



Submission Number 2 to the

Inquiry into Queensland's Child Protection System

by the

the Honourable Timothy Francis Carmody SC

29 November 2012

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The Honourable Tim Carmody SC
Commissioner
Queensland Child Protection Commission of Inquiry
BRISBANE QLD 4001

Dear Commissioner

I am pleased to provide my second formal submission to the Commission of Inquiry into the Queensland's Child Protection System (QCPCI).

This submission focuses on the current use of data (evidence) to inform and support decision making in three specific contexts, namely:

- external monitoring of service delivery outcomes
- strategic assessment of, and responses to, service delivery performance, and
- managing service delivery at the Child Safety Service Centre level.

While significant progress has been made in the past decade in relation to the management of information about children known to the child protection system, I am of the view that considerable scope exists to build upon the existing evidence base.

I trust you will find the information and suggestions contained in my second submission of use in your deliberations, specifically in relation to terms of reference 3(b), (c) and (d).

Yours sincerely

Elizabeth Fraser
Commissioner for Children and Young People
and Child Guardian

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Summary of CCYPCG's second submission

Purpose

The purpose of this submission is to detail what the Commission for Children and Young People and Child Guardian (CCYPCG) considers to be a critical area of investigation for the QCPCI: making evidence informed decisions about the needs of children in, and at risk of entering, out-of-home care in Queensland.

In fulfilling its Child Guardian function (since 2004), CCYPCG has had significant ongoing interactions with the Department of Communities, Child Safety and Disability Services (the Department) about the development of its information management systems and data. These interactions have included conducting and publishing formal audits and reviews containing recommendations about the need for improved recordkeeping and enhancements to the Integrated Client Management System (ICMS) (Attachment A to this submission), consideration of the performance data published by the Department and observations of relevant parliamentary accountability processes (Attachments C and D to this submission).

The conclusion reached by CCYPCG is that considerable scope still exists to build upon the available evidence base about children in, and at risk of entering, out-of-home care in Queensland. CCYPCG's participation in, and detailed observations of, the QCPCI's public hearings has confirmed this view (Attachment E to this submission) and provides additional insights into the propositions addressed in this submission, namely:

1. To achieve and maintain **public confidence** in a service system, independent analysis of key service delivery outcomes and public reporting on the findings, including responses to identified issues, are critical.
2. To be appropriately **accountable**, a service system must be committed to, firstly, developing high quality evidence about all aspects of its services, secondly, using that evidence to strategically review the extent to which its services are meeting the needs of its clients and, thirdly, publicly reporting on the efficiency and effectiveness of its services.
3. To efficiently and effectively **manage** for continuous improvement, service system administrators must, firstly, understand what the needs of clients are, secondly, what services it is providing in response to those needs and, thirdly, what effect those services are having on its clients.

Analysis of the available evidence about the propositions

Analysis of these three propositions, within the context of the Queensland child protection system, has identified the following:

Proposition 1 – Achieving and maintaining public confidence: Since 2004 the CCYPCG has conducted and published a number of formal audits and reviews resulting in recommendations about data management. Monitoring Plans have also been implemented and reviewed since 2004 with each of the government agencies that have responsibility for child protection services.

The audits and reviews, in combination with the Child Guardian Key Outcome Indicators, have confirmed (in significant detail) the poor state of the Department's record keeping and information management as at 2004, and helped identify priority areas of service delivery outcomes. Prioritising CCYPCG's data requests under the Monitoring Plans has enabled the Department to develop its corporate data and each year since 2005 CCYPCG has published a *Child Guardian Report: Child Protection System*, which incorporates Departmental data, Community Visitor data and data from the CCYPCG's *Views* surveys of children and young people in care.

This independent reporting on an otherwise confidential system provides a level of transparency that is essential to achieving public confidence. It is also essential to the sustainability of the child protection system as it enables informed parliamentary debate and consideration of the government investment in, and accountability for, the child protection service system.

CCYPCG's annual *Child Guardian Report: Child Protection System* also currently fills some significant gaps in the Department's internal performance reporting and accountability. Increased effort by the Department in relation to the development of its statutory performance report under s.248 *Child Protection Act 1999* (the CP Act) will enable CCYPCG to more sharply focus its annual *Child Guardian Report: Child Protection System* on *outcomes* for children.

Proposition 2 - Accountability: The lack of high quality, readily accessible, local service delivery performance data creates obstacles for the Department in establishing and monitoring the accountability of Regional Directors and CSSC Managers for the local service delivery response.

This lack of emphasis on the development of evidence and its application to proactively reviewing performance is also reflected in the Department's corporate reporting; neither its annual reports, nor the annual child protection performance reports (required by s.248 of the CP Act), contain the level of reflection or analysis required to establish internal accountability for effective and efficient service delivery.

Over a course of some years, parliamentary processes, such as questions on notice and Estimates Hearings, have also highlighted circumstances where the Minister of the day has been unable to answer reasonable questions as to the performance of the child protection system.

Overall, despite some significant advances in the development of its data since 2004, the Department remains unable to meet public and stakeholder expectations as to its internal accountability for the delivery of child protection services. This situation has persisted and become so entrenched, that the only conclusion available is that the problem is partly related to the Department's information management capability and partly related to the Department's culture.

Proposition 3 - Managing for continuous improvement: Significant progress has been made since the 2004 CMC Inquiry in relation to the Department's information management, for example, the Department now has a central and readily accessible database that enables it to identify where children are placed throughout the State. This was not always possible until the implementation of ICMS. The Department can also now report reliable data about some critical services, eg, case planning and education support plans. However, the QCPCI has heard evidence from the Department's Regional Directors and Child Safety Service Centre (CSSC) Managers that key operational data are still not available to support their management of local service delivery performance and compliance with key statutory obligations. This means that within regional settings, significant reliance is placed on the relationship between Team Leaders and their Child Safety Officers (CSO) to ensure mandatory and essential services are being delivered.

Without high quality, readily accessible, local service delivery performance data, Regional Directors and CSSC Managers are limited in the extent that they can proactively manage key aspects of their operating environments, such as generating placement options to meet predicted need, seeking additional resourcing prior to reaching a crisis point and planning staff absences for essential training and professional development.

Overall, these findings go some way to explaining why the significant wellbeing issues CCYPCG and other stakeholders have repeatedly identified for children in out-of-home care persist.

Proposals for reform

In addressing these three propositions, CCYPCG has identified key areas for the QCPCI to consider actioning in its report and recommendations, as follows:

Recommendation 1:

That the QCPCI recommend the Government note the positive progress made by the Department in the provision of data to support the Key Outcome Indicator framework (developed by CCYPCG in collaboration with government service providers) and confirm the ongoing need for independent reporting about the outcomes of child protection service delivery.

Recommendation 2:

That the QCPCI consider, from both a public confidence perspective and the need for sustained political commitment to achieving outcomes for children, the desirability of recommending that the Government mandate (under the CCYPCG Act) the tabling of the following (existing) CCYPCG reports in the Parliament:

- 2.1 An annual snapshot (statistical profile) of the health and wellbeing of Queensland children.
- 2.2 An annual report on the outcomes experienced by children in the child protection system.
- 2.3 An annual report on the outcomes experienced by children in the youth justice system.
- 2.4 A biennial audit report on the chief executive's compliance with the Indigenous Child Placement Principle (s.83 CP Act).
- 2.5 Biennial reports on the views of children in foster care, residential care and detention.

Recommendation 3:

That the QCPCI recommend that the Government strengthen the Department's accountability for the delivery of mandatory and essential services by:

- 3.1 Reviewing and renewing its corporate information management strategy, to ensure the development of evidence about its mandatory and essential services and the outcomes they deliver are a key priority.
- 3.2 Developing and publishing an action plan, including timeframes, for the implementation of a means to electronically capture and report on the delivery of its mandatory and essential services, as a means of enhancing the planning, management and accountability of Regional Directors and CSSC Managers.
- 3.3 Incorporating additional requirements in s.248 of the CP Act to require:
 - a. the Department to report on the delivery of its mandatory and essential services during the year, both state wide and on a regional basis, and disaggregated by Aboriginal and Torres Strait Islander status, and include any trends or issues related to the delivery of its mandatory and essential services either state wide or regional.
 - b. any exceptions to the delivery of its mandatory and essential services during the year.
 - c. the impact of any exceptions to the delivery of its mandatory and essential services and the planned

corrective action, including timeframes.

- d. a summary of the findings and recommendations of any internal or external reviews, audits or investigations of the Department's mandatory and essential services and the action taken in response.
- e. the extent of any support provided by the Department to genuine researchers during the year and any findings of research.
- f. the tabling of the report in the Parliament by 31 October each year.

Recommendation 4:

That the QCPCI recommend that the Government require the Department to strengthen its strategic analysis and public reporting about the delivery of its mandatory and essential services by amending s.248 of the CP Act (child protection performance report) to establish a multi-agency governance mechanism involving accountable officers to:

- 4.1 Oversee the timely preparation of the report.**
- 4.2 Undertake strategic analysis of the data about the delivery of mandatory and essential services.**
- 4.3 Make collaborative findings and agree priority areas for action.**
- 4.4 Drive accountability for agreed action.**

Recommendation 5:

That the QCPCI recommend that the Government:

- 5.1 Enable the strategic analysis of the delivery of the Department's mandatory and essential services to be strengthened by amending the CP Act to incorporate additional provisions to provide ready access (by genuine researchers) to de-identified data about the delivery of mandatory and essential services, where research is proposed into ways to improve these services.**
- 5.2 Enable the strategic analysis of the service system from the critical perspective of children to be strengthened, by amending the CCYPCG Act to provide ready access (by genuine researchers) to de-identified data about children's experiences of the service system, where research is proposed into ways to promote the understanding of children's experiences or how their needs can be better met.**

Recommendation 6:

That the QCPCI recommend that the Government require the Department to implement a consistent state-wide mechanism to enhance accountability for the planning, delivery, management and monitoring of its mandatory and essential service delivery obligations. The mechanism should include (as a minimum), but not be limited to:

- 6.1 A requirement that the Department define the mandatory and essential services it is required to provide children under the CP Act, which should (as a minimum) include: timely commencement and finalisation of IA cases, compliance with the Indigenous Child Placement Principle, the involvement of recognised entities in key decisions, case planning implementation and review, health needs assessment and the provision of required services, education support plan development and the provision of required supports, cultural support plan development, transition from care planning and implementation of agreed actions, CSO contact as specified by the Child Safety Practice Manual and family contact arrangements.**
- 6.2 A requirement that, on at least a monthly basis, CSO cases be reviewed in depth by Team Leaders and a permanent electronic record be created in relation to achievements in relation to mandatory and essential service delivery, specifically including whether required actions have been taken, service benchmarks met and statutory timeframes complied with.**
- 6.3 A requirement that the electronic records in relation to mandatory and essential services be created in a manner that enables the ready generation of reports, including exception reporting where required actions have not been taken, service benchmarks not been met and statutory timeframes have not been complied with.**
- 6.4 A requirement that the Department define young people at high risk and that each CSSC Manager be required to regularly review and identify those young people within their CSSC that meet the definition and create an electronic record to that effect.**
- 6.5 A requirement that the provision of mandatory and essential services be reviewed on at least a monthly basis by the relevant CSSC Manager and Regional Director and that where exceptions exist, an electronic record be created as to the likely impact on the subject children's safety and wellbeing, the corrective action required (including any resourcing issues), accountability for corrective action and the proposed timeframe for corrective action.**
- 6.6 A requirement that any exceptions to the provision of mandatory and essential services to high risk young people be reported to the chief executive under the CP Act immediately.**
- 6.7 A requirement that a quarterly review of each CSSC and regions mandatory and essential service provision be undertaken by the chief executive under the CP Act, as a means of strengthening both accountability and service efficiency and effectiveness.**
- 6.8 A requirement that, where a quarterly review identifies issues related to the provision of mandatory and essential services, a record of the likely impacts of these issues be created, along with agreed corrective actions, timeframes and accountabilities in response to the issues, and that the agreed response be noted by the chief executive under the CP Act.**

1. Sustainability and public confidence

To achieve and maintain **public confidence** in a service system, independent analysis of key service delivery outcomes and public reporting on the findings, including responses to identified issues, are critical.

Independent analysis of service delivery

Since 2004 CCYPCG has undertaken a number of formal reviews and audits that were related to, or made recommendations about, the Department's information management and record keeping where critical links have been identified to service delivery outcomes. Attachment A to this submission lists these audits and reviews, all of which are published on the CCYPCG website in either full or summary versions (if de-identification was required).

While the CMC Inquiry identified concerns about the Department's information management systems, the CCYPCG *Profile Report: An Audit of the Department of Child Safety's information management relevant to the delivery of services to children and young people in out-of-home care*, fully demonstrated the gaps in the Department's record-keeping and central management and reporting about service delivery data.

The *Profile Report* was both a summary and an audit of the information contained in the Department's central information management systems as at 28 February 2005 and was intended to serve three main purposes:

- To develop a profile of children and young people in out-of-home care, for CCYPCG to use as a 'baseline' to compare the Department's progress in improving its centrally held system level data
- To explore, from the perspective of an independent monitor, approaches and limitations to assessing the effectiveness of service delivery through analysing system level data, and
- To assist the Department build its capacity to manage and understand the intricacies and requirements of system level data from the perspective of an independent monitor, particularly given the current activities related to the ongoing development of its Integrated Client Management System (ICMS).

A key finding of this report was that relevant information about children and young people placed in out-of-home care by the Department was either not recorded centrally, or, if it was recorded centrally, it was either incomplete or inaccurate. For example, no address, age or Indigenous status was recorded for numerous children and close to half of the children in out-of-home care at that time did not have a case worker recorded centrally.

The *Profile Report* made 51 recommendations about essential data elements that should be addressed in the development of ICMS. The other reports identified in Attachment A to this submission have dealt with additional service delivery data management and reporting issues related to such things as matters of concern, timeliness of Investigations and Assessments (IAs), Child Concern Report (CCR) outcomes, case planning, education support planning, school suspensions and exclusions, Child Safety Officer (CSO) contact, family contact, child health passports, compliance with the Indigenous Child Placement Principle and transition from care planning.

These formal reviews and audits and the five Monitoring Plan updates since 2004 have been key mechanisms supporting the development of the Department's data set and CCYPCG's systemic reporting.

The Child Guardian Key Outcome Indicator (KOI) framework, which was agreed with service providers in 2006, has assisted greatly in the prioritisation of data capture and reporting. The KOI framework brings together intelligence gleaned from comprehensive Community Visitor reports, the findings of CCYPCG's *Views* surveys of children in foster and residential care and the Department's administrative data. The KOI framework has informed, and so correlates with, the planned approach to reporting identified in the *National Framework for Protecting Australia's Children*, meaning Queensland is well placed to contribute to this national initiative when required.

The KOI framework, most recently reported in CCYPCG *Child Guardian: Child Protection System Update 2008-11*, attempts to create a focus on service delivery outcomes, that is, an assessment of the effectiveness of the service system from the perspective of the children who rely upon it, all day, every day. The KOI framework is utilised as a means of identifying pressure points for the Department and prioritising CCYPCG's proactive audits and reviews.

The Department's contribution of data to annual KOI framework reporting has increased since 2006 and is now significant. However, some challenges still remain in the development and provision of genuine outcome data by the Department. In this current state, the aggregated data derived from detailed reports made by Community Visitors on the situation for children and young people in foster care, residential care and detention centres provides vital intelligence not otherwise available from the Department. Both the data currently provided under the KOI framework and priority data for the future are identified in Attachment F to this submission.

Due to the present lack of genuine outcome data across all indicators of performance, and the deficiencies identified in parts 2 and 3 of this submission with the Department's reporting, the KOI framework currently includes a mix of outcome and output/performance data, along with some data to assist in profiling children in out-of-home care. Ideally, as the Department further develops its child protection performance report (under s.248 of the CP Act), the annual *Child Guardian: Child Protection System Update* report could become more sharply outcomes focussed.

Public reporting on findings

CCYPCG currently prepares a series of key reports on the health and wellbeing of children in Queensland, with a focus on those most vulnerable. These reports include:

- Snapshot of Children and Young People in Queensland report
- Child Guardian: Child Protection System Update report
- Child Guardian: Youth Justice System report
- Indigenous Child Placement Principle audit report
- Views of Children and Young People in Foster Care
- Views of Young People in Residential Care, and
- Views of Young People in Detention.

The preparation and publication of these reports is critical, but is not mandated (as are the other reports that CCYPCG prepares; the two annual reports under Chapter 6 of the CCYPCG Act related to child deaths).

While CCYPCG has generally identified positive action by the Department in relation to its reports, there are some exceptions that have involved either a lack of action on implementation, or an inability to address significant issues. These exceptions include the Department's response to CCYPCG's Indigenous Child Placement Principle Audit (ICPP) 2008 and ongoing low levels of compliance with the ICPP, enhancing CSO contact (and reporting about CSO contact), improving the service response in relation to IAs and transition from care planning.

Since 2004 the Department has experienced five Ministers and five CEO's. With each change in these key leadership roles CCYPCG has noted differences in culture and approach to management of the issues impacting children in out-of-home care that it has highlighted. The frequency of these changes and differences in approach are a likely contributor to why the progress sought in some significant areas has not been achieved.

A joint select Parliamentary committee became responsible for oversight of the performance of the CCYPCG following the 2009 election. The Health and Community Services Committee (HCSC) is the latest iteration of this arrangement. Noting the roles and responsibilities of this Committee, the CCYPCG intends to commence providing its key (non-statutory) oversight reports to the HCSC when it elects to table reports under s.83 of the CCYPCG Act. It is considered that including this action as part of the CCYPCG's core processes would encourage consistent bi-partisan consideration of findings and assist in promoting public confidence and action on identified concerns about the service system.

The QCPCI may wish to consider recommending amendments to the CCYPCG Act to require certain key reports to be tabled.

Conclusions about Proposition 1

CCYPCG is of the view that the above analysis highlights the following:

- In the absence of CCYPCG's public reports, there would be little performance and outcome data published on the Queensland child protection system, in particular, data disaggregated on a regional basis
- The identified need (in part 2 of this submission) for the Department to commence reporting higher value data about its mandatory and essential services under s.248 of the CP Act should occur in concert with the further development of outcome data for incorporation in CCYPCG's KOI framework
- Mandating and timing the publication of CCYPCG's annual *Child Guardian: Child Protection System Update* report to follow the publication of the Department's annual report under s.248 of the CP Act, would provide an opportunity for independent analysis and commentary on the links to outcomes for children and the issues and actions proposed in response by the service system, and
- Scope exists to enhance engagement by the parliament with CCYPCG's key reports, which could assist in generating a common (bi-partisan) understanding of the issues impacting the vulnerability of children in Queensland and the action required by government service systems in response, as a strategy for maintaining the sustainability of those service systems.

Recommendations about Proposition 1

Recommendation 1:

That the QCPCI recommend the Government note the positive progress made by the Department in the provision of data to support the Key Outcome Indicator framework (developed by CCYPCG in collaboration with government service providers) and confirm the ongoing need for independent reporting about the outcomes of child protection service delivery.

Recommendation 2:

That the QCPCI consider, from both a public confidence perspective and the need for sustained political commitment to achieving outcomes for children, the desirability of recommending that the Government mandate (under the CCYPCG Act) the tabling of the following (existing) CCYPCG reports in the Parliament:

- 2.1 An annual snapshot (statistical profile) of the health and wellbeing of Queensland children.
- 2.2 An annual report on the outcomes experienced by children in the child protection system.
- 2.3 An annual report on the outcomes experienced by children in the youth justice system.
- 2.4 A biennial audit report on the chief executive's compliance with the Indigenous Child Placement Principle (s.83 CP Act).
- 2.5 Biennial reports on the views of children in foster care, residential care and detention.

2. Accountability for service delivery

To be appropriately **accountable**, a service system must be committed to, firstly, developing high quality evidence about all aspects of its services, secondly, using that evidence to strategically review the extent to which its services are meeting the needs of its clients and, thirdly, publicly reporting on the efficiency and effectiveness of its services.

Commitment to developing evidence about service delivery

The CP Act contains numerous provisions requiring the delivery of a range of services to children. These provisions also provide essential guidance in relation to how and when these services should be delivered, all of which should link closely to the management of casework and reporting on the delivery of those services that are mandatory or clearly essential.

At a strategic level, assessing key operations, determining links with partner agencies to integrate services and appropriating resources and communicating the public value provided by a service system are essential.

The development of an annual report on the performance of the child protection system, including multi-agency collaboration on reporting about the delivery of services, was an important reform arising from the CMC Inquiry. It represented a mechanism and opportunity for driving data capture across the child protection continuum, the strategic analysis of service system performance and collective accountability for action. The CMC stated:¹

The extent to which child protection issues are addressed within participating departments should become part of the overall measures of departmental performance. To this end, the Commission has recommended (see recommendation 4.3) that a new position — that of Child Safety Director (CSD) — be established within each participating department to meet these reporting and operational obligations. The CSD should be a senior officer, supported by appropriate staff, whose role will be to ensure that each department is meeting its child welfare responsibilities, and to coordinate the exercise of such responsibilities with other agencies. Each department with an identified role in the promotion of child protection should annually report on its performance of that role.

To promote the requisite inter-agency cooperation, a multi-agency steering committee consisting of the director-general of each department should be established (see recommendation 4.2). The general purpose of the DGCC was described in Chapter 4 and will not be reiterated here, other than to emphasise that the primary purpose of the committee would be to facilitate multi-agency service delivery. The committee could do this by ensuring that services provided by diverse agencies are coordinated, so that the full range of needs of identified at-risk children are met.

The committee must also ensure that partisan orientations towards the process are not permitted if a genuinely whole-of-government approach is to be achieved.

It is important to recognise that a whole-of-government approach will not fit solely within the jurisdiction of the Queensland State Government. In the interests of meeting the needs of children in the most holistic manner, input will also be necessary from federal and local governments, as well as from community groups.

It is crucial that child protection is 'owned' by the community rather than always seen as someone else's responsibility. Encouraging this sense of ownership will require an

¹ CMC Inquiry report, 2004, p.170.

effective communication strategy on the part of the government generally and the DCS specifically.

At a practical, more operational level, however, the DCS will need to be able to take advantage of administrative mechanisms that can readily align the activities of sometimes very different agencies. A model for such a process already exists in Queensland in the form of the SCAN teams. When those teams work effectively, the sharing of information and the adoption of a true multi-agency approach facilitates outcomes in the best interests of children.

RECOMMENDATIONS

6.1 *That each department with an identified role in the promotion of child protection be required to publicly report each year on its delivery of child protection services.*

Reason: *Mandatory annual public reporting of child protection activities is essential to improving accountability and service delivery in Queensland.*

6.2 *That the Directors-General Coordinating Committee consider appropriate ways for the DCS and state government departments to interact with federal and local governments and relevant community groups.*

Reason: *Such a range of participants is necessary to ensure that the Queensland child protection system is exposed to a variety of perspectives and expert opinions, and that it provides stakeholders with 'ownership' of strategies designed to improve service delivery to client children and their families.*

Since the CMC Inquiry, CCYPCG has highlighted (through formal audits and reviews) a number of priority areas for data development by the Department.² Ongoing discussions related to the development of the Department's Monitoring Plan under the CP Act have also help create a focus on priority areas of data capture and reporting.

In CCYPCG's view, the annual child protection system performance report envisaged by the CMC (and embedded in s.248 of the CP Act) remains under-developed in many respects and not reflective of the progress made in other areas of data management by the Department, for example, it contains little performance data of value (apart from education), is lacking in analysis and is an insufficient evidence base for accountability purposes or future planning of the mandatory and essential service delivery required under the CP Act.³

The lack of readily available performance data on mandatory and essential services under the CP Act has also repeatedly been highlighted within a parliamentary context in recent years (ie, since 2010), where the Minister of the day, having been asked reasonable questions on notice, was unable to provide responses due to an apparent absence of data, including in relation to:⁴

- Number of matters of concern, by year and region
- Number of foster carers removed from the list of active carers, by year and region
- School attendance
- Number of children experiencing multiple placements
- Successful reunifications, within 6, 12 or greater than 12 months
- Whether siblings are placed together
- The placement of children in different regions of the State to their parent/s

² Attachment A to this submission.

³ The reference within the report to the performance data contained on the Department's web site is useful, but not an adequate substitute for the inclusion, analysis and monitoring of services that are required for accountability purposes or future planning of mandatory and essential services required under the CP Act.

⁴ Attachments C to this submission.

- Where there are three or more children placed with a carer
- The number of complaints about the Department's services that were substantiated, by year
- The number of children in care for longer than five years
- The number of Indigenous children reunified with their parents
- CPN substantiations that had a prior CCR, CPN and CPN substantiation, by year
- Number of children in existing care who did not have a child health passport completed while in care
- Number of family group meetings conducted, by year
- Intervention with parental agreement cases that lead to a child protection order
- Number of cases of substantiated sexual abuse, that did not result in a child protection order
- Number of families referred to a family intervention service by the Department, by year
- Number of children subject to notification or substantiation since reunification

The former Minister explained his inability to provide data in the following way:⁵

I should say that the main purpose of ICMS is not coming up with data, the main purpose of ICMS is having an individual's file, for want of a better word, that any child safety officer can from time to time access...That is the purpose of ICMS. But a subset to that is that we are able to do some state-wide data and regional data in that regard...

...can I make it quite clear that I have full faith in child safety staff and departmental staff, including the chief executive officer, to ensure that the Act is followed...

While the implementation of a state wide case management system (ICMS) by the Department has been a major step forward since the CMC Inquiry, significant scope for improvement remains in relation to the Department's public reporting about the delivery of mandatory and essential services under the CP Act. Until these improvements occur, in CCYPCG's view, the requisite level of accountability for service provision cannot be said to have been achieved.

Links between accountability and innovation in service delivery

The QCPCI has heard evidence from several individuals and organisations in relation to the need for innovation in service delivery to help address challenges faced by specific subgroups of the child protection population. For example, the written submissions to the QCPCI from the Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd propose significant innovation to the governance, management and frontline service delivery model for Aboriginal and Torres Strait Islander children in out-of-home care.

In a context where issues of over-representation, lack of preferred placement options and concerns about maintenance of cultural identity persist, proposals of this nature require serious and detailed consideration, including evidence informed analysis and decision making. The same evidence base that drives accountability can and should also be used in a leadership context to inform and drive innovation.

For example, flexibility is clearly required to effectively meet the needs of Aboriginal and Torres Strait Islander children in out-of-home care; this is reflected in the various provisions of the CP Act specific to Aboriginal and Torres Strait Islander children. At the time of its commencement, the CP Act created a new focus on the delivery of child protection services to Aboriginal and Torres Strait Islander children⁶. These provisions helped highlight the unique values and cultures of Aboriginal and Torres Strait Islander peoples within the broad principles of the CP Act and

⁵ The Hon Phil Reeves, former Minister for Child Safety, Estimates Hearing 2011 – Attachment D to this submission.

⁶ See, for example, sections 6, 7(1)(f), 7(1)(o), [formerly section 7(1)(n) (Reprint 1), 11(3), 11(4), 70(4) [6 Formerly section 67(4) (Reprint 1)], and 83 [Formerly section 80 (Reprint 1)].

identified some specific decision making processes that should take account of these principles. The focus on these principles was strengthened in subsequent amendments to the CP Act.⁷ This included introducing additional principles about Aboriginal and Torres Strait Islander children and case planning processes that were more encompassing of their cultural needs.

The increased focus was a necessary reflection of contemporary community understanding of, and commitment to, the unique values and cultures of Aboriginal and Torres Strait Islander peoples. The written submissions of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd and the Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd to the QCPCI identify alternative approaches and options for innovation in service delivery, much of which can be achieved within the existing legislative framework. However, the absence of a suitable evidence base to inform the serious consideration of such proposals and evaluate their potential outcomes will act as a barrier to innovation in a context where fresh approaches are required.

Strategic analysis and public reporting of the extent to which client needs are being met

Governance and accountability for the strategic analysis and reporting

Despite the development of the Department's web based publication of activity (and some performance) data, the s.248 CP Act report remains underdeveloped; it contains little actual performance data and its release has not been consistent or timely, for example, the 2010-11 financial year report was not published until October 2012 (one year after government service providers are required by the CP Act to have provided their contributions to the Department).

The QCPCI has also heard evidence that the Directors-General Co-ordinating Committee (that was recommended by the CMC Inquiry) has "evolved" into a broader human services CEO committee,⁸ which raises questions as to the extent and focus of governance related to whole-of-system service delivery, including the accountability and drive for action in response to service delivery issues that may be identified.

Overall, an important need remains for a robust annual report on the delivery of mandatory and essential services by all government service providers. However, for the report to properly fill the gap identified by the CMC, amendments to s.248 of the CP Act should be considered to strengthen the report content, governance arrangements and the strategic analysis of the data.

Options for strengthening the strategic analysis

The QCPCI hearings have heard evidence from a range of child protection experts from the academic sector. Some of this evidence was helpful in identifying the areas where the strategic analysis of child protection data could be strengthened, for example, profiling carers to assist in recruitment and retention efforts, undertaking detailed studies of children known to the child protection system to assist in understanding and developing preventative responses and in evaluating specific service initiatives.

The evidence of Professor Clare Tilbury was particularly helpful in highlighting how the academic sector can link with and support the service system, for example:⁹

<i>Commissioner Carmody asked—</i>	<i>Ms Tilbury (Griffith Uni) answered—</i>
<i>Have you done a profile of carers in</i>	<i>No, I haven't; no. There have been studies done</i>

⁷ See, for example, sections 5C, 21A(3), 51B(f), 51D(1)(c)(iv), 51E(6), 51L(1)(c), 51L(1)(f), 51W(1)(c), 51W(1)(f), 99H, 159K and 246I

⁸ QCPCI transcript: Brad Swan, Brisbane, 2-56, 14 August 2012.

⁹ QCPCI transcript: Professor Clare Tilbury, Brisbane, 11-8 to 11-43, 28 August 2012 – within Attachment E to this submission.

<i>Queensland?</i>	<i>of the demographics of carers. I'm not sure what the current state of the department's data is.</i>
<i>But you don't know of any study that's done a full demographic and geographic profile of each of the children in care?</i>	<i>Well, the department would put out some information about demographics of the children in care and some aspects of their child protection history. Not in a comprehensive study, but there's certainly...</i>
<i>That connected the child with their family, their siblings, their history generally?</i>	<i>No, not to my knowledge.</i>
<i>Would that be a worthwhile thing?</i>	<i>I think the more we know about that cohort of children and what their needs are the better.</i>

<i>Mr Capper asked—</i>	<i>Ms Tilbury (Griffith Uni) answered—</i>
<i>Is that being done presently as far as you're aware in relation to the programs currently being delivered within the system? [re. collection of data for evaluations of early intervention and prevention programs]</i>	<i>No, actually. I know there is evaluation of the initiative called Helping Out Families, but my understanding is the department isn't doing that outcome evaluation mainly because they don't have a standardised assessment tool in those agencies so they're not collecting standardised information about the needs of families pre the intervention, which cuts out opportunities to assess whether you've met the needs post the intervention.</i>

CCYPCG strongly supports the notion that the more we know about children in or at-risk of entering the child protection system the better and is of the view that more can and should be done to link the research capabilities of the academic sector to the service system and children's experiences of the service system.

A barrier to linking with government agencies that is frequently raised by the academic sector is that accessing data, including de-identified data, involves a significant administrative burden and can be very time consuming. CCYPCG encourages any effort to remove barriers to engagement with the academic sector, including improved access to its own administrative and research data.

Conclusions about Proposition 2

CCYPCG is of the view that the above analysis highlights the following concerns:

- Additional emphasis is required on the Department's data capture and reporting to enable evidence informed and collaborative strategic analysis of service delivery performance to occur
- The Department's public reporting under s.248 of the CP Act is not currently meaningful or timely and falls short of expectations about accountability for the delivery of mandatory and essential services
- A need exists to strengthen the collaborative governance of child protection service delivery
- The lack of appropriate reporting and governance within the Department is a likely contributor to the stalled progress across a number of the wellbeing measures for children in out-of-home care identified in the *Child Guardian: Child Protection System Report* series, including in relation to Aboriginal and Torres Strait Islander children in out-of-home care
- Scope exists for the Department to be better positioned to partner with external organisations in relation to the analysis of its data about the delivery of mandatory and essential services, and
- Scope also exists for CCYPCG to be better positioned to partner with external organisations in relation to the analysis of its data about children's experiences of the service system.

Recommendations about Proposition 2

Recommendation 3:

That the QCPCI recommend that the Government strengthen the Department's accountability for the delivery of mandatory and essential services by:

- 3.1 Reviewing and renewing its corporate information management strategy, to ensure the development of evidence about its mandatory and essential services and the outcomes they deliver are a key priority.**
- 3.2 Developing and publishing an action plan, including timeframes, for the implementation of a means to electronically capture and report on the delivery of its mandatory and essential services, as a means of enhancing the planning, management and accountability of Regional Directors and CSSC Managers.**
- 3.3 Incorporating additional requirements in s.248 of the CP Act to require:**
 - a. the Department to report on the delivery of its mandatory and essential services during the year, both state wide and on a regional basis, and disaggregated by Aboriginal and Torres Strait Islander status, and include any trends or issues related to the delivery of its mandatory and essential services either state wide or regional.**
 - b. any exceptions to the delivery of its mandatory and essential services during the year.**
 - c. the impact of any exceptions to the delivery of its mandatory and essential services and the planned corrective action, including timeframes.**
 - d. a summary of the findings and recommendations of any internal or external reviews, audits or investigations of the Department's mandatory and essential services and the action taken in response.**
 - e. the extent of any support provided by the Department to genuine researchers during the year and any findings of research.**
 - f. the tabling of the report in the Parliament by 31 October each year.**

Recommendation 4:

That the QCPCI recommend that the Government require the Department to strengthen its strategic analysis and public reporting about the delivery of its mandatory and essential services by amending s.248 of the CP Act (child protection performance report) to establish a multi-agency governance mechanism involving accountable officers to:

- 4.1** Oversee the timely preparation of the report.
- 4.2** Undertake strategic analysis of the data about the delivery of mandatory and essential services.
- 4.3** Make collaborative findings and agree priority areas for action.
- 4.4** Drive accountability for agreed action.

Recommendation 5:

That the QCPCI recommend that the Government:

- 5.1** Enable the strategic analysis of the delivery of the Department's mandatory and essential services to be strengthened by amending the CP Act to incorporate additional provisions to provide ready access (by genuine researchers) to de-identified data about the delivery of mandatory and essential services, where research is proposed into ways to improve these services.
- 5.2** Enable the strategic analysis of the service system from the critical perspective of children to be strengthened, by amending the CCYPCG Act to provide ready access (by genuine researchers) to de-identified data about children's experiences of the service system, where research is proposed into ways to promote the understanding of children's experiences or how their needs can be better met.

3. Managing for continuous improvement

To efficiently and effectively **manage** for continuous improvement, service system administrators must, firstly, understand what the needs of clients are, secondly, what services it is providing in response to those needs and, thirdly, what effect those services are having on its clients.

The above proposition has strong support, including from the Executive Director of the Department, who in his statement to the QCPCI summarised the Forde and CMC Inquiry findings as including the following key findings:

"Systems abuse occurred due to ignorance of the needs of or lack of concern for children by providers, failures to track and monitor the needs of children or the services providing care, [and] a lack of adequate funding and resources to provide adequate care..."¹⁰

"The CMC Inquiry concluded that systemic problems had existed for many years and that the child protection system failed Queensland children in many significant respects. It also determined there was an organisational failure to equip staff with information skills or resources to make the right decisions in the best interests of children with human costs that should not be tolerated as part of any modern state administered child protection service and that major change was required."¹¹

The Department views its obligations under the CP Act as falling into three key phases of a continuum, that require the Chief Executive to undertake intake assessments, investigations and assessments (IAs) and ongoing intervention.¹² For children who enter out-of-home care (and are subject to ongoing intervention), the CP Act requires a detailed needs assessment to be undertaken and documented in a case plan. Case planning has a number of elements, including planning to achieve stability for the child, a health needs assessment (child health passport), education support planning for children participating in school and cultural support planning (for Aboriginal and Torres Strait Islander children). The ongoing implementation of case plan actions is managed through CSO casework. Core aspects of CSO casework include ensuring case plans are updated every six months (s.51V CP Act) and that regular minimum contact occurs between the CSO and the child in line with Child Safety Practice Manual requirements.

Management of intake and secondary services

The QCPCI has heard extensive evidence to date that the level of intake has increased significantly in recent years, to over 112,518 for the 2010-11 financial year.¹³ Extensive evidence has also been offered about the agencies responsible for the increase in intake referrals. However, no evidence has been forthcoming to date as to how the intakes received by the Department in 2010-11 (and prior years) have been analysed to determine the drivers for the increase (on a region-by-region basis) or the effectiveness of the secondary service system response.

As the following QCPCI hearing extracts highlight, very little data or insights appear to be available at the regional level:

¹⁰ QCPCI statement: Mr Brad Swan, Executive Director, 10 August 2012, para 104.

¹¹ QCPCI statement: Mr Brad Swan, Executive Director, 10 August 2012, para 153.

¹² QCPCI statement: Mr Brad Swan, Executive Director, 10 August 2012, para 24.

¹³ QCPCI statement: Mr Brad Swan, Executive Director, 10 August 2012, para 17.

<i>Commissioner Carmody asked—¹⁴</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>...I just note in paragraph 16 of your statement that the number of referrals made by the service centre to external agencies, that is, secondary agencies, is not readily available either?</i>	<i>Yes.</i>
<i>So how does the department – you say it’s really important that you get active intervention at an early stage and you work with the family and you support the family, but you can’t tell me how you refer families in need to external agencies from your records?</i>	<i>That’s right, without a manual count. ...in terms of the information management system, if we’re putting information on that system about referrals it’s not readily available to run a report from.</i>

<i>Mr Capper asked—¹⁵</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>...You were talking about the increased need for secondary services and the ability to refer these things on. ...How do we plan for those service deliveries? How do we identify what actual needs are able to be met or need to be met if we can’t break down... If you can’t find out how many service needs or how many intakes are in Bowen, or breaking that down further, how can you plan around that?</i>	<i>I think data is one tool... it is absolutely part of the puzzle in terms of planning and being able to drill down.</i>
<i>But you’d agree, would you not, that having the ability to drill down into that data to actually identify, well, how many intakes and notifications do we have in this area? ...How many families at risk that perhaps don’t meet the threshold, but how many families at risk for intake notifications in Bowen is an important consideration in determining...what services do we need in that area and what types of services? ...But you don’t have that data available to you as a regional director. Is that right?</i>	<i>Not at this stage, no.</i>

¹⁴ QCPCI transcript: Ms Nicola Jeffers, A/Regional Executive Director, Townsville, 19-28 to 19-29, 26 September 2012- Attachment E to this submission.

¹⁵ QCPCI transcript: Ms Nicola Jeffers, A/Regional Executive Director, Townsville, 19-83 to 19-84, 26 September 2012- Attachment E to this submission.

<i>Commissioner Carmody asked—</i>	
<i>You would also like to have figures on how many people took up referrals and if they weren't self-referring, if they were being referred by the child services, then how many of them availed themselves of the benefit of it and what did it do for them?</i>	<i>That's exactly right.</i>

<i>Commissioner Carmody asked—¹⁶</i>	<i>Mr Payet (DOC) answered-</i>
<i>Yes, and it's also – so it's got the Helping Out Families initiative, it's also got the new child protection manual, I think it is, that's being – reporting guide, that's being trialled also in this region. Can you perhaps inform the Commission as to whether Helping Out Families has had any positive effect on diverting children from say the residential care or foster care systems and keep them in their families?</i>	<i>I think we can argue indirectly ... but as to whether I can make a direct correlation between the two, I don't think I've got evidence to be able to do that. All I can say is that the proposition of families being helped before they get into the statutory system would support, you know, the view that the more they're supported before they get into the system the less likely they are to get into the system. So that would be the argument that I would run. Do I have any evidence to support it categorically, I do not.</i>
<i>So you haven't actually got any data to say whether there are any particular children who have been the subject of the Helping Out Families initiative but despite that they've ended up in care in any event?</i>	<i>So despite having been with the HOF they've come into our care?</i>
<i>Yes?</i>	<i>I do not have that evidence, no. I don't have that information.</i>

The QCPCI has heard that there is insufficient evidence available at the local level to enable an assessment of the particular needs of communities and any reasons the particular secondary services that are available are not fit for purpose. The state wide outcome data that is available shows that 54.3% of children subject to an intake outcome involving a child concern report (CCR), are subject to a subsequent referral back to the Department within 12 months. Of these re-referrals, 38.9% are assessed as a further CCR, while 15.4% are assessed as a child protection notification, meaning that not only have family functioning issues persisted, but an escalation of risk to the child has also occurred.¹⁷

¹⁶ QCPCI transcript: Mr Antoine Payet, Regional Director, Beenleigh, 21-23 to 21-24, 3 October 2012 - Attachment E to this submission.

¹⁷ Child Guardian Key Outcome Indicator Update: Child Protection System 2008-11, p.10.

Overall, it appears that families subject to a CCR are either not receiving a secondary support service or the supports provided are ineffective at preventing their subsequent referral to the Department, which raises a separate concern as to whether the Department at a service delivery level is aware of the range of support service available, whether these secondary services are being effectively utilised and whether the services actually taken up by children and families are an effective investment in terms of providing positive outcomes for children and value for the significant amount of money being spent on these services.

The QCPCI has also identified confusion within the Department in relation to the work impost created by the increase in intake work across recent years. To date, the QCPCI has been provided three separate figures for the average time required to complete an intake. The Department's Executive Director stated the completion of an intake took, on average, four hours.¹⁸ The Department's Workload Management Plan¹⁹, which was tendered with the statement of Alex Scott, Secretary, Together Union, identifies one hour as the benchmark. While the Department's Manager, Regional Intake Service, Beenleigh, stated the completion of an intake took, on average, 2-3 hours, but advised that there had also been no analysis undertaken since implementation of the Regional Intake Service model.²⁰

<i>Mr Capper asked—</i>	<i>Ms Oliver (DOC) answered—</i>
<i>Now, in relation to the RIS - the last question I have for you is in relation to the intakes, how long does it take to do an intake? The reason I ask that is because we have some conflicting evidence. I just want to clarify. So when you receive the intake, how long does it actually take for that to occur?</i>	<i>I don't have any formal data around that. Obviously prior to the regional intake services being established there was some work in relation to estimated times that an intake would take. One intake could take an hour. Another intake could take four hours. Another one could take longer than that. So it's really hard to say. There's no generic figure.</i>

Management of Investigations and Assessments

In contrast to intake, extensive data is published by the Department about the management of IAs, including regional disaggregation. CCYPCG also publishes data about the management of IAs as a proxy outcome measure relating to the effectiveness of the IA process.

The IA data shows that across the past three years, the Department's performance against its service delivery benchmarks has been consistently poor, with 32% commenced and 59% finalised within Departmental benchmarks.²¹

Delays in the management of IAs are significant; they result in reported risks to children going unassessed and can lead to tragic outcomes. As approximately 31% of IAs²² result in a substantiated finding related to the reported risk, there can be no question that preventable harm of a significant nature to children is going unchecked because of the delays.

¹⁸ QCPCI transcript: 2-9 to 2-10, Mr Brad Swan, Executive Director, Brisbane, 14 August 2012.

¹⁹ QCPCI statement: Alex Scott, Secretary, Together Union, 27 August 2012.

²⁰ QCPCI transcript: 21-111, Beenleigh, 3 October 2012, within Attachment E to this submission.

²¹ *Child Guardian Key Outcome Indicator Update: Child Protection System 2008-11*, p.4.

²² *Child Guardian Key Outcome Indicator Update: Child Protection System 2008-11*, p.12 (5,941 substantiations from 19,353 notifications involving distinct children, 2010-11).

The delays are also significant in a legislative context, they represent a fundamental failure by the Department to comply with a key statutory obligation, namely, the obligation upon the chief executive created by s.14(1) of the CP Act to act “immediately” to investigate alleged harm.

The QCPCI has heard conflicting reasons as to why poor levels of compliance with s.14(1) of the CP Act have persisted.

When questioned on Departmental performance against the benchmarks for IAs, the Department’s Executive Director expressed the view that the inability to action child protection notifications as required by s.14(1) of the CP Act, was largely due to increases in the level of intake. However, he also explained that the Department’s intake and IA services are structured as two discrete functions within the Department; IAs are managed at the CSSC level and intake is managed by the Regional Intake Service.

<i>Ms McMillan asked—²³</i>	<i>Mr Swan (DOC) answered—</i>
<i>... The increase in intakes that we've just gone through – what impact, if any, is it having on the ability of frontline staff to complete assessments and identify children at risk?</i>	<i>It certainly is - the increase in numbers is certainly a burden on the department to be able to make sure that we can respond to those matters being reported, that each call can take up to four hours by the time the matter has been received and screened appropriately and the decision taken then by a team leader, so that it certainly adds a burden in terms of screening those matters.</i>
<i>Do you see any correlation between that and the figures I just showed you in terms of that 30 per cent of investigations and assessments within the required time frame?</i>	<i>The way that we've structured the department is that the intake is operated through the regional intake services that are specifically allocated for that function and then there's an investigation and assessment team generally within each Child Safety Service centre, so they are two discrete functions.</i>

The Executive Director also identifies in his statement to the QCPCI that the workload created by intake has more than doubled since the CMC Inquiry (44,631 in 2003-04 increasing to 112,518 in 2010-11).²⁴ However, across the same timeframe, the Department’s budget has increased four-fold, from \$182M in 2003-04, to \$733M in 2011-12.²⁵

This significant increase in the Department’s budget has presumably enabled additional staff to manage increases in both intake and IAs. QCPCI’s investigation into, and findings about, the efficiency of these two key processes will be critical to establishing the 10 year road map for the child protection system.

Management of ongoing intervention/casework

The Department publishes on its website a number of (largely activity based) measures, including state wide data about the implementation of case plans and compliance with the statutory requirement for the review of case plans. However, the QCPCI hearings have heard from Regional Directors and CSSC Managers that significant gaps exist in

²³ QCPCI transcript: 1-53, 13 August 2012 - Attachment E to this submission.

²⁴ The ongoing intervention workload has also more than doubled since 2004.

²⁵ QCPCI statement: Mr Brad Swan, Executive Director, 10 August 2012, paras 246 and 251.

relation to the availability of activity and performance data that is essential to their effective and efficient planning and delivery of mandatory and essential child protection services.²⁶ These gaps include data about the following.

The entry of children into care

<i>Mr Copley asked—²⁷</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>So is there no – I don't know what you call it – box, field, window or point at which you can enter into this integrated management system the simple fact that a baby was removed at or very soon after birth while still in hospital?</i>	<i>...We can enter it into the system. We can't run a report on it...</i>
<i>So you can enter it in the system but when asked to produce figures you can't do that by pressing a button or giving the computer certain commands?</i>	<i>Not that I'm aware of, but could I suggest that Sue Lagana has a lot of expertise in the usage of ICMS and would be best served to answer that question.</i>
<i>So even with the benefit of a summons served quite some time before your appearance here today and with the benefit of being able to comply with that summons by Friday, September 21 2012 you state that the department information system is such that you can't tell us how many children currently from each service centre are in care as a result of an unborn child notification?</i>	<i>That's correct.</i>

<i>Mr Copley asked—²⁸</i>	<i>Ms Lagana (DOC) answered—</i>
<i>Well, can you tell us, for example, this year how many children have been removed at no matter what age under the age of 18 from their parents by the Aitkenvale Child Safety service centre?</i>	<i>I couldn't tell you that offhand, no.</i>
<i>Could the system tell you that, the computer system?</i>	<i>Not by the click of a button, no. There are lots of things that the computer system cannot tell us by the click of a button.</i>

²⁶ QCPCI transcript extracts relating to Regional Directors and CSSC Managers - within Attachment E to this submission.

²⁷ QCPCI transcript: 19-11 to 19-13, Townsville, 26 September 2012 – within Attachment E to this submission.

²⁸ QCPCI transcript: 20-14, Townsville, 27 September 2012 – within Attachment E to this submission.

Casework

While the Department publishes state wide data on its website in relation to the implementation and review of case plans, disaggregation of this data is not made readily available to Regional Directors and CSSC Managers in relation to the mandatory and essential services they are required to deliver to children through casework. Significant (over) reliance is instead placed on CSOs in this regard.

Health needs (QCPCI transcript 19-84 to 19-85, Townsville, 26 September 2012)

<i>Mr Capper asked—</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>... or, for that matter, the health issues as you've identified? ...Doesn't that same problem continue through by having that lack of data at that lower level?</i>	<i>I think that is again one tool that gives us information, but as you would have seen in my statement around the child health passports, we were able to manually gather that information. ...It's just not readily accessible from the press of a button...</i>

Education support needs (QCPCI transcript 19-84 to 19-85, Townsville, 26 September 2012)

<i>Mr Capper asked—</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>I guess the issue I have there, though, is the annual data coming – should that be more frequently from the Department of Education? I mean, how are you planning around children's educational needs and their educational support plans and reviewing those if you don't have that sort of data?</i>	<i>We're doing it on a case by case basis, but, you know, that information would be really valuable from a regional perspective.</i>

Transition from care planning (QCPCI transcript 19-45 and 19-75, Townsville, 26 September 2012)

<i>Commissioner Carmody asked—</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>How do you check to see – or do you check to see how the 18-year-olds [who] left your care last year are going on their transition care plan, how it's working for them?</i>	<i>We wouldn't have any mechanisms necessarily to do that at this juncture.</i>

<i>Mr Hanger asked—</i>	<i>Ms Jeffers (DOC) answered—</i>
<i>...do we have any idea of the success rate of the [young] people who transition to independent living?</i>	<i>Not in terms of numbers...</i>

CSO contact

Recent research undertaken by the Children's Rights Director for England and the South Australian Office of the Guardian for Children and Young People has confirmed the importance of quality contact between statutory case workers and children and young people in out-of-home care. Additionally, CCYPCG's surveys of young people in out-of-home care have repeatedly identified that those young people who reported seeing their Child Safety Officer at least monthly were significantly more likely to be satisfied with the amount of contact, than were those who reported seeing their Child Safety Officer less often.

Despite the available research and emphasis placed on CSO contact in the Child Safety Practice Manual, the Department has resisted CCYPCG's significant advocacy on the need to capture data about CSO contact over the past five years,²⁹ on the basis that there is no research or evidence base that suggests a lack of CSO contact negatively impacts on outcomes experienced by children and that there are more significant people in children's lives than their CSOs. The Department's response to the provisional Child Guardian Report 2007-08 went so far as to state that, *"The extent of CSO contact is a poor measure of system success"*.³⁰

The Commission undertook further consultation with the Department around data availability for the *Child Guardian Report 2008-09*. The Commission provided the Department with a list of data items titled "very high priority". On 31 August 2009 the Department wrote to the Commission and outlined whether or not it was able to provide each data item on the list. In relation to the following data items:

- No. of children who are subject to ongoing intervention (but not in out-of-home care) who are contacted by their CSO in accordance with minimum departmental requirements, by Zone for 2008-09
- No. and % of children living away from home and in out-of-home care who were visited by their CSO each month in 2008-09, and
- No. and % of children who have had the same Child Safety Officer for the past 12 months

The Department advised that: *"Data is not available for state-wide corporate reporting"*.³¹ The Department remains unable to report on CSO contact, despite the lack of contact remaining a significant concern for children in out-of-home care.

<i>Mr Capper asked—³²</i>	<i>Mr Payet (DOC) answered—</i>
<i>But yet in the commission's research in relation to the 2011 review of children in foster care survey - in relation to that, almost half of the children - actually half of the children - 50.3 per cent reported seeing their CSO once a month, 31.3 per cent said every three months and 7.3 per cent said they only</i>	<i>I don't believe it can, no, per se.</i>

²⁹ Attachment B to this submission.

³⁰ Letter from former Department Deputy Director-General, Ms Norelle Deeth, 30 January 2009.

³¹ Letter from former Department Deputy Director-General, Mr Brad Swan, received 31 August 2009.

³² QCPCI transcript: Mr Antoine Payet, Regional Director, Beenleigh, 21-64, 3 October 2012 – within Attachment E to this submission.

saw their CSO once a year or less. As I understand, ICMS can't tell you how many – the frequency of visits by CSOs. Is that correct?	
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Mr Capper asked— ³³	Mr Garrahy (DOC) answered—
As I understand, we can't just simply go to the system and say, "Have we visited every child in our care in this region this month?" You can't do that at present, as I understand it. Is that right?	From a data perspective, no, but I guess as the service centre manager I could talk to my staff and say, "Of your case load how many visits have you completed with each child?"
...Well, there's no structured way, from what you're telling me, that you actually gather that information from your staff to certify that each month you've actually visited the children in care?	...if you have a CSO working with their team leader, going over their cases on a monthly basis and supervision, to me that would demonstrate what work they're doing with that family.

Family contact (QCPCI transcript 24-86, Mt Isa, 16 October 2012)

Mr Capper asked—	Mr Garrahy (formerly of DOC) answered—
In relation to [children's] contact with families, is that [data] available from ICMS?	Information about contact with families would be available, but again I think that's a data issue in terms of pulling that out, is my understanding.
So again we can't just press the button and ask for a report on how the children in care had contact over the last month with their family. We can't do that?	I don't believe so, no.

Commissioner Carmody asked—	Mr Garrahy (formerly of DOC) answered—
...but wouldn't that be a good way of measuring how well the department is performing the substitute parental role, to know how many children in care have lost contact with parents or family as a result of being in care?	Yes. One of my challenges with this, Commissioner, is having not worked in this role for a period of time [14 months]. I'm not aware of what data is now available.

³³ QCPCI transcript: Mr Garrahy, Manager, Mt Isa CSSC, Mt Isa, 24-82, 16 October 2012 – within Attachment E to this submission.

<i>Yes, just leaving aside whether it is available...</i>	<i>But I agree, yes, I do.</i>
<i>...or not, do you think it's a good indicator of how well the system is performing its parental responsibilities...given that one of them is for the chief executive to maintain that...contact – it's mandated in the legislation?</i>	<i>I agree. I think it's very useful information to know about contacts. I think what's more useful is knowing how well that contact went; what it meant for the child, what it meant to the parents. So I think...</i>
<i>In order to answer the second question you have to be able to answer the first?</i>	<i>You need to – I agree. I agree, yes.</i>

Management reporting and accountability at the CSSC and regional level

During the Rockhampton and Ipswich hearings of the QCPCI evidence was given by a current and past CSSC Manager that the Department's quarterly Operational Performance Reviews had either ceased or were not occurring regularly. The current CSSC Manager (Ms Matebau) stated: "I don't personally know how my office [performance] is reviewed".

<i>Commissioner Carmody asked —³⁴</i>	<i>Ms Matebau (DOC) answered-</i>
<i>All right. What do you measure? What do you use to measure your performance in the risk assessment process?</i>	<i>Over the years it has varied, so there was a time where we would come together for an OPR, performance review. I can't recall - I think we haven't - I haven't personally participated in those for probably maybe three years, maybe four, so I don't personally know how my office is reviewed. However, as a manager, what I look for then is recidivism. If a family is continuing to come back to us at that front-end level, then that's a trigger for me that there's something not going right.</i>
<i>That is, something going wrong with the assessment?</i>	<i>Exactly, yes. So I may or may not be aware of that, depending on how closely I look at the names that keep coming up or in supervision I might ask that question of a team leader.</i>
<i>Yes, it's a bit like randomly searching a shipping container, isn't it?</i>	<i>Yes.</i>

³⁴ QCPCI transcript: Ms Charmaine Matebau, Rockhampton, 26-13, 23 October 2012 – within Attachment E to this submission.

<i>Mr Capper asked—³⁵</i>	<i>David Bradford (formerly of DOC) answered—</i>
<i>If we don't do that [Operational Performance Reviews], obviously there's a risk, as you say, because we're trying to juggle 10 balls at a time that one of them will drop through the gaps?</i>	<i>So the OPRs were enormously helpful and actually helped managers get a very good helicopter view of what they were dealing with so they could see where to intervene. The frenetic nature of a service centre is such that you can be, you know, very, very busy and dragged into all the activity that's going along. For example, in that environment I think I had 230 children under orders. I had 55 investigations a month coming in and a team of four who were dealing with those 55 investigations a month. You do the math. It's pretty busy and so the opportunity to stop, see the big picture and then intervene strategically to actually improve service was excellent and the OPRs were very valuable.</i>
<i>We place a child at risk as a result of failing to undertake that strategic assessment of how we're really going. Wouldn't you agree with that?</i>	<i>Well, I think it's incumbent upon the manager to be able to see the big picture and if you can't, then, you know, you're really sort of doing it by experiment, not by, I suppose, intent.</i>
<i>...that response came from Ms Matebau in questioning from the commissioner as to, "What do you do to measure performance in the risk assessment process?" and she said, "We used to do OPRs but we don't anymore." Did you see them as a valuable exercise, enough that they should be reinstated...?</i>	<i>Yes.</i>
<i>...or that we should have something similar?</i>	<i>Well, I mean, yes, again looking at the scope of work, look what you're trying to prove, look at your KPIs and give your managers a dashboard that tells them something intelligent about how they're performing, yes, whether it's OPR or some such beast; yes.</i>

Conclusions about Proposition 3

CCYPCG is of the view that the above analysis highlights some clear themes in the Department's management of its 'frontline' service response to children's needs, namely:

- CSSC Managers and Regional Directors are currently provided insufficient data about their mandatory and essential service accountabilities, such that they are very limited in their capacity to plan, implement and monitor services that address the local needs of children in out-of-home care

³⁵ QCPCI transcript: Mr David Bradford, Ipswich, 28-49 to 28-50, 30 October 2012 – within Attachment E to this submission.

- The lack of sufficient regional service delivery data is a likely contributor to the stalled progress across a number of wellbeing measures for children in out-of-home care
- Despite statements as to the importance of CSO contact with children in the Child Safety Practice Manual, the Department's unwillingness or inability to capture and report on CSO contact, has the effect of devaluing this critical aspect of casework
- The impediments that exist to Regional Directors and CSSC Managers proactively planning, developing and monitoring local service responses, drastically increase the likelihood of reactive or crisis driven service responses
- Pressure points in the service system, particularly due to lack of resources, will likely not be identified until service system failure manifests within individual cases, and
- In cases of service system failure, CSOs will bear the accountability unless the underlying issue can be identified and appropriately defined as representing one aspect of a wider issue.

Recommendations about Proposition 3

Recommendation 6

That the QCPCI recommend that the Government require the Department to implement a consistent state-wide mechanism to enhance accountability for the planning, delivery, management and monitoring of its mandatory and essential service delivery obligations. The mechanism should include (as a minimum), but not be limited to:

- 6.1 A requirement that the Department define the mandatory and essential services it is required to provide children under the CP Act, which should (as a minimum) include: timely commencement and finalisation of IA cases, compliance with the Indigenous Child Placement Principle, the involvement of recognised entities in key decisions, case planning implementation and review, health needs assessment and the provision of required services, education support plan development and the provision of required supports, cultural support plan development, transition from care planning and implementation of agreed actions, CSO contact as specified by the Child Safety Practice Manual and family contact arrangements.
- 6.2 A requirement that, on at least a monthly basis, CSO cases be reviewed in depth by Team Leaders and a permanent electronic record be created in relation to achievements in relation to mandatory and essential service delivery, specifically including whether required actions have been taken, service benchmarks met and statutory timeframes complied with.
- 6.3 A requirement that the electronic records in relation to mandatory and essential services be created in a manner that enables the ready generation of reports, including exception reporting where required actions have not been taken, service benchmarks not been met and statutory timeframes have not been complied with.
- 6.4 A requirement that the Department define young people at high risk and that each CSSC Manager be required to regularly review and identify those young people within their CSSC that meet the definition and create an electronic record to that effect.
- 6.5 A requirement that the provision of mandatory and essential services be reviewed on at least a monthly basis by the relevant CSSC Manager and Regional Director and that where exceptions exist, an electronic record be created as to the likely impact on the subject children's safety and wellbeing, the corrective action required (including any resourcing issues), accountability for corrective action and the proposed timeframe for corrective action.
- 6.6 A requirement that any exceptions to the provision of mandatory and essential services to high risk young people be reported to the chief executive under the CP Act immediately.

- 6.7 A requirement that a quarterly review of each CSSC and region's mandatory and essential service provision be undertaken by the chief executive under the CP Act, as a means of strengthening both accountability and service efficiency and effectiveness.**
- 6.8 A requirement that, where a quarterly review identifies issues related to the provision of mandatory and essential services, a record of the likely impacts of these issues be created, along with agreed corrective actions, timeframes and accountabilities in response to the issues, and that the agreed response be noted by the chief executive under the CP Act.**

Attachment A: CCYPCG reviews and audits containing formal recommendations or advice about data and reporting

Year completed/closed	Name of CCYPCG report
2006	Child Guardian Report 2005
2007	Child Guardian Report 2006
2007	Sexual Abuse Audit
2007	The Matters of Concern Report
2007	The Profile Report: An Audit of the Department of Child Safety's information management relevant to the delivery of services to children and young people in out-of-home care
2007	Review of outstanding Investigation and Assessment in a CSSC
2007	Review of Investigations and Assessments (State-wide)
2008	Self-Placement Review Report
2008	Indigenous Child Placement Principle Audit Report 2008
2009	Child Guardian Report: Child Protection System 2007-08
2010	Child Guardian Report: Child Protection System 2008-09
2010	Mandatory and Essential Services Audit
2011	Child Guardian Report: Child Protection System 200-10
2011	Indigenous Child Placement Principle Audit Report 2010-11
2012	Queensland Child Guardian Key Outcome Indicators Update: Child Protection System 2008-11

Attachment B - History of key CSO contact advocacy by CCYPCG

Date	Advocacy
<p>Child Guardian Report 2007-08</p>	<p>Text of the <i>Child Guardian Report 2007-08</i> Stability Chapter outlines that CSO contact is a critical issue for children and young people in care.</p> <p><i>"Children and young people's relationship with their Child Safety Officer</i> <i>The Child Guardian Survey 2008 found that 22% of young people and 37% of children in foster care reported not knowing the name of their Child Safety Officer.</i></p> <p><i>Eleven percent of young people in residential care reported not knowing the name of their Child Safety Officer. In addition, 70% of young people in residential care reported having more than one Child Safety Officer in the last year and made the following comments about a lack of stability in their relationships with residential workers:</i></p> <ul style="list-style-type: none"> • <i>'I hate people coming and going'</i> • <i>'Too many people in my life', and</i> • <i>'When you go out to a meeting, the other worker doesn't know what was spoken about'.</i> <p><i>Community Visitor Serious Issues for 2007-08 also identified 209 children and young people whose lack of contact with their Child Safety Officer was causing a significant impact. The issue of insufficient Child Safety Officer contact was also the most frequently raised service delivery issue in 2007-08 that Community Visitors were required to address locally. This has been the case for the past three years, indicating it remains a major concern for children and young people. The Department of Child Safety is of the view that Child Safety Officer contact is not a reliable indicator of child safety system performance, highlighting there is no research or evidence base that suggests that a lack of Child Safety Officer contact negatively impacts on outcomes experienced by children and young people.</i></p> <p><i>Instead, the Department of Child Safety considers that it is the child's other meaningful, trustworthy and stable relationships in their lives that take precedence over a child's relationship with their Child Safety Officer.</i></p> <p><i>The Child Guardian will continue to gather and report on data about the level of contact and quality of relationships between Child Safety Officers and children and young people, where there is evidence (particularly evidence directly from children and young people) that these matters impact either positively or negatively on the outcomes experienced."</i></p> <p><i>(Specifically the Department's letter in response to the provisional Child Guardian Report 2007-08 stated, "The extent of CSO contact is a poor measure of system success.").</i></p>
<p>June – August 2009</p>	<p>The Commission undertook consultation with the Department around data availability for the <i>Child Guardian Report 2008-09</i>. In negotiations, the Commission provided the Department with a list of data items titled "very high priority".</p> <p>On 31 August 2009 the Department wrote to the Commission and outlined whether or not it was able to provide each data item on the list. In relation to the data items,</p> <p><i>children who are subject to ongoing intervention (but not in out-of-home care) who are contacted by CSO in accordance with minimum departmental requirements, by Zone for 2008-09"</i></p> <p><i>and % of children living away from home and in out-of-home care who were visited by their CSO each in 2008-09", and</i></p> <p><i>and % of children who have had the same Child Safety Officer for the past 12 months"</i></p> <p>The Department responded, <i>"Data is not available for state-wide corporate reporting".</i></p>

18 Sept
2009

The Commission wrote to the Department thanking it for identifying the available data for the *Child Guardian Report 2008-09*.

The letter also requested written advice on any strategies or initiatives undertaken during the year that related to the timeliness of I&A and children and young people's access to a CSO. These were identified as two critical areas of service delivery, that the Commission believed, "*have the potential for significant impacts on outcomes experienced by children and young people*".

In relation to CSO contact, the Commission provided the following evidence to the Department:

"Access to child safety officers and case planning

Child Safety Officers are recognised as a unique presence in a child's life. Among other things, they provide a vital link between the child and the State, which is often the legal guardian of the child. Through the case planning process a Child Safety Officer is required, on a regular basis, to assess a child's needs and facilitate access to required services and supports. These responsibilities further position the Child Safety Officer as a significant person in the child's life, assisting and supporting the child to achieve improved safety and wellbeing.

Child Safety Officer contact and case planning issues were prevalent across many outcome areas described in the 2007/08 Report.

Child Safety Officer contact findings included:

- The extent of Child Safety Officer contact has remained the most frequently raised concern by children and young people in out-of-home care for the past three years*
- Community Visitor Serious Issues for 2007/08 identified 209 children and young people whose lack of contact with their Child Safety Officer was causing a significant impact, and*
- 23% of young people in foster care and 38% of young people in residential care surveyed told the Child Guardian that they do not feel listened to by their Child Safety Officer.*

Case planning findings included:

- 71% of all Serious Issues Forms for 2007/08 noted a case planning issue*
- 51% of young people in foster care surveyed did not know if they had a case plan*
- 31% of young people in residential care surveyed did not know if they had a case plan, and*
- 73% of young people in foster care who reported having a case plan did not know what was in it.*

These issues were also evident in the Education and Health chapters which noted findings concerning lack of departmental support and needs identification which led to the health and education issues not being addressed.

While analysis of 2008/09 information has not yet been finalised, preliminary analysis indicates similar findings.

In response to the provisional 2007/08 Report, the Department did not specifically respond to these findings other than to say that there is no research or evidence to suggest that a lack of Child Safety Officer contact negatively impacts on outcomes experienced by children and young people.

In my view, the findings highlighted above are significant and issues regarding the quality of the case planning process and Child Safety Officer contact were evident across various outcome areas.

Recent (2008/09) research undertaken by the Children's Rights Director for England and the South Australian Office of the Guardian for Children and Young People has confirmed the importance of quality contact between statutory case workers and children and young people in out-of-home care. Additionally, my recent survey of young people in residential care identified that those young people who reported seeing their Child Safety Officer at least monthly were significantly more likely to be

	<p>satisfied with the amount of contact, than were those who reported seeing their Child Safety Officer less often.</p> <p>In light of this, I would appreciate your updated advice on any initiatives and strategies undertaken in 2008/09 and planned for 2009/10 in response to the findings noted above regarding Child Safety Officer contact and case planning.</p> <p>I would also appreciate receiving:</p> <ul style="list-style-type: none"> Any other relevant contextual information that may further my understanding of the impediments to Child Safety Officer contact and case planning occurring in accordance with Departmental policy and procedural requirements, and Details of any local, system-wide mechanisms or ad hoc mechanisms being used to monitor case planning processes, including implementation and updating." 										
2 Nov 2009	<p>The Commission received a response to its letter of 18 September 2009.</p> <p>The Department advised the Commission of a number of initiatives undertaken to address children's contact with CSOs and case planning including:</p> <ul style="list-style-type: none"> Implementation of the Children and Young People's Participation Strategy Release of a Practice Skills Workshop enhancing skills of CSOs engaging with children Development of a Practice Skills Workshop on transition from care planning Initiation of the Case Plan Strategic project, which resulted in streamlining case planning policy and procedures, delivery of case planning workshops and practice tools to assist staff to write quality case plans. 										
Child Guardian Report 2008-09	<p>The Report included a statement that the Department was unable to provide data about CSO contact:</p> <p><i>"The Department of Communities (Child Safety Services) has advised that information about frequency of Child Safety Officer contact is not currently recorded in the Integrated Client Management System (ICMS) as a separate field and is therefore unable to be extracted from ICMS for reporting purposes."</i></p> <p>In the Provisional Child Guardian Report 2008-09, the Commission asked the Department to provide reasons as to why certain data items were unable to be reported. These are listed below:</p> <table border="1"> <thead> <tr> <th>Data</th><th>Availability</th></tr> </thead> <tbody> <tr> <td>1. p16: Children subject to intervention with parental agreement who are subsequently placed on a child protection order.</td><td>Would need to develop report – available 2010</td></tr> <tr> <td>2. p30: Contact between child safety officers and children in out-of-home care.</td><td>Not recorded in ICMS – unable to provide</td></tr> <tr> <td>3. p33: Proportion of children in out-of-home care who have a current case plan.</td><td>Under review – available next quarter</td></tr> <tr> <td>4. p45: Proportion of</td><td>Not available – data quality</td></tr> </tbody> </table>	Data	Availability	1. p16: Children subject to intervention with parental agreement who are subsequently placed on a child protection order.	Would need to develop report – available 2010	2. p30: Contact between child safety officers and children in out-of-home care.	Not recorded in ICMS – unable to provide	3. p33: Proportion of children in out-of-home care who have a current case plan.	Under review – available next quarter	4. p45: Proportion of	Not available – data quality
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		<p><i>children in out-of-home care with a disability.</i></p>	<p><i>issues</i></p>	
		<p><i>5. p61: The number of young people with a transition from care plan.</i></p>	<p><i>Reviewing data quality issues – not available until 2010</i></p>	
	<p>The Commission provided the following rationale to the Department for the need to provide an update about the availability of these data items:</p> <ul style="list-style-type: none"> • <i>“Data items 1-3 and 5 are key performance measures of the Department’s ability to provide services to and meet the needs of children and young people.</i> • <i>Given the significant investment made in ICMS, an explanation from the Department will assist to provide accurate information to the public about when this information will be available and will hold the Department publicly accountable to provide this data.</i> • <i>Public reporting will prioritise these areas for reporting within the Department.</i> • <i>This is also an opportunity for the Department to promote it's ability to provide an evaluation of services provided to children and young people by providing information about initiatives/actions taken to increase its capacity to report.”</i> 			
Child Guardian Report 2009-10	<p>The Commission used Community Visitor data to report about:</p> <ul style="list-style-type: none"> • Whether children had contact with their CSO within the last month • Whether children reported wanting more contact with their CSO. 			
2011 Views (survey) - Foster Care	<p>How often do you see your CSO?</p> <ul style="list-style-type: none"> • Of the 90.0% of young people who had met their current CSO, 50.3% reported seeing them about once per month, 31.4% every three months, and 7.3% only once a year or less. <p>How often do you want to see your CSO?</p> <ul style="list-style-type: none"> • Just over half (52.3%) the young people indicated that they are happy with the frequency of contact they have with their CSO. • Children appear less satisfied than young people with how often they see their CSO. Only 39.6% indicated that they are happy with the frequency of contact they have with their CSO, 46.3% would like to see their CSO more often, and 14.1% would prefer to see them less. • Inferential analyses of Views survey data confirm the importance of CSO contact. Children and young people who report having a CSO who, they see often enough, is helpful, listens to them and is easy to contact, are more likely to report higher levels of wellbeing. 			
2011 Views (survey) - Residential Care	<p>How often do you see your CSO?</p> <ul style="list-style-type: none"> • Fifty-nine per cent of young people reported seeing their CSO at least once a month. Most of the remaining respondents reported seeing their CSO every two or three months. Nine per cent of young people reported that their CSO had yet to visit them. <p>How often do you want to see your CSO?</p> <ul style="list-style-type: none"> • 44% of young people indicated being satisfied with the current frequency of CSO visits. 			

Attachment C – Select Child Protection System Data Related Questions on Notice

QON number	Asked on	Question	Answer
1634	12/10/2011	<p>Ms Davis asked—</p> <p>Will the Minister advise the total number of matters of concern lodged against foster carers by the department for 2009–10, 2010–11 and 2011–12 (to date) (reported separately by year and region)?</p>	<p>Minister Reeves answered—</p> <p>The specific data the Member has requested is not reported by region as part of the Child Safety Services corporate reporting framework.</p> <p>To report on this data would require a manual review of case notes which would be a time consuming and labour intensive task that would disrupt staff from undertaking their core responsibilities, including protecting Queensland's most vulnerable children.</p>
1557	11/10/2011	<p>Ms Davis asked—</p> <p>Will the Minister advise separately for 2009–10, 2010–11 and 2011–12 (to date) and by region, the total number of foster carers who were taken off the list of active carers by the Department of Child Safety?</p>	<p>Minister Reeves answered—</p> <p>The specific data the Member has requested regarding the number of foster carers who were "taken off the list of active carers", by region, is not part of the Child Safety Services corporate reporting framework.</p> <p>To report on this data would require a manual review of case notes which would be a time consuming and labour intensive task that would disrupt staff from undertaking their core responsibilities, including protecting Queensland's most vulnerable children.</p>
1466	07/09/2011	<p>Dr Flegg asked—</p> <p>Will the Minister detail average school attendance and absenteeism of children in care and quantify the educational outcomes for children in care (based on results in standardised tests and outcomes on completion of formal education)?</p>	<p>Minister Reeves answered—</p> <p>For the Member's information, I attach a full list of each individual data set that [is] publicly reported either annually or quarterly.</p> <p>As the Member can clearly see, data relating to school attendance is not part of the department's significant and extensive reporting framework. This information is held in individual case files to assist with case management. To extract this data would require a manual extraction process, which would be time consuming, labour intensive and would divert child safety staff away from their core responsibility of protecting Queensland's children.</p>
1471	07/09/2011	<p>Ms Davis asked—</p>	<p>Minister Reeves answered—</p>

		Will the Minister advise (by age group, reported separately in table format) the percentage of children who are in foster care, and who are in (a) their first placement, (b) their second placement and (c) their third or greater placement?	The specific data the Member has requested is not part of Child Safety Services' significant and extensive reporting framework. This data is held in individual case files to support case management. To extract this data would be labour intensive, time consuming and would distract key staff from their core responsibilities—protecting Queensland's most vulnerable children.
1424	06/09/2011	Mr Horan asked— With reference to children who are removed from their homes following a substantiated notification of neglect, will the Minister advise (a) the average duration of the removal and (b) the percentage of children who are successfully reunified with their families within (i) six months, (ii) 12 months or (iii) longer than 12 months (in table format and listed separately by region)?	Minister Reeves answered— In response to part (b) of the Member's question, the specific data the Member has requested, broken down by region, is not part of the Child Safety Services' significant and extensive reporting framework.
1367	25/08/2011	Ms Davis asked— Will the Minister advise (a) how many families have more than one child in care and (b) of those in (a), how many placements are keeping all brothers and sisters residing at the same address?	Minister Reeves answered— Child Safety Services does not report data on a family/household basis. Rather, data is reported on a child basis.
1327	24/08/2011	Ms Davis asked— Will the Minister advise how many children in care are residing in homes or facilities that are in a different region of the state from their parents' homes and how much was spent by the department in 2009–10 and 2010–11 (reported separately) on travel costs for parents to visit their children in care?	Mr Reeves answered— The Bligh Government has overseen significant enhancements to Queensland's child protection data reporting. For the Member's information, I attach a full list of each individual data set that (is) publicly reported either annually or quarterly. As the Member can clearly see, the data she has requested is not part of the department's significant and extensive reporting framework. This information is held in individual files. To extract this data would require a manual extraction process, which would be time consuming, labour intensive and would divert child safety staff away from their core responsibility of protecting Queensland's children.
1162	03/08/2011	Mr Knuth asked— Will the Minister advise the numbers of foster care homes (separated by	Minister Reeves answered— While information on the number of existing children in carer families is

		region) where there are (a) three or more children in placements and (b) more than three children in the host family?	collected by the Department of Communities as part of the carer's application, this data is not able to be reported at a push of a button. To report on this data would require a manual extraction which would be time consuming and labour intensive for the hard working staff of child safety services.
955	15/06/2011	<p>Mr Messenger asked—</p> <p>With reference to the government's policy of allowing same sex couples to become approved foster carers for children under protection orders of the state—</p> <p>(1) Will the Minister detail for the House (reported separately for the last five years) the total number of (a) couples who are accredited foster carers, (b) same sex couples who are accredited foster carers and (c) same sex couples consisting of at least one transvestite who are accredited foster carers?</p> <p>(2) Will the Minister explain why accredited Queensland foster carers do not have to meet the same social relationship requirements that are required of adoptive parents (that is, committed heterosexual couples who have been in long-term defacto relationships or are married)?</p>	<p>Minister Reeves answered—</p> <p>1b) Child Safety Services does not keep data on how many approved carer families are couples for reporting purposes. Reporting on the relationship status of carer families which include two people of the same sex would be inaccurate and misleading.</p>
148	08/03/2011	<p>Mr Malone asked—</p> <p>Will the Minister advise the number and nature of complaints, substantiated or partly substantiated, to the Child Safety Complaints Unit (a) by region and year for 2008–09, 2009–10 and 2010 to date, (b) by number proportion of complaints settled within 90 days of receipt and (c) by the average length of time taken by the department to resolve a substantiated or partly-substantiated complaint?</p>	<p>Minister Reeves answered—</p> <p>The response to Question on Notice 2290 also clearly advises that extracting data as detailed and specific as the Member has requested would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p> <p>This includes running detailed reports on the nature of complaints or the average length of time to resolve two different data sets (outcome of complaints).</p>
44	16/02/2011	Mr Malone asked—	Minister Reeves answered—

		<p>Will the Minister advise the number of complaints by foster parents and kinship carers as a proportion of all complaints by region and by year for 2008–09, 2009–10 and 2010–11 to date?</p>	<p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the Member has asked for, would require a significant extraction process.</p> <p>To extract the data the Member has requested would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p>
2373	25/11/2010	<p>Mr Dempsey asked—</p> <p>With reference to children in care—</p> <ol style="list-style-type: none"> (1) How many children have been in long-term care for more than five years as at 25 November 2010? (2) How many children in long-term care have been reunited with their families on at least one occasion in the past three years? (3) How many children in (1) have had more than five placements whilst in care? 	<p>Minister Reeves answered—</p> <p>As I have repeatedly advised the Member, while there is a large amount of data that is able to [be] reported, and is reported publicly through a range of forums, detailed data in response to the Member's numerous requests is not always available.</p> <p>Once again, I remind the Member that to extract the data he has requested would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p> <p>This type of data is held in individual case files and is accessed by front line staff to ensure children receive appropriate supports and services to help them address the trauma they may have experienced.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the Member has asked for, would require a significant extraction process.</p>
2340	24/11/2010	<p>Mr Dempsey asked—</p> <p>With reference to children transitioned from care—</p> <ol style="list-style-type: none"> (1) How many were transitioned in 2008–09, 2009–10 and 2010–11 to date (reported by year)? (2) How much funding was allocated for and spent on these activities in 2008–09, 2009–10 and 2010–11 to 	<p>Minister Reeves answered—</p> <p>(3) As I have repeatedly advised the Member, while there is a large amount of data that is able to be reported, and is reported publicly through a range of forums, detailed data in response to the Member's numerous requests is not always available.</p> <p>Data relating to the number of young people who transitioned from care who</p>

		<p>date (reported by year)?</p> <p>(3) How many children that transitioned from care in 2008–09, 2009–10 and 2010–11 to date had a transition plan and how many did not (reported separately and by year)?</p>	<p>had transition from care planning is not part of the department's corporate reporting systems.</p> <p>Once again, I advise the Member that to retrieve this data from individual client files would be a time consuming and labour intensive task for the hard working staff of Child Safety Services.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the Member has asked for, would require a significant extraction process.</p>
2290	23/11/2010	<p>Mr Dempsey asked—</p> <p>With reference to the Complaints and Review team within Child Safety Services—</p> <p>(1) How many complaints were forwarded to the team in 2008–09, 2009–10 and 2010–11 to date (reported by year and originating child safety zone)?</p> <p>(2) How many complaints received by the team took more than six months to finalise in 2008–09, 2009–10 and 2010–11 to date (reported by year)?</p> <p>(3) How many of the complaints outlined in (1) resulted in the complaint not being substantiated?</p>	<p>Minister Reeves answered—</p> <p>(3) As I have repeatedly advised the Member, extracting the data he has requested from the department's systems would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information, such as the Member has asked for, would require a significant extraction process.</p>
2138	27/10/2010	<p>Mr Dempsey asked—</p> <p>With reference to Indigenous children—</p> <p>(1) How many children identified as Indigenous were removed from their family and placed into care in 2007–08, 2008–09 and 2009–10 (reported by year)?</p> <p>(2) How many children in (1) were placed with a recognised kinship carer in 2007–08, 2008–09 and 2009–10 (reported by year)?</p> <p>(3) How many children in (1) have since been reunited with their family (reported by year of reunion)?</p>	<p>Minister Reeves answered—</p> <p>Regarding Part 3 of the Question, data on the number of children (Indigenous or non-Indigenous) exiting care who are reunited with their parents is included in individual case files recorded on the Integrated Client Management System.</p> <p>To extract the data the Member has requested from the department's systems would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p> <p>While there is a substantial amount of data that is available and able to be</p>

			reported at the push of a button, detailed information relating to individual files, such as the member has asked for, would require a significant extraction process.
1991	06/10/2010	<p>Mr Dempsey asked—</p> <p>With reference to substantiations in 2007–08, 2008–09 and for the year to March 2010—</p> <p>How many substantiations had a previous (a) child concern report (b) notification and (c) substantiation (reported by year)?</p>	<p>Minister Reeves answered—</p> <p>To extract the data the member has requested in part (a) of his question from the department's systems would require a complex and lengthy process that would be labour intensive and time consuming for the hard working staff of Child Safety Services.</p> <p>This type of data is held in individual case files and is accessed by front line staff to ensure children receive appropriate supports and services to help them address the trauma they may have experienced.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the member has asked for, would require a significant extraction process.</p>
1920	05/10/2010	<p>Mr Dempsey asked—</p> <p>With reference to notifications requiring action in 2007–08, 2008–09 and for the year to March 2010—</p> <p>How many notifications requiring action within (a) 24 hours, (b) 5 days and (c) 10 days were there in each year, and how many resulted in a substantiated case of abuse (reported by each category for each year)?</p>	<p>Minister Reeves answered—</p> <p>...extraction of response priority timeframe data for 2007–08 notifications would be a lengthy and time consuming process for staff of Child Safety Services.</p> <p>The 2007–08 data is held in individual case files and is accessed by staff to ensure children receive appropriate supports and services to help them address the trauma they may have experienced. To extract this data from the department's systems would require a complex process which would be lengthy and divert staff from other critical work.</p> <p>The Member is asking Child Safety staff to undertake a significant process, despite my previous advice that this data was unable to be provided.</p>
1732	14/09/2010	<p>Mr Dempsey asked—</p> <p>Will the Minister advise (a) how many children entered care in 2008–09 and</p>	<p>Minister Reeves answered—</p> <p>In response to part (a) of the Member's question, I can advise that this</p>

		<p>2009–10 with a pre-existing medical condition (reported by year), (b) how many children entered care in 2008–09 and 2009–10 that did not have a health passport completed within three months of entering care (reported by year) and (c) how many children exited care in 2008–09 and 2009–10 without a health passport having been completed for them during their time in care (reported by year)?</p>	<p>information is held on individual case files and would have to be manually extracted to provide a report on this data. A manual review of these case files would be a very time consuming and labour intensive task and a number of staff would be required to go off line to collate this data.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual case files, such as the Member has asked for, would require a detailed review of relevant files.</p>
1690	02/09/2010	<p>Mr Dempsey asked—</p> <p>With reference to children displaying sexualised or sexually abusive behaviour—</p> <ol style="list-style-type: none"> (1) How many children were referred to Child Safety Services by education staff (both public and private) in 2008–09 and 2009–10 (reported by child safety zone)? (2) How many incidents reported in (1) involved children who were under the care of Child Safety Services? (3) How many matters in (1) led to a notification? 	<p>Minister Reeves answered—</p> <p>...I clearly informed the Member that this data is not part of the department's reporting framework.</p> <p>This type of data is held in individual case files and is accessed by front line staff to ensure children receive appropriate supports and services to help them address the trauma they may have experienced.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the Member has asked for, would require a detailed review of relevant files.</p>
1651	01/09/2010	<p>Mr Messenger asked—</p> <p>With reference to the Minister's department's extensive use of assessment reports from sources outside the department, including registered medical practitioners (doctors and psychiatrists), registered psychologists and non-medical practitioners (that is social workers, counsellors and other lesser medically qualified report writers) for the purpose of assisting the courts and senior child safety officers in decision making—</p> <p>Will the Minister supply for the House (reported separately for the last five years and broken down into individual child safety offices including Bundaberg) the total number and total cost of those</p>	<p>Minister Reeves answered—</p> <p>The Member has asked for information that would require a manual retrieval and review of many thousands of individual files to enable a report on this data. This would be a time consuming and labour intensive task that would disrupt staff from undertaking their core responsibilities to children currently requiring child protection services in Queensland.</p>

		independent assessment reports the department of Child Safety has commissioned from (a) registered medical practitioners (doctors and psychiatrists) and registered psychologists and (b) non-medical practitioners or registered psychologists (that is social workers, counsellors and other lesser qualified report writers)?	
1618	01/09/2010	<p>Mr Dempsey asked—</p> <p>With reference to family group meetings—</p> <ol style="list-style-type: none"> (1) How many family group meetings were held in 2008–09 and 2009–10 (reported by child safety zone)? (2) How many family group meetings were held where a case plan was not developed at the end of the meeting? (3) How many case plans were developed in meetings held where the parents did not agree to the content of the plan? 	<p>Minister Reeves answered—</p> <p>In order to report on this data, a manual review and retrieval of information held in data bases and many thousands of individual files would be required. This would be a time consuming and labour intensive task that would disrupt staff from undertaking their core responsibilities, which include child protection.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the Member has asked for, would require a detailed review of relevant files.</p>
1573	31/08/2010	<p>Mr Dempsey asked—</p> <p>With reference to intervention with parental agreement—</p> <ol style="list-style-type: none"> (1) How many care agreements were entered into between 2007 and March 2010 (reported for each quarter)? (2) How many care agreements have been in existence for (a) less than six months (b) more than six months and less than 12 months (c) 12 months to 24 months and (d) more than two years (reported by length of time intervention has been in place)? (3) How many care agreements reported in (1), (a) lead to a care and protection order being taken out and, (b) were established in which at least one of the parents did not agree to the making of such an agreement? 	<p>Minister Reeves answered—</p> <p>The data the Member is seeking is not able to be broken down to the level requested...</p> <p>(2) & (3) In order to report on this data, a manual review and retrieval of information held in data bases and many thousands of individual files would be required. This would be a time consuming and labour intensive task that would disrupt staff from undertaking their core responsibilities, which include child protection.</p> <p>While there is a substantial amount of data that is available and able to be reported at the push of a button, detailed information relating to individual files, such as the member has asked for, would require a detailed review of relevant files.</p>

1241	03/08/2010	<p>Mr Dempsey asked—</p> <p>With reference to protection orders—</p> <ol style="list-style-type: none"> (1) How many applications for a child protection order, where there was substantiated sexual abuse, were accompanied by the results of a forensic medical order that proved sexual abuse had occurred (reported separately for 2007–08, 2008–09 and 2009–10)? (2) How many applications for a protection order, where there was substantiated sexual abuse, were dismissed by the court for a lack of evidence (reported separately for 2007–08, 2008–09 and 2009–10)? (3) How many substantiated cases of sexual abuse saw no protection order taken out against the child victim (reported separately for 2007–08, 2008–09 and 2009–10)? 	<p>Minister Reeves answered—</p> <p>Of those 65,399 notifications, 1,417 or 2.17 percent were substantiated for sexual abuse. The Member is asking the department's hard working staff to manually review 1,417 individual case files to obtain this data for him.</p> <p>A manual review of these case files would be a very time consuming and labour intensive task and a number of staff would be required to go off line to collate this data.</p> <p>While there is a substantial amount [of] data that is available and able to be reported at the push of a button, detailed information relating to individual case files, such as the Member has asked for, would require a detailed review of relevant files.</p>
1087	09/06/2010	<p>Mr Dempsey asked—</p> <p>With reference to family intervention services—</p> <ol style="list-style-type: none"> (1) How much funding was provided for family intervention services in 2007–08, 2008–09 and 2009–10 (reported by year and by child safety zone to which the funding was allocated)? (2) How many families were referred to a family intervention service in 2007–08, 2008–09 and 2009–10 (reported by year and by child safety zone to which the funding was allocated)? (3) How many children had a notification after their family was referred to a family intervention service in 2007–08, 2008–09 and 2009–10 (reported by year and by child safety zone to 	<p>Minister Reeves answered—</p> <p>(2) The data for referrals is recorded in the department's information systems in individual files for case management and would need to be extracted manually and then collated which would be a labour intensive and time consuming task for our valued Child Safety Services staff.</p> <p>(3) It is not possible for FIS service providers to report to the department on the number of children re-notified to the department after an episode of FIS service provision.</p> <p>This data, while recorded in the Department's information systems in individual files for case management, would need to be extracted manually and then collated which would be a labour intensive and time consuming task for our valued Child Safety Services staff.</p>

		which the funding was allocated)?	
965	20/05/2010	<p>Mr Dempsey asked—</p> <p>With reference to children who left care in 2007–08, 2008–09 and 2009–10 —</p> <ol style="list-style-type: none"> (1) How many children had a further notification since leaving care? (2) How many children had a further substantiation since leaving care? (3) How many children were returned to care? 	<p>Minister Reeves answered—</p> <p>This data, while recorded in the Department's information systems in individual files for case management, would need to be extracted manually and then collated which would be a labour intensive and time consuming task for our valued Child Safety Services staff.</p>
896	19/05/2010	<p>Mr Crandon asked—</p> <p>With reference to sexual abuse notifications—</p> <ol style="list-style-type: none"> (1) How many children have had a notification in 2009–10 (to date) (reported by child safety zone) and how many of these children were referred to sexual abuse counselling (reported by child safety service zone)? (2) How many notifications were referred to the Queensland Police for investigation? 	<p>Minister Reeves answered—</p> <p>...to provide data on the number of children who were referred to sexual abuse counselling would divert key staff from the department's core business, which is front line service delivery.</p> <p>This data, while recorded in the department's information systems in individual files for case management, would need to be extracted manually and then collated which would be a labour intensive and time consuming task for our valued Child Safety Services staff.</p>

Attachment D – Select Child Protection System Data Related Estimates Questions

2011

CHAIR: Page 3-12, total substantiations. It goes 7,000, 6,700 and 6,500. The total substantiations in that instance go down. Further down you have the total number of children subject to ongoing intervention, 11,910, and the estimated actual was 11,200. That shows a slight increase but not to the target or estimate for 2010-11. You mentioned 150 data sources. The main question is, one, what do you use to capture that data and, two, with the data that is used here, what has been the government's response to those trends?

Mr REEVES: The reality is how we capture that data is that Child Safety Services staff enter that. ICMS is an individual's case. If we have the right measure, we report on a holistic model of those different data trends. I will ascertain those figures but, obviously, they would have looked at the demand previously. This is a new measure, this one, with regard to substantiations. In 2009-10 it was 2,635 and in 2010-11 it was 2,500. So it was going down. With our structured decision making we are getting better decision making by the Child Safety officers with regard to substantiations and the like. While I am answering your question, we have some data with regard to harm type. Bear in mind that this is the most current year ending March 2011. It is from April to March. Physical abuse and neglect, 1,920 of a total harm type of 6,004. I will let you do the sums, because I do not have a percentage. So it would be about 30 per cent—just under 30 per cent if my quick arithmetic is right. With regard to the chair's question, we are committed to continuing to improve the child protection system with regard to data. As I have said, there are 150 measures annually and 80 of these measures are reported quarterly. We are able to do this via our Integrated Client Management System, which is a state-wide web based information system that is aimed at providing a clear, real-time picture of each child known to Child Safety Services.

I should say that the main purpose of ICMS is not coming up with data, the main purpose of ICMS is having an individual's file, for want of a better word, that any child safety officer can from time to time access. So, for example, if they were in Cairns and they shifted down to Beenleigh then a child safety officer would have the full history of that individual in the ICMS. That is the purpose of ICMS. But a subset to that is that we are able to do some state-wide data and regional data in that regard.

2010

Mr DEMPSEY: My next question relates to page 3-12 of the Service Delivery Statements and 'enhancing the wellbeing of children in its care'. How many of the 79 children who died who were known to the department were under care and protection orders at the time and did not have a current case plan, a health passport and their associated child safety officer had not completed induction training?

Mr REEVES: Sorry, which 79 are you talking about?

Mr DEMPSEY: From page 3-12 of the Service Delivery Statements.

Mr REEVES: Can you tell me where on page 3-12 it refers to 79 children? I would ask the chair to have a look at that as well.

Mr DEMPSEY: How many deaths were recorded in the care of the department last year, Minister?

Mr REEVES: That is a different question. You have referred to 79 and I have asked whereabouts on 3-12 that is referred to.

Mr DEMPSEY: Of the 79 children within the care of the department, did they have a current case plan or a health passport or had the associated safety officers completed induction training?

Mr REEVES: I am asking for the committee's benefit as well as mine: are you talking about last year's question or are you talking about this year?

Mr DEMPSEY: Well, Minister, how many deaths were recorded in the care of the department in relation to the Service Delivery Statements?

Mr REEVES: I understand the intent of the question. I think we all understand the intent of the question. The death of any child is a tragedy. As I have told the House before and as I told the estimates committee last year, as a father of three young daughters I could not imagine anything worse than losing one of my children. Child Safety Services is working very hard with communities across Queensland to try to prevent this tragedy from happening.

The latest report for the financial year just ended illustrates that there has been a reduction in the number of children who have died, but that is not something to be proud of. Any child who passes away is an absolute tragedy. I think the number of children in total in Queensland who die through a range of circumstances is over 500. As I said, of those who are known by the department there has been a reduction this year as compared with last year. But, as I said, no-one can be proud that any child has passed away. Most of these children, unfortunately, have died due to illnesses which they were born with or which they contracted. Child Safety Services and the Coroner review all these deaths and take them very seriously to learn any findings that we may need to, from the perspective of the child and from a whole-of-government perspective. As I said, the death of any child is an absolute tragedy, and I think the whole community has a part to play in that regard.

Mr DEMPSEY: I was mainly referring to your department's responsibility in relation to that. I will reiterate my question. Page 3-12 refers to 'enhancing the wellbeing of children' in relation to the number of deaths. It is relevant to the monitoring of Child Safety meeting its goal of enhancing those issues. My original question is: how many of those children had a current case plan, a health passport or the child safety officer had completed induction training?

Mr REEVES: Every child death—

Mr DEMPSEY: Sorry, Minister—

Mr REEVES: I am answering the question.

Mr DEMPSEY: Sorry, in addition to that, through you, Madam Chair, the majority of them would have also had a review completed, I surmise. How many would have had those three basic informations?

Mr REEVES: All child deaths are reviewed by the internal assessment committee and the Commission for Children's Child Death Case Review Committee. Any learnings that result from the child death review are enacted by the department. Whether they are learnings in regard to the subject matter that you are talking about or not, they are all acted upon by the department. If action needs to occur or policy needs to be changed, it is implemented.

Mr DEMPSEY: Minister, maybe I am not explaining my question well. Of the children who have passed away, can you provide me with basic information such as how many had a current case plan or a health passport and had the child safety officer completed induction training?

Mr REEVES: I just mentioned to you that 79 is incorrect.

Mr DEMPSEY: How many?

Mr REEVES: In relation to your question, 44 children previously had no current involvement with the department and four children were subject to child protection orders and were in the care of the department. Of these four children, one death was accidental, two were caused by diseases or morbid condition, and for one child the cause of death is currently unknown. Sixteen children were subject to departmental involvement such as ongoing intervention and assessment. Of these 16 children, 10 children passed away from disease or morbid condition. One death was allegedly the result of a fatal assault that occurred prior to departmental involvement, one was a result of an accident, and for four cases the cause of death is unknown and they will be reviewed by the Coroner.

Mr DEMPSEY: Minister, I really did not want to go into numbers, but how many does that add up to? In the Service Delivery Statements it says that the estimated actual for 2009-10 was 79. That is on page 5-57 of the Service Delivery Statements. Of those which you just mentioned, how many does that add up to? I know we can add up later, but my specific question is: of those who unfortunately passed away in the care of the department, how many had a case plan, a health passport and a child safety officer who had completed induction training? Surely that is basic information.

Mr REEVES: I think it is an absolute tragedy when a child dies, and for you to try to politicise it in such a way I think says more about yourself than the hardworking—

Mr DEMPSEY: Madam Chair, I ask the minister to review that cheap political statement for what it is.

CHAIR: I think the minister will move on and answer the question.

Mr REEVES: Of the 79 that you refer to, and I will get the exact figure, my understanding is that at this stage 64 children—and I say ‘at this stage’ because not all of the cases are finalised and I do not want to give incorrect figures. I just read out the number of children. I refer you to my answer to question 954 which I gave to you last year in that regard as well. All staff are required to be trained. Those children and young people who unfortunately passed away who were known to the department, whether it was as a result of the action that occurred to them, I have read out earlier. Those that were known would have had an ICMS record. The case is reviewed by the child death review and the practice review. I think that is the correct measure to be acted upon. Then the department follows the results of those reviews and implements those actions.

Mr DEMPSEY: Minister, you just mentioned ICMS information and so forth. I am not wanting to go into numbers. The death of one child is a tragedy. I am a father of five children, and I understand the difficulties and the hardship that child safety officers go through, but surely you must have basic information in relation to those deaths. Can you give me a percentage of them that surely had a case plan or health passport and say that the workers had completed induction training—gathering information from all those resources that you have at hand?

Mr REEVES: As I said, all staff need to have training and have had training. In regard to the death of any child, each particular child's death is reviewed by the children's commission. If the children's commission finds that there are aspects that were not undertaken by Child Safety Services, they will alert the director-general and me, and action will be taken in that regard. I have not got with me each particular report on those children that have unfortunately passed away, and I would think it would be inappropriate for me to look at the cases of each particular child when the proper procedure is for the independent children's commissioner who chairs the child death review to look at these without adding any political colour to it.

Mr DEMPSEY: Minister, do you not agree that it is your department's standards in relation to the current case plan and the health passport, not the commission's—not after a young person has passed away in great tragedy, which it is? It is the responsibility of your department. Surely you are able to tell me about not just these children who have passed away but every child within the department. Of these particular cases that I am asking about, did they have a current case plan and a health passport, and had the child safety officer completed inductions? If you are unable to answer that now, I am happy to put it on notice, or perhaps someone from the department can answer.

Mr REEVES: The children who were on orders at the time of the death would have had case plans.

Mr DEMPSEY: Would have or did?

Mr DEMPSEY: Minister, as the chief executive officer, going back to the SDS at page 3-12 in relation to young children who have passed away, it says that the chief executive is required to review the department's involvement in relation to section 246A of the Child Protection Act. Minister, are you saying that the chief executive would not know the basic requirements in relation to a case plan or a health passport or the child safety officer having completed an induction program?

Mr REEVES: I am trying to work out where that is on page 3-12, but can I make it quite clear that I have full faith in child safety staff and departmental staff, including the chief executive officer, to ensure that the Act is followed and in fact policies and procedures are updated. We make the information that we have available to the Children's Commission. It releases an annual report on child safety matters, including the child death review. I am extremely confident that we have an open and transparent system in place to review any matters, including a child death review, and appropriately qualified and independent people like those in the Children's Commission leave no stone unturned to thoroughly review these cases. If any learnings or action need to come as a result of the review, they are implemented by the department.

Mr DEMPSEY: Minister, these are basic requirements that come under section 246A of the Child Protection Act. These young children have already been reviewed and now you are expecting this committee to approve a budget when you are able to provide nothing about a very serious issue in relation to the basic requirements with regard to these children.

Mr REEVES: With due respect, I do not believe that this committee system is about talking about individual cases. I do not get involved in the individual operation of cases.

Mr DEMPSEY: I am not asking that, Minister.

Mr REEVES: The proper processes in place is that when a child is known by the department in the three years prior to their death—in some cases, as I have said before, the department only becomes aware of that child as a result of the action that caused the death—that child's case is still reviewed comprehensively, both internally and externally, with a child death review. On top of that, you have

the Coroner to review the action. If anything is brought forward that needs action or needs a policy change or in fact a legislative change but in particular with regard to work practices or the staff itself, then that is acted upon by the department. As I said, when talking about individual cases, the parliamentary estimates process is not the proper place to discuss this issue. It is by the independent Children's Commission, and that is what I stand by.

Mr DEMPSEY: So, Minister, have you learnt from any of those reviews—I am not just referring to those that occurred last year but the year before and the year previous to that—in terms of the basic requirements of a case plan and a health passport?

Mr REEVES: I have—and I will not call it a pleasure because it was far from being a pleasure— read the last financial year's child death reviews and I know that the department has implemented changes and processes as a result. The Children's Commission made recommendations and it then checks that those recommendations are implemented, and we report to it in that regard. If you look at our record in Queensland in terms of reporting, for example, we report on a quarterly basis. Not even your LNP friends and colleagues in Western Australia do that. We are more open and accountable—

Mr DEMPSEY: We are not approving the budget for Western Australia; we are approving the budget here in Queensland.

Mr REEVES: We are more open and accountable than any other state when it comes to child safety and child protection matters. We report on 80 measures per quarter, and that increases depending on how it goes, and we report on over 150 annually to the Children's Commission and ROGS and a range of things. I stand by what we do. As I said, we will continue to follow the process, but I am not going to use the estimates committee to talk about individual cases when we are talking about—

Mr DEMPSEY: Minister, I would like to clarify the answer that you gave in relation to possible pregnancies and detailing that it was in each individual case. With the number of child safety officers that there are, the huge workload that they experience and the hard work and the good work that they do, if you had a number of pregnancies within a set area—and these may be occurring from sexual abuse—surely there is a computer record or system to pick up trends in relation to pregnancies and possible sexual abuse, instead of, in this day and age, looking at an individual's file when a person may be on leave, sick or whatever. Does that child have to wait until that person comes back? Surely it must be recorded in an ICMS system that is worth over \$50 million.

Mr REEVES: I remind you of the answer that I gave to the question. ICMS is accessible by all staff and Child Safety Services staff, whether they are in Bundaberg or Mount Isa. They can access the records of every child and they work with that individual. It does not matter if someone is on leave for whatever reason. First and foremost, the focus of the ICMS is to provide a clear, real-time picture of a child known by Child Safety Services. It is accessible by over 2,000 staff throughout Queensland. Case files on ICMS capture key information to assist the front-line staff. As I said to you in my answer to question on notice No. 5, it is about what is best for the individual person or child who has a case file. Information that you are requesting is information that is on the file of each individual child or young person, but at the moment in order to collect that information you would have to take staff offline to individually check and data collect every single one.

ICMS is an improving system. As it goes on, more data similar to what you are referring to can be collected for the whole of the state or the whole of a region or whatever. At the moment I want to clearly say that ICMS's main focus is that individual child on that ICMS system. It is not about getting a statistic that you or others might want at a particular time in the political cycle or other cycle. It is

about making the best decisions for those individual children. ICMS for a particular child is not just accessible by its case worker; it is accessible by over 2,000 workers. For example, we know about our transient population. If a child moves from Mount Isa to Bundaberg—and I do not know why they would want to do that, because Mount Isa is such a great place—information about that individual child would be accessible to Bundaberg child safety officers just as it is accessible to Mount Isa child safety officers.

Mr DEMPSEY: Minister, to clarify that, are you unable to tell me how many young children are pregnant within your department? It would seem for the general public to be a priority if there were a trend happening within a certain region or a certain area. You are unable to tell me that?

Mr REEVES: You must not have listened when I said that ICMS is focusing on the individual child or individual young person. You can have statistics upon statistics upon statistics. If you go out and talk to the hardworking staff, as I have had the pleasure of doing—I have visited every single office in Queensland, all 50 of them including all of the hub officers and the seven regional offices—you hear that their passion is about those individual children, not as a statistic but as an individual person. It is not about collecting statistics after statistics after statistics; it is about changing those people's lives by ensuring that they get the right placement, the right education and the right opportunities in life. It is about improving an individual's life. It is not about a statistic or a number; it is about that.

We are improving all the time the different statistics that are collected, but those statistics you can get from the push of a button and the data cleansing that needs to happen. They do not result from pulling staff offline to get the different statistics that you want or that other people want. As I said, I am proud of the fact that there are 80 different measures quarterly updated by Child Safety Services in Queensland. That is more than any other state. There are 150 national measures that we report to. The measures that really make a difference on the performance of the department are there for all to see. They are there for people to criticise and to compliment. ICMS's main focus is about the individual young person or child. It is about improving the right match in placement and improving the right match for services. That is what I want our Child Safety Services staff to focus on—an individual, not a statistic.

Mr DEMPSEY: Minister, in relation to that same question, are you saying that if you had a computer system that was able to collate a trend of a number of young women pregnant in a certain area you would not use it? To avail yourself of resources and to prioritise those resources to a set area, are you saying that you would not use that information?

Mr REEVES: After going to every single office—every regional office and every hub officer—I have enough confidence in the staff—

Mr DEMPSEY: How long does that take?

Mr REEVES:—the team leaders and the management of each particular office—

Mr DEMPSEY: How long does that take, Minister? You have a computer system.

Mr REEVES: If there was a trend emerging in that regard, they would pick it up and they would work with the other.

Mr DEMPSEY: How would they know?

CHAIR: Your time has expired.

Attachment E - Select Extracts from the QCPCI 2012

Day-Page	Date	Question	Answer
1-23	13/08/2012	<p>Ms McMillan asked—</p> <p>...have you done any costing as to whether it's more cost effective financially to put money into that secondary sort of tier, that is the Helping Out Families, as opposed to the cost of keeping, effectively, children in out-of-home care?</p>	<p>Mr Swan (DOC) answered—</p> <p>Not in terms of the comparisons...</p>
1-32	13/08/2012	<p>Commissioner Carmody asked—</p> <p>So how many disabled children or young people are there currently in the child protection system?</p>	<p>Mr Swan (DOC) answered—</p> <p>In terms of – it's not something that we keep a record of in terms of on our database. We keep a lot of data but that's one that we don't.</p>
1-38		<p>Commissioner Carmody asked—</p> <p>I know, that's why they're in the system, but what I'm saying is, you don't really know whether these early interventions or preventative programs work by reference to performance indicators or longitudinal studies that show, "Yes, we're going to use them because we know they're successful." You're hoping they're successful, really, aren't you?</p>	<p>Mr Swan (DOC) answered—</p> <p>There's a lot of research around the world. Some of it draws on different factors; some of it draws on the cost benefit analysis. It's all - some of it refers to if you spend a dollar now you can save, you know, \$17 down the track, but it's all - it's a little bit difficult to pull all the research together and say, "This works internationally,"...</p>
1-42	13/08/2012	<p>Commissioner Carmody asked—</p> <p>Can you tell me what percentage of that \$733,000,000 is dedicated to [early intervention and] prevention programs?</p>	<p>Mr Swan (DOC) answered—</p> <p>Not off the top of my head but I'm happy to look at that...and provide a figure.</p>
1-57	13/08/2012	<p>Commissioner Carmody asked—</p> <p>Can you also while you're doing that survey [of what qualifications staff</p>	<p>Mr Swan (DOC) answered—</p> <p>We'd have to...do an analysis of that for you.</p>

		have] be able to tell me how long the various degree holders, by what category, tend to stay...outlast the others, how long they stay for?...	
1-81 to 1-82	13/08/2012	<p>Commissioner Carmody asked—</p> <p>Are there children [on long-term guardianship to the chief executive who no longer have contact with family]?</p> <p>You do not know how many are on long-term at the moment?</p>	<p>Mr Swan (DOC) answered—</p> <p>There would be some children. I'd have to go through...</p> <p>It's within the data, I think.</p>
1-103	13/08/2012	<p>Commissioner Carmody asked—</p> <p>Of the 4000 or the 3000-odd Aboriginal and Torres [Strait] Islander kids currently in out-of-home care, do you know how many are there because of failed reunification attempts?</p>	<p>Mr Swan (DOC) answered—</p> <p>No.</p>
2-13	14/08/2012	<p>Commissioner Carmody asked—</p> <p>Do you have any figures on the numbers of children from the same family being part of the system at particular stages or ages?</p>	<p>Mr Swan (DOC) answered—</p> <p>We certainly would be able to have information about siblings in care. I'm not sure- I'd have to check on whether we had information about families where there would be siblings in care and siblings not in care.</p>
3-2	16/08/2012	<p>Mr Hanger asked—</p> <p>Do you remember...whether they had a disability? [children who were adopted after being in care]</p>	<p>Mr Swan (DOC) answered—</p> <p>I don't know whether that child had a disability.</p>
3-3	16/08/2012	<p>Commissioner Carmody asked—</p> <p>What's the youngest person in</p>	<p>Mr Swan (DOC) answered—</p> <p>I haven't got that data...</p>

		independent living?	
3-11	16/08/2012	<p>Commissioner Carmody asked—</p> <p>But last year with those figures [of substantiations], how many did we end up on long term orders and out-of-home care?</p>	<p>Mr Swan (DOC) answered—</p> <p>I haven't got that flow through period for that.</p>
3-15	16/08/2012	<p>Commissioner Carmody asked—</p> <p>And how much of the \$733 million does that cost? [children on long-term orders]</p>	<p>Mr Swan (DOC) answered—</p> <p>I'd have to get the figures for you.</p>
3-46	16/08/2012	<p>Ms Ekanayake asked—</p> <p>Mr Swan, are you saying that information, that breakdown, is not available at this stage, the breakdown of the numbers of children placed in accordance with the child [placement principle]...?</p>	<p>Mr Swan (DOC) answered—</p> <p>Certainly there's two reports that are currently available from the Children's Commission that have taken a snapshot of children at various points in time. We didn't have the information available in accordance with how the department had placed children in accordance with the principle at the various steps and following the report from the Children's Commissioner we moved to implement changes within our ICMS system that would be able to start recording that.</p>
3-51	16/08/2012	<p>Commissioner Carmody asked—</p> <p>Having done all that research [within the department, and supporting universities that undertake further research for the department], can you help me with my question why there are 160 [children] who don't in that situation [alcoholic parents] come into the system and 40 [with alcoholic parents who physically and sexually abuse them] do?</p>	<p>Mr Swan (DOC) answered—</p> <p>Not off the top of my head, I can't.</p>
3-68	16/08/2012	Mr Capper asked—	Mr Swan (DOC) answered—

		<p>...when undertaking that assessment on any subsequent notification, and I think that's indicated at about 39 per cent – from the Child Guardian's information, 39 per cent of these matters that are recorded as CCRs eventually come back within 12 months. Isn't that correct?</p> <p>OK, but would that be close to right?</p>	<p>I don't know the exact figure.</p> <p>I don't know.</p>
3-78	16/08/2012	<p>Commissioner Carmody asked—</p> <p>How many 17-year-olds in adult prisons are we talking about? [on child protection orders]</p>	<p>Mr Swan (DOC) answered—</p> <p>I don't know the exact figure.</p>
3-96	16/08/2012	<p>Ms McMillan asked—</p> <p>Indeed, in terms of the budget we hear of 733 million, are you able to give an approximate breakdown of how much that was say between early intervention, prevention issues as opposed to the tertiary sort of expenditure like court processes and those sorts of figures?</p>	<p>Ms Apelt (formerly DOC) answered—</p> <p>Look, I haven't got those figures at the top of my head...</p>
4-16	20/08/2012	<p>Mr Selfridge asked—</p> <p>So ultimately then you would have to have some form of a single source of information or at least one form of a single source of information in order to address those issues [of] cumulative harm, wouldn't there?</p> <p>So we're talking either a central hub as such or a capacity and an ability to access information from a whole series or potential information provided?</p>	<p>Ms Apelt (formerly DOC) answered—</p> <p>Either a source of information or the ability for officers who are making determinations to be able to gather that information from, you know, the key sources of information about families.</p> <p>Yes, I think the mechanism can be worked out. The principle remains that there needs to be the ability to assess cumulative harm to be able to make judgments...</p>

		<p>Commissioner Carmody asked—</p> <p>It's ironic, isn't it, in the age of information overload that we are still having difficulties accessing information to protect children?</p> <p>You would have thought that you would just be able to plug into where you were and find out the information you need?</p>	<p>I know, yes.</p> <p>Yes.</p>
5-41 to 5-42	21/08/2012	<p>Ms Deere asked—</p> <p>...earlier in your evidence you talked about a central repository for information would give some benefit potentially to be some proactive targeting of families in the – potential support and I think you said words to the effect of, "We want to wrap support around them." Can you give the commissioner your opinion on who would be best to do those proactive investigations to identify families that need those services?</p> <p>...and do you have a view of whether or not police should have a role in that?</p>	<p>Mr Harsley (QPS) answered—</p> <p>I suppose whoever has ownership of the system.</p> <p>I think when it comes to child protection we recognise that the Department of Child Safety is the lead agency within the state so it would fall upon that lead agency.</p>
8-53	22/08/2012	<p>Ms Deere asked—</p> <p>...do you think there would be a benefit in ICMS having that further capacity to actually capture the different health needs of children in the child protection system? [re: child health passports]</p>	<p>Ms Davies (QH) answered—</p> <p>Yes...</p>
8-102	22/08/2012	<p>Mr Simpson asked—</p>	<p>Ms McKenzie (DETE) answered—</p>

		<p>So you don't get from Child Safety a by-school or by-region breakdown? [re. breakdown of number of reports to the Department of abuse of children by school staff]</p> <p>But do you think Child Safety would have that?</p>	<p>I don't have that, no.</p> <p>I've never asked them personally that question, but we could potentially see if they do have that.</p>
10-62	27/08/2012	<p>Ms Deere asked—</p> <p>You've indicated at paragraph 118 in your statement that in some cases children will come into the youth justice system and have health problems identified for the first time, such as hearing or sight issues? Do you have any data or information available to suggest that that might have been for children who are on child protection orders?</p>	<p>Mr Armitage (DJAG) answered—</p> <p>No, but again, we can – I'm not certain that we can do that in retrospect, but we'll look at that.</p>
11-8	28/08/2012	<p>Commissioner Carmody asked—</p> <p>Have you done a profile of carers in Queensland?</p> <p>But you don't know of any study that's done a full demographic and geographic profile of each of the children in care?</p> <p>That connected the child with their family, their siblings, their history generally?</p>	<p>Ms Tilbury (Griffith Uni) answered—</p> <p>No, I haven't; no. There have been studies done of the demographics of carers. I'm not sure what the current state of the department's data is.</p> <p>Well, the department would put out some information about demographics of the children in care and some aspects of their child protection history. Not in a comprehensive study, but there's certainly...</p> <p>No, not to my knowledge.</p>

		Would that be a worthwhile thing?	I think the more we know about that cohort of children and what their needs are the better.
11-43	28/08/2012	<p>Mr Capper asked—</p> <p>Is that being done presently as far as you're aware in relation to the programs currently being delivered within the system? [re. collection of data for evaluations of early intervention and prevention programs]</p>	<p>Ms Tilbury (Griffith Uni) answered—</p> <p>No, actually. I know there is evaluation of the initiative called Helping Out Families, but my understanding is the department isn't doing that outcome evaluation mainly because they don't have a standardised assessment tool in those agencies so they're not collecting standardised information about the needs of families pre the intervention, which cuts out opportunities to assess whether you've met the needs post the intervention.</p>
12-2	29/08/2012	<p>Commissioner Carmody asked—</p> <p>Do we know how old they [CSOs] are?</p> <p>I think it would be good to know how old the oldest one is.</p> <p>And the average age. The mean age, anyway.</p> <p>And the length of service would be useful.</p>	<p>Mr Hanger (DOC) answered—</p> <p>I can find out if you'd like that, Commissioner.</p> <p>Yes, and the average age as well.</p> <p>We'll get that and put it before you through Mr Swan at some stage.</p> <p>Sure.</p>
12-34	29/08/2012	<p>Commissioner Carmody asked—</p> <p>You might have heard me express interest in this before, and I'd like your comments if you could: of those children who are said to be in need of protection for a long time and placed in out-of-home care for many of their</p>	<p>William Hayward (ATSILS) answered—</p> <p>From my experience - I can't speak with data – but from my experience the majority of Aboriginal and Torres Strait Islander children return to their family and community. I feel that a cultural support plan as well as transitioning from care plans should have</p>

		<p>childhood years under long-term orders, how many go back home and reunite with their family at 18 as soon as they're let out?</p>	<p>strong cultural elements in them because it is important to create a safety network around children. I don't believe they're less vulnerable at 18 than they were at 17. We have to look at the support network and community supports that can be wrapped around children as well as a strong understanding of who their families and community members are; who is appropriate, who is a role model, who are the people that you could draw strength from. The reality is some young adults are returning to situations where the harm and risk indicators still exist and so we have a responsibility within the cultural support plan to prepare them that at 18, and also within the transition from care planning. We need to build resilience and strength in preparation for what we see as the trend, these children returning back to those communities.</p>
14-33	05/09/2012	<p>Mr Haddrick asked—</p> <p>Are you aware of what might be the average currently? [average case load for CSOs]</p>	<p>Ms Healy (Australian Association of Social workers) answered—</p> <p>I am not aware of the average currently and, to tell you the truth, I wouldn't necessarily believe the figures the department gave unless it also revealed how it calculated those figures, because for a time they were saying they were reaching the CMC benchmarks, yet because I have contact with newly qualified workers as a result of my role as an educator, in four years of working closely with these people, I only met one person who had a case load anywhere near approximating the CMC recommendation.</p>
18-5	12/09/2012	<p>Mr Capper asked—</p> <p>How many reunifications have there been in Aurukun in the past 12 months, for example?</p>	<p>Ms McNally (DOC) answered—</p> <p>In the last 12 months – now I've got the number 12 in my mind but I don't think it's that many. Probably about eight.</p>
18-17	12/09/2012	<p>Mr Capper asked—</p>	<p>Ms McNally (DOC) answered—</p>

		<p>How often is that [provisional assessments for carer approval] used? As a percentage, for example?</p>	<p>I would probably use them a little more in the Cape because I want to keep children in community. So I would probably be more inclined compared to other managers based down there to use provisional. I probably use them maybe, I don't know, 70 per cent of the time, if I can keep children in community.</p>
18-77	12/09/2012	<p>Commissioner Carmody asked—</p> <p>...how many children have been through the four placement...? [in the therapeutic placement]</p> <p>And the longest anyone has stayed there? Do you know how long that is?</p>	<p>Ms Carlton (DOC) answered—</p> <p>I can't answer that accurately.</p> <p>I would estimate it wouldn't be more than 18 months, would be my best recollection.</p>
18-96	12/09/2012	<p>Commissioner Carmody asked—</p> <p>Is the department referring children and families in need of support[,] that don't reach the threshold[,] to a service that can't meet their needs?</p> <p>No, we need to interrogate the figures?</p>	<p>Ms Carlton (DOC) answered—</p> <p>And I don't – I can't answer it. I mean, there's...</p> <p>Yes.</p>
18-120	12/09/2012	<p>Mr Selfridge asked—</p> <p>What are we talking about in terms of numbers, and you can only speak to your experience here...Are there substantial numbers of parents who do that or not? [in the Cairns area, parents who relinquish their children into care because they can't take care of them, for other reasons than the child has a disability]</p>	<p>Ms Andersen (DOC) answered—</p> <p>I couldn't give you exact numbers but there would be at least two or three a year.</p>
19-10	26/09/2012	<p>Mr Copley asked—</p>	<p>Ms Jeffers (DOC) answered—</p>

		Which ones are they?...I don't need names. Numbers will do? [re. the number of decisions made to remove newborn babies from their mothers in hospital, that involved a lot of consultation within the department]	We're currently compiling the audit as per the subpoena request.
19-11 to 19-12	26/09/2012	<p>Mr Copley asked—</p> <p>I was going to suggest to you that if the decision to remove a baby at birth from its mother is such a significant, such a difficult decision, how is it that the information on the number of babies removed from their mothers while the mother and baby were in a hospital or medical facility is not directly available from the integrated client management system?</p> <p>But why is it if the decision is so significant and involves so much consultation, why is it that that information isn't available almost immediately, because it's being recorded, as such decisions have been made over the months and years?</p> <p>So is there no – I don't know what you call it – box, field, window or point at which you can enter into this integrated management system the simple fact that a baby was removed at or very soon after birth while still in hospital?</p> <p>So you can enter it in the system but when asked to produce figures you can't do that by pressing a button or giving the computer certain commands?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>Yes. We've had to do manual counts to be able to verify the information based on the subpoena request.</p> <p>I can't speak to the filters of the integrated client management system, sorry.</p> <p>...We can enter it into the system. We can't run a report on it...</p> <p>Not that I'm aware of, but could I suggest that Sue Lagana has a lot of expertise in the usage of ICMS and would be best served to answer that question.</p>
19-13 to 19-14	26/09/2012	Mr Copley asked—	Ms Jeffers (DOC) answered—

		<p>So even with the benefit of a summons served quite some time before your appearance here today and with the benefit of being able to comply with that summons by Friday, September 21 2012 you state that the department information system is such that you can't tell us how many children currently from each service centre are in care as a result of an unborn child notification?</p> <p>Because the datasets...are not readily available. So what does that mean?</p> <p>...why is it that those figures can't be obtained?</p>	<p>That's correct.</p> <p>As explained before, it's my understanding that we cannot run easy reports based on that...</p> <p>I'd prefer to take that question on notice and provide additional information to the court.</p>
19-28 to 19-29	26/09/12	<p>Commissioner Carmody asked—</p> <p>...I just note in paragraph 16 of your statement that the number of referrals made by the service centre to external agencies, that is, secondary agencies, is not readily available either?</p> <p>So how does the department – you say it's really important that you get active intervention at an early stage and you work with the family and you support the family, but you can't tell me how you refer families in need to external agencies from your records?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>Yes.</p> <p>That's right, without a manual count. ...in terms of the information management system, if we're putting information on that system about referrals it's not readily available to run a report from.</p>
19-33 to 19-34	26/09/2012	<p>Mr Copley asked—</p> <p>In a general sense are you able to give us an approximate figure for this: of the mothers whose children are removed at birth, what percentage of them approximately would be mothers that were perceived to be in the grip of an</p>	<p>Ms Jeffers (DOC) answered—</p> <p>I haven't got the figure in front of me to be able to do that, but I do think there is a significant percentage.</p>

		addiction to drugs...and/or alcohol?	
19-34	26/09/2012	Mr Copley asked— What percentage of mothers whose children are removed are mothers who are labouring under what is perceived to be a mental illness which makes it difficult, if not impossible, to reason rationally with the mother?	Ms Jeffers (DOC) answered— That can be a contributor in terms of the percentages. I can't answer that specifically for the region...
19-45	26/09/2012	Commissioner Carmody asked— How do you check to see – or do you check to see how the 18-year-olds [who] left your care last year are going on their transition care plan, how it's working for them?	Ms Jeffers (DOC) answered— We wouldn't have any mechanisms necessarily to do that at this juncture.
19-48	26/09/2012	Commissioner Carmody asked— ...would [the department] keep any tracing records that would enable me to find out how many children in the last five years who after exiting from care went home?	Ms Jeffers (DOC) answered— No, I don't believe we do.
19-53	26/09/2012	Commissioner Carmody asked— At the end of last financial year you were only meeting [investigation and assessment response timeframes] 42 per cent of [the] time. Has it improved since then?	Ms Jeffers (DOC) answered— I'd have to get further information and get back to you on that one.
19-54	26/09/2012	Commissioner Carmody asked— Do you have a...tolerable or acceptable matter of concern notification [target] figure that you aim at achieving?	Ms Jeffers (DOC) answered— Not that I'm aware of.
19-55	26/09/2012	Commissioner Carmody asked—	Ms Jeffers (DOC) answered—

		Would you know what proportion of [children who transition from care who stay within the foster care household] there is?	I wouldn't be able to give a proportionate figure...
19-61 to 19-62	26/09/2012	Commissioner Carmody asked— Has the department ever sat down as an entity to [say]...what is the tolerable socially acceptable figure [of the number of children in out-of-home care in Queensland]?	Ms Jeffers (DOC) answered— I don't think that people can put numbers on that because we're talking about children and having them away from their family...I don't know that it's as cut and dried as being able to do that.
19-71	26/09/2012	Mr Hanger asked— Now tell us what that figure [197 in exhibit 66] says?	Ms Jeffers (DOC) answered— So in relation to that data, the information of the number of babies removed from their mothers while the mother and baby were in a hospital or other facility is not readily available in the integrated client management system. Information is available on the number of admissions to an out-of-home care each [?] – in the North Queensland region for any child aged zero to 12 months.
19-72	26/09/2012	Commissioner Carmody asked— Nine out of 31 team leaders who attended training in 2011 didn't complete the [mandatory child safety entry level] training. You'd have to find out why not, wouldn't you? Have you since 2011 found out why not?	Ms Jeffers (DOC) answered— Yes. No, I haven't, personally.
19-74	26/09/2012	Mr Hanger asked— How many children are in residential accommodation where they're living on their own in residential	Ms Jeffers (DOC) answered— I'd have to get back to you in terms of the numbers.

		accommodation?	
19-75	26/09/2012	<p>Mr Hanger asked—</p> <p>...do we have any idea of the success rate of the people who transition to independent living?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>Not in terms of numbers...</p>
19-79 to 19-80	26/09/2012	<p>Mr Capper asked—</p> <p>Paragraph 20 of [your] statement, you identify there that in relation to the referral for active intervention..."The data on referrals is not sufficiently reliable to be reported, however, in relation to ancillary services, targeted family support and safe havens". ...What makes it so unreliable?</p> <p>So in terms of RAI, the referral for active interventions, you say you're obviously looking at data for the through-put, so how many people attend – participation rates... Is that the only data collected in that area?</p> <p>And what are the outcomes that are being measured, if any? [outcomes re. the success of programs referred via RAIs]</p> <p>What, I guess, I'm looking for is what are the performance measures? Are we measuring how many times do these people re-present in the system? Are we getting re-notifications? Are there any of those sorts of measures that are being looked at? Because I guess what I'm looking for is how do we measure whether these programs are actually delivering on what we're hoping that</p>	<p>Ms Jeffers (DOC) answered—</p> <p>As I mentioned before, one of the challenges is around collecting and having one system to collect the broad referral processes. So at the moment we don't have one portal for that.</p> <p>I'll have to refer to my notes. Could I get back to you on that one?</p> <p>I'm sorry, I'm going to have to take that one on notice.</p> <p>Yes, I'll take that on notice.</p>

		they're delivering by referring them?	
19-83	26/09/2012	<p>Mr Capper asked—</p> <p>You've indicated at paragraph 40 that you've been developing an action plan with DATSMA aimed at increasing and improving cultural capability... So that's just commencing now, so we haven't got any measurements on that yet?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>Not yet.</p>
19-83 to 19-84	26/09/2012	<p>Mr Capper asked—</p> <p>...you were advised that following the introduction of the RIS corporate data about notifications, child safety service centres receiving the concerns at the intake phase is not available. ...You were talking about the increased need for secondary services and the ability to refer these things on. ...How do we plan for those service deliveries? How do we identify what actual needs are able to be met or need to be met if we can't break down... If you can't find out how many service needs or how many intakes are in Bowen, or breaking that down further, how can you plan around that?</p> <p>But you'd agree, would you not, that having the ability to drill down into that data to actually identify, well, how many intakes and notifications do we have in this area? ...How many families at risk that perhaps don't meet the threshold, but how many families at risk for intake notifications in Bowen is an important consideration in determining...what services do we need in that area and what types of services? ...But you don't have that data available to you as a regional director. Is that right?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>I think data is one tool... it is absolutely part of the puzzle in terms of planning and being able to drill down.</p> <p>Not at this stage, no.</p>

		<p>Commissioner Carmody asked—</p> <p>You would also like to have figures on how many people took up referrals and if they weren't self-referring, if they were being referred by the child services, then how many of them availed themselves of the benefit of it and what did it do for them?</p>	<p>That's exactly right.</p>
19-84 to 19-85	26/09/2012	<p>Mr Capper asked—</p> <p>That follows on to paragraph 53. You indicate that you're advised that data about the children with educational support plans is only provided annually by the Department of Education. The data is reported for all children in care and again is not readily available by departmental region, and then in paragraph 55 you also talk about children with health passport data readily available. I mean, don't we have the same problem there. I mean, if we're looking at children's needs while in care, particularly for education, and we don't get the data until perhaps annually, a year later, the child has lost a year of its life without that educational support that it might need and even then you can't break down, well, what services do we need in this area to deal with that issue or, for that matter, the health issues as you've identified? ...Doesn't that same problem continue through by having that lack of data at that lower level?</p> <p>I guess the issue I have there, though, is the annual data coming – should that be more frequently from the Department of Education? I mean, how are you planning around children's educational</p>	<p>Ms Jeffers (DOC) answered—</p> <p>I'd probably like Sue to unpack the data capabilities a bit better. She's able to articulate that better than I am when she does her statement. I think that is again one tool that gives us information, but as you would have seen in my statement around the child health passports, we were able to manually gather that information. ...It's just not readily accessible from the press of a button, but Sue would be able to talk more specifically about the client management system.</p> <p>We're doing it on a case by case basis, but, you know, that information would be really valuable from a regional perspective.</p>

		needs and their educational support plans and reviewing those if you don't have that sort of data?	
19-87	26/09/2012	<p>Mr Capper asked—</p> <p>If you're not getting the data on a regional basis or on a Child Safety Service centre basis to identify the needs of particular areas...how are you going to ever address the concern you say is an issue in paragraph 74 of the need to be able to provide alternative education models and support to children with differing learning needs and behavioural needs? ...if you can't see the data as to how many children need these particular types of services...how can you advocate to government, to NGOs – how can you identify what services are needed, how they can be best provided and how many of them do we – how many people need them and how often do they need them if you don't have the data?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>It's about local collaboration with education and identifying where children are excluded from school and looking at how we can actually best fit that on place-by-place basis.</p>
19-87 to 19-88	26/09/2012	<p>Mr Capper asked—</p> <p>Now, at paragraph 76 you provide a breakdown of issues identified as complaints received about Child Safety Service centres for a particular period? ...I just want to ask you about that in relation to the figures. You have said "complaint-type child protection order". What does that mean? ...what's a complaint and who's making the complaint?</p> <p>...and child protection? [re. type of complaint sitting under that category]</p> <p>So these are you[r] complaint types.</p>	<p>Ms Jeffers (DOC) answered—</p> <p>Sorry, I don't have that information in front of me...</p> <p>I don't know, sorry. I can't...</p> <p>I'm happy to give you a broad – provide</p>

		<p>That's the point. I don't understand what the complaint types are or what they cover? ...But you can't tell me...?</p> <p>Okay, but again this seems to be complaints, from what you've indicated, by members of the community or members of the child protection community as in carers or people in the system, parents, for example. This isn't the data that's provided to you from the community visitors, for example. This is separate to the complaints that are brought to your attention via community visitors. Is that right?</p>	<p>supplementary material in terms of the definitions of how this data has been captured.</p> <p>I'm not sure. I'd have to clarify that.</p>
19-88 to 19-89	26/09/2012	<p>Mr Capper asked—</p> <p>...do you have the percentages of [children who have been placed within their community of origin if there is a suitable carer]?</p> <p>What about figures in relation to compliance with the relevant stages of the indigenous child placement principle, about the steps taken to meet the various requirements there? Have you got those figures before you or can you get them?</p> <p>Because certainly with paragraph 83 you go on to indicate the percentages that are placed with kin and indigenous carers, but it's about half. ...So is that figure – I mean, you have indicated Aitkenvale, Bowen, et cetera. Is Palm Island more or less in terms of that figure? Is it less than half are placed with kin in Palm Island or more?</p>	<p>Ms Jeffers (DOC) answered—</p> <p>No, I don't think I have it in my statement, but we can probably find that.</p> <p>I'm not sure. I'll have to get back to you on that.</p> <p>I would have to get back to you on that one.</p>
19-93	26/09/2012	<p>Mr Capper asked—</p>	<p>Ms Jeffers (DOC) answered—</p>

		Do [NGOs funded to recruit foster carers] have targets? [a target number of foster carers] ...are they meeting those targets?	Sorry, just to clarify in terms of targets, there may not be a recruitment target listed within the service agreement.
19-98	26/09/2012	Commissioner Carmody asked— How many of these children [with a case plan] are in the unregulated, unlicensed system? So you've got no idea about the proportions?	Ms Jeffers (DOC) answered— I wouldn't be able to speak to that off the top... Not off the top of my head, no.
19-100	26/09/2012	Commissioner Carmody asked— How many [therapeutic placement arrangements] do you have [in this region]? Do you know how much that would cost, ballpark, for those 10 per year?	Ms Jeffers (DOC) answered— Off the top of my head I can't tell you... It would be less than 10 in terms of residential. Not at the top of my head...
19-144	26/09/2012	Ms O'Brien asked— ...if I can just go to your paragraphs...in particular number 86 where it says, "How many children are currently placed with providers other than foster and kinship carers? How many of these are residential care providers?" and you've got there, "77 children are placed with a residential care service," and you explained before that that included some children who are actually living semi independently. So what I'm interested in, really, is how many of those children are indigenous. Do you have any breakdown of that? Then going on you mention, "72	Ms Jeffers (DOC) answered— No, I don't, but we could probably find that out. I'm not necessarily sure whether that would

		<p>children in other locations such as hospitals, Queensland youth detention centres and independent living," I assume there are not 72 children in the care of the department who are in hospital. I am assuming, and I don't know whether you know, that many of these children that are under your – in your custody or guardianship are in fact ensconced in Cleveland Youth Detention Centre. Would I be right?</p> <p>But would I be right in guessing that it would be a high percentage of that 72...?</p>	<p>be the full percentage, but I'm sure we could find that information out for you.</p> <p>I'm not sure.</p>
20-11 to 20-13	27/09/2012	<p>Mr Copley asked—</p> <p>Are you able to, because apparently you are better placed to answer that question, she says, assist us with whether or not the ICMS system can tell you by entering some commands into the computer just how many babies have been removed at or soon after birth in the last three years in this region?</p> <p>How many complaints that have been lodged about a child safety service centre. Can that be done? [reported from ICMS]</p> <p>But is there a form – and maybe you've already answered this, I don't know, but is there a form peculiar to the removal of a baby at birth from hospital?</p> <p>...for the Aitkenvale Child Safety Service Centre there have been 20 occasions in the last three years that that service has removed a baby soon after birth?</p>	<p>Ms Lagana (DOC) answered—</p> <p>So the short answer is no, it cannot.</p> <p>No. No, so it is very limited. So in relation to your particular question, we don't have a form that basically says, "Have you removed a child from a hospital at birth?"</p> <p>No.</p> <p>I guess I can't fully answer that, because as I said, I know that we've been asked to pull the records on 20 particular clients. I'm not quite clear of the parameters around what those 20</p>

		<p>clients are. So I know that yesterday we spoke about that 179 being between nought to 12 months. ...So I'm not sure whether it's straight after birth or whether it's the nought to 12 months that they've been removed from hospital. So I would need clarification on that.</p> <p>It's a deficiency in the system, isn't it, in the computer program, that you can't just have that figure readily available, isn't it?</p>	<p>Yes.</p>
20-14	27/09/2012	<p>Mr Copley asked—</p> <p>Well, can you tell us, for example, this year how many children have been removed at no matter what age under the age of 18 from their parents by the Aitkenvale Child Safety service centre?</p> <p>Could the system tell you that, the computer system?</p>	<p>Ms Lagana (DOC) answered—</p> <p>I couldn't tell you that offhand, no.</p> <p>Not by the click of a button, no. There are lots of things that the computer system cannot tell us by the click of a button.</p>
20-26	27/09/2012	<p>Commissioner Carmody asked—</p> <p>...what's your target completion rate for [transition from care plans]?</p> <p>You have targets to case plans. ...why don't you have targets for transition plans?</p>	<p>Ms Lagana (DOC) answered—</p> <p>The department doesn't have an official target around completion rates.</p> <p>We haven't put one in place across the state.</p>
20-42	27/09/2012	<p>Mr Capper asked—</p> <p>Now, you indicate that in relation to the child health passports – how is that actually measured? You say 95 per cent have them. How is that actually measured, because, as we understand</p>	<p>Ms Lagana (DOC) answered—</p> <p>No, we can't in the region, but...the child health passport tab has been developed... Through the back end of the system Brisbane actually have the capacity to draw that</p>

		it, you can't just plug that in and get the report?	information from that particular tab.
20-43	27/09/2012	<p>Mr Capper asked—</p> <p>As discussed with Ms Jeffers yesterday, there's a significant amount of data that you don't get and can't get. Should you have that data to assist?</p> <p>But surely getting that data for Aitkenvale, for example, is extremely important for you to plan for what other services you're going to look for, for that region or for that area and to provide those services to identify who needs to be – what we need to go out to tender for; what it needs to look like; what are the services that we're looking; where's the gaps. Surely that information is extremely valuable to you as a manager of one of these centres?</p>	<p>Ms Lagana (DOC) answered—</p> <p>Regionally we can get a range of data so we can get some information around – and it might not necessarily be 100 per cent accurate. So it's anecdotal data that will tell us what percentage of educational support plans we have in place and then we have to look at that. So a service centre would look at that in context of a range of things. So we can only narrow the data to a certain point and then obviously the service centre needs to look at that and put the context around that. So we can gather a range of information from a system locally that will help us inform our work practices which isn't necessarily 100 per cent accurate, but obviously the service centre know their business. They know their cases. They can then look at that information and actually drill it down to what it means for them.</p> <p>...Yes, and we have that local knowledge across a range of areas; not across every area that we would like to but across a significant number of areas we do have that.</p>
20-44	27/09/2012	<p>Mr Capper asked—</p> <p>I guess our concern particularly is that we see consistently through our reports that are coming through from the commission are that children in care are</p>	<p>Ms Lagana (DOC) answered—</p> <p>...I can actually pull out and we can see a percentage of educational support plans in place because remember we tick the box in the case plan. We do, so that anecdotally will</p>

		<p>continuing to underperform in a vast number of areas but particularly things such as education, but... you can't get that information to that level. ...that's a manual process. Is that right?</p>	<p>tell us we've got an X percentage of case plans. Unfortunately what that doesn't do is not all of the children that – it records that against every child that's on a child protection order. Obviously not all of those children are eligible for an education support plan so the service centre can drill down on that information...</p>
21-8 to 21-9	03/10/2012	<p>Commissioner Carmody asked—</p> <p>What about their mean age, do you know what that is? Are they older or younger? [foster carers in Beaudesert]</p> <p>See, aren't these sorts of things that would be helpful to know to work out – if we're looking for root causes and secondary causes of why children go into care, don't we need to know a lot about their background, where they come from, where they live, the history their parents, that sort of stuff? ...and things like – if we're looking for more foster parents and wondering why we haven't got enough in Logan but we do have a lot in Beaudesert, wouldn't we want to find out just, you know, in terms of managing your region what the difference is and what explains it and see if we can learn from Beaudesert and increase the numbers available in Logan?</p> <p>No, but my point is it's information you could use to your advantage?</p>	<p>Mr Payet (DOC) answered—</p> <p>I don't know.</p> <p>It's certainly information we can find, I can find for you, but it's not information that I have in front of me at the moment.</p> <p>Sure, yes.</p>
21-23 to 21-24	03/10/2012	<p>Commissioner Carmody asked—</p> <p>Yes, and it's also – so it's got the Helping Out Families initiative, it's also got the new child protection manual, I think it is, that's being – reporting guide, that's being trialed also in this region. Can you</p>	<p>Mr Payet (DOC) answered:</p> <p>think we can argue indirectly – if we look at the fact that the Helping Out Families program has, according to our current stats, reduced the number of notifications made to the department, we could possibly</p>

		<p>perhaps inform the commission as to whether Helping Out Families has had any positive effect on diverting children from say the residential care or foster care systems and keep them in their families?</p> <p>So you haven't actually got any data to say whether there are any particular children who have been the subject of the Helping Out Families initiative but despite that they've ended up in care in any event?</p> <p>Yes?</p> <p>All right. Now, would – this might seem obvious – that would be helpful to have that information, would it not?</p>	<p>extrapolate from that: that would have an impact on children eventually coming into our care, but as to whether I can make a direct correlation between the two, I don't think I've got evidence to be able to do that. All I can say is that the proposition of families being helped before they get into the statutory system would support, you know, the view that the more they're supported before they get into the system the less likely they are to get into the system. So that would be the argument that I would run. Do I have any evidence to support it categorically, I do not.</p> <p>So despite having been with the HOF they've come into our care?</p> <p>I do not have that evidence, no. I don't have that information.</p> <p>It would, but it would be quite a complicated process because it's assuming that only one variable is necessary in order to determine whether a child goes into care or not. I mean, there may be another type of variables that's involved in this configuration.</p>
21-26	03/10/2012	<p>Commissioner Carmody asked—</p> <p>So those 74 are subject to some kind of order that's not actually a child protection order. It's a supervision order?</p> <p>It's in the definition of "child protection". It's a type of child</p>	<p>Mr Payet (DOC) answered—</p> <p>It's a child protection order but child not living in the care of the department</p> <p>That's right</p>

		<p>protection order?</p> <p>The figures never break down what type - they don't break down those under orders by type of order, do they?</p>	<p>No.</p>
21-64	03/10/2012	<p>Mr Capper asked—</p> <p>But yet in the commission's research in relation to the 2011 review of children in foster care survey - in relation to that, almost half of children - actually half of children - 50.3 per cent reported seeing their CSO once a month, 31.3 per cent said every three months and 7.3 per cent said they only saw their CSO once a year or less. As I understand, ICMS can't tell you how many – the frequency of visits by CSOs. Is that correct?</p>	<p>Mr Payet (DOC) answered—</p> <p>I don't believe it can, no, per se.</p>
21-85	03/10/2012	<p>Commissioner Carmody asked—</p> <p>Could you tell me this, if you replaced RIS with the same number of staff with the same qualifications, employed not by the department but by a non-government organisation, do you think that would improve the self-referral rate of families to RIS?</p> <p>Self?</p> <p>Yes, or needs that they have or support that they need?</p>	<p>Ms Oliver (DOC) answered—</p> <p>The self-referral?</p> <p>As in a parent or a family member contacting about concerns that they had?</p> <p>I think the data indicate that parents and family members are - apart from our key stakeholders of QPS, education and Queensland Health, that they are a common notifier to our department. So we receive multiple calls from family members or parents. I think - I mean, again I don't have that data on me, we could get that for you, but they are one of our higher notifier</p>

			categories, so we already receive those calls from most families.
21-111 to 21-112	03/10/2012	<p>Mr Capper asked—</p> <p>Now, in relation to the RIS - the last question I have for you is in relation to the intakes, how long does it take to do an intake? The reason I ask that is because we have some conflicting evidence. I just want to clarify. So when you receive the intake, how long does it actually take for that to occur?</p>	<p>Ms Oliver (DOC) answered—</p> <p>I don't have any formal data around that. Obviously prior to the regional intake services being established there was some work in relation to estimated times that an intake would take. One intake could take an hour. Another intake could take four hours. Another one could take longer than that. So it's really hard to say. There's no generic figure.</p>
24-80 to 24-82	16/10/2012	<p>Mr Capper asked—</p> <p>In relation to the document you provided...you indicate in that document...the number of staffing days spent in community and it's got 196 for Doomadgee, Mornington 156 and Normanton 109. Now, as I understand the evidence before, you can't distil that further to identify how many of those were perhaps multiple CSOs attending on the one day. Would that be correct?</p> <p>...As I understand it, you can't actually record in ICMS or anywhere else the number of times that you've actually visited a child. Is that right?</p> <p>You record it in a narrative form but there's no check field to say, "We visited this child this month." Would that be right?</p> <p>Okay, but not just as a print a report. As I understand, we can't just simply go to the system and say, "Have we visited every child in our care in this region this</p>	<p>Mr Garrahy (formerly of DOC) answered—</p> <p>No. Yes, that's pretty much to the extent that I could gather that information.</p> <p>We do record that information.</p> <p>I don't know whether there's a piece of data that we could tick a box and say tell us how many visits we've done, however we would be able to capture that data, I would imagine.</p> <p>From a data perspective, no, but I guess as the service centre manager I could talk to my staff and say, "Of your case load how many</p>

		<p>month?" You can't do that at present, as I understand it. Is that right?</p> <p>...Well, there's no structured way, from what you're telling me, that you actually gather that information from your staff to certify that each month you've actually visited the children in care?</p>	<p>visits have you completed with each child?"</p> <p>...if you have a CSO working with their team leader, going over their cases on a monthly basis and supervision, to me that would demonstrate what work they're doing with that family.</p>
24-82	16/10/12	<p>Mr Capper asked:</p> <p>Well, how are we protecting children if you're actually not in attendance and you can't tell me whether or not the staff are actually attending these locations and visiting these children on at least once a month, which is, I understand, the safeguard that you use?</p>	<p>Mr Garrahy answered:</p> <p>So I can't talk for the state, however in terms of my service centre, from a practice perspective the data is a data tool. I agree that it's necessary, but the only way essentially for me to really find out how many visits are occurring, how often, the quality of those visits, would be through day-to-day discussions with the staff... I'm noting what the [CCYPCG survey] report is saying and I think that's significant, however a team leader would talk to their CSO. They would be monitoring their practice to work out about how many visits are occurring, how often, et cetera. So I can't talk to that data because I haven't reviewed that specific area.</p>
24-86	16/10/2012	<p>Mr Capper asked—</p> <p>In relation to [children's] contact with families, is that [data] equally available from ICMS?</p> <p>So again we can't just press the button and ask for a report on how the children in care had contact over the last month with their family. We can't do that?</p> <p>Commissioner Carmody asked—</p> <p>...but wouldn't that be a good way of measuring how well the department is performing the substitute parental role, to know how many children in care have lost contact with parents or family</p>	<p>Mr Garrahy (formerly of DOC) answered—</p> <p>Information about contact with families would be available, but again I think that's a data issue in terms of pulling that out, is my understanding.</p> <p>I don't believe so, no.</p> <p>Yes. One of my challenges with this, Commissioner, is having not worked in this role for a period of time [14 months]. I'm not aware of what data is now available.</p>

		<p>as a result of being in care?</p> <p>Yes, just leaving aside whether it is available...</p> <p>...or not, do you think it's a good indicator of how well the system is performing its parental responsibilities...given that one of them is for the chief executive to maintain that...contact – it's mandated in the legislation?</p> <p>In order to answer the second question you have to be able to answer the first?</p>	<p>But I agree, yes, I do.</p> <p>I agree. I think it's very useful information to know about contacts. I think what's more useful is knowing how well that contact went; what it meant for the child, what it meant to the parents. So I think...</p> <p>You need to – I agree. I agree, yes.</p>
26-13	23/10/12	<p>Commissioner Carmody asked—</p> <p>Do we always get it right [assessing risk]?</p> <p>Now, is consistency something the system values?</p> <p>Is that one of the indicators that it measures its performance against?</p> <p>All right. What do you measure? What do you use to measure your performance in the risk assessment process?</p>	<p>MS Matebau (DOC) answered-</p> <p>No, I don't think we do.</p> <p>Yes, I think it is.</p> <p>I think that's one of the things that we're often criticised about. I don't know that we measure our own performance by that consistency.</p> <p>Over the years it has varied, so there was a time where we would come together for an OPR, performance review. I can't recall - I think we haven't - I haven't personally participated in those for probably maybe three years, maybe four, so I don't personally know how my office is reviewed. However, as a manager, what I look for then is recidivism. If a family is continuing to come back to us at that front-end level, then that's a trigger for me that there's something not going right.</p>

		<p>That is, something going wrong with the assessment?</p> <p>Yes, it's a bit like randomly searching a shipping container, isn't it?</p>	<p>Exactly, yes. So I may or may not be aware of that, depending on how closely I look at the names that keep coming up or in supervision I might ask that question of a team leader.</p> <p>Yes.</p>
26-94	23/10/2012	<p>Mr Capper asked—</p> <p>Do you not think that that's an important measure to check that each child that is in your care or in the department's care - I say your care as the department representative, but every child that's in your region that you're responsible for caring for does in fact receive that [visit] once a month?</p>	<p>Ms Harvey (DOC) answered—</p> <p>I think it's an important measure. It's not a measure that the department collates, to my understanding, so, as I said, it is something individual service centres collate. I don't collate that at a central perspective but managers certainly, you know, are abreast of those visits and whether they're occurring.</p>
28-50 to 29-50	30/10/2012	<p>Mr Capper asked—</p> <p>If we don't do that [Operational Performance Reviews], obviously there's a risk, as you say, because we're trying to juggle 10 balls at a time that one of them will drop through the gaps?</p>	<p>David Bradford (formerly of DOC) answered—</p> <p>So the OPRs were enormously helpful and actually helped managers get a very good helicopter view of what they were dealing with so they could see where to intervene. The frenetic nature of a service centre is such that you can be, you know, very, very busy and dragged into all the activity that's going along. For example, in that environment I think I had 230 children under orders. I had 55 investigations a month coming in and a team of four who were dealing with those 55 investigations a month. You do the math. It's pretty busy and so the opportunity to stop, see the big picture and then intervene strategically to actually improve service was excellent and the OPRs were very valuable.</p>

		<p>We place a child at risk as a result of failing to undertake that strategic assessment of how we're really going. Wouldn't you agree with that?</p> <p>...that response came from Ms Matebau in questioning from the commissioner as to, "What do you do to measure performance in the risk assessment process?" and she said, "We used to do OPRs but we don't anymore." Did you see them as a valuable exercise, enough that they should be reinstated...?</p> <p>...or that we should have something similar?</p>	<p>Well, I think it's incumbent upon the manager to be able to see the big picture and if you can't, then, you know, you're really sort of doing it by experiment, not by, I suppose, intent.</p> <p>Yes.</p> <p>Well, I mean, yes, again looking at the scope of work, look what you're trying to prove, look at your KPIs and give your managers a dashboard that tells them something intelligent about how they're performing, yes, whether it's OPR or some such beast; yes.</p>
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Attachment F – Status of data provision by the Department to CCYPCG³⁶

Key Outcome Indicator 1: Effective Assessments

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Output measures</i>
<ul style="list-style-type: none"> Number of Intakes recorded in the reference period (including discrete children), by region Number of unborn children subject to a Notification and number of unborn children subject to a substantiation Number of Notifications recorded in reference period (including discrete children), by region, and age group (under 1 year, 1–4 years, 5–9 years, 10–14 years, 15–17 years) Number of Child Concern Reports recorded in the reference period (including discrete children), by region, and age group (under 1 year, 1–4 years, 5–9 years, 10–14 years, 15–17 years) Number of substantiations recorded in reference period, including by discrete children, by harm type and region Number of Notifications requiring investigation by assessment outcome, disaggregated by region and age group 	<ul style="list-style-type: none"> Action after recording Child Concern Report – percentage of Child Concern Reports where response was information and advice, referral to another agency, or information provision. Number and % of Notifications downgraded to a Child Concern Report for each region. Monthly case load data for each I&A CSO by region. Unborn child notifications by mother's age, ATSI status and region, and assessment outcome SCAN data³⁷
<i>Output measures</i>	<i>Outcome measures</i>
<ul style="list-style-type: none"> Number and % of Investigation and Assessments that are responded to in the timeframe (24 hour, 5 and 10 day) determined during intake, by region, response timeframe Number and % of Investigations and Assessments that were finalised within 60 days, disaggregated by response timeframe and region 	<ul style="list-style-type: none"> Number of children subject to a Child Concern Report, who are subject to a subsequent Child Concern Report or Notification recorded within 12 months, disaggregated by the type of response to initial Child Concern Report.
<i>Outcome measures</i>	
<ul style="list-style-type: none"> Number of children subject to a Child Concern Report, who are subject to a subsequent Child Concern Report or Notification recorded within 12 months 	

³⁶ Due to the lack of outcome data available, the Commission includes output data in its framework.

³⁷ CCYPCG is aware that this data item is able to be reported. However, the Department advises it is not suitable for public reporting.

Key Outcome Indicator 2: Appropriate interventions

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Output measures</i>
<ul style="list-style-type: none"> • Number of children subject to Child Protection Orders by Aboriginal and Torres Strait Islander status, order type, placement type and region as the last day of the reference period • Number of children subject to Intervention with Parental Agreement as the last day of the reference period • Number of children in out-of-home care as at last day in reference period • Number of children living away from home as at the last day of the reference period, disaggregated by order type, gender and Aboriginal and Torres Strait Islander status and region • Number of children and young people subject to ongoing intervention, by ongoing intervention type, and region in the reference period • Number of the families referred to Referral for Active Intervention (RAI) in reference period, by source of referral • Number of families engaging with a RAI, by Aboriginal and Torres Strait Islander status 	<ul style="list-style-type: none"> • Secondary service availability and uptake in each region • Monthly case load data for each Intervention with Parental Agreement Child Protection Officer by region
<i>Outcome measures</i>	<i>Outcome measures</i>
<ul style="list-style-type: none"> • Number and % of families who exhibit improvement in wellbeing domains at exit from RAI 	<ul style="list-style-type: none"> • Number and % of children and young people subject to an intervention who are re-notified, substantiated or placed under a protective order within 12 months of the initial intervention (disaggregated by type of intervention, including Intervention with Parental Agreement). • Number and percentage of children and young people who have been on an IPA which has been closed, and they are re-notified, substantiated or placed under a protective order within 12 months of case closure. • Number and percentage of children and young people on Intervention with Parental Agreement where the Intervention with Parental Agreement has been closed and there has been no further Departmental contact with the family within 12 months of the case closure. • Children admitted to out-of-home care who were previously subject to some type of ongoing intervention (Intervention with Parental Agreement, or previous statutory ongoing intervention) by the Department. • Children referred to secondary service who are then subject to a notification, substantiation and ongoing intervention by the Department.

Key Outcome Indicator 3: Safe out of home care

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<p><i>Descriptive measures</i></p> <ul style="list-style-type: none"> • Number of children and young people who were in out-of-home care during the reference period by region and Aboriginal and Torres Strait Islander status • Number of Matters of Concern Notifications, by assessment outcome, in reference period, disaggregated by region (case and child count) • Number of children living away from home subject to an active suicide risk alert, in reference period by region • List of residential sites in the scope of licensing at a reference date, including organisation name, service name, application status and count of licenses per organisation 	<p><i>Output measures</i></p> <ul style="list-style-type: none"> • Number of Matters of Concern Notifications and Child Placement Concern Reports finalised within 6 weeks. • Number of Matter of Concern Investigation and Assessments commenced within 24 hours of the decision to record the Matter of Concern Notification.
<p><i>Outcome measures</i></p> <ul style="list-style-type: none"> • Number of Matters of Concern – Child Placement Concern Reports in reference period, disaggregated by region (case and child count) • Number of Matters of Concern substantiated by harm type, region and Aboriginal and Torres Strait Islander status (case and child count) 	<p><i>Outcome measures</i></p> <ul style="list-style-type: none"> • Children subject to more than one Matter of Concern Notification or Child Placement Concern Report in the last year, last two years, last five years, more than five years.

Key Outcome Indicator 4: Stable out-of-home care

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i> <ul style="list-style-type: none"> • Number of children who exited care in the reference period by length of time in care and number of difference placements • Number of carers, by approved status, Aboriginal and Torres Strait Islander status, by Region 	<i>Descriptive measures</i> <ul style="list-style-type: none"> • Carer's by carer type and region and number of children currently placed • Number of children placed in accordance with Section 82(1)(a-f), and 82(2) of the CP Act
<i>Output measures</i> <ul style="list-style-type: none"> • Proportion of children in out-of-home care who are placed with their siblings 	<i>Output measures</i> <ul style="list-style-type: none"> • Number of placements for children, by time spent in care • Number of schools attended by children and young people, by time spent in care • Number of children and young people in out-of-home care who leave a placement to a non-departmentally approved placement by age, ATSI and region, and the type of non-approved placement • Number of children being accommodated in commercial accommodation (hotels and motels) • Children on long term guardianship orders to the Chief Executive, whose case plan goal is transition to an order granting guardianship to a suitable "other" person.

Key Outcome Indicator 5: Individual needs being met

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Descriptive measures</i>
<ul style="list-style-type: none"> Children subject to Child Protection Order, by order type and Aboriginal and Torres Strait Islander status 	<ul style="list-style-type: none"> Number of children and young people on long term orders to someone other than the Chief Executive by age category, A&TSI status
<i>Output measures</i>	<i>Output measures</i>
<ul style="list-style-type: none"> Number and % of children and young people subject to ongoing intervention with a current case plan 	<ul style="list-style-type: none"> Case planning compliance and case planning review data by age, ATSI and region, order, and placement type (kinship care, foster care, residential care) Number and percentage of children and families who participate in case planning decision making Number and percentage of children in out-of-home care who are contacted by their CSO in accordance with minimum departmental requirements Monthly case load data for each CSO working with children under orders by region Proportion of family group meetings held within 30 days of the decision that a child is in need of protection, or within the timeframe set by the Court on an adjournment Frequency of contact with family/persons of significance for children and young people in care Number and percentage of young people in care who have left their placement and accessed Specialist Homelessness Services Number of children and young people known to the child protection system in the previous three years who are accessed Specialist Homelessness Services either with an accompanying adult or independently

Key Outcome Indicator 6: Best education possible

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Descriptive measures</i>
<ul style="list-style-type: none"> Number of children and young in out-of-home care enrolled at a Queensland State School or private school (as at date with reporting period) 	<ul style="list-style-type: none"> Number and percentage of children and young people in state education Number and percentage children and young people in private education

	<ul style="list-style-type: none"> Number and percentage of young people in care accessing tertiary education by education type.
<i>Output measures</i>	<i>Outcome measures</i>
<ul style="list-style-type: none"> Number and % of eligible children and young people with an Education Support Plan 	<ul style="list-style-type: none"> Number and percentage of young people in out-of-home care who completed year 12 in the reporting period Number and percentage of children aged 17 to 18 years in out-of-home care who received a vocational qualification from TAFE, an OP, or who were OP eligible Number and percentage of children suspended and excluded from school
<i>Outcome measures</i>	
<ul style="list-style-type: none"> Proportion of children placed away from home who were at or above the national minimum standard in Reading, Writing, Spelling, Grammar and Punctuation, and Numeracy. 	

Key Outcome Indicator 7: Best possible health

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Descriptive measures</i>
<ul style="list-style-type: none"> Proportion of children in out-of-home care who received a CSTDA service 	<ul style="list-style-type: none"> Profile of health and disability needs and status of children in out-of-home care Children and young people living with a disability coming into care as a result of lack of other supports to parents
	<i>Output measures</i>
	<ul style="list-style-type: none"> Number of children and young people in out-of-home care with a child health passport Proportion of children and young people in out-of-home care who had a health passport commence within the required timeframe Number and percentage of children accessing health and therapeutic services in accordance with their case plan. Number and % of children who have visited the dentist in the past 12 months.
	<i>Outcome measures</i>
	<ul style="list-style-type: none"> Children with unmet health needs by need type, region and reasons.

Key Outcome Indicator 8: Special needs of Aboriginal and Torres Strait islander Children and young people are met.

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<p><i>Descriptive measures</i></p> <ul style="list-style-type: none"> • Number of Aboriginal and Torres Strait Islander children and young people subject to an intake, by intake and age group (by age group Under 1 year, 1–4 years, 5–9 years, 10–14 years, 15–17 years). • Number of Aboriginal and Torres Strait islander children and young people subject to a substantiated Notification • Number of Aboriginal and Torres Strait Islander children and young people subject to an Intervention with Parental Agreement • Number and rate of children and young people subject to Child Protection Orders, by Aboriginal and Torres Strait Islander status and rate per 1,000 children • Number of children living away from home, by Aboriginal and Torres Strait Islander status and rate per 1,000 children • Number of Aboriginal and Torres Strait Islander children and young people placed in out-of-home care • Number of Aboriginal and Torres Strait Islander children and young people who exited care in reporting period • Aboriginal and Torres Strait Islander children and young people subject to ongoing intervention, by ongoing intervention type, and Region • Number of children living away from home, by primary placement (home-based care, residential care, other) and Aboriginal and Torres Strait Islander status as at reference date 	<p><i>Output measures</i></p> <ul style="list-style-type: none"> • Number and % of placement decisions that comply with section 83 of the CP Act. • Consultation with Recognised Entities at decision-making points in line with legislation. • Number and % of children with cultural support plans. • Number and % of children who are supported to participate in planned cultural activities and contact <p><i>Outcome measures</i></p> <ul style="list-style-type: none"> • Number and % of children and young people placed within their community • Number and % of Aboriginal and Torres Strait Islander children in out-of-home care that achieved national numeracy and literacy benchmarks. • Number and % of Aboriginal and Torres Strait Islander children in out-of-home care who complete year 12 or equivalent. • Number and % of Aboriginal and Torres Strait Islander children aged 17 to 18 years in out-of-home care who received a vocational qualification from TAFE, an OP, or who were OP eligible. • Number and % of Aboriginal and Torre Strait Islander Year 12 completers identified as being in out-of-home care, who were learning, earning or neither. • Number of Aboriginal and Torres Strait Islander children suspended and excluded from school.
<p><i>Outcome measures</i></p> <ul style="list-style-type: none"> • Number of Aboriginal and Torres Strait Islander children and young people in out-of-home care subject to a Matter of Concern substantiation 	

Key Outcome Indicator 9: Successful reunifications

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Descriptive measures</i>	<i>Output measures</i>
<ul style="list-style-type: none"> Number of children who exited out-of-home care during reference period (disaggregated by region, age and Aboriginal and Torres Strait Islander status) Number of Children and young people living away from home, by primary placement and Aboriginal and Torres Strait Islander status 	<ul style="list-style-type: none"> Number and % of children whose case planning goal is reunification, by length of time in care.
	<i>Outcome measures</i>
	<ul style="list-style-type: none"> Number and % of children and young people who were reunified with their family and were subject to a Notification within 3 and 12 months of exiting out-of-home care Number and % of children and young people who were reunified with their family and were subject to a Substantiation within 3 and 12 months of exiting out-of-home care Number and % of reunification attempts resulting in children and young people re-entering out-of-home care.

Key Outcome Indicator 10: Successful transitions to independence

Current Measures provided by the Department to the CCYPCG	Priority data not currently available from the Department
<i>Output measures</i>	<i>Descriptive measures</i>
<ul style="list-style-type: none"> Number and % of young people aged 15 years and over where planning for their transition from care is required and has occurred Number and % young people aged 15 years and over where planning for their transition from care occurred and they participated in the transition from care planning 	<ul style="list-style-type: none"> Number of young people living independently Young people accessing additional financial support from the Department post the age of 18 years by support type, by Aboriginal and Torres Strait Islander status Amount of funding for additional special support assistance to young people over 18 years of age that has been provided during the financial year Children and young people leaving care by age and Aboriginal and Torres Strait Islander status and region and by reason why
<i>Outcome measures</i>	<i>Output measures</i>
<ul style="list-style-type: none"> Number of children subject to a finalised child protection order for more than 12 months who were admitted to a supervised youth justice order at some time during the year. Number and % of Year 12 completers identified as being in out-of-home care, who were either learning, earning or neither (Source: Next Step Survey)* Number and % of children and young people in the youth justice system who 	<ul style="list-style-type: none"> Transition from care planning and completion rates by Aboriginal and Torres Strait Islander status
	<i>Outcome measures</i>
	<ul style="list-style-type: none"> Number and percentage of young people known to child safety services who were sentenced to a supervised youth justice order disaggregated by age, gender, Aboriginal and Torres Strait Islander status and region Children and young people in stable

<p>were known to the child protection system.</p>	<p>accommodation 6 months after leaving care</p> <ul style="list-style-type: none"> • Number and percentage of young people over the age of 18 needing and accessing additional support from the Department (disaggregated by ATSI status, region and whether the child is accessing education or working).
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