



# Second Submission to the Queensland Child Protection Commission of Inquiry

Queensland Council of Social Service

15 March 2013



# Submission to the Queensland Child Protection Commission of Inquiry

15 March 2013

## Introduction

Queensland Council of Social Service (QCOSS) welcomes the opportunity to make this supplementary submission to the Queensland Child Protection Commission of Inquiry. This submission provides responses to key questions raised in the Commission's *Discussion Paper* which was released in February 2013.

QCOSS has previously provided an overarching set of recommendations to the commission in the first round of consultation and has contributed to the development of separate submissions through participation in the G-Force: Transition to Independence working group and Combined Voices campaign. Through the Combined Voices campaign QCOSS has supported the need for action to arrest Aboriginal and Torres Strait Islander overrepresentation and supports the recommendations made by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) in its submission to the Commission.

This submission responds specifically to questions posed in Chapter Three of the discussion paper. Recommendations draw on input gathered through a forum with QCOSS member organisations held in Brisbane, through engagement and participation in a range of child protection working groups, and from evidence of what works.

We are very pleased that Chapter Three of the Commission's discussion paper outlines a need for multi-agency approaches to family support; a need to expand secondary services for high needs children and families; a need to develop and coordinate early intervention services and link primary and with early intervention services; and a need to redesign intake systems to divert children and families from contact with child safety services. However, we believe that further work is required to elaborate a new approach to child protection.

As the commission has duly noted in its discussion paper, there are few resources directed to interventions which may avert contact with and reliance upon costly tertiary child protection services. In this regard, we feel that the commission must clearly communicate to government the importance of transforming the way in which government intervenes in this space.

What is needed is an emphasis on "child and family wellbeing" as the overarching principle guiding government interventions to reduce the incidence of child maltreatment.

What is required is the establishment of a highly visible, comprehensive and coordinated "child and family wellbeing" secondary service system. This service system should be distinct from, yet connected to, the existing tertiary child protection system and be coordinated and interlinked with universal services.

For this transformation to be effective, it requires a thorough realignment of the machinery of government so that all government departments take collective responsibility for improving child and family wellbeing outcomes.

It will require a coordinated regional approach to ensure that families can access locally responsive services. This will undoubtedly lead to greater participation of the non-government sector and require the development of a strong partnership model to enable government and non-government stakeholders to work together effectively.

The transformation will require multiple 'entry' points using existing services, purpose built service centres (acting as hubs), outreach to engage hard to reach families and other alternative entry points, such as telephone and internet services. In building a new service system efforts should be made to expand on existing services rather than simply imposing new structures.

It will require the development of information sharing protocols and common assessment tools to ensure consistency and effective collaboration. Improvements will also be required to the way that mandatory reporting is conducted to ensure that officers responsible for mandatory reporting are supported and have confidence in referring families to secondary support services. Opportunities should also be pursued to strengthen the capacity of universal services to respond to the needs of vulnerable families and link them to secondary services.

It will have to be visible to and approachable by all families but especially vulnerable families. It will require skillful and highly trained workers who are able to engage with and build trust with clients. In this regard, it will require culturally appropriate responses that address the specific needs of Queensland's different cultural groups, but especially for Aboriginal and Torres Strait Islander communities.

Most importantly, though, the system will require adequate resourcing in the short-term. While this may seem at odds with the need for fiscal restraint, government will only be able to reduce the upward trend of spending on child protection if a comprehensive and coordinated secondary service system is built with the express purpose of achieving "child and family wellbeing" outcomes.

## **A shift to "child and family wellbeing"**

Some Queensland families require access to supports to deal with a variety of situations that occur (sometimes only periodically) in their lives. These include services to address homelessness, domestic violence, disability, mental health issues, drug and alcohol problems, financial hardship, employment and parenting issues.

Of the 110,000 intakes<sup>i</sup> to child safety in 2010-11 over 80 percent did not result in further investigation. While the system directs significant resources to assessing if a child is in need of protection, families have very little access to secondary support services to address the very issues contributing to an initial report to Child Safety. In many cases families only gain access to these services after they have come into contact with the child protection system.

In this regard, we feel that the balance of the system is, as the Commission has noted, skewed towards “child protection”. The emphasis on child protection and risk management creates excessive demands on the tertiary child protection services. This not only increases the cost to government but also provides little or no benefit to vulnerable children and families.

This is not to say that child protection is not required but that the emphasis on child protection has come at the expense of responses that improve child and family wellbeing outcomes. The child protection elements of assessment, investigation and removal should be only one small part of the system – a method of last resort for children whose welfare is at significant risk.

Ultimately, it will be interventions focused on maximising child and family wellbeing, which will eventually reduce the cost of maintaining an effective child protection system.

### **Rebalancing the system**

If government wishes to reduce demand on tertiary child protection services, it must first direct investment at building a highly visible, accessible and integrated “child and family wellbeing” secondary service system which provides children and families with access to a full range of support services, wherever they reside.

Critical in this is changing the punitive character of the system to one that acknowledges that:

- by far, the majority of Queensland families want to do the right thing by their children
- child maltreatment can be prevented or significantly reduced when sufficient supports are provided to vulnerable families.

Part of the problem with the current system is the way in which “secondary services” are operated. Currently the government only delivers coordinated secondary services to children and families after they have come into contact with the child protection system through Referral for Active Intervention (RAI), Helping out Families (HoF), Aboriginal and Torres Strait Islander Family Support Services or Family Intervention Services (FIS). This limits their accessibility and increases the likelihood that vulnerable families will be reluctant to use them.

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 that they are highly fractured and largely invisible to families who struggle to negotiate the current system.

Unless there is recognition that the current model of delivering secondary services is inadequate, families will continue to come into contact with the “child protection” end of the service system.

An emphasis on promoting “child and family wellbeing” must be infused throughout service responses from the branding used to identify service providers to the training provided to

staff working within these services. The Commission must encourage government to reframe its work in this way.

The emphasis should be on ‘building the capacity and resilience of children and families’ rather than simply ‘investigating the risk of harm’. Failure to do so will result in heavy social costs to children and families and long-term economic costs for government.

## Redesigning intake and referral systems

### Moving from “intake and assessment” to “information, advice and referral”

Part of the process of transforming government’s response involves redesigning intake systems. In this regard, the Commission has suggested two options. The first option is to adopt community based intake through dual referral pathways. The second is to adopt a single referral pathway based within the non-government sector.

QCOSS supports the need to reform the current intake model but does not feel that the two options offered in the discussion paper adequately reflect the kind of system required to reduce demand on tertiary services.

QCOSS believes that the options presented continue to privilege and emphasise the tertiary child protection system at the expense of earlier secondary responses. To transform the current system requires a shift in both language and practice. The Commission must actively reframe the system as one in which “child and family wellbeing” is the overarching principal underpinning government responses and “child protection” as an intervention of last resort.

QCOSS does not support the option to adopt a single referral service managed by a non-government organisation in each region. Intake should not be outsourced to the non-government sector. Child Protection “intake” systems should remain as a single government entry point for real child safety concerns.

While there are clear benefits to engaging the non-government sector and to adopting a regional approach, this would simply shift the existing problem onto non-government service providers with little benefit for children and families. A core problem with this option is that the emphasis on “intake” would stigmatise any secondary support services delivered by non-government services.

QCOSS supports the move to a dual system as is outlined in option one but only if there are two distinct components – a government run “intake” service system concerned with intake and assessment and a non-government run “child and family wellbeing” service system which is not concerned with intake but with delivering child and family wellbeing service responses aimed at promoting child and family wellbeing as its first and foremost concern.

While there should always be options available for referral to child safety from the non-government system this should never be the primary focus. If families are not convinced that services are orientated towards assisting them to overcome barriers to child and family wellbeing then it will be highly unlikely that they will want to engage with these services. Failure to do so will result in a system which acts as a proxy for child protection and

ultimately this will discourage families from engaging with services that may help them to address underlying risk factors.

### **Building on existing local capacity**

While the Commission has suggested that there is a need to expand secondary services for high-needs children and families, there is a need to acknowledge the work undertaken by existing service providers.

Government should not simply introduce a new model over the top of existing service responses but find ways to build a collaborative solution from existing services in local areas.

It is critical that new models are based on geography and patterns of settlement, culture and local needs. In this model, government would build on local strengths and capacities to develop place-based responses, which respect the diversity of models across Queensland (details of this will be addressed later in the submission).

While there is a strong need for new investment in developing a coherent secondary system it is equally important to work with existing service providers and coordinate the delivery of existing secondary services to deliver services to vulnerable children and families.

### **Specialist intake responses**

Alongside these reforms, there is also a need to restructure the way that child protection “intake” operates to ensure that the government’s responses are targeted to address differences in the type of maltreatment experienced. There is a need to have specialist responses that address allegations related to domestic violence and sexual abuse.

Given the large number of instances of domestic violence that are referred to Child Safety and given that, in a large percentage of these cases, there is a parent who is willing to protect and care for the child, it is suggested that an alternative pathway for these cases should be explored.

Referral, including self-referrals, could be made to a model similar to the Family Justice Centres in the United States. This involves a collaborative system with domestic violence services, Police and Attorney General’s at the core and with appropriate and clearly identified multiple points of access. This system could then work with other parts of the secondary service system to assist the parent to deal with practical issues.

This would enable the child protection system to address the large number of inappropriate referrals to Child Safety. It would enable more appropriate responses, reducing the inappropriate removal of children, and subsequent trauma to children and parents resulting from removal. This approach should acknowledge the importance of supporting women in domestic violence situations and better reflect the legislative changes which support women to remain in the home and remove the offender.

While sexual abuse cases involve a small percentage of Child Safety cases, there are strong arguments for the development of a specialised approach for reports of sexual abuse. A new

approach must be well coordinated involving the Police, Attorney General's, sexual abuse support services and Child Safety and involve a detailed forensic investigation. It must include a child friendly entry point and appropriate therapeutic services to reduce trauma and ensure the future well-being of the child. Cases of abuse both within and outside the family should also be dealt with within the same system.

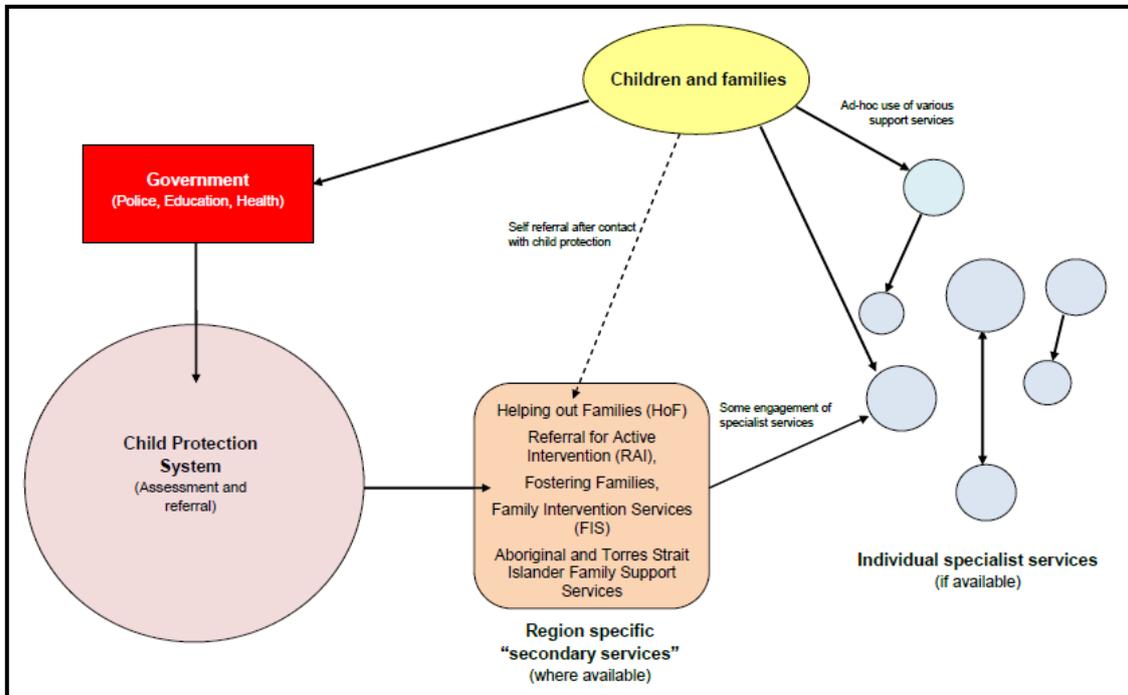


Figure 1: Current child protection system

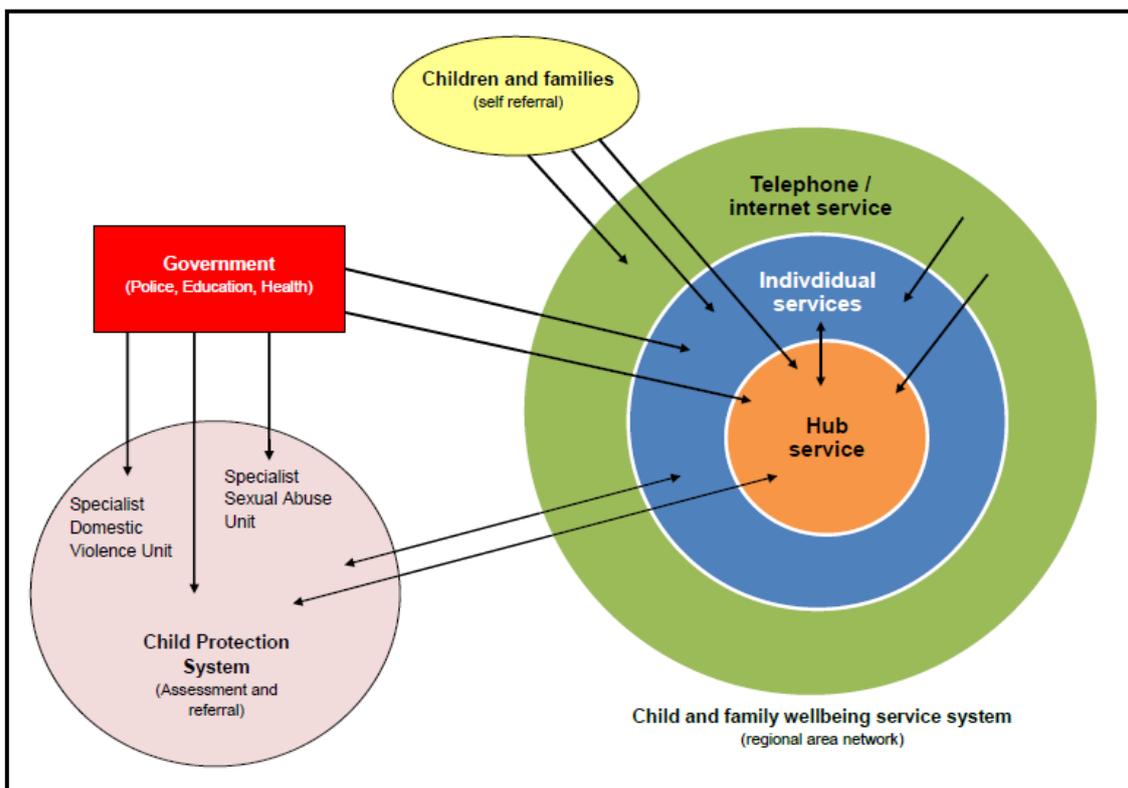


Figure 2: A child and wellbeing service system

## **What does a “child and family wellbeing” service system look like?**

### **Whole of government approach**

A “child and family wellbeing” approach to service delivery will only be effective if all relevant government departments have a clear mandate to participate in service coordination. The delivery of a “child and family wellbeing” service system requires a whole of government approach (which includes all levels of government, including local, state and federal). That is why QCOSS recommended, in its first submission, that government must develop a “Whole of Government Prevention and Early Intervention Strategy”.

Critical to the success of this strategy is the establishment of a child and family wellbeing culture within all government departments. The maximisation of child and family wellbeing should be enshrined as a priority outcome for all government departments. All programs and interventions should have the maximisation of child and family wellbeing as their primary goal. Doing so will influence the way these interventions are administered.

While this should be directed to all groups through universal services, targeted investment in vulnerable children and families should be prioritised as a means of promoting improved equity outcomes. Implicit in the whole of government strategy should be the recognition that failure to address the needs of vulnerable children and families results in long-term costs for individuals, families, communities and ultimately Queensland society as a whole. Unless government is willing to enshrine this across government as a whole, it will continue to bear the long-term costs of this neglect.

As part of this approach, government must establish cross-departmental working groups to ensure effective sharing of knowledge. Program proposals developed within one department should be circulated to other related departments for comment and input to ensure that responses are not duplicated. This will lead to greater efficiencies and improved outcomes. Government should acknowledge that this investment will lead to longer term efficiencies and economic returns.

### **A coordinated local services delivery model**

Creating geographically discrete communities of practice will enable existing services to be linked in a more effective and cost-efficient way. It will require mechanisms and tools to build collaboration in different regions.

To be effective local area planning must be supported by the development of local area governance structures. Local governance structures should bring all services with a stake in “child and family wellbeing” together. Services should be unified by the purpose of maximising “child and family wellbeing”.

Participation should include a range of existing local universal, secondary and tertiary services including education services (schools, early childhood education and care centres), health services (including child and maternal health services, midwives, doctors and GPs), government services (such as Centrelink, police, hospitals), and specialist community sector

services (supported accommodation services, domestic violence services, community and neighbourhood centres, youth services, financial counseling and legal aid services). It should also include representatives from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) specific services and include the voices of families.

Local governance structures should include mechanisms of oversight to evaluate, build and improve the system. There must be opportunities for practitioners to share practice knowledge and for parents' voices to be engaged in feedback about the new system and system improvements.

Coordination of the secondary service system should be underpinned by a partnership approach. Collaborative practice cannot be simply mandated but must involve partnership across all parties, including government, non-government and families. There must be a shared vision across the secondary service system to enable all parties' ownership as this will ensure effective participation. This will require mechanism to facilitate cultural change, trust and respect.

### **Resources for collaboration**

While there are a range of existing services and resources available within communities, there will be a clear need to expand and build on these to ensure that children and families get access to the support they need in a timely manner. This will be critical in building the capacity of local services to respond to referrals from government departments (e.g. police, health and education) to ensure that the system is effective.

Dedicated human resources will be required in the initial service mapping, planning and coordination phase as well in the implementation phase. The initial investment will require 'seed' funding but will be repaid through both a reduction in the cost of assessment within child safety and through efficiencies in service delivery resulting from for the implementation and use of these resources. Ongoing staff training will be required to ensure quality and compliance.

To be effective, all organisations must be afforded the resources to participate. For community service organisations, this will require service agreements that allow for and allocate resources against the time required for collaboration, coordination, training and workforce development.

To enable collaboration, service agreements for non-government services providers should include greater flexibility to enable service providers to deal with a wide range of presenting issues, which may place pressure on families. Brokerage could be used to provide access to a range of short term respite services (e.g. crises accommodation, temporary foster care, child care) without contact with child protection services.

### **Multiple entry "points"**

The overload on the tertiary system results from it being the major entry point to which families with problems should be referred. Anecdotal evidence suggests that some parents,

desperate for assistance, have contacted the tertiary system only to find themselves and their children subject to investigation.

It is important, therefore, that parents are able to voluntarily access support services or be given a soft “entry” to a service via a referral from an outside party. In this regard, child and family wellbeing services must be visible and accessible. Essential to this is the need to offer a range of service entry options through which families can self-refer. Advice from parents as to the most suitable options should also be sought.

A phone support line could be established to provide families with a confidential means of gaining access to services in their local area. The service could be operated at the local or regional level to ensure that children and families get relevant information.

Children and families could also gain access to assistance through the development of a child and family wellbeing website, which will provide information and advice to families. Information about local services could be provided to families through the creation of regional service provision pages.

Organisations offering child and family wellbeing support services could be linked through the development of an identifying mark. This branding would signal to the community that the organisation is a member of a regional network of child and family wellbeing services. Families would know that they can gain access to the network of support services through a local organisation carrying the child and family wellbeing logo. To do this, participating organisations would require training and resources to operate in a first responder role.

Another option would be to physically establish “child and family wellbeing” hubs, either by adequately resourcing existing services, such as community and neighbourhood centres, or by creating new service centres to provide a centralized entry point to services in a particular region.

An important entry point will be universal services, such as those associated with education and health. These spaces will require clearly designed and well resourced programs to identify need so that families can be linked to secondary services to deal with specific issues early.

Ultimately, it would be preferable to have multiple entry points for families as this will increase accessibility and take up. What should be clear in the development of these resources is that their primary purpose is to link children and families to support services that promote child and family wellbeing not to act as a proxy intake point for entry into the child protection system.

### **Mandatory reporting**

Institutions with responsibility for referring families to Child Safety Services (eg Police, Education and Health) will have to radically change their assessment and referral processes and incorporate the focus on child and family wellbeing. Officers will have to be able to assess whether or not a child requires protection and referral to the tertiary system or to a local child and family wellbeing service.

QCOSS supports the recommendation of the Commission to implement statewide use of the *Child Protection Guide* and the establishment of child wellbeing units to assist in the management of mandatory reporting.

The *Child Protection Guide (the Guide)* should be offered to officers with mandatory reporting obligations as a resource that can be used to assist in decision making throughout Queensland. While the Commission has recommended that the use of *the Guide* be mandatory, it should be recognised that this may be detrimental if the *Guide* is too prescriptive. Officers should have the autonomy to use their professional skills and experience to guide their decision making with regard to making decisions on the best course of action to assist children and families. An overly prescriptive guide has the potential to reinforce a culture of fear counterproductive to the establishment of a child and family wellbeing paradigm.

*The Guide* would need to be amended to address any changes resulting from implementation of recommendations from the Commission. Should the government redesign intake systems and fund the development of child and family wellbeing services, *the Guide* would need to be amended to reflect this new approach.

Legislative changes will be required to reflect the shift to a child and family wellbeing focus, so that the officers responsible for mandatory reporting have their responsibilities clearly set out in the legislation. Users of the *Guide* would have to be supplied with adequate information about how to refer families to local child and family wellbeing services. Users would need to be reassured that their decision to refer a family to a secondary service provider was the best option available to them and the family.

To support this, government should establish child and family wellbeing units within each of the departments with officers responsible for mandatory reporting (as has been done in New South Wales). These units would assist officers responsible for mandatory reporting to use the *Guide* and to identify options for referral.

In this regard, the guide would need to be amended in each region to reflect the local service environment. It would be expected that this could be achieved by making local area planning and governance groups responsible for regularly updating the guide to reflect the structure of the service system in their region.

The critical point in all of this is the availability of secondary services to which to refer. If there isn't any capacity in the secondary service system to accept referrals from officers currently responsible for mandatory reporting then children and families will either ultimately come into contact with child protection or worse fall through the gaps.

### **Single case planning**

The Commission has suggested that local planning and coordination of secondary services could be assisted by the use of a single case plan multi-agency model. It is suggested that a multi-agency model would use a lead professional as a single point of contact for families requiring multi-agency responses.

While QCOSS supports the use of single case plans these will only be effective if they target the whole family and provide easy access to a range of supports required by a family.

Ultimately it would be best if a lead professional, who is trusted by the family, was the prime contact. The lead professional would assist a family under their care to negotiate access to relevant service providers. The lead professional should be given access to brokerage resources which could be used to link children and families with a range of services to build on strengths and reduce risk factors. This would include a range of therapeutic and practical support services, such as emergency relief, housing services, financial counseling, drug and alcohol support, and respite for parents.

At its core, a single case plan model should focus on the whole of family and have an emphasis on supporting the whole family to build strengths and overcome weaknesses (as with the new Family Case Management system in NSW<sup>ii</sup>). Services must be orientated in such a way that they start from a position of respect for the family and a belief that parents want to maximise outcomes for their children. Services should actively work to engage the family and build trust with the family in order to best assist them to meet their needs. This must include a focus on the families' perception of what the problems are in the first instance. It will require flexibility in the system so that it can respond to need as identified.

For the single case management approach to be effective, it would require the development of a shared assessment framework and information sharing protocols for service providers. While these would need to be regionally responsive and adaptable to specific cultural groups it is important that there is a level of consistency to enable quality across the network.

Progressive assessments are also recommended. Case workers should be able to address presenting issues described by the parents and children quickly and effectively as this will help to reduce family stress and build trust between the case worker and family. As these immediate issues are dealt with, other issues can be progressively identified and appropriate support and referrals provided.

The lead professional should be able to identify child safety concerns and be able to gain advice from workers within the tertiary system. This could be done by providing lead professionals with opportunities to attend child safety training and to provide access to an out-posted Child Safety worker who could independently advise and support them. This would assist in building trust between secondary and tertiary systems.

## **Funding a new model**

The Commission has asked for feedback from stakeholders about the best way to fund changes to the way that service system operates.

QCOSS is of the view that any moves to reduce the cost of tertiary child protection services in the medium to long-term will require significant short-term investment to ensure a transition to a system that actively reduces the need for tertiary interventions.

In order to arrest the upward trajectory of spending on the child protection system government must first build the child and family wellbeing secondary service system. This is what occurred in New South Wales.

In NSW, the state government committed \$750 million to fund the recommendations from the Wood Inquiry. Much of these funds were directed at developing secondary support services and redesigning intake services and referral services. As part of this investment, the NSW government invested in the development of an NGO Capacity Building plan and a Workforce Development plan to improve the skills and capacities of workers responsible for delivering these secondary services.<sup>iii</sup>

While there will be a requirement to fund new secondary services and to fund the coordination of secondary services at the regional level, it is important to acknowledge that there are a range of existing services which will make up the service system. It will be critical that service mapping and planning processes are undertaken at the local and regional level in order to identify existing resources and gaps in the service network.

It is not realistic to expect that funding can be withdrawn from the tertiary child protection end of the service continuum without investment in the development of a coordinated secondary service system and changes to intake and referral systems. While this may seem at odds with the need for fiscal restraint, it is the only way that government will eventually reduce the cost of delivering effective child protection services.

Failure to invest in a coordinated whole of government child and family wellbeing service system will ultimately result in poor outcomes for vulnerable children and families and increased economic costs for government.

---

<sup>i</sup> The initial decision making point where the department determines its responses to reports of suspected harm.

<sup>ii</sup> NSW Government 2010. *Keep them Safe: A shared approach to child wellbeing, Annual Report 2009-10* [http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/107761/KTS\\_Annual\\_Report\\_2009-10.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/107761/KTS_Annual_Report_2009-10.pdf)

<sup>iii</sup> KPMG *Keep them Safe: A Shared approach to child wellbeing, Discussion paper.* [http://www.keepthemsafe.nsw.gov.au/\\_data/assets/pdf\\_file/0017/82025/Discussion\\_document\\_-\\_plan\\_for\\_building\\_NGO\\_capacity\\_and\\_developing\\_workforce.pdf](http://www.keepthemsafe.nsw.gov.au/_data/assets/pdf_file/0017/82025/Discussion_document_-_plan_for_building_NGO_capacity_and_developing_workforce.pdf)