

QCPCI

Date: 14.8.2012

Exhibit number: 14

Statement of Witness

<i>Name of Witness</i>	Linda Apelt
<i>Date of Birth</i>	27 April 1957
<i>Address and contact details</i>	[REDACTED]
<i>Occupation</i>	Former Director-General Department of Communities
<i>Officer taking statement</i>	[REDACTED]
<i>Date taken</i>	11 August 2012

I, Linda Apelt State on oath:

Background

1. I was the Director General for the Department of Housing from 1998 to 2004; Department of Communities and Disability Services Queensland from 2004 to 2009 and the Department of Communities from March 2009 to March 2012 when I had direct responsibility for Child Safety Services. Prior to 2009, Child Safety was a separate government department.
2. The Department of Communities which was established on the 26 March 2009 brought together the former departments of Communities, Child Safety, Housing, Disability Services Queensland, Sport and Recreation, Office for Women and the Indigenous Co-ordination Unit. The Department of Communities was charged with delivering the following services: Aboriginal and Torres Strait Islander; Child Safety; Community and Youth Justice; Disability, Home and Community Care, and Community Mental Health; Housing and Homelessness; Multicultural Affairs; Sport and recreation and the Office for

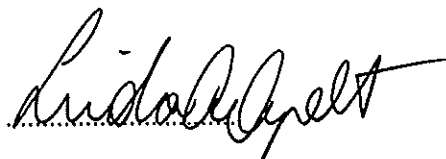


Women. The primary purpose of the Department was to provide integrated community services, particularly for vulnerable people.

Is the current use of available resources across the child protection system adequate and could the resources be used more efficiently?

3. Successive budgets have responded to increased pressures on the child protection system. Overall the Child Safety budget between 2003-04 and 2011-12 increased by 302% from \$182.245M to \$733.05M. If the current pattern of investment does not change this trajectory of expenditure is predicted to continue. 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. Reports of suspected harm or abuse of children to Child Safety have tripled over the last seven years, being 44,631 in 2003-04 to 112,518 in 2010-11. Following initial screening, approximately 20% of reports are then recorded as a notification requiring an investigation. While policy has been to investigate all notifications, experience shows that less than half of notifications to Child Safety actually require a full statutory intervention. Therefore this level of reporting and investigation is placing unnecessary pressure on the statutory end of the child protection system and children and their families are by and large not getting timely and targeted support they need.

4. It would be a better use of resources to have a system which filters the less serious primary and secondary concerns, leaving the more serious tertiary concerns for the statutory Child Safety system to investigate and address. The June 2010 Helping Out Families (HOF) trial across three sites in South East Queensland, at a cost of \$55M over four years is an attempt to trial a system which better targets effort and expenditure to level and nature of need. This trial enables a regional intake of child safety concerns which can be referred to family support services through non government organisations alongside additional investment in domestic violence services and an enhanced health home visiting service for mothers and their babies.



Does the Department regard its role as a primary, secondary or tertiary intervention or more secondary or tertiary?

The Crime and Misconduct Commission Inquiry, protecting Children: Inquiry into Abuse of Children in Foster Care (CMC Inquiry) 2003, recommended the establishment of a stand-alone child protection department. This recommendation was implemented with a Department for Child Safety being in place between early 2004 and March 2009. The Department of Child Safety maintained a keen focus on developing the tertiary child protection system with enhanced policies, systems, accountability and monitoring to keep children in care safe. The Department of Communities was responsible for secondary support services such as targeted family support and Referral for Active Interventions (RAI) services. It also funded primary services such as Neighbourhood Centres across the State, which were provided by non-government agencies.

5. When Child Safety services was amalgamated with other human services to form the new Department of Communities, the Department exercised primary, secondary and tertiary roles through its ability to exercise a "no wrong door" approach to integrated case management and service delivery across the various realms of responsibility.

Adequacy of Support for Front line staff?

6. As community expectations about acceptable levels of care for children have increased the role of the Child Safety Officer has become more complex and specialised. The separation rate of Child Safety frontline staff in the period April 2010 to March 2011 was 15.98% compared with 30.31% between October 2008-September 2009. While the separation rate of frontline staff has improved over the last four years, attraction and retention of skilled Child Safety Officers remains a challenge. Again there is an argument for tilting the balance of expenditure towards a greater emphasis on primary and secondary family support and early intervention and prevention in order to provide a more appropriate service to children and families and in turn relieve pressure on the caseloads of Child Safety Officers. This change in spending pattern will however require some "hump" funding, such as HOF being expanded across the State, in the first instance in order to stem the tide.

Witness signature

Signature of officer

What is the composition of persons who staff residential care facilities and how well they are supervised?

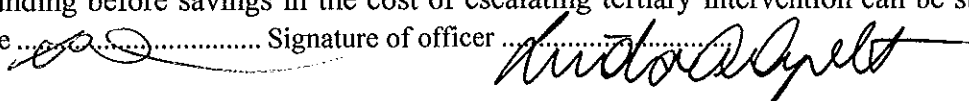
- 7. Child Safety Residential Care facilities are usually staffed and run by funded by non-government organisations. There has been a licensing and contractual arrangement between the government and the funded non-government residential care organisation. There are high standards of accountability for the organisations through the licensing process and ongoing reviews of their practice and reporting.

Strategies to reduce the over-representation of Indigenous children in the child protection system?

- 8. The over-representation of Indigenous children in the child safety system is of great concern. This over representation highlights the importance of closing the gap on the overall level of disadvantage for Indigenous people so that they have equitable access to universal and specialised services including, education, employment, health, domestic violence services, drug and alcohol support services, affordable housing and family support. Closing the gap on disadvantage for Aboriginal and Torres Strait Islander people is critical for children to live in safe and supportive environments.
- 9. Ongoing investment in the strength and effectiveness of Recognised Entities, foster and kinship carers and culturally appropriate family and residential support services remains a high priority.

Should the Department investigate less than 100% of notifications, and refer lower level matters to primary and secondary services?

- 10. Universal services of health, education and police need to be supported to make informed assessments of risk to a child and be confident about referring children and their families, who have lower level concerns, to appropriately skilled community based family support organisations for early intervention and non stigmatised support. Investment in HOF and other family support initiatives needs to continue and be expanded by way of “hump” funding before savings in the cost of escalating tertiary intervention can be stemmed. As



well as reducing the number of reports to child safety services, it is also not feasible for the Department to continue to investigate 100% of notifications. Some of these notifications could be referred to non-government organisations and the Department could also take more of a family support approach rather than an investigative approach. This would take a change in practice and culture, and would better utilise the expertise of frontline staff to achieve more satisfactory outcomes for children and families.

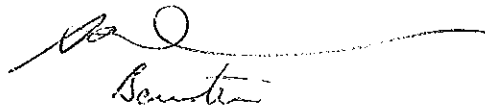
Should there be more self-filtering from other departments?

11. A strategic direction to equip police, health practitioners, and schools with the tools and skills to make assessments about the level of risk and appropriate referral for children and families should continue. As mentioned earlier this system needs to be backed up with an appropriate level of investment in non stigmatised community based services set up to assist vulnerable families. This in turn would free up the tertiary system to do its job of protecting children who have been harmed or are at risk of harm due to parents being either unable or unwilling to care for their children.



Declared before me at Brisbane

This 11th day of August 2012



Sawyer

Witness signature

Signature of officer

