queensland Government, Brisbane.

——2011, *Performance management framework reference guide: better practice guide for measuring client satisfaction*, Department of the Premier and Cabinet.

——2011, *The Queensland Compact: Compact Governance Committee Action Plan, November 2009–March 2012*, Queensland Government, Brisbane.

——2012, *Annual highlights report for Queensland's discrete indigenous communities for the period July 2010–June 2011*, Queensland Government, Brisbane.

——2013, *Grants funding paid to organisations from Department of Communities, Child Safety and Disability Services 2011–2012*, viewed 18 June 2013, ‹

https://data.qld.gov.au/dataset/grants-funding-paid-to-organisations/resource/d64161f3-5648-4bc9-ac5c-db480fb71573›.

——2013, *Queensland Government data*, viewed 23 June 2013, ‹https://data.qld.gov.au/›

Queensland Health n.d., *Root Cause Analysis Forms and Clinical Incident Management*, Queensland Government, viewed 17 June 2013, ‹http://www.health.qld.gov.au/psq/html/rca_forms.asp›.

——2012, *Protecting Children and Young People Policy: Implementation Standard for reporting and responding to a reasonable suspicion of child abuse and neglect*, Queensland Health, Brisbane.

Queensland Police Service 2004, *Office of the Commissioner*, viewed 14 June 2013, ‹http://www.police.qld.gov.au/aboutUs/the_service/structure/ootc/›.

——2005, *Annual report 2004–2005*, Queensland Police Service, Brisbane.

Queensland Treasury and Trade 2012, *Budget measures 2012–13*, Queensland Government, Brisbane.

——2012, *Service delivery statement 2012–13*, Queensland Government, Brisbane.

——2013, *Synthetically estimated Indigenous ERPs*, Queensland Government, viewed 18 April 2013, ‹http://www.oesr.qld.gov.au/products/qld-regional-database/qld-regional-database/index.php›.

Ralser, T 2007, *ROI for nonprofits: the new key to sustainability*, Wiley and Sons Inc., New Jersey.

Raman, S, Inder, B & Forbes, C 2005, *Investing for success: the economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

Randle, M, Miller, L, Dolnicar, S & Ciarrochi, J 2012, ‘Heterogeneity among potential foster carers: an investigation of reasons for not foster caring’, *Australian Social Work*, vol. 65, no. 3, pp. 382–397.

Rath, A 2001, *Permanency planning and adoption: briefing paper no 2/2001*, NSW Parliamentary Library Research Service.

Reid, N 2011, ‘Evaluating education support plans: useful or useless paperwork?’, PhD thesis, University of Queensland, Brisbane.

Resolutions Consultancy 2012, *Home of the Signs of Safety*, viewed 18 June 2013, ‹www.resolutionsconsultancy.com›.

Robertson, B 1999, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane.

Rosech-Marsh, A 2012, ''Out of control': making sense of the behaviour of young people referred to secure accommodation', *British Journal of Social Work*, pp. 1–17.

Royal Commission into Aboriginal Deaths in Custody 1991, *Report of the Royal Commission into Aboriginal Deaths in Custody (5 Vols.)*, vol. 1, Australian Government Publishing Service, Canberra.

Sammut, J 2010, *Child protection underbelly sells out at risk kids*, The Drum, ABC, viewed 19 June 2013, ‹http://www.abc.net.au/unleashed/jeremy-sammut-29958.html›.

——2011, *Do not damage and disturb: on child protection failures and the pressure on out of home care in Australia*, Centre for Independent Studies, Policy Monograph 122.

——2013, 'The Fraught Politics of Saying Sorry for Forced Adoption: Implications for Child Protection Policy in Australia', *Issue Analysis*, The Centre for Independent Studies, no. 138.

Sawyer, R & Lohrbach, S 2005, 'Differential response in child protection: Selecting a pathway', *Protecting Children*, vol. 20, no. 2 & 3, pp. 44–54.

Schofield, G, Beek, M, Ward, E & Biggart, L 2013, 'Professional foster care and committed parent: role conflict and role enrichment at the interface between work and family in long-term foster care', *Child and Family Social Work*, vol. 18, no. 1, pp. 46–56.

Scott, D 2012, 'Reducing child abuse and neglect: reviews, reforms and reflections', Australian Institute of Family Studies seminar series presentation, Melbourne, 6 September 2012.

——2012, *The economic costs of child abuse and neglect*, Australian Institute of Family Studies, Australian Government, viewed 10 April 2013, ‹http://www.aifs.gov.au/cfca/pubs/factsheets/a142118/index.html›.

Scrimgeour, M & Scrimgeour, D 2008, *Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature*, Cooperative Research Centre for Aboriginal Health, Northern Territory.

Secretariat of National Aboriginal and Torres Strait Islander Child Care 2004, *Permanency Planning*, SNAICC News.

Segal, L & Dalziel, K 2011, 'Investing to protect our children: using economics to drive evidence-based strategy', *Child Abuse Review*, vol. 20, no. 4, pp. 274–289.

Segal, L & Mortimer, D 2006, 'A population-based model for priority setting across the care continuum and across modalities', *Cost Effectiveness and Resource Allocation*, 4: 6.

Segal, L & Richardson, J 1994, 'Economic framework for allocative efficiency in the health sector', *Australian Economic Review,* vol. 27, no. 2, pp. 89–98.

Segal, L, Gospodarevskaya, E & Delfabbro, P 2012, *Pattern of out-of-home care - a South Australian out-of-home care exit cohort*, Health Economics & Social Policy Group, University of SA.

Segal, L, Opie, RS & Dalziel, K 2012, 'Theory! The missing link in understanding the performance of neonate/infant home visiting programs for the prevention of child maltreatment: a systematic review', *Milbank Quarterly,* vol. 90, pp. 47–106.

Seigel, G 2010, *Lessons from the beginning of differential response: why it works and when it doesn't*, Monograpgh, Institute of Applied Research, St Louis.

——& Loman, T 2006, *Extended follow-up study of Minnesota's family assessment response final report*, Institute of Applied Research, St Louis.

Shergold, P 2011, *Can governments and community organisations really collaborate?*, The Conversation, University of Western Sydney, viewed 7 June 2013, ‹http://theconversation.com/can-governments-and-community-organisations-really-collaborate-394›.

Silburn, S, Zubrick, S, De Maio, J, Shepherd, C, Griffin, J & Mitrou, F 2006, *The Western Australian Aboriginal Child Health Survey: strengthening the capacity of Aboriginal children, families and communities*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

Skrypek, M, Otteson, C & Owen, G 2010, *Signs of Safety in Minnesota: early indicators of successful implementation in child protection agencies*, Wilder Research.

The Smith Family 2009, *The Smith Family submission to the Productivity Commission study into the contribution of the not-for-profit sector to Australia*, Queensland Government, viewed 7 June 2013, ‹http://www.pc.gov.au/__data/assets/pdf_file/0011/89552/sub059.pdf›.

Smyth, C & Eardley, T 2008, *Out of home care for children in Australia: A review of literature and policy, Final report*, Social Policy Research Centre University of New South Wales, Sydney.

Social Policy Research Centre 2010, *The evaluation of Brighter Futures, NSW Community Services' Early Intervention Program: final report*, University of New South Wales, Sydney.

Social Ventures Australia (SVA) 2012, *ACT for Kids SafeKIDS program*, ACT for Kids, South Brisbane.

Social Work Policy Institute 2010*, High caseloads: how do they impact delivery of health and human services?*, The National Association of Social Workers Foundation, Washington.

Standards Australia 2006, *Customer satisfaction – guidelines for complaints handling in organisations*, Standards Australia.

Standing Committee on Social Policy and Legal Affairs 2012, *FASD: the hidden harm – iInquiry into the prevention, diagnosis and management of fetal alcohol spectrum disorders*.

Stanley, J, Tomison, A & Pocock, J 2003, *Child abuse and neglect in Indigenous Australian communities,* Australian Institute of Family Studies, Melbourne.

Steering Committee for the Review of Government Service Provision 2009, *Overcoming Indigenous disadvantage: key Indicators 2009*, Productivity Commission, Canberra.

——2011, *Overcoming Indigenous disadvantage: key indicators 2011*, Productivity Commission, Canberra.

——2012, *Report on government services 2012,* Productivity Commission, Canberra.

——2013, *Report on government services 2013*, Productivity Commission, Canberra.

Stewart, A & Thompson, C 2004, *Comparative evaluation of child protection assessment tools*, Griffith University, Brisbane.

Stewart, A, Livingston, M & Dennison, S 2008, 'Transitions and turning points: examining the links between child maltreatment and juvenile offending', *Child Abuse and Neglect*, vol. 32, pp. 51–66.

Stone 2013, *Decoding efficiency,* The Centre for Policy Development, viewed 3 April 2013, ‹http://cpd.org.au/wp-content/uploads/2013/04/CPD_Decoding_Efficiency_Chris_Stone.pdf›.

Strong Aboriginal Families, Together 2012, *SAF,T QLD study tour April 2012*, viewed 25 June 2013, ‹http://www.saft.org.au/sites/default/files/Our%20Research/SAFT-Research%20Tour_QLD%20report_2012-08-25_web.pdf ›.

Struthers, K 2012, *Landmark pay rise: Queensland to get its fair share*, media release, 1 February, Minister for Community Services, Housing and Women, viewed 29 May 2013, ‹http://statements.qld.gov.au/Statement/Id/78623›.

Sutton, P 2009, *The politics of suffering: indigenous Australia and the end of the liberal consensus*, Melbourne University Press, Victoria.

Sweet, M & Appelbaum, M 2004, 'Is home visiting an effective strategy: a meta-analytic review of home visiting programs for families with young children', *Child Development*, vol. 75, pp. 1435–1456.

Taylor, P, Moore, P, Pezzullo, L, Tucci, J, Goddard, C & De Bortoli, L 2008, *The cost of child abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia, Melbourne.

Testa, M & Rolock, N 1999, 'Professional foster care: a future worth pursuing?', *Child Welfare*, vol. 78, no. 1, pp. 108–124.

Testro, P 2009, *Report on the Aboriginal and Torres Strait Islander Kinship Reconnection Project*, Child Protection Partnership Forum, Brisbane.

Thomson, J 2007, 'Child protection workers' perceptions of foster carers and the foster care system: a study in Queensland', *Australian Social Work*, vol. 60, no. 3, pp. 343–4.

Tilbury, C 2005, 'Child protection services in Queensland post-Forde Inquiry', *Children Australia*, vol. 30, no. 3, pp. 10–6.

——2006, 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, pp. 48–61.

——2007, 'The regulation of out-of-home care', *British Journal of Social Work*, vol. 37, no. 2, pp. 209–224.

——2009, 'The over-representation of indigenous children in the Australian child welfare system', *International Journal of Social Welfare*, vol. 18, pp. 57–64.

——2010, 'Educational status of children and young people in care', *Children Australia*, vol. 35, no. 4, pp. 7–13.

——& Mazerolle, P 2013, 'The Childrens Court in Queensland: where to from here?', in Sheehan, R & Borowski, A (eds.), *Australia's children's courts today and tomorrow*, Springer Publishing Company, New York.

——, Creed, P, Buys, N & Crawford, M 2011, 'The school to work transition for young people in state care: perspectives from young people, carers and professionals', *Child and Family Social Work*, vol. 16, no. 3, pp. 345–352.

——& Osmond, J 2006, 'Permanency planning in foster care: research review and guidelines for practitioners', *Australian Social Work*, vol. 59, no. 3, pp. 265–280.

Tingle, L 2012, *Great expectations: government, entitlement and an angry nation*, Quarterly Essay 46, Black Inc. Books, Collingwood.

Tomison, A & Poole, L 2000, *Preventing child abuse and neglect: findings from an Australian audit of prevention programs*, Australian Institute of Family Studies, Melbourne.

Tomison, A & Tucci, J 1997, *Emotional Abuse: the hidden form of maltreatment*, Issues in Child Abuse Prevention no. 8, Children Family Community Australia, Australian Institute of Family Studies, Melbourne.

Tregeagle, S, Cox, E, Voigt, L & Moggach, L 2012, 'Are we adequately considering children's rights to a family? The importance of open adoption to young people in long-term care', *Developing Practice: The Child, Youth and Family Work Journal*, no. 31, pp. 64–9.

Turnell, A & Edwards, S 1997, 'Aspiring to partnership: the Signs of Safety approach to child protection', *Child Abuse Review*, vol. 6, pp. 179–190.

US Department of the Treasury 1998, *The economic costs of smoking in the United States and the benefits of comprehensive tobacco legislation*, viewed 24 June 2013, ‹http://www.treasury.gov/press-center/press-releases/Documents/tobacco.pdf›.

Verso Consulting 2011, *Evaluation of the therapeutic residential care pilot programs: final summary & technical report*, Department of Human Services.

Victorian Law Reform Commission 2010, *Protection applications in the Children's Court: final report 19*, Victorian Law Reform Commission, Melbourne.

Vinnerljung, B & Sallnäs, M 2008, 'Into adulthood: a follow-up study of 718 young people who were placed in out-of-home care during their teens', *Child and Family Social Work*, vol. 13, no. 2, pp. 144–155.

Waldfogel, J 1998, *The future of child protection: how to solve the cycle of abuse and neglect*, Harvard University Press, Cambridge.

Walker, R & Sonn, C 2010, 'Working as a culturally competent mental health practitioner' in Purdie, N, Dudgeon, P & Walker, R (eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Commonwealth of Australia, Canberra.

Wall, S, Redshaw, S & Edwards, K 2012, *Beyond containment: driving Change in Residential Care: a Queensland, Australia model of therapeutic residential care*, Paper presented at the European Scientific Association on Residential & Foster Care for Children and Adolescents (EUSARF), Glasgow.

Ware, V 2012, *Improving access to urban and regional early childhood services*, Closing the Gap Clearing House, Canberra.

Weaver, H 1999, 'Indigenous people and the social work profession: defining culturally competent services', *Social Work*, vol. 44, no. 3, pp. 217–225.

Weisbrod, B 1998, *To profit or not to profit: The commercial transformation of the not-for-profit sector*, Cambridge University Press, Cambridge.

Weithorn, LA 1983, 'Involving children in decisions affecting their own welfare', in Melton, G, Koocher, G & Saks M (eds.), *Children's competence to consent*, Plenum Press, USA, pp. 235–260, in Cashmore, J & O'Brien, A 2001, 'Facilitating the participation of children and young people in care', *Children Australia*, vol. 26, no. 4, pp. 10–5.

Wise, S, Pollock, S, Mitchell, G, Argus, C & Farquhar, P 2010, *Care-system impacts on academic outcomes: research report*, Anglicare Victoria & Wesley Mission Victoria, viewed 13 November 2012, ‹http://www.anglicarevic.org.au/index.php?pageID=11144&action=filemanager&folder_id=806&sectionID=11103›.

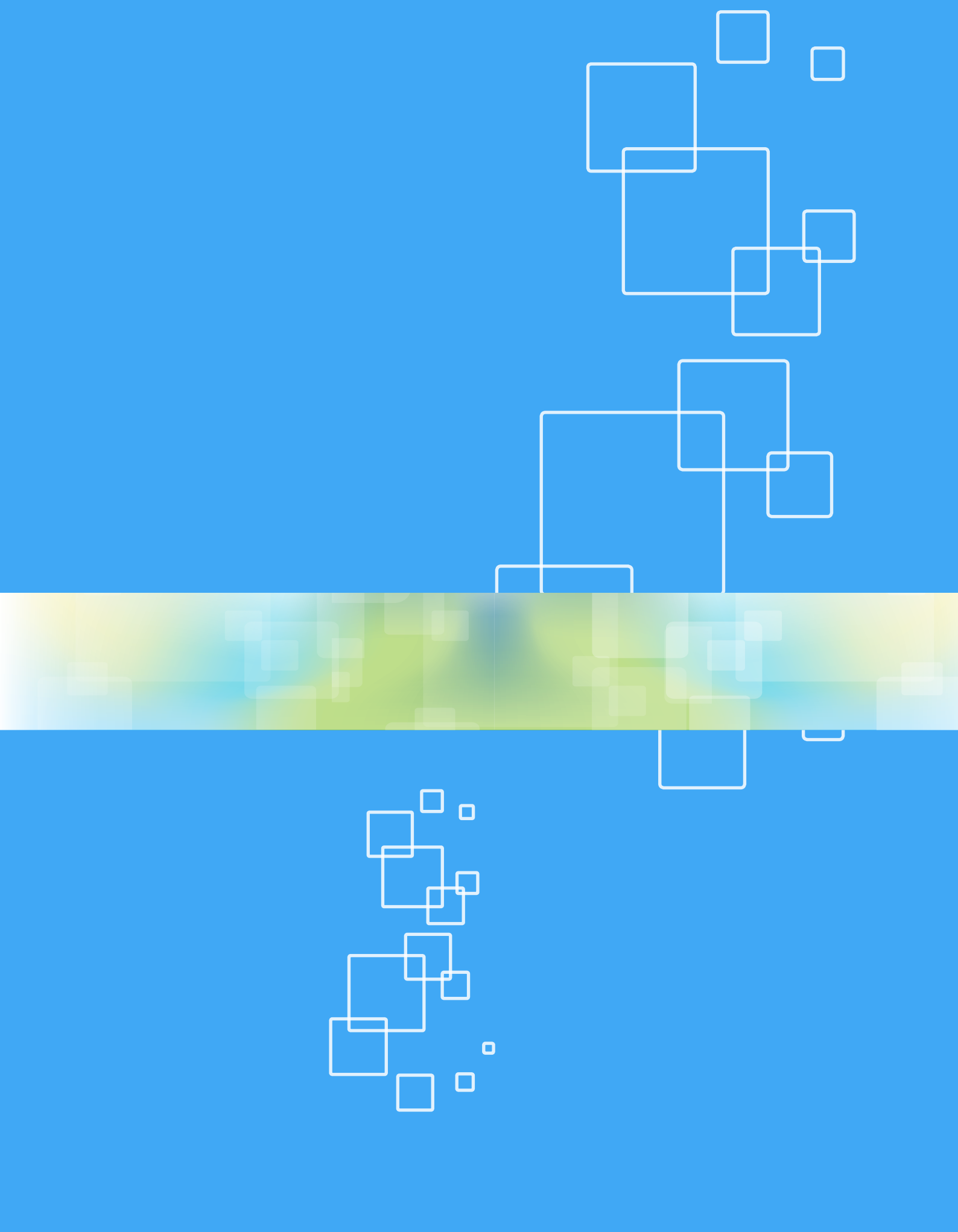
Working Group on Education for Children and Young People in Out-of-home Care in Queensland 2010, *Education matters: a call for action to improve educational*

participation, retention and attainment for children and young people in care in Queensland, viewed 14 November 2012, ‹http://www.ereflc.org.au/docs/EducationMattersReport.pdf›.

World Health Organization 2010, *Child maltreatment*, Fact sheet 150, World Health Organisation, viewed 15 January 2013, ‹http://www.who.int/mediacentre/factsheets/fs150/en/index.html›.

World Health Organization and International Society for Prevention of Child Abuse and Neglect 2006, *Preventing child maltreatment: a guide to taking action and generating evidence,* World Health Organization.

Wundersitz, J 2010, *Indigenous perpetrators of violence: prevalence and risk factors for reoffending*, Australian Institute of Criminology Reports, Research and Policy Series.

Yardley, A, Mason, J & Watson, E 2009, *Kinship care in NSW: finding a way forward*, University of Western Sydney, Social Justice Social Change Research Centre and Association of Children's Welfare Agencies, Bankstown.

Zermatten, J 2010, 'The best interests of the child principle: literal analysis and function', *The International Journal of Children's Rights*, vol. 18, no. 4, pp. 483–499.