Submission to the Queensland Child Protection Commission of Inquiry

The critical importance of early intervention as evidenced by quantitative data

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ACT for Kids is a charity providing therapy and services to prevent and treat child abuse and neglect across Queensland. Established in 1988 as the Abused Child Trust, we have worked in child protection for almost 25 years offering both government and philanthropically funded programs. We work across the whole child protection continuum, from primary services in education and advocacy, to secondary early intervention and family support services, through to intensive therapy for children who have experienced trauma from abuse and neglect.

ACT for Kids has observed and been part of significant changes in Queensland's child protection sector and we welcome the opportunity to provide input and help shape the sector to deliver better outcomes for Queensland's children and families.

This submission offers a number of recommendations to ensure the child protection system is effective in ensuring safe, nurturing homes children and young people and responding to risks of harm (in response to Inquiry Terms of Reference item 3c). These include that:

- further investment is needed to expand secondary services and family support programs already shown to be effective in preventing child abuse and neglect
- referral pathways need to be opened to remove barriers and enable faster access to early intervention and prevention support
- the comparison of need versus current service footprint be reviewed to reduce geographic disadvantage
- legislation and program structures be reviewed and realigned to support better integration between organisations and services to deliver better case management and outcomes for children and families.

Economic need for increased investment in early intervention

The consistent growth in the number of children subject to substantiations of abuse and neglect and entering out-of-home care is not only cause for alarm as a serious social issue, but also presents lifetime costs that are not financially sustainable for state or federal governments.

In 2008 Access Economics reported a comprehensive estimate of the economic costs associated with child abuse and neglect in Australia (Taylor, et al., 2008). These figures take into account health system expenditure, additional educational assistance, protection programs, productivity losses, government expenditure across jurisdictions and other factors that make up the 'burden of disease' over a lifetime.

- At a conservative estimate the annual cost of child abuse and neglect in 2007 came to $4 billion with the value of the burden of disease representing a further $6.7 billion (Taylor et al. 2008).
- Across the lifetime of children first abused in 2007, Taylor et al. estimate the future costs to the community at between $6 and $12 billion, with the burden of disease representing a further cost of between $7.7 and $29 billion.
- Taylor et al. highlight what many community organisations and child protection workers know first hand, that experiencing child abuse can lead to poor academic performance, greater delinquency and substance abuse and poor employment outcomes. Over the lifetime of children first abused in 2007, the additional costs related to this complex of disadvantage were conservatively estimated as:
    - $428 million on additional educational expenditure

- $437.4 million on health costs alone
- an estimated loss of lifetime earnings of $212.6 million.

Over the same period referred to in Taylor et al.'s report, government expenditure on child protection was significant, with 64% ($1.3 billion) dedicated to out-of-home care (Productivity Commission, 2009). Looking at this national figure and knowing that Queensland still spends substantially less on secondary support services than NSW and Victoria (Productivity Commission 2012), this leaves little for early intervention.

Professionals, governments and organisations acknowledge that investment upstream will save money downstream, yet there is still not enough sustained investment to see real long term gains in Queensland. While we applaud the government's recent funding announcements for spending on new and existing programs, there are still not enough services to meet community need and worse still, regions with no significant support services at all.

Reducing geographic disadvantage and barriers to access

While there are 10 Referral for Active Intervention services and three Helping Out Families Initiative (HOFI) pilot sites and a variety of non-government funded early intervention programs across Queensland, there are still significant gaps in service delivery. Even with their outreach service footprints there are entire regions with no government funded services, not just remote areas but metro centres – the greater Brisbane area has no government funded early intervention services (the recently announced Fostering Families will be the first to service the state's capital, see case study B).

Child abuse and neglect happens in every community and every neighbourhood houses families at risk. If we're serious about addressing the issue and its long- term impacts we need to invest in a comprehensive service footprint.

Geography is not the only barrier to vulnerable families accessing support. Until the recent Helping Out Families Initiative trial sites there was no way for families to access government funded early intervention support services without a Queensland Government referral (Child Safety, Health, Education, Police). Outside of the South East Queensland trial locations this is still the case. The outcomes of this limited access are:

- significantly increased numbers of notifications made to the department as families and other community members report families at risk in a desperate effort to gain a referral for support (see case study C) – this puts pressure on an already overloaded department and workforce, and has significant ramifications for family and community relationships and support networks
- services are stigmatised and families are reluctant to ask for help for fear of department involvement and losing their children
- numbers that show need based on government statistics are not necessarily representative of how many families genuinely want help – our HOFI Intensive Family Support service has received significant self-referrals, 25% of all referrals to the service, showing that parents will ask for help if they are not fearful of Child Safety involvement (see case study G)
- families are accessing whatever support is available (if any) from non-government funded services that are not as integrated or holistic in their approach, therefore families often cannot effectively address all of their risk factors for child abuse and neglect.

The Helping Out Families Initiative shows how opening referral pathways can benefit community and government. Families are referred by drug and alcohol counsellors, medical practitioners, school counsellors and other community service providers. The dedicated referral officers in Regional Intake Services also refer families below the threshold for protective intervention to a HOFI Family Support Alliance service. The result is that families are engaged and making progress and the department has seen a reduction in local intakes.

If resources need to be redirected, surely the reduction in handling notifications and investigations would go someway to supporting these more open referral pathways.

Do the programs actually work?

We have seen positive results from evaluations of our Referral for Active Intervention (RAI) and Helping Out Families Initiative (HOFI) services. We provide HOFI services on the Gold Coast and RAI services in Cairns and on the Gold Coast.

Analysis of the differences between pre and post outcome measures for 389 families (including 86 Indigenous families) engaged with our RAI services from July 2009 to June 2010 indicates that, on average, **families make significant improvements in all domains of functioning** including child wellbeing, family connections, interactions and safety, home environment and parental skills.

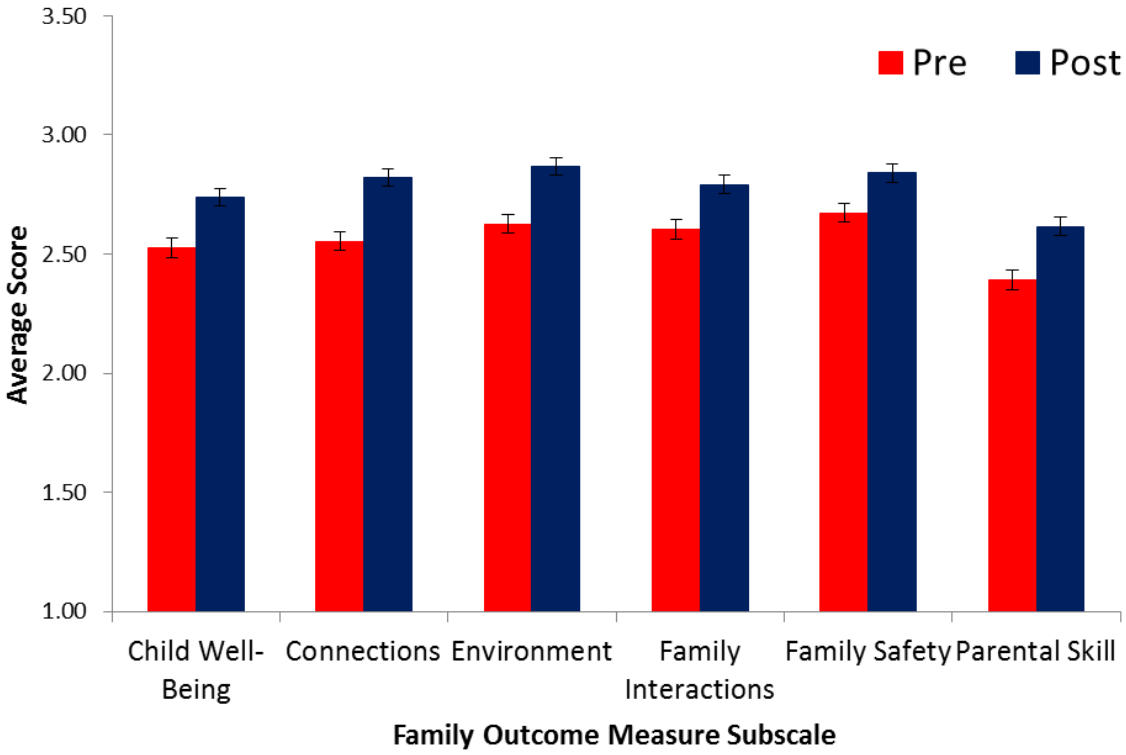

Figure 1. *Differences between pre and post family outcome measures for combined ACT for Kids RAI program data (n=389, error bars=SEM). All changes indicate statistically significant positive improvement. Scores on the Family Outcome Measure Scale range from -2=Clear Challenge to +2=Clear Strength and were recoded 1 to 5 for analysis.*

Results also indicate that **the longer the family is engaged in the program the more likely it is that they will experience positive outcomes** (see Figure 2). More than 60% of families engage for the maximum length of time (six months). The RAI program works with families in their homes to address areas of risk to their children's safety and wellbeing. It also helps connect families with other services and support networks like playgroups.

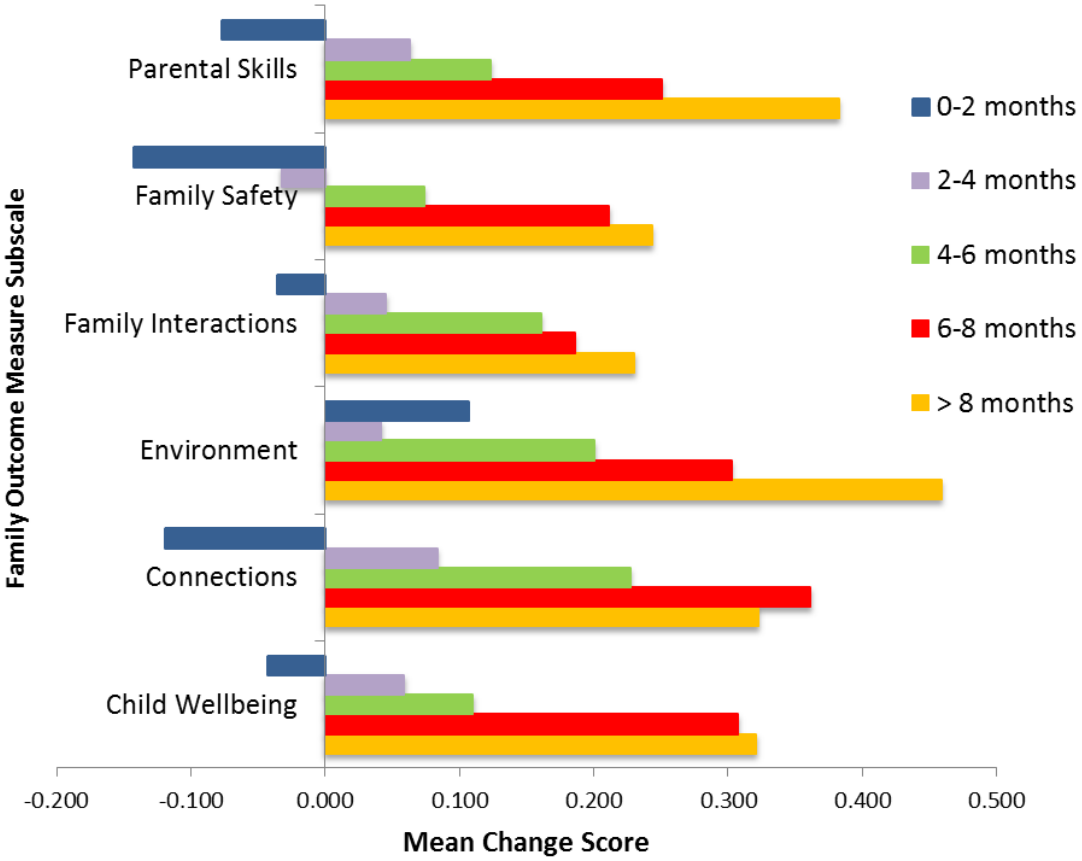

Figure 2. *Average change in scores over the length of time families engage with the RAI services. Data indicate the longer the engagement, the greater the positive change in Family Outcome Measure Scale scores. Change scores are calculated post score minus pre score for each family.*

Outcomes from the ACT for Kids Helping Out Families Initiative Intensive Family Support Program also indicate positive improvements for families through engagement with the service. The analysis shows the pre and post scores on the Needs Assessment Record subscales for 128 families engaged with our service during the 2011–12 financial year. Scores on the Needs Assessment Record range from 1=Challenge to 5=Strength. The average length of engagement is 174 days. **Families made significant improvements across all domains.**

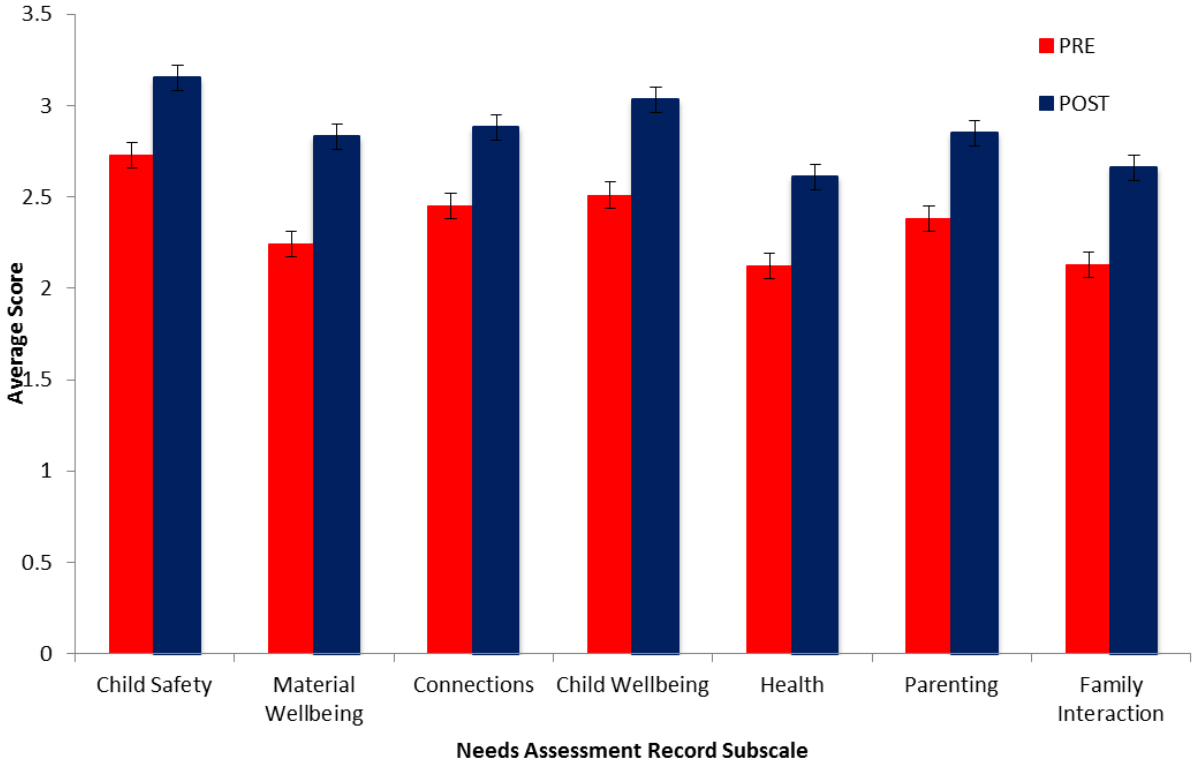

Figure 3. *Differences between pre and post Needs Assessment Record measures for ACT for Kids HOFI IFS program (n=128, error bars=SEM). All changes indicate statistically significant positive improvement. Needs Assessment Record scores range from 1=Challenge to 5=Strength.*

Whilst the change between pre and post scores for RAI and IFS families is modest (0.2 – 0.8 of a score), the effect sizes are robust and large (average *d*=0.35).

In addition to overall change in the Needs Assessment Record domains, parents engaged with the IFS made specific changes that have the potential to create significant positive improvements in their children's lives. Figure 4 shows the improvements pre and post engagement with our Intensive Family Support Program for a number of areas in which parental behaviour can impact greatly on children's wellbeing.

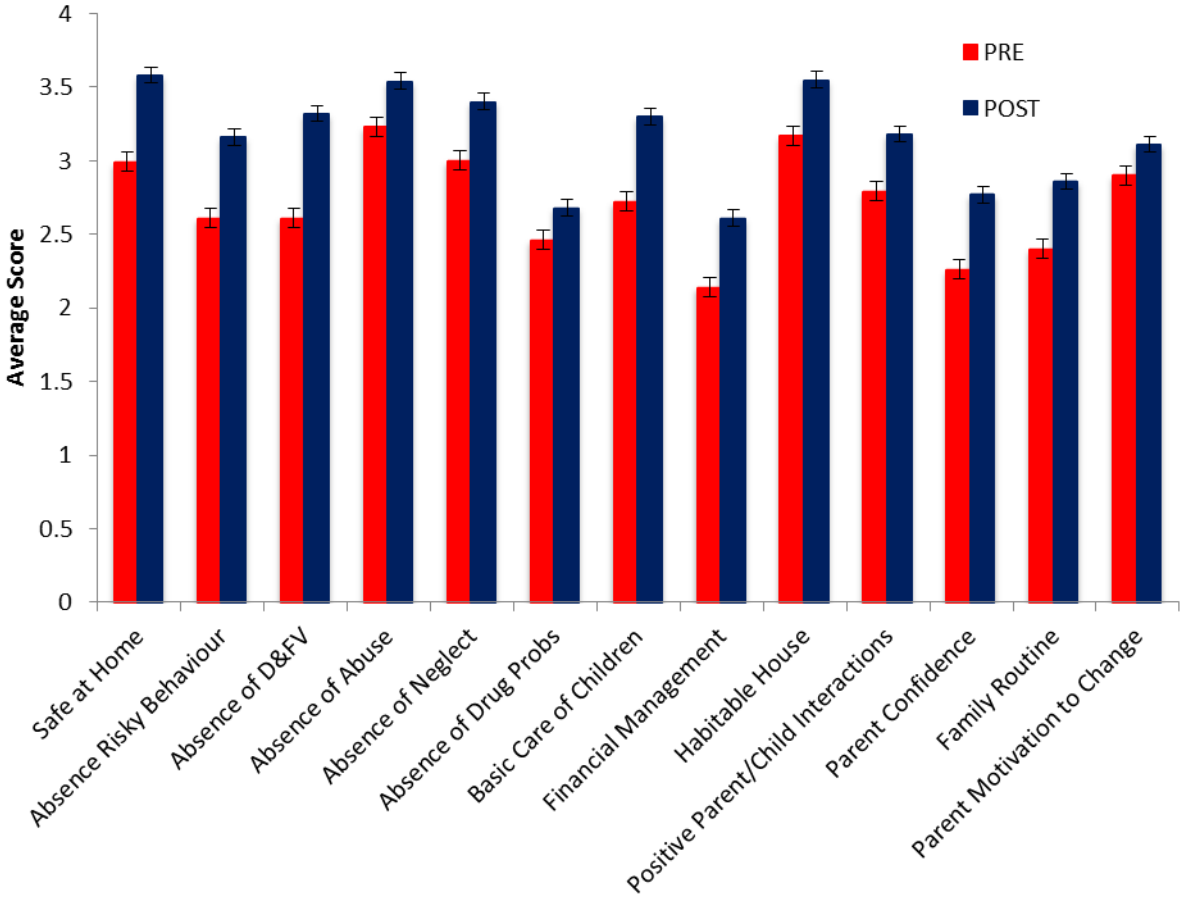

Figure 4. *Improvements in specific areas of parental functioning, pre and post engagement with the IFS (n=128, error bars=SEM). All are statistically significant differences, except for parent motivation to change. Needs Assessment Record scores range from 1=Challenge to 5=Strength.*

That data summarised in Figure 4 shows that parents improved their children's safety at home and reduced their:

- risky behaviour
- domestic and family violence
- drug and alcohol related problems.

Parents improved their:

- basic care of children
- financial management
- housing habitability
- interactions with their children
- family routine
- confidence as parents.

What is working?

The effectiveness of these programs is the result of qualified, resourced, dedicated staff working within a structure that enables them to engage families and work with them to determine their own goals – and then work with other integrated services to wrap appropriate intensive support around them. This case management model, collaborative partnerships and integrated approach means families receive holistic support to address multiple risk factors.

The HOFI Intensive Family Support service provides wrap around support including parenting education, anger management, help establishing routines, budgeting, relationship and therapeutic counselling, in-home practical assistance and modelling parenting, and referrals and funding to access other specialist services where required.

The Helping Out Families Initiative is also a trial of more open referral pathways that encourage engagement with families by reducing the involvement of the department. Changes to legislation allow information to be shared so families can receive more streamlined support, previously they would have to give permission for that to occur or tell their own story to numerous service providers. It also enables the department to refer families to the HOFI Family Support Alliances without the family's permission, which reduces the stigma and involvement by the department.

Brokerage funds included in government service agreements are critical to the success of early interventions for some families. Brokerage allows us to:

- purchase scarce or urgently needed specialist healthcare and services like speech language pathology, occupational therapy, paediatric and other specialists that have long public waiting lists
- address material barriers to parents providing safe, nurturing homes including buying beds, sheets, towels, tables, chairs, crockery, cutlery, even school uniforms, books and shoes
- connect children and families to social and sporting opportunities they otherwise would not have, for example paying sporting team joining fees and buying basic gear so children are engaged in team sports and parents connect to a new support network
- reduce transport barriers to accessing services and education by providing bus vouchers, bicycles, simple car repairs, etc
- reduce risk of homelessness by assisting with emergency rent, clearing TICA debts etc.

What could work better?

Based on our experience providing intensive early intervention programs, and tertiary support to children and young people who do not receive that early intervention, we believe there are some critical elements for successful prevention. Recommendations:

- Service agreements for government programs need to allow longer timeframes to work with families. Our RAI outcomes data clearly show that the longer a family is engaged with support, the better their outcomes will be. Many current services are restricted to up to six month service delivery timeframes, for families with multiple complex needs this just isn't long enough to achieve real sustainable improvements.
- Strong case management models need to be established for all services to provide integrated wrap around support for families. The whole is greater than the parts – a family may access

separate services, but it's their joint alignment to the same goals and integrated delivery that achieves the best outcomes (see case study F).

- The successful open referral pathways and sharing of information trialled in the Helping Out Families Initiative needs to be integrated into all other early intervention services.
- A comparison of need for services versus existing service footprint should be done as a matter of urgency to prioritise those regions first in line for a statewide roll out of the Helping Out Families Initiative, Fostering Families or similar program.
- Funding provided for research into the long-term effectiveness of early intervention programs and their efficacy in addressing families' needs.

Case study B for the QCPCI

1. **What are the key issues this example covers?**

- Not enough wrap around/case managed support for families that are not currently an open case with Child Safety Services.

2. **Describe the child/young person/family characteristics and particular needs or issues.**

- Claire* was 3.5 years old when she was referred to ACT for Kids by the Child Advocacy Service through the Royal Children's Hospital.
- Her family characteristics included:
    - a single mother who had substance abuse issues, a history of violent relationships, was suffering from depression, has her own trauma history
    - a 21 year old sister no longer living at home
    - a 15 year old sister who was not attending school and who was verbally abusive towards her mother
    - an 11 year old brother who had been expelled from school several times and has aggressive behaviours
- Claire has developmental delays (in particular speech and language), behavioural and emotional challenges.
- The referral asked for support for the mother to increase her parenting confidence and skills and individual therapy for Claire.

*Not her real name.

3. **Who are the main parties involved in the case?**

- ACT For Kids Intensive Therapy Program (ITP) therapist
- Mother
- Claire
- ACT for Kids Early Education Program (EEP) at Wooloowin
- Family and Early Childhood Services Team (FECS) – very limited contact due to resources
- Eventually an Early Childhood Developmental Program (ECDP)

4. **What happened?**

- Claire was enrolled in the Early Education Program at ACT for Kids, attending two days a week. The EEP focused on social emotional growth as well as pre-prep skills such incorporating fine and gross motor skills and toilet training.
- Claire received weekly speech and language therapy which targeted:
    - increasing her sound repertoire
    - increasing vocabulary for everyday interactions
    - improving receptive and expressive language skills.

- Parallel to Claire's support her mother attended weekly sessions at ACT for Kids for the

following:
    - mental health presentation such as low self-esteem, poor self-concept, possible alcohol misuse, depression
    - supporting her to be able to function on a daily basis and meet the activities of daily living such as budgeting, maintaining the home, organising her time
    - implement and carry through on appropriate behaviour management strategies for all of the children
    - learn about Claire's individual needs and relate/respond to her in a way which will foster emotional development but also support her to reach milestones in other areas.
- It became apparent early on that this family needed more support than the therapist could offer; support that was in-home and intensive which could focus on routines, boundaries, discipline and hygiene. Although the referral had been made for Claire, the two adolescents at home were also in need of a high level of intervention. Because the family were not clients of Child Safety Services there were limited services which would take on a referral for them.
- A notification was made to Child Safety Services surrounding an incident that was brought to the therapist's attention. An investigation occurred, however no action was taken.
- Claire's developmental delays were impacting on her ability to learn so a referral was made to an Early Childhood Developmental Program (ECDP). The therapist also tried to link the family in with Project Circuit Breaker however the service had a long waiting period and then involvement with the family was sporadic due to missed visits by the mother and children.
- The family were involved with ACT for Kids for a little over a year. Although some great outcomes happened for Claire and her mother, the amount of progress and how enduring it would be, was hindered due to the competing challenges in the family and the lack of services able to respond to those needs in a timely manner.

5. What are the critical factors that contributed to the positive processes or outcomes?

- The therapist's awareness of services that could support Claire's developmental delays and compliment the work being done at the EEP.
- The close communication between the ITP and EEP programs which allowed the therapist to provide more detailed information when transitioning Claire to the ECDP.
- ACT for Kids took on the referral on top of the full caseload of Child Safety Services clients.

6. What are the critical factors that contributed to the poor processes or outcomes?

- Lack of intensive services available in the North Brisbane region which can support a family **not** involved with Child Safety Services.
- Large waiting lists for those limited **services who do not need a referral from Child Safety Services** and therefore large waiting periods between seeking help and receiving it – putting children and young people at risk.

Case study C for the QCPCI

1. **What are the key issues this example covers?**

- Lack of wrap around/case managed early intervention support services
- Family referring to Child Safety Services because they are unable to access support without a referral

2. **Describe the child/young person/family characteristics and particular needs or issues.**

- A single mother with mental health issues and a history of substance misuse shares custody of her eight year old son with his father.
- Her son has some speech delays and behavioural problems, as he grows they're becoming more significant and his outbursts more violent.
- Mother has no confidence in responding to him and her efforts to establish boundaries, routines and address his developmental delays are not supported by the father.
- Her extended family are concerned about the child's wellbeing, he displays signs of anxiety and the instability in his home environment and parents worries them.

3. **Who are the main parties involved in the case?**

- Department of Communities, Child Safety and Disability Services
- Mother's long term treating Psychiatrist
- Mother's extended family

4. **What happened?**

- Mum sought parenting help from a variety of sources – Lifeline and other local services in the greater South East Brisbane region. While some of these parenting programs armed her with good parenting information and advice, there was no ongoing or integrated support.
- She struggled to put the knowledge into practice, and the father doesn't support her efforts. She has actively asked for help, her extended family have done extensive research to try and find appropriate family support services – there are none that service her region.
- Mum sought help for her son's speech development and apparent anxiety through a free local art therapy service. There were only a few sessions for each, and no lasting improvements were made.
- Mum's extended family felt they had no other option but to make a notification to the then Department of Communities, Child Safety Services. They hoped the child wouldn't be removed from his loving Mum, but knew the family needed intensive support or there was potential for harm to either the mother or child.
- There was not enough evidence to reach the threshold for an investigation. The family then contacted Mum's psychiatrist who had hosted family meetings and had hospitalised the mother on previous occasions. It is believed a mental health professional (either private or hospital based) then notified the department which resulted in immediate action (Child Safety Officers arriving at Mum's home on a Friday night).
- While the notification was not substantiated, the family were referred to Child and Infant

Mental Health Services where the mother and child are currently receiving support.

- There is some progress being made, but it's psychological support only, there is still no integrated support to help with parenting skills in the home during times of stress. The father is not engaged and won't participate in the intervention which is limiting its effectiveness.

5. What are the critical factors that contributed to the poor processes or outcomes?

- Mum could not self-refer to a case managed intensive family support service in her region.
- Even with a Child Safety Services referral, there are no case managed intensive family support services in her region.
- Significant time was invested by Child Safety Services – recording two notifications, an out of hours investigation/visits, subsequent emergency plan and follow up – which may not have been required if Mum could have gained support herself or through other referrals.

Case study G for the QCPCI

1. **What are the key issues this example covers?**

- Collaborative service delivery
- Case managed early intervention

2. **Describe the child/young person/family characteristics and particular needs or issues.**

- History of domestic violence by the father who is no longer living with family but safety concerns are still present, the family is 'in hiding' which leads to elaborate safety planning.
- All three children (boys, 6, 4,3 years) have been sexually abused by the father.
- Mother is living with trauma and guilt because of her children's sexual abuse experience.
- Mother struggles with day to day living – loss of basic functioning due to living with trauma. This impacted on house work, budgeting and parenting, however she has a strong relationship and bond with her boys.
- Mother had low levels of self-care.
- Multiple house moves due to unstable housing.
- No support network; they are unable to see family because the father stalks family homes.
- Mother was a highly functioning adult prior to violent relationship. Mother was an accomplished sports person and was studying Veterinary Science. Mother's functioning drastically reduced due to trauma
- One child has many allergies and requires regular health care.
- Oldest child displays aggressive behaviour.

3. **Who are the main parties involved in the case?**

- ACT for Kids Intensive Family Support (Family Support Worker and Specialist In Home Support Worker – part of the Helping Out Families Initiative)
- RentConnect
- DV refuge
- DVPC
- Department of Housing
- Sexual assault unit
- Child therapy at ACT for Kids
- Centrelink
- Day care centres
- Martial arts provider
- Local church
- School

4. **What happened?**

- We developed an elaborate safety plan for mother and boys.
- We helped secure social housing through key stakeholders (RentConnect, DVPC and ACT for

Kids) advocating for the family and provided some financial support.
- We organised child therapy and recreational activities for boys with an emphasis on empowerment, social skills and discipline.
- Mother attended counselling at DVPC and parenting groups.
- Family Support Worker liaised with the school and day care centre to establish behaviour management strategies with the boys and provided education on likely behaviour patterns due to sexual abuse and witnessing domestic violence.
- Ongoing advocacy for family with Centrelink to secure and maintain special child care benefit.
- Weekly home visits to provide interpersonal support and coordinate case plan.

5. What are the critical factors that contributed to the positive processes or outcomes?

- Intensive Specialist In Home Support focussing on parenting (with a focus on boundary setting, child engagement through play), budgeting, house maintenance, protective behaviours, and cooking.
- Establishing partnerships with other key stakeholders to secure stable and appropriate housing.
- Provided outreach services because the mother was unable to leave the house at times and highly appreciated the home visits by the Family Support Worker and Specialist In Home Support Worker.
- Brokerage to set up a new household and bring order to the family's life. Brokerage was also used to access support services for the children and to improve mother's level of self-care.

6. What are the critical factors that contributed to the poor processes or outcomes?

- Bureaucracy associated with most government departments and major NGOs is extremely daunting for a mother living with trauma. Intensive Family Support case management model offers support to coordinate these processes.
- Mother referred herself to Helping Out Families Initiative after seeking support with several agencies. She tried primarily in NSW and was unsuccessful. Once she moved to the Gold Coast, she heard about the HOFI.
- Organisations unwilling to work in partnership to support the family.

Case study F for the QCPCI

Formerly known as Abused Child Trust

1. **What are the key issues this example covers?**

- Collaborative service delivery
- Professionals adapting and being flexible to meet family need
- Family inclusive practice/empowerment

2. **Describe the child/young person/family characteristics and particular needs or issues.**

- Two parent family with three children (6-12 yrs).
- Intervention with Parental Agreement taken out by Child Safety Services, concerns at time of referral included low nurturance towards children, scapegoating eldest child and inconsistent/excessive boundary setting, parental conflict and stress, eldest child displaying significant oppositional/challenging behaviours at home/school.
- Entire family are deaf, children/mother have Waardenburg's syndrome, one child has Turner's syndrome.

3. **Who are the main parties involved in the case?**

- ACT for Kids
- Child Safety Services
- Life Without Barriers
- Education Qld
- National Auslan Interpreter Service

4. **What happened?**

- Stakeholders meeting with past and existing professionals involved and parents – meeting clearly outlined concerns and Child Safety Services and family goals to be achieved, roles and responsibilities etc.
- Joint therapeutic/intervention work – rather than working separately from Life Without Barriers all professionals met together with family within different modalities (parent sessions, family sessions, parent/child sessions, at home or centre based).
- Family, including children, were actively consulted in decision making process, opportunities to provide feedback regarding service delivery and direction.
- Child Safety Services participating in therapy sessions to attest and witness changes in family and be informed that progress was being achieved.
- Outcomes included reduction of child protection concerns, strengthening family relationships and parenting responses, increased child wellbeing and functioning, Child Safety Services ending involvement.

5. What are the critical factors that contributed to the positive processes or outcomes?

- Collaboration and practice wisdom sharing between service providers.
- Building and maintaining the partnership with the family.
- Continuity of professional response (including ensuring family had the same interpreter throughout intervention.