

**QUEENSLAND CHILD PROTECTION  
COMMISSION OF INQUIRY**

**STATEMENT OF MICHELLE SUSAN OLIVER**

I, **MICHELLE SUSAN OLIVER**, of c/- 100 George Street, Beenleigh in the State of Queensland, Acting Manager, South East Regional Intake Service, Department of Communities, Child Safety and Disability Services, solemnly and sincerely affirm and declare:

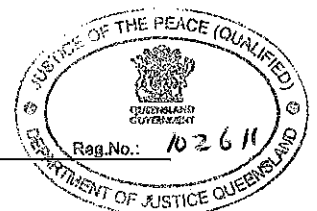
**ROLE**

1. I am the acting Manager of the South East Regional Intake Service (SE RIS), Department of Communities, Child Safety and Disability Services.
2. I have been appointed to this position since June 2010.
3. When planning and reviewing my work and seeking approval for decisions, when required, I report to Tracey Ryan, Director, Placement and Services Support, Department of Communities, Child Safety and Disability Services (the department).
4. Prior to this appointment, from May 2008 I relieved in the manager positions at Loganlea and Beenleigh child safety service centres (CSSCs) and the former Child Safety Complaints Unit. I began work in the department in its former iterations in 2000, initially as a family services officer and was then appointed as a permanent team leader in 2005.
5. My substantive position within the department is as a team leader.
6. I hold a Bachelor of Arts majoring in Community and Family Studies and a Certificate IV in Workplace Training and Assessment.
7. The purpose of my role as manager of the SE RIS is to provide overall management and leadership in the delivery of high quality child protection services including the development of appropriate service responses to meet the identified needs of clients including children, young people, families, carers, the community and the public and non-government sectors.
8. My duties and activities include:
  - management and leadership of staff, physical and financial resources in accordance with the department's service delivery framework, including direct line supervision of SE RIS team leaders (TLs)
  - key Child Safety Services regional representative for the Helping Out Families (HOF) initiative and Queensland Child Protection Guide trials
  - participation in and, where appropriate, lead local area forums with government and non-government stakeholders, promoting a positive and accountable public image and the development of productive partnerships to support service delivery outcomes in the areas of intake and early intervention and prevention
  - monitor and implement a continuous quality assurance framework to ensure high quality and consistency of intake decision-making by Child Safety Services staff.

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## OTHER ISSUES TO BE ADDRESSED

### Notifications

9. Operational data shows that, during the period 1 April 2011 to 31 March 2012, SE RIS opened 11,319 intake events and closed 11,231. The breakdown of these being - 377 intake enquiries, 9273 child concern reports (CCRs), 1542 notifications (CPNs) resulting in and investigation and assessment (I&A) and 39 unable to be determined at the end date of the report. The average screen-in rate of intakes for SE RIS over this period was 14.9%.
10. The total interactions (telephone calls, emails and faxes) received by SE RIS during the above period was 26,576.
11. Operational data shows that, during the period 1 April 2011 to 31 March 2012, the total number of I&A events opened for the South East region was 2332. Of these, 553 had a 24 hour response priority, 611 had a five day response priority, 1151 had a 10 day response priority and 17 were unable to be determined at the end date of the report.
12. A breakdown of the I&A events opened by CSSC within the South East region is as follows:

<b>SOUTH EAST REGION - CSSC</b>	<b>Total number of I&amp;A events</b>
Beaudesert	172
Beenleigh	266
Browns Plains	268
Cleveland	299
Labrador	338
Logan Central	175
Loganlea	178
Mermaid Beach	288
Nerang	238
Woodridge	147
Incorrectly allocated	17
I&A unable to be determined	16

13. During the period 1 April 2011 to 31 March 2012, SE RIS made 2848 initial referrals to HOF services and Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS). Over 750 referral updates (a new CCR recorded with additional information in relation to a previously referred family) were also made during this period.

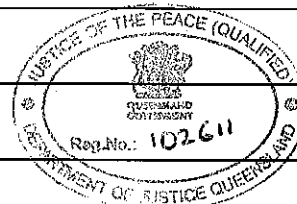
### Service delivery – how well is the child protection system functioning?

14. SE RIS consists of one manager, three TLs and 18 child safety officers (CSOs). It is the first point of contact for reporting and assessing child protection concerns for the South East region including ten CSSCs (Mermaid Beach, Labrador, Nerang, Beenleigh, Cleveland, Woodridge, Logan Central, Loganlea, Browns Plains and Beaudesert). SE RIS operates between 9am and 5pm Monday to Friday and other matters outside of these hours are responded to by the Child Safety After Hours Service Centre (CSAHSC).
15. SE RIS is the largest regional intake service in the state and by virtue of this SE RIS manages the highest volume of intake work. Overall, SE RIS has maintained a stable management team and this has contributed to improving the quality and consistency of intake decision-making across the region. It is noted that SE RIS has been heavily impacted

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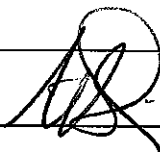
on by high levels of maternity leave within the workgroup however, given the stability and consistency within the management team, this has been able to be managed with limited disruption to CSSCs and other key stakeholders.

16. SE RIS has implemented an individual model of TL roles and responsibilities to manage the human resource (HR) and operational requirements of a large number of intake staff, including the availability of one TL as a "roaming TL" on the floor to provide supervision for the day. This has been successful in providing high level support to intake staff from a HR and operational perspective and ensured a high quality of intake decision-making. This model was required due to the nature of the work received by SE RIS and managing the risk associated with this. Consideration is also given to the possible vicarious trauma associated with CSOs being exposed to reports of child abuse and neglect all day every day.
17. Given the contact (call) centre environment in which the SE RIS operates, SE RIS fosters a culture and philosophy of cooperation, team work, high quality people management, commitment to excellence and a professional ethic to ensure quality outcomes for children and families. This has resulted in a positive culture being developed where staff feel safe and supported to make appropriate assessments in a demanding environment which features a high volume of continuous incoming work.
18. SE RIS is heavily involved in the HOF initiative and the trial of the Queensland Child Protection Guide. SE RIS was funded with four additional CSOs (known as specialist referral officers) to enable referrals (without consent of the family) to be made to HOF in order to better respond to children and families who require support services but do not require intervention by Child Safety Services.
19. When the HOF initiative commenced, SE RIS dedicated one TL and the majority of the manager's time to its implementation across three trial sites, Logan, Beenleigh\Eagleby\Nerang and Gold Coast. This dedicated time ensured that frequent communication was open and honest and well established local relationships were formed with a mutual respect, where all parties were clear on each others roles and responsibilities. The interface between SE RIS and the HOF services has been highlighted as a key factor in the successful implementation of HOF.
20. There was also a particular focus on the TL and manager assisting HOF agencies in their understanding of intake decision-making processes and statutory threshold. This resulted in very few referrals by the SE RIS being deemed inappropriate by HOF agencies. Further to this, HOF agencies have reported that referrals from other agencies (government and non-government) have been just as complex as referrals from SE RIS.

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

21. **HOF** – also referred to in the statement of Antoine Payet, Acting Regional Director, South East Region, Department of Communities, Child Safety and Disability Services, dated 26 September 2012.
22. The success of the HOF implementation and the subsequent support being provided to children and families in the South East region was due in part to the good will of the HOF agencies to operate within tight implementation timeframes whilst enduring a changing program model. This agility allowed for the best possible program model (at the time) to be implemented such as referral pathways being opened up to allow direct referrals from other

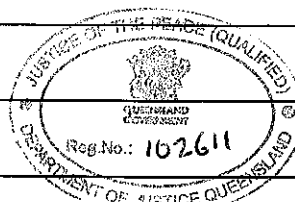
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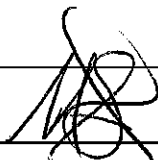
government and non government agencies and also self referrals, so that the right families get the right service at the right time.

23. Further work is currently underway to ensure that the referral criteria for Child Safety Services and the current referral pathways maximise the number of appropriate families being referred to HOF and the rates of engagement. Early data indicates that referrals to HOF from agencies other than SE RIS have a higher engagement rate with families.
24. The clear governance structure developed for HOF has enhanced service delivery and identified service delivery gaps within the trial sites. This structure consists of three levels - local alliance, managerial alliance and executive alliance. The Family Support Alliance (FSA) services were funded to provide a local level alliance within the three trial sites and play a significant role in relation to service capacity and gaps, undertaking projects on key issues such as homelessness. The managerial alliance aims to identify and resolve systemic barriers that impact on effective responses to providing better outcomes for children and their families, an example being the Domestic and Family Violence Working Group (DFVWG). The DFVWG provides a continuous improvement process to ensure the HOF initiative has a service delivery model that provides an appropriate, timely and effective response for families experiencing significant levels of domestic and family violence. An escalation process to the executive alliance allows for systemic gaps and issues to be addressed at the highest level.
25. The HOF Project Team within the department has proved to be a valuable resource during implementation as a link between the HOF agencies and departmental staff in regional and central office. This team has led the managerial alliance and the formulation of the resulting working parties in an attempt to resolve service delivery gaps and issues.
26. The **Queensland Child Protection Guide** (the CP guide) is currently being trialled (during 2012) in the South East region within Queensland Health, Gold Coast Health District only, and the Department of Education, Training and Employment (DETE). The guide is in early stages of implementation and there is no formal evaluation at this point in time.

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

27. SE RIS works in partnership with many government and non-government agencies in relation to the safety and well-being of children and families, most significantly the following:
  - Suspected Child Abuse and Neglect (SCAN) core member agencies
  - Recognised Entities (REs)
  - HOF, Referral for Active Intervention (RAI) and ATSIFSS services
  - Domestic and Family Violence services
  - Youth Justice (YJ) services.
28. Regional partnerships and networks remain a priority and SE RIS continues to have strong productive relationships with key stakeholders. The majority of stakeholders are satisfied with the streamlining and simplifying of the reporting process created by establishing RIS teams and appreciate timely access to dedicated regional intake officers who have comprehensive local intelligence.

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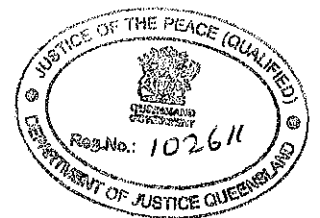
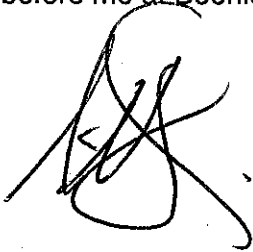
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**Current challenges – what needs to be fixed and what if any policies and procedures may be negatively impacting on the way services are delivered?**

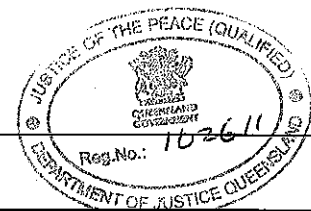
29. The volume of intake reports not meeting the statutory threshold is a current challenge. As the departmental data indicates, approximately 60 per cent of these reports come from Queensland Health (QH), DETE and the Queensland Police Service (QPS). Greater use of the CP guide hopes to achieve more appropriate targeting of reports to Child Safety Services and ensure more direct referrals to family support services for more timely intervention.
30. Differing legislation, policies and procedures within QH, DETE and QPS in relation to the definitions of harm/significant harm is another current challenge. Alignment of definitions within legislation across agencies and also within policies/procedures and the CP guide would assist in a reduction of reports being made to Child Safety Services so that statutory resources could be focussed on the needs of tertiary clients.
31. With the increasing collaboration and alignment between government and non-government services, that is, HOF and ATSIFSS initiatives, another current challenge is the significant increase in the volume of referrals being made to secondary services. There is a need to ensure that we move towards systems that are aligned to avoid duplication, such as the interface between the Child Safety Integrated Client Management System (ICMS) and the Community Sector Information System (CSIS).

Declared before me at Beenleigh this 26<sup>th</sup> day of September 2012.



*J. McKern*

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*J. McKern*