Submission to the Queensland Child Protection Commission of Inquiry

Queensland Council of Social Service

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QCOSS
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WORKING FOR A FAIR QUEENSLAND

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Executive summary

This submission to the Queensland Child Protection Commission of Inquiry is provided by the Queensland Council of Social Service (QCOSS). QCOSS is a peak state-wide body for the health and community services sector in Queensland, with over 650 members across the state.

QCOSS advocates for a fair, inclusive and sustainable Queensland. QCOSS provides a voice for Queenslanders affected by poverty and inequality; leads on issues of significance to the community services sector; and contributes to national issues through membership in the nation-wide COSS network.

This submission refers specifically to the Commission of Inquiry's aim of examining:

a) the effectiveness of the current child protection system and whether the current use of resources is adequate or could be used more efficiently; and
b) specific issues relating to the exiting of children and young people from care.

The cost of child protection services and Out of Home Care (OOHC) are increasing at an unsustainable rate. At the same time very little investment is being given to services that could avert the need for costly crisis services associated with the child protection, health and criminal justice systems.

The families and children most at risk of coming into contact with the child protection system are vulnerable families and children who are in need of intensive support. These include families on low incomes, young parent families, sole parent families, Aboriginal and Torres Strait Islander families, families from Culturally and Linguistically Diverse communities (CALD), families with a parent who has a disability, and families experiencing issues with housing, domestic violence, substance abuse or mental illness.

Unless serious efforts are made to address the multiple risk factors characterising vulnerable families, rates of child abuse and neglect will only increase and the cost of the child protection system will continue to rise.

The child protection system must be redesigned to place greater emphasis on prevention and early intervention. Rebalancing investment towards prevention and early intervention is critical to achieve positive outcomes for children and families. Realigning services to focus on improving outcomes for vulnerable families and children must include interventions aimed at addressing core social determinants, such as education, employment and housing. This will have positive long-term impacts on workforce participation and economic productivity, reduce the incidence of child abuse and neglect and reduce the cost of child protection. It will also reduce associated health and criminal justice systems costs.

Priority Actions
The following diagram represents critical elements of a realigned child protection system (see Figure 1, below). It includes six evidence based actions and three enablers required to reorientate the child protection system towards prevention and early intervention, facilitate improved outcomes for families and children and reduce the costs of crisis services associated with the child protection system.

Figure 1: Key elements required to rebalance the child protection system in Queensland

Priority 1: Reduce barriers to employment for vulnerable families
Access to wrap around employment support for vulnerable families will lessen the risk of child maltreatment. This should include services that provide education and training assistance, help with securing housing and support to address issues associated with poor mental and physical health, drug and alcohol dependence, domestic violence and other barriers to employment.

Priority 2: Develop targeted maternal and child health service for vulnerable families
A targeted maternal and child health service will respond specifically to the needs of vulnerable families and their children. This service should include: non-stigmatising entry pathways; flexible delivery modes; well-trained and competent staff; advice and support

attuned to the needs of the family; referral and brokerage; and culturally appropriate delivery models.

Priority 3: Improve access to Early Childhood Education and Care (ECEC) for vulnerable families
Improved access to ECEC will provide vulnerable children with opportunities at a critical time in their development. ECEC services should: be affordable for low income families; be culturally safe for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) families; be easily accessible to vulnerable families and provide practical support to parents.

Priority 4: Strengthen existing intensive family support services
A coordinated state-wide approach to intensive family support will provide vulnerable families with opportunities to access services when, where, and for as long as they need them. These services should be orientated towards building protective factors, strengthening family functioning and addressing child development needs.

Priority 5: Streamline intake and referral systems for support services
Redesigning intake and referral systems to include community based entry points will create easier access to intensive family support for vulnerable families and children. This should include the capacity for families to self-refer to relevant programs.

Priority 6: Improve planning for young people exiting from care
Earlier multi-agency, intersectoral care planning - well in advance of a young person exiting from living in care - will provide young people with the best chance of success. This should include opportunities for young people to have contact with relevant support services and access to education and training opportunities before a young person exits from care.

Priority 7: Develop a whole of government prevention and early intervention strategy
A comprehensive prevention and early intervention strategy will guide the implementation of a whole of government approach to prevention and early intervention. The strategy should be driven by defined outcomes and supported by more integrated policy, program and service delivery for vulnerable families and children.

Priority 8: Enhance government and non-government partnership processes
A partnership approach requires multidisciplinary, intersectoral consultation and engagement to share collective knowledge in the deliberation of strategic issues relating to child protection in Queensland and to make recommendations to the Queensland government on how to deliver the best care and support.

Priority 9: Create a centre for excellence
A community sector based centre for excellence will support the shift to an outcomes based approach and ensure that evidence based best practice is applied in the delivery of family support programs aimed at vulnerable families and children.

The individual and community costs of child abuse and neglect

The social and economic costs of child abuse and neglect are overwhelming. This includes both short and long-term costs and costs to individuals, families, communities and society as a whole.

In a report produced by Access Economics, Taylor *et al* (2008) have attempted to estimate the costs of child abuse and neglect in Australia to the health, criminal justice and protection and care systems, as well as estimating various educational and productivity impacts associated with child abuse and neglect. Many of their findings are summarised here to demonstrate the significant human and economic impacts of child abuse and neglect.

According to Taylor *et al* (2008) the cost of child abuse and neglect includes:

- the provision of care and other services for vulnerable children and families and managing and administering these complex systems;
- employing doctors, nurses, police officers, social workers, judges, probation officers and others whose responsibility it is to respond to situations of childhood abuse and neglect;
- the impacts on employment, workforce participation and economic productivity; and
- the emotional, psychological and physical costs to affected individuals and families.

According to Taylor *et al* (2008), there are also a range of second generation impacts for individuals exposed to child abuse and neglect, including:

- juvenile delinquency
- adult criminality
- intergenerational transfer of child abuse and neglect
- homelessness
- prostitution

Child maltreatment is also associated with poorer outcomes in terms of educational attainment and employment.

Maltreated children have lower educational achievement, are more likely to receive special education and to experience decreased school attendance and performance. Children who have been abused or neglected are more likely to be employed in menial or semi-skilled occupations (Gilbert *et al* 2009); have lower rates of participation in full time employment; and higher rates of participation in casual or part time employment (Taylor *et al* 2008).

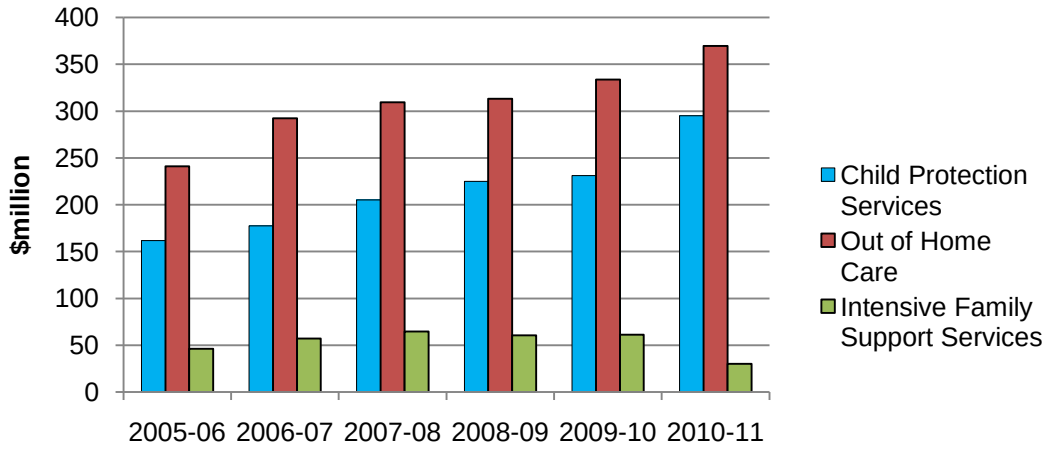
Aside from the social and economic impacts on victims of child abuse and neglect, there are significant economic impacts for society. Taylor *et al* (2008) have estimated that the cost of child abuse and neglect to the wider Australian community was in the order of $10.7 to $30.1 billion in 2007. On a population share basis, it is estimated that the cost of child abuse and neglect in Queensland would have been between $2.1 and $6.0 billion in 2007[i].

The high cost of tertiary child protection systems

Aside from the indirect flow on effects of child abuse and neglect there are significant year-to-year costs associated with child protection. In 2010-11, approximately $2.8 billion was

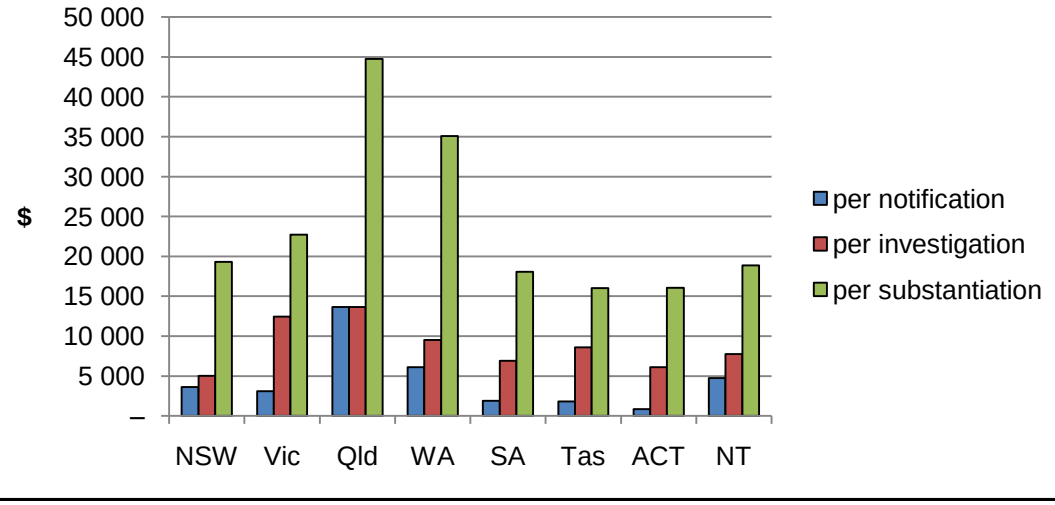
spent on child protection and out-of-home care (OOHC) services nationally (SCRGSP 2012). In Queensland, the cost of these services was $664 million over the same period (refer Graph 1, below). The costs to the Queensland government from child protection are rising rapidly. Between 2005-06 and 2010-11, the cost of child protection increased by an average of 17 percent per year and the cost of OOHC increased by an average of 11 percent per year.

Graph 1: Costs associated with the Child Protection System in Queensland, 2005-06 to 2010-11 (Source: AIFS 2012)



When compared to other states, Queensland spends a disproportionately high amount of money on child protection services. As Graph 2 below shows, Queensland's annual recurrent expenditure on child protection activities per notification, investigation and substantiation was significantly higher than any other state or territory in 2010-11.

Graph 2: Annual real recurrent expenditure on child protection activities per notification, investigation and substantiation in 2010-11 (Source: SCRGSP 2012)



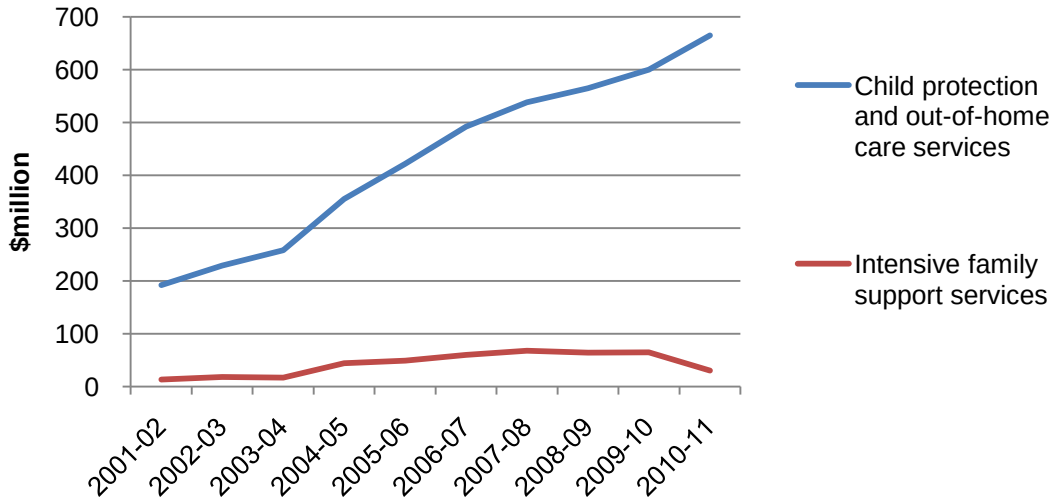
Limited investment in prevention and early intervention
While Taylor *et al* (2008) have estimated that child abuse and neglect has resulted in significant costs to the wider community, they also found that investment in activities to prevent child abuse and neglect, including activities to promote better parenting and family relationships[ii], was limited in comparison.

Taylor *et al* (2008) found that state and federal governments across Australia invested approximately $1.16 billion in activities to prevent child abuse and neglect in 2007-08. Based on this figure it is estimated that the total investment in activities aimed at prevention, using a population share basis, would have only been around $231 million in Queensland in 2007-08.

As it is shown in both Graph 1, above, and Graph 3, below, funding to intensive family support services[iii] in Queensland has been significantly lower when compared to the amount of money spent on child protection and OOHC. Funding for intensive family support services in Queensland rose off a low base of $46 million in 2005-06 to around $60 million per year between 2006-07 and 2009-10 before falling to $30 million in 2010-11.

This is despite the fact that the majority of inquiries into child protection systems in the last decade, both in other mainland states and internationally, have all strongly advocated for increased spending on prevention and early intervention.

Graph 3: Total real expediture on child protection and out-of-home care compared to intensive family support services in Queensland from 2001-02 to 2010-11 (Source: SCRGSP 2012)



Why focus on prevention and early intervention?
Prevention and early intervention is based on an understanding that there are a range of factors that can be used to predict if a child is at greater risk of social, emotional and behavioural problems. The prevalence of these risk factors in Australia is high and increasing (Sanson *et al* 2011). Addressing the factors that contribute to the development of complex social, emotional and behavioural problems early can avert the need for using costly crisis interventions to deal with situations later in life.

While a full list of risk factors can be found in Appendix A, a number of key risk factors have been strongly correlated with a higher incidence of child abuse and neglect. These include (Taylor *et al* 2008):

- disability
- low socioeconomic status (often concomitant with sole parent family)
- social isolation
- homelessness
- parental substance misuse
- parental mental illness
- domestic and family violence
- parents abused or neglected as children

Comprehensive assessment of need and the provision of interventions and services to people at risk early will have positive impacts on reducing the incidence of child abuse and neglect and the costs associated not only with the child protection system, but also criminal justice and health systems.

An important means of reducing the negative impact of these risk factors is by actively working with families and children to develop a number of protective factors, such that the positive effect of these protective factors outweighs the negative effect of the risk factors (Viljoen 2010). It is the disproportional influence of risk factors relative to protective factors that defines families and children as being vulnerable and thus in need of assistance and support (Moore 2011).

Programs and services that helps parents manage their disability or mental illness, improves a family's socio-economic status, provides access to secure housing, and addresses substance misuse issues or domestic and family violence will significantly and actively work to build up a family's protective factors and thus reduce the risk of child abuse or neglect. Ultimately, this will impact on the long term costs associated with intensive health, criminal justice and child protection interventions, which are currently relied upon.

Rebalancing the system

Strong national and international evidence supports the call for a greater focus on prevention and early intervention. These range from longitudinal studies (such as *Growing Up in Australia: A longitudinal study of Australia's children)*; research generated through a broad range of specialised research institutes and organisations (including education, economic, health, and social welfare); and data from evaluation of programs and services. A newly emerging discipline of prevention science is also being developed by leading researchers in Australia to focus attention on the importance of prevention and early intervention (Sanson *et al* 2011).

The child protection system needs to be recognised as a continuum that extends from primary, secondary and tertiary prevention to statutory interventions. The current system is skewed heavily towards the statutory end of the continuum. The system needs to be rebalanced to give prevention and early intervention more focus. A more balanced investment will deliver positive outcomes for children and families and avoid reliance on the statutory interventions.

The families and children most likely to come into contact with the child protection system are vulnerable families and children who are in need of intensive support. These include families on low incomes, young parent families, sole parent families, families with a parent

who has a disability, and families experiencing issues with housing, domestic violence, substance abuse, mental health or child protection. Aboriginal and Torres Strait Islander families and families from Culturally and Linguistically Diverse communities (CALD) are also at increased risk of coming into contact with the child protection system and in need of intensive and specialised family support services.

While family and child development needs to be addressed through services and systems available to the whole population (universal services), targeted interventions and specialised services are also required to meet the needs of vulnerable families and children.

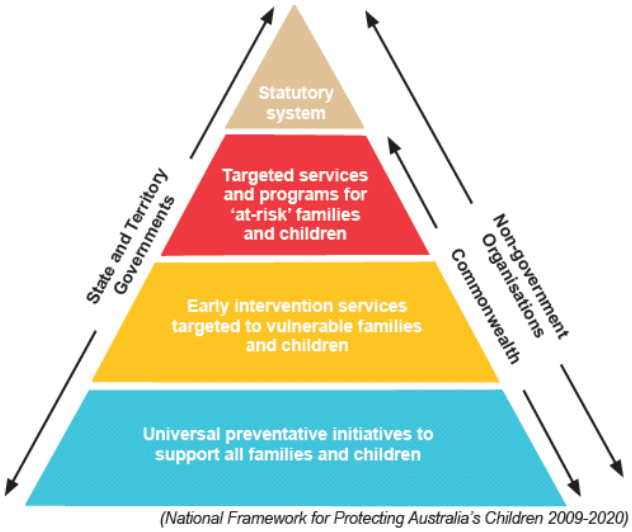


Figure 2 – A System for Protecting Children
(Source: Council of Australian Governments 2009)

Some vulnerable families are disconnected from or avoid contact with universally available systems. Some services are unable to meet the needs of vulnerable families and children through inflexible funding arrangements and service delivery restrictions. While some families don't know about support services or see little value in them, in many cases services are working against a significant level of 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. The system should be designed around client need, including services which are trusted and accessible. This includes community based and specialised services.

Prevention and early intervention approaches also need to identify sub-populations at greater risk of contact with the child protection system and commit an appropriate level of resources to target services or strategies where required. In particular, consideration needs to be given to the unique risk factors and challenges faced by Aboriginal and Torres Strait Islander families; families from a Culturally and Linguistically Diverse (CALD) backgrounds; and families where a parent, carer or child had a disability. Each of these sub-populations have been shown to be either overrepresented in the child protection system or as having specific needs that require targeted interventions.

An outcomes based approach
A rebalanced system needs to be firmly grounded in evidence and driven by outcomes. For example, the Centre for Excellence in Outcomes in Children and Young People's Services (C4EO) in the United Kingdom has developed a series of evidence based themes aimed at improving outcomes for children and young people.

In Australia the Australian Research Alliance for Children and Youth publishes a report card each year on eight domains relating to the health and wellbeing of young Australians, which are:

- material wellbeing
- health and safety
- education, training and employment
- peer and family relationships
- behaviours and risks
- subjective wellbeing
- participation
- environment

Each domain has a range of indicators and associated measures. Queensland needs to build on this work to identify positive outcomes for children and build a rebalanced system around the delivery of these outcomes.

Evidence suggests there are some core prevention and early intervention strategies that will achieve positive outcomes for children and families resulting in less need for statutory child protection intervention. Each of the following strategies is outlined further in this submission:

- Reducing barriers to employment for vulnerable families.
- A Maternal and Child Health service that is targeted at vulnerable families, providing mothers and children with specific health and wellbeing supports.
- Increased access to quality Early Childhood Education and Care (ECEC) services for vulnerable families from the earliest possible age.
- Increased access to intensive family support services for vulnerable families.
- Redesigned intake and referral processes to make it easier for families to get the help they need without being referred to child safety services.
- Early support for young people exiting from care to assist their transition from care.

A greater focus on prevention and early intervention requires several mechanisms to support its implementation.

- A whole of government prevention and early intervention strategy;
- Stronger partnerships between the government and non-government sectors; and
- A centre of excellence to support evidence based best practice including the practical application of research into policy and program development and service design.

Priority 1: Reduce barriers to employment for vulnerable families

Child maltreatment emerges when families do not have access to the vital resources they need to enhance family and child wellbeing. Improving employment outcomes for vulnerable families depends greatly on the capacity of an individual to address educational deficiencies as well as issues related to housing, alcohol and drug abuse, domestic violence, disability, mental health and other basic issues, which reduce the likelihood of an individual being able to secure meaningful employment.

Children living in households characterised by poverty and chronic unemployment are more likely to experience poor outcomes in a number of areas. Research conducted in the United States has found that increasing unemployment is directly correlated with an increasing incidence of child maltreatment (Zagorsky *et al* 2010). Research in the United Kingdom has shown that persistent poverty damages a young child's cognitive development, partly because it reduces the capacity of parents or carers to positively contribute to a child's development (Rainsberry and Budge 2012). As Taylor and Edwards (2012:3) have shown children in public housing and private rental households, those who are typically living on lower incomes, have 'lower levels of receptive vocabulary and higher rates of emotional or behavioural problems'. Evidence also suggests that children in jobless families are at a much higher risk of growing up jobless themselves (Whiteford 2009) contributing to a cycle of joblessness and poverty.

Vulnerable families struggle with unemployment because they lack a number of basic skills required to secure and maintain employment. Access to education and training, particularly on-the-job training, provides individuals with opportunities to develop skills and experience that can be used to secure meaningful employment. This requires programs and training opportunities that can help develop these skills.

On a more basic level, a set of fundamental barriers exist that reduce the capacity of individuals to participate in education, training and employment. Aside from the obvious issues related to drug and alcohol dependence, domestic violence, mental illness and disability there are also a number other barriers. Vulnerable families may not have the resources required to look for and secure work, which many people take for granted, especially if they have been out of work for a long period of time. In particular, individuals may need flexible, tailored and hands on mentoring and support to deal with health, housing, transport or legal issues.

Addressing these barriers requires access to a network of local service providers offering complementary supports that improve employment readiness. An effective employment support program would provide a case management approach where staff could devise ways of addressing specific employment barriers. This includes the use of brokerage funds as a flexible tool to match clients with relevant support services in their local area. It would also have the capacity to link clients with assistance to eliminate economic barriers to employment, such as access to child care subsidies or transport assistance. The service would also provide support for clients to secure housing.

Priority 2: Develop targeted maternal and child health service for vulnerable families
There is strong evidence to suggest that vulnerable families and children benefit from interventions aimed at promoting the health and wellbeing of mothers and children. Maternal and child health services, particularly those which include a home visiting service, have been shown to elicit long-term positive impacts for vulnerable families and children (Higgens *et al* 2006).

Maternal and child health services focus on promoting positive health and wellbeing outcomes for children and mothers through the delivery of a defined set of home visiting or centre based activities. Trained early childhood nurses provide families with a range of relevant health care services, education and referral in the prenatal and antenatal periods (up to the age of three years in many cases).

Support can include advice and information about family functioning, child health and child development as well as referral information about health and mental health services, childcare, early childhood education, literacy and other social services (Higgens *et al* 2006). There is evidence to suggest a number of key benefits accruing from the delivery of a quality maternal and child health service. These include (DOCS 2005, 2008; Higgens *et al* 2006; Olds *et al* 2010; Watson *et al* 2005):

- Early identification of known risk factors for child abuse and neglect;
- Capacity to identify families needing extra support and the type of support needed;
- Opportunity to observe the environment in which families live (in the case of home visiting);
- Ability to target interventions at key child developmental stages;
- Opportunities for referral to specific health and community services;
- Ability to provide practical advice to parents;
- Capacity to improve outcomes for parents e.g. social inclusion, confidence, education and employment participation; and
- Reduced incidence of child maltreatment

One of the key difficulties of implementing a maternal and child health service is the capacity of such programs to engage and secure the participation of vulnerable families. It is vital that the Queensland Government's new Maternal and Child Health Service engages vulnerable families and children. There are important questions about how this service will interact with Queensland Health's Health Home Visiting (HHV) program.

The HHV service is currently offered to vulnerable families participating in the Helping out Families (HoF) intensive family support service. The new maternal and child health service requires trained staff, service flexibility and clear referral pathways to meet the needs of vulnerable children and families.

Maternal and child health staff must have the capacity to assess risk factors, the knowledge and resources to provide additional support when required and the ability to refer clients to relevant support services offered through the health and community service system. This requires investment in specialised training, professional development and networking opportunities for staff.

To be effective the service must also be flexible and culturally appropriate. There needs to be opportunities for people to access the service from a range of entry points including home visiting and centre based services. This is particularly important to meet the needs of children and families from a diversity of cultural backgrounds who might otherwise avoid

contact with such services because they do not meet their specific needs, fail to provide cultural safety or acknowledge differences in cultural practice.

As a specific strategy, home health visiting is an important means of delivering maternal and child health services to mothers. Summarising the current research and evidence for health home visiting, Moore (2011) has identified a number of features of effective visiting programs that should be considered when developing a program of this nature. In general, home visiting is more beneficial when:

- Prenatal and postnatal home visits are combined;
- Programs promote actual parenting skills, parent-infant interaction and direct and indirect provision of resources;
- Either initial need is greatest and/or where parents perceive that their children need the services;
- There is a quality relationship developed between home visitor and parent;
- Home visits are frequent enough and sustained long enough to accomplish meaningful change in a parent's knowledge levels, skills, and ability to form a strong positive attachment to the infant;
- Programs that have a clear program logic that links specific program elements to specific outcomes;
- Programs are run by well-trained and competent staff;
- There is high-quality supervision, including observation of the provider and participant; and
- Programs have strong linkages to other community resources and supports.

Priority 3: Improve access to Early Childhood Education and Care (ECEC) for vulnerable families

One of the most cost effective ways of supporting young children and families is by facilitating participation in Early Childhood Education and Care (ECEC) services. These include a range of services available to children from birth to school age, including: child care; kindergarten; children and family centres, early years health and wellbeing programs; playgroups; dedicated Aboriginal and Torres Strait Islander children's services; and Prep-year. Participation in early learning has been shown to have significant positive impacts on children's development, particularly for children from a disadvantaged background.

There is strong evidence that participation in early childhood learning improves school readiness, strengthens educational outcomes[iv,v] and contributes to improved outcomes in employment, health and other areas[vi,vii] (Campbell & Ramey 2000; Mustard 2007; PwC Australia 2011; Viljoen 2011).

Participation in early learning opportunities provides a means of addressing some of the significant risk factors facing vulnerable families and provides opportunities to develop the protective factors critical to improving long term outcomes for children.

Evidence also suggests that targeting interventions at the early years of a child's life brings greater returns on investment. As Carneiro and Heckman (2003) have argued (see Figure 3 below) human capital investment in early childhood provides optimal returns on investment than at any time during a child's life.

Another significant benefit of reducing barriers to early childhood learning services is that it promotes greater workforce participation (PwC Australia 2011). As de Barros *et al* (2011) have found, for example, the provision of free child care in Brazil increased labour force participation and household income amongst low income families.

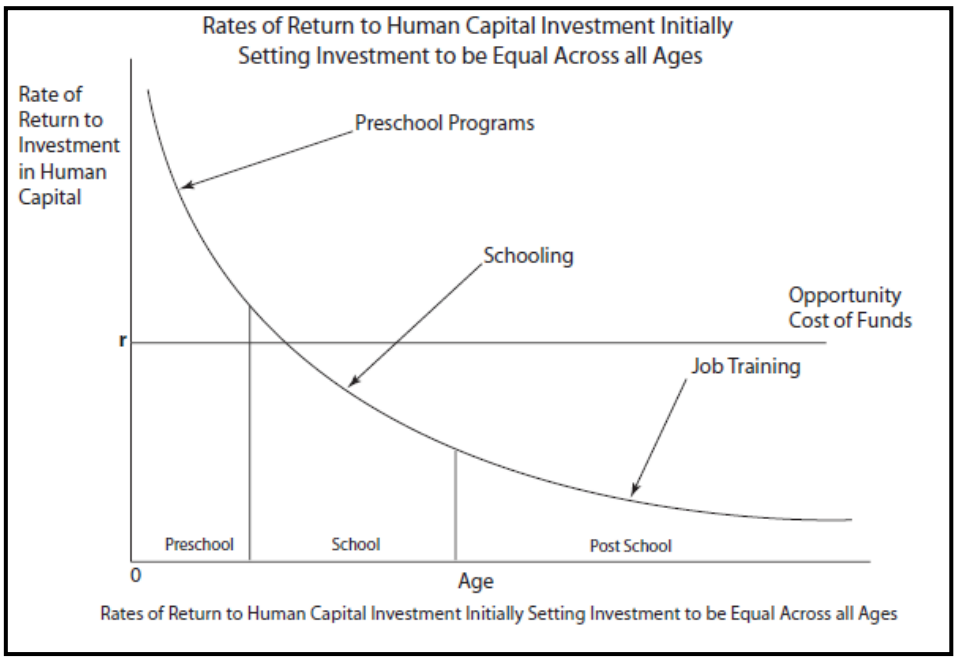


Figure 3: Optimal investment in human capital by life cycle (Source: Carneiro and Heckman 2003)

PwC Australia (2011) have suggested that ECEC services should be universally accessible regardless of a family's capacity to pay to ensure that benefits of early learning are equitably distributed. Such a move would bring Queensland in line with a number of OECD countries, such as Finland, which place a strong value on the contribution of early childhood education.

In Australia, investment in these early years of childhood development is lower than at any time in a person's life. As Figure 4 below shows, public expenditure in the years before school in Australia is lower when compared with public expenditure in any other time in a person's life. This mismatch between investment and optimal return appears to fly in the face of an approach, which would prioritise prevention and early intervention.

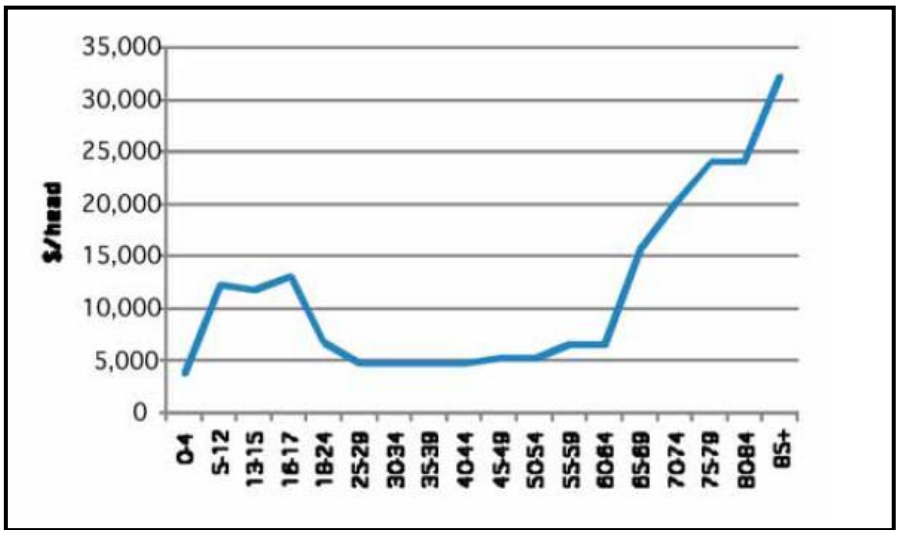


Figure 4: Approximation of Australian Public Expenditure per Head (Excluding Redistribution Through the Tax System), Allocated by Age, 2006–07 (Source: Taylor *et al* 2008)

There is significant reason to be concerned about the lack of investment in early childhood. As demonstrated in Graph 4, below, Queensland has significantly poor educational outcomes for children in terms of the development of critical language and cognitive skills[viii], when compared to other states.

As the graph demonstrates, Queensland had a high proportion of children entering school who were classified as developmentally vulnerable or developmentally at risk with regards to their language and cognitive skills in 2009[ix]. An important reason for this high number of children with developmental vulnerability in language and cognitive skills is the low rates of participation of Aboriginal and Torres Strait Islander children in kindergarten and Prep-year.

A deficit in language and cognitive skills is problematic as it increases the risk of children struggling to learn once they attend school. As it has been noted in a policy brief produced by the Murdoch Children's Research Centre's Centre for Community Child Health (2008:2) the early development of capacities that promote school readiness are important because:

> *[l]ife trajectories for children become increasingly difficult to change as differences in skills and abilities become entrenched and initial differences between school ready and school unready children are amplified.*

Graph 4: Language and cognitive skills as children enter school, 2009 (Source: SCRGSP 2012)

This compelling evidence highlighting the importance of early childhood development and the poor outcomes for children in Queensland points to a need for greater investment in ECEC services and actions to ensure vulnerable children are able to adequately participate in early childhood learning.

This is not to ignore that significant changes have been put in place over the past few years to improve the accessibility to and quality of early childhood services in Queensland. Queensland has recently introduced a universal Prep-year, invested funds in developing kindergarten year services, introduced a number of early childhood learning centres in areas of high disadvantage and provided concessions for Health Care Card holders to reduce the costs of kindergarten for low income families.

This has been matched at the national level, by the development of the Early Years Learning Framework (EYLF), the National Quality Framework for Early Child Education and Care (National Quality Framework), quicker access to the 50% Child Care Rebate as well as specific funding and programs to improve access to quality early childhood services for Aboriginal and Torres Strait Islander families. These changes have all been positive and provide a solid basis for the future development of a quality early childhood system.

Despite these positive changes there still exists a range of significant barriers to the participation of vulnerable children in quality ECEC services. The most significant of these is the costs associated with early childhood. Many vulnerable families still find it difficult to access high quality ECEC services simply because of the high cost. Further investment is needed to roll out more early childhood learning centres as well as mechanisms to enable vulnerable families' greater access to paid services.

Aside from the obvious barriers to access posed by the cost of early childhood, there are also barriers to children learning and development relating to the parental situation. There is strong evidence to suggest that positive outcomes for children depend greatly on the capacities of parents or carers to provide conditions conducive to a child's learning and development. For vulnerable children and families, a combined approach, which targets both child and parent is more effective than a single intervention.

Research from the United Kingdom has demonstrated that persistent poverty adversely affects a parents' ability to take an active role in their child's learning (Rainsberry and Budge

2012). Evidence from the Pathways to Prevention program in South-East Queensland, has shown that outcomes for young children can be improved when high quality early education is combined with interventions to support parents or carers (Homel *et al* 2006).

To combat this, vulnerable families should be supported to access programs that give them access to a range of services, such as advice and information about family functioning and child health and development, as well as referral to health services, literacy and other social services, which help them to engage better in their child's learning.

Participation in ECEC services can be particularly difficult for children from certain social, economic or cultural backgrounds. For example, the kindergarten program participation rate for Aboriginal and Torres Strait Islander children was only 56% in 2011 (Department of Education, Training and Employment 2011).

Aboriginal and Torres Strait Islander families may find services unwelcoming because they do not provide a culturally appropriate environment with culturally competent staff or fail to respect and acknowledge traditional childrearing practices (Sims 2011). Some families may not engage with ECEC services until a trust relationship is established. This can take time.

There are a range of strategies to improve the participation of Aboriginal and Torres Strait Islander children in early learning. These include (Sims 2011; Ware 2012):

- locating services close to Aboriginal and Torres Strait Islander populations;
- providing low- or no-cost services for low-income families;
- enabling continuity of service from pre-pregnancy through to middle childhood; co-location of services;
- employing Aboriginal or Torres Strait Islander staff;
- improving cross-cultural skills of staff;
- flexible program designs with multiple entry points;
- involving Aboriginal and Torres Strait Islander communities in the design and implementation of early childhood interventions;
- providing choice between dedicated and mainstream services; and
- involving extended kinship networks.

Priority 4: Strengthen existing intensive family support services
Intensive family support services are programs which target support to vulnerable families with the aim of ensuring better family functioning and thus improvements in the safety, care and wellbeing of children.

The services seek to achieve family preservation or reunification depending on the circumstances. Preservation of the family is the aim when concern is raised about the care of a child and reunification when families and children have been separated as a result of a child protection order.

Intensive family support encompasses, amongst other things: assessment and case planning, parenting and skill development, counselling, anger management, financial support, mediation and referral and brokerage to support services. In general, these services are delivered by non-government organisations (Tilbury 2012).

Currently, there are five intensive family support programs funded by the Queensland state government (information about each of these services can be found in Appendix B).

- Referral for Active Intervention (RAI)
- Helping out Families (HoF)
- Aboriginal and Torres Strait Islander Family Support Service (ATSIFSS)
- Family Intervention Services (FIS)
- Fostering Families

The current intensive family support services funded by the Queensland Government show great promise. RAI has been evaluated and shown to have reduced the rate of subsequent reporting to Child Safety Services. The RAI evaluation also found improvements in the relationships between children and their family, improved family functioning, reductions in social isolation, as well as improvements in child's language and behaviour and increases in the confidence and self esteem amongst mothers (Department of Communities 2010). While HoF is a relatively new program and yet to be fully evaluated, anecdotal evidence suggests that the impact of the program has been positive so far.

To be fully effective these services need to be strengthened and expanded. As discussed earlier, funding for intensive family support services in Queensland has been both inconsistent and inadequate. Actual investment in intensive family support services was only $30 million in 2010-11 (SCRGSP 2012).

With limited funding, intensive family support services such as RAI, HoF and Fostering Families will be unable to meet the demand for their services. While FIS services exist throughout Queensland for the primary purpose of family reunification, access to early intervention services, such as HoF, RAI and the new Fostering Families program, is limited to specific geographical areas (see Appendix C for details). An added investment of resources would enable RAI, HoF and Fostering Families to be rolled out across the state to ensure that more families can access the services when and where they need them.

A significant issue with the current suite of intensive family support services is referral and engagement of families. To be effective, family support services need to be both non-stigmatising and useful (Tilbury 2012). Because RAI, HoF and Fostering Families are strongly associated with the child protection system this attaches a stigma to the service, which may deter 'harder to reach' or more vulnerable families.

The lack of 'soft' or community based entry points for referral (refer to Box 1 for two examples of soft or community entry points), reduces the capacity of these services to be able to engage families early in a non-stigmatising way. Systems need to be put in place to enable community based referral, similar to the Child FIRST system currently operating in Victoria (outlined in more detail in the next section). Systems also need to be put in place to enable vulnerable families the opportunity for self-referral through a variety of entry points.

Another significant issue with the current system of intensive family support services is the duration of the service offered to families. Vulnerable families and children should be able to access services for as long as they need them not based on an arbitrary allocation set by service contracts.

As the evaluation of RAI and anecdotal evidence from the operation of HoF have shown, it is difficult to deliver meaningful change to families under the six month time limits allocated to these services. 'Hard to reach' families may take up to two months simply to engage, which can reduce the capacity of the service to facilitate meaningful change with the remaining time available (Department of Communities 2010).

Tilbury (2012) has identified five key elements from the existing research literature, which she argues are critical in developing and implementing an effective intensive family support system. These five elements should be integrated into the design and operation of intensive family support services.

1. *Services must be purposive, planned and matched to need.* Rigorous assessment of need is required to enable services to be carefully matched to the needs of the family. A client centred, case management approach is required to ensure that goals are articulated, supports are targeted and assistance is coordinated.

2. *Relationship-based.* Effective support requires strong relationships between workers and family members. This necessitates highly skilled and trained staff who are supported by quality managers and supervision. Case workers should have small caseloads and be able to maintain a consistency in relationship.

3. *Tangible and non-tangible forms of assistance.* Support should include services to address practical needs, education to promote personal development, clinical or therapeutic interventions to deal with specific challenges and advocacy and referral to assist in dealing with presenting issues.

4. *Adequate dose and duration.* Adequate assessment is required to assess the amount and duration of support required which must be realistic and relative to the needs of the family. It is important to have flexibility to enable the delivery of shorter or longer term interventions where these are required.

5. *Engagement and participation.* Participation in intensive family support requires attention to be paid to the way in which families are engaged. As families are generally referred to services after contact with the child protection system, and participation is voluntary, skills and care are required to ensure that take up is facilitated. Ultimately the service will be judged on how helpful it is to the family.

Box 1: Examples of 'soft' or community entry points to family support services

Supporting Children in Primary Schools (SCIPS) program

The Supporting Children in Primary Schools (SCIPS) program is a specific example of a soft entry point to family support programs. SCIPS emerged from work undertaken by Najidah with the Maroochydore State School to support children of families experiencing domestic violence.

SCIPS is a supported information and referral intervention for families under stress. As a dedicated school-based service, SCIPS offers the dual outcomes of reducing barriers to education for children and developing linkages between the school community and the human service sector. When children in primary school are identified as experiencing barriers to learning, SCIPS engages the child's family and provides them with support to address stressors that may be impacting on the family and thus the child's capacity to learn.

The SCIPS model emphasises the importance of matching a family with community resources and has, with limited resources, achieved significant outcomes.

Neighbourhood and community centres

Neighbourhood and community centres provide an opportunity to link vulnerable families and children to resources and programs. As welcoming spaces located within the community, neighbourhood and community centres provide a non-stigmatising opportunity for members of a local community to seek out advice and referral.

Many neighbourhood and community centres also offer a range of services and programs that already engage vulnerable families, such as food cooperatives, mothers groups, childcare facilities, financial counselling, emergency relief funds, and community events amongst others. These services can provide entry points to information about support programs for vulnerable families and children within a specific community.

Priority 5: Streamline intake and referral systems for support services
Streamlined, integrated and non-stigmatising referral systems are critical for an effective prevention and early intervention strategy. Resourcing existing government and non-government services, such as neighbourhood and community centres, child care facilities, schools and others, to provide clear pathways to support services is critical in reducing the need for costly crisis services.

In the current system, support to vulnerable families is simply not available to families when and where they need it. The current suite of intensive support services offered to vulnerable families are chronically underfunded and geographically constrained. Furthermore, families are not able to access these systems on a self-referral basis, instead having to first be reported to child safety services.

There appears to be a strong disparity between the number of reports of suspected child abuse and neglect and the number of these reports that are actually investigated let alone substantiated. As statistics from 2010-11 show, the total number of reports of harm or suspected harm to child safety services was 112,518. Of these, only 21,655 resulted in notifications and only 6,598 resulted in a statutory intervention (Swan 2012).

As Figure 5 below shows, despite sustaining a declining rate of notifications and substantiations per 1000 children, the rate of Child Concern Reports per 1000 children almost doubled between 2006-07 and 2010-11 in Queensland. This rapid increase in the number of reports to Child Safety Services places significant financial costs on the child protection system where other actions may have been more cost effective and might have brought about better outcomes for vulnerable families.

Given that a great number of the reports of harm or suspected harm relate to parenting capacity, such as stress, parenting skills, mental health or drug and alcohol related issues (Swan 2012), it is likely that many of the families reported to Child Safety Services may benefit from early intervention to support positive family functioning.

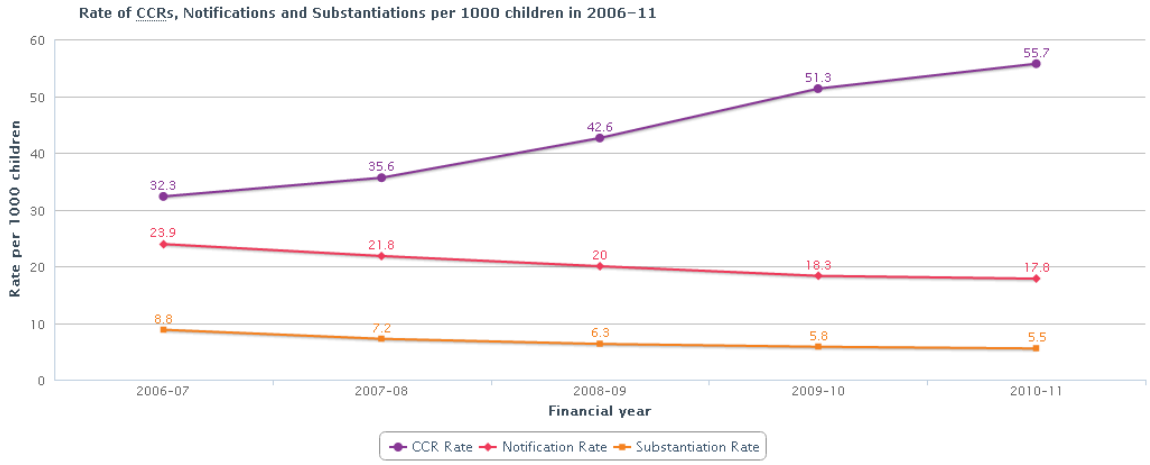


Figure 5: Rate of Child Concern Reports, Notifications and Substantiations per 1000 children in 2006-11 (Source: CCYPCG 2012)

In Victoria, the Child FIRST (Child and Family Information, Referral and Support Teams) system provides a sub-regional community-based referral point into family services (including Family Support Innovation Projects), which can avoid initial contact with Child Safety

Services where this may not be needed. 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 to receive relevant assistance. An important aspect of the system is the capacity to engage vulnerable families without contact with the child protection system.

While this system is not without its problems, it has shown to be effective in reducing the number of families and children reported to child safety in Victoria which has been shown to have lower overall costs associated with its child safety system (refer to Graph 2).

Experience has shown that, for this system to be effective in its operation, a number of measures must be put in place (Victorian Ombudsman 2009).

- Clarity in the roles and responsibilities of the community-based referral point and child safety services.
- Adequate information systems to ensure that case knowledge is complete.
- Both child safety services and community-based referral points have adequate funding and resources to meet demand.
- A child protection officer must be co-located at the community based referral point.

Implementing community based referral along with opportunities for self-referral will increase the likelihood of vulnerable families engaging with family support services, improving outcomes for children and reducing the need for costly crisis services. Greater resources must be directed towards a range of family support programs that increase the skills and capacities of vulnerable families and children.

To be most effective, it is argued that intake and referral systems should ultimately be geared towards self-referral (Box 1, above, provides two examples of soft or community entry points to family support services). This would be the most beneficial as it negates the issues of stigma that vulnerable families attach to family support services facilitating their engagement and participation.

Priority 6: Improve planning for young people exiting from care

The number of young people in Out of Home Care is a significant issue. As at June 2011, the total number of children in OOHC was 7,602 (SCRGSP 2012). Many young people in care are exiting into homelessness because they do not have adequate supports in place to assist them in the transition from care. Often they leave the care of the child protection system without the adequate life skills necessary to obtain and manage a home or the skills required to gain meaningful and sustainable employment. As a result many young people exiting from care struggle to find and maintain adequate and secure housing.

Statistics indicate that 45% of the homeless population in Australia are young people (AIHW 2008). Information collected by specialist homelessness services show that a significant proportion of the homeless population are young people leaving the care of the child protection system.

Furthermore, a significant number of people experiencing chronic homelessness, i.e. people who consistently live without a roof to sleep under, were found to have been living at some time in the care of the child protection system (Orima Research 2008). Consequently, it is expected that the number of young people at risk of becoming homeless will increase as the number of young people in out of home care increases.

Under the Queensland Homelessness Community Action Planning (HCAP) process participants have identified a range of actions required to reduce the number of people experiencing homelessness[x]. HCAP participants have identified the importance of forming therapeutic relationships with young people *before* they exit care as an important strategy for improving outcomes for these vulnerable young people. A significant barrier to early relationship development with transitional services for young people in care is inadequate resourcing. There is also the ongoing issue of client confidentiality, which discourages long term planning and creates barriers to building trust between support services and young people to ensure that young people exiting care can make informed choices about the kinds of support they access. Community service organisations often become involved with a young person only when they are exiting care and not before.

A range of actions have been identified through the HCAP process[xi] aimed at improving outcomes for a young person existing from care. Actions include:

- developing local referral pathways and protocols to ensure referrals are suitable and timely;
- developing shared case/care plans and frameworks including the establishment of multi-agency, intersectoral transition from care panels;
- establishing predictive planning with identified high risk young people;
- identifying education and support options early for young people exiting care;
- developing processes to collect baseline data on young people exiting care;
- resourcing support agencies to enable earlier relationship building and planning with young people exiting from care; and
- developing best practice protocols for the reintegration of young people exiting care.

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Priority 7: Develop a whole of government prevention and early intervention strategy
A comprehensive, whole of government prevention and early intervention strategy will assist in improving outcomes for vulnerable families and children and reduce the costs associated with the tertiary child protection system.

A whole of government strategy needs to identify actions from multiple government agencies to deliver positive outcomes for children and families. This includes actions relation to statutory and non statutory child protection measures, employment, health, housing, family support, education, and criminal justice. It also needs to incorporate more integrated services and client centred service delivery. This requires:

- mechanism to promote integration such as co-location, multi-purpose centres, hub services;
- integrated client assessment;
- community consultation and engagement;
- a skilled workforce;
- new ways of funding based on outcomes;
- new ways of administering programs;
- long term commitment to realise the benefits of integration;
- trust and communication between agencies; and
- commitment and support from senior levels of government

Key elements include:

- central agency oversight to ensure that prevention and early intervention is prioritised and valued across all government departments;
- clear responsibilities of each government department with regard to vulnerable families, the programs that will be used to targeted assistance and the measures used to assess positive progress in reducing the representation of vulnerable families in the child protection system;
- mechanisms to support integrated service delivery to ensure services are designed around the client;
- a strong focus on evidence based policy, program development and service delivery; and
- comprehensive outcome measures supported by data collection and analysis.

Priority 8: Enhance government and non-government partnership processes
Strong partnership between government and non-government organisations, including front line service providers, is vital to improving outcomes for families and children. Non-government service providers have critical on-the-ground knowledge, which should be used to improve service provision to vulnerable families. This requires the development of processes and mechanisms to enable non-government sector representatives to engage effectively with government in developing policy and programs. Partnership between the government and non-government sector will ensure that policies are coherent and programs are delivered in a cost-effective, flexible and transparent manner. Partnerships with the non-government sector need to be embedded through policy development, planning, program design and service delivery. Partnerships with the non-government sector should be included as a key performance measure in departmental senior executives' performance agreements.

Currently, the primary mechanism of engagement between government and the non-government sector is the Child Protection Partnership Forum. The Forum's Terms of Reference defines it as a space where government and non-government agencies interact to develop strategies to address issues relating to the safety and well being of children. This forum does not effectively capitalise on the knowledge and expertise of the non-government sector or support innovative ideas and input. There needs to be a more effective way of capturing feedback and ideas and informing key decision makers.

A stronger partnership approach requires a multidisciplinary, intersectoral group to share their collective knowledge in the deliberation of strategic issues relating to child protection in Queensland and to make recommendations to the Queensland government on how to deliver the best care and support to Queenslanders. This group would:

- provide advice to, and participate in, the decision making process with the Department of Communities on major strategic areas, including service planning, policy development and reform including innovative models of service delivery;
- develop and contribute to a multidisciplinary, intersectoral understanding of the issues facing the child safety system from government and non-government and community perspectives; and
- tap into feedback and ideas from service delivery agencies involved in child protection activities including rural and regional services.

The group should include representatives from:

- Child Safety Services, including Child Safety Network Directors;
- relevant government departments, including Aboriginal and Torres Strait Islander and Multicultural Affairs, Education, Training and Employment, Queensland Health, Premier and Cabinet and Housing and Public Works;
- relevant non-government peaks and service providers; and
- independent institutions with expertise in prevention, early intervention, and family support

The group would require resources to undertake effective consultation and engagement with services on a regular basis. It should have a clear work plan and report directly to the Minister for the Department of Communities, Child Safety and Disability Services. Recommendation should be submitted to the Minister for consideration and timely response. Its activities should be transparent through the publication of an annual report presented to Parliament and made publicly available.

Priority 9: Create a centre for excellence

Evidence based best practice should be the cornerstone of any effective prevention and early intervention strategy aimed at improving outcomes for families and children and reducing reliance on costly crises interventions. There is a significant gap in the translation of evidence into practice in Queensland. There also needs to be a more systemic evaluation culture that enables good practice to be accessed and the elements of success embedded more widely.

To ensure that programs and services are best practice and cost effective requires access to information about the types of interventions that work and the ability to apply research into every day practice. A centre for excellence, similar to the Centre for Excellence in Outcomes for Families and Children (C4EO) model in the United Kingdom (C4EO 2012), will facilitate the application of best practice to policy makers, program managers and front-line services and staff.

C4EO fulfilled a demand from the early childhood development sector for an organisation to facilitate the translation of research evidence into practice i.e. acting as an "intermediary knowledge broker". There are the beginnings of a similar movement in the health industry in Australia through the establishment of "translational" units. Such organisations "act as a bridge between research and user communities. For example, they translate research accounts for practitioners, and can ensure that research findings are targeted at the right people, at the right time." (Nutley 2010).

The aim of a Queensland centre for excellence is to improve practice and strengthen prevention and early intervention service delivery channels to improve the lives and well-being of children and their families, particularly those who are the most vulnerable. It would do this by facilitating a culture of improvement through evaluation and a focus on applying "what really works". It would deliver:

- Improved outcomes for children and families;
- Improved collaboration between service providers and government and non-government agencies; and
- Cost efficiencies

A centre for excellence would translate validated research evidence into useable formats for practitioners; provide focused and tailored support to organisations and their practitioners to apply the evidence; fill a major gap in investment in practice improvement for child and family services in Queensland; and provide tools for evaluation of outcomes.

It would not undertake its own research. Instead it would focus on collecting, translating and disseminating the findings of validated relevant research in useable and practical formats to practitioners. It would incorporate elements of the C4EO model including the sector-led tailored "peer to peer" support service. This service utilises experts from the sector to work with organisations to strengthen their programs and service delivery models based on best practice (several best practice examples identified by C4EO can be found in Appendix D).

Appendix A: Table 1: Types of risk factors that contribute to poor outcomes in children (Source: Landy and Menna 2006)

Variables within the child	Interactional or parenting variable	Parental history and current functioning	Family functioning, socio-demographic, community, and societal factors
Genetic predispositions Various chromosomal and other disorders Central nervous system abnormalities Very low birth weight/ prematurity Failure-to-thrive/ feeding difficulties Developmental delays Congenital abnormalities/ illnesses Very difficult temperament/ extreme crying and irritability Very lethargic/ nonresponsive Low or high muscle tone Resists holding/ hypersensitive to touch	Lack of sensitivity or attunement to infant's cries or signals Negative affect toward child Lack of vocalization to child Little eye-eye contact Negative attributions toward child Lack of parenting knowledge Neglect of child's physical, medical and emotional needs Very punitive discipline Lack of encouragement for child's development Physical, emotional, and sexual abuse Removal into foster care	Parental mental illness, character disorder, or depression Serious medical condition Parent is incoherent, confused or dissociated History of developmental delay History of criminal or young offenders record Older child is or has been in foster care Mother experienced loss of previous child Alcohol and drug abuse Background or severe abuse, neglect, or loss in childhood that is unresolved Other loss or trauma	Chronic unemployment Inadequate income/housing Frequent moves/ no telephone Education of less than completion of 1th grade Single teenage parent Violence reported in the family Severe family dysfunction and/or instability Lack of support/ isolation Recent life stresses (death, job loss, immigration) Neighbourhood problems and community violence Stressful life events and daily "hassles" Violent television and video games available for child Size of family and birth order

Appendix B: Early childhood education and care (ECEC) services in Queensland

Long Day Care/Kindergarten/Occasional and limited hours care services

Long day care centres are available for children from birth to school age. Kindergarten is available for children who turn four by June 30 in the year they participate in kindergarten. Occasional and limited hours care services offer care on a casual basis. All early childhood education and care services charge a fee but subsidies exist for low income families.

Families may be eligible for Child Care Benefit if their child attends approved or registered care needed to meet the income test and satisfy work, study or training commitment requirements. Most families using approved child care receive the Child Care Benefit as a fee reduction at the time they pay their fees. Some receive it as a lump sum at the end of the year.[1] As of July 2012, parents were eligible for a benefit of $3.90 per hour up to $195 per week for a single child.[1]

Families who are working, studying or training are also eligible for the Child Care Rebate, which assists families with out-of-pocket child care costs. The Child Care Rebate is not income tested but to receive the Child Care Rebate you must claim the Child Care Benefit. The Child Care Rebate offers parents a rebate of 50 percent of out-of-pocket child care costs, up to $7500 per child per year in 2012-2013.

Early Years Centres

Early Years Centres are defined as 'one-stop-shops' for children and families where they can access integrated early childhood education and care, parenting and family support, and selected health services. The centres provide a range of services for families expecting a child and those with children aged up to eight years. Early Years Centres are funded by the state government but operated by non-government organisations. There are currently four centres operating in Queensland in Browns Plains, Caboolture, Cairns and Gold Coast (North).

Children and family centres

Children and family centres provide early childhood education and care, parenting and family support and child and maternal health services for Aboriginal and Torres Strait Islander families with children from birth to 8 years of age. Children and family centres are funded in partnership between the Queensland and Australian Governments. Ten children and family centres will be established across the state by mid 2014. Children and family centres operate in Cairns, Doomadgee, Ipswich, Logan, Mackay, Mareeba, Mornington Island, Mount Isa, Palm Island and Rockhampton.

Early Years Health and Wellbeing Program

The Early Years Health and Wellbeing Program provides families of Prep-year children with a range of services and support in the Ipswich and Mackay areas. Services are provided on-site at participating schools by identifying the needs of Prep-year children and then working with their families to refer them to relevant health and other support services. The program also provides support to vulnerable families to improve child health and development outcomes.

Playgroups

Playgroups are groups of parents, grandparents, caregivers and children who come together to provide opportunities for children to play and interact. Playgroups are generally for children aged from birth to school age, offering them a stimulating learning environment and opportunities to support a child's development. Sessions are usually held once a week for

two hours in venues such as community and neighbourhood centres, church halls, kindergarten services or homes. Currently some 1000 playgroups operate in Queensland. This includes playgroups for vulnerable parents or caregivers; culturally diverse families; and communities and children with disabilities.

Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC)
The RAATSICC program was established in 1991 to deliver early childhood education and care and family support services in remote Aboriginal and Torres Strait Islander communities within the North Queensland and Far North Queensland Regions. The RAATSICC Program provides funding for a range of child care and family support services through 31 Indigenous community organisations in communities in North Queensland and Far North Queensland.

Child and Family Support Hubs
There are 25 Child and Family Support Hubs located across Queensland. They provide activities for families with young children including wrap-around family support services. Child and Family Support Hubs provide links to or delivery of early childhood education and care services and a range of child and family support services, such as parenting education, family support, child health services, resource libraries, information and referral services and pre-post natal health care.

Appendix C: Intensive family support services in Queensland

Referral for Active Intervention (RAI)

This program includes six large and four medium lead organisations, which are funded to provide services to families in distinct geographical regions. Families are referred to the program from Child Safety Services or directly from officers from Queensland Health or the Department of Education, Training and Employment as a result of concern for the safety and wellbeing of children in their care.

Large lead organisations are funded to support 270 families per year and medium leads 120 families per year. Services include family counselling, family therapy and mediation, family household management skills, parenting skills development, links to specialist services and supports (mental health and DV). Participation is voluntary.

RAI is currently operating in Cairns, Rockhampton, Caboolture/Deception Bay/ Redcliffe, Ipswich, Loganlea/Beenleigh/Eagleby, Inala Goodna, Townsville, South Burnett, Toowoomba and Gold Coast (Department of Communities 2010b).

Helping out Families (HoF)

This program offers intensive family support services to families referred to it by Child Safety Services (changes to the model have been put in place to allow referrals directly from police, health and education). Referred families are provided with 40 to 100 hours of support services provided either by an Intensive Family Support Service or other service. Support services include practical in-home support, brokerage funds to provide access to relevant services, access to an enhanced version of the Health Home Visiting (HHV) program for new mothers (run by Queensland Health) and domestic and family violence services. Participation is voluntary. HoF is currently operating in Gold Coast (South), Logan and Eagleby/Beenleigh/Nerang (Department of Communities 2010b).

Aboriginal and Torres Strait Islander Family Support Service (ATSIFSS)

11 Indigenous community controlled organisations are funded to provide early intervention and prevention services and some statutory child protection work to Aboriginal and Torres Strait Islander families. While referrals can come from Child Safety they can also come from officers from the Department of Education, Training and Employment (DETE) or Queensland Health (QH).

Family Intervention Services (FIS)

FIS has been developed over the past five years to become a state-wide program supplying support and reunification services to families in contact with the child protection system. As this service provides support to families of children and young people under 18 years, subject to ongoing child protection statutory intervention where the child or young person is living in an out-of-home placement or in the family home, this is not an early intervention. In 2011-12 FIS services were operating in 50 regions such that every Child Safety Service Centre (CSSC) has access to a FIS service.

Fostering Families (FF).

This new service is an election commitment from the incoming LNP government. The program will provide intensive family support services to vulnerable families in Brisbane South, Toowoomba and Maryborough.

Appendix D: Examples of C4EO practice evaluations

Parents as First Teachers (PAFT)

Background*:* Parents as First Teachers is a parenting program specifically aimed at under-threes who do not have access to education services. The program is offered universally with no formal referral process to avoid stigmatisation. The program is designed to engage and empower vulnerable families to better participate in their child's development and learning as well as identify any special needs and link families to relevant supports amongst others.

Outcomes*:* Parental outcomes included increased confidence in parents, reduced social isolation, increased enjoyment of child's development and increased knowledge of child development and needs.

Cost*:* 60 children benefited from this initiative at a cost of £17,550 2009-2010. This equates to £292 per child per year.

Find out more: www.c4eo.org.uk/themes/earlyintervention/vlpdetails.aspx?lpeid=131

Family Nurse Partnership (FNP) program

Background: The Family Nurse Partnership program is an evidenced based, intensive nurse-led prevention and early intervention program for vulnerable first time young parents and their children. The program is voluntary, begins in early pregnancy and consists of frequent structured home visits until the child is 2 years old. The program aims to improve antenatal health, child health and development and the economic self-sufficiency of the family.

Outcomes: 30 years of research evidence from three randomised control trials in the USA has shown it to have positive effects from pregnancy through to the time children are 15 years old. The most persuasive effects were those relating to maternal life course and better financial status.

Cost: 190 parents and children supported at a cost of £885 per intervention or £60 per week per parent and child.

Find out more: www.c4eo.org.uk/themes/poverty/vlpdetails.aspx?lpeid=219

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[i] Authors own calculations, based on population data from ABS 2012 *Australian Demographic Statistics: 2011 Census Edition — Preliminary.* Cat No. 3101.0, Dec 2011. http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/66175C17C773120DCA257A2200120F63/$File/31010_Dec%202011.pdf

[ii] According to Taylor *et al* (2008) this includes targeted interventions generally defined as early interventions, such as maternal and child health; parenting education and support; programs for people with a disability; support for families in dispute including legal frameworks for family disputes; domestic violence prevention; assistance for people who were abused as children; poverty alleviation (including assistance for single parents, etc);child care assistance policies and programs (including after school care and, more broadly, support for families through the taxation system);mental health and substance use programs; and housing support services. Please note that this does not take into account spending on universal services, such as education, which make a significant contribution to reducing child abuse and neglect.

[iii] Taylor *et al* (2008:116) argue that '[t]hese interventions are probably best classified as secondary public health interventions, but contain elements of both care and protection as well as prevention.'

[iv] The Abecedarian Project in North Carolina, which is an early child development program for children from four months of age had positive outcomes on children's language and mathematics skills (Campbell & Ramey 2002).

[v] According to Mustard (2007:16) 'Countries with early child development programs that begin in the very early years (birth to age two) have the highest population scores in literacy and numeracy.'

[vi] According to Viljoen (2010:3) "Current thinking about early intervention increasingly accepts that early childhood experience crucially determines health and wellbeing and the attainment of competences at later ages, and that investment in the early years will be reflected in improved education, employment, and even national productivity.

[vii] According to a recent PwC Australia (2012:13) report 'For governments, early intervention through the provision of early childhood services is an important instrument for reducing the negative developmental impacts of disadvantage, and disrupting patterns of poverty and inequality that begin in early childhood.'

[viii] Language and cognitive skills are a measure of a child's basic literacy, their interest in literacy/numeracy and memory, advanced literacy and basic numeracy (Centre for Community Child Health and Telethon Institute for Child Health Research 2009).

[ix] These results 'reflect teachers' scores for children's language and cognitive skills based on those necessary for school (with English as the language of instruction) and does not necessarily reflect children's proficiency in their home language.' (Centre for Community Child Health and Telethon Institute for Child Health Research 2009:20).

[x] Queensland Homelessness Community Action Plans are a Queensland Government and Queensland Council of Social Services partnership aimed at implementing local devised community action plans to reduce homelessness.

[xi] Homelessness Community Actions were developed in the context of the community not having any extra resources to respond to those actions. In essence the actions were trying to work within existing resources