Chapter 3

Chapter 3

Reducing demand on the tertiary system

It is generally accepted that the best way to deal with child abuse and neglect is to prevent it from occurring in the first place (Council of Australian Governments 2009). One of the key challenges for all child protection systems is to achieve the right balance between supporting families (through preventative interventions) and delivering reactive tertiary child protection services when required. This chapter examines increasing demand on the tertiary sector and explores ways to reduce that demand: by improving access to and availability of secondary prevention services and by reviewing the referral and intake processes that are the gateway to the tertiary system.

3.1 Current status in Queensland

3.1.1 Increasing demand on tertiary child protection services

The tertiary sector is the service system's principal response to families where harm has *already* occurred (Hunter 2011). Queensland's statutory service operates primarily at the tertiary level, providing for investigation and assessment of abuse and neglect, court processes, case management and the out-of-home care system.

Chapter 2 shows that the demands on this level of the system have increased markedly over recent years with the number of reports (or intakes) to Child Safety regarding concerns about child abuse and neglect rising by almost 60 per cent over the last five years, from 71,885 in 2007–08 to 114,503 in 2011–12.[1]

The majority of these intakes are assessed as child concern reports because the issues raised do not reach the threshold for further assessment and investigation. In 2011–12, about 80 per cent of intakes (89,680 of the 114,503) were recorded as child concern reports, while the remaining 24,823 progressed for further departmental investigation through a notification.

The overall growth in intakes is even more marked when it is noted that the number of

intakes before the Crime and Misconduct Commission Inquiry in 2003–04 was only 44,631.[2]

A pressing concern for Queensland is the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system. In 2011–12 one in every 2.2 Aboriginal and Torres Strait Islander children were known to Child Safety, and this is anticipated to increase to every second child being known to Child Safety by 2012–13[3]. This projection represents a marked increase from 2007–08, when 1 in 4.6 Aboriginal and Torres Strait Islander children were known to the department.[4]

Aboriginal and Torres Strait Islander children are increasingly more likely to be subject to a notification which reflects an increasing degree of over-representation. As a rate per 1,000 of the Queensland population aged 0 – 17 years, 82.0 in 1,000 Aboriginal and Torres Strait Islander children were subject to a notification in 2011–12, compared with 16.1 in 1,000 non-Indigenous children. While the number of non-Indigenous children subject to a notification has decreased by 10.8 per cent since 2007–08, the number of Aboriginal and Torres Strait Islander children subject to a notification has increased by 35.5 per cent.[5]

The numbers of Aboriginal and Torres Strait Islander children in out-of-home care are also growing exponentially, with Aboriginal and Torres Strait Islander children entering care at an earlier age and staying longer. Given the significance of this problem, a specific set of options for responding to over-representation of Aboriginal and Torres Strait Islander children and families is outlined in Chapter 7.

Some of the factors said to have influenced the growth in reports to Child Safety in Queensland are:

- greater public awareness about the safety of children following the Crime and Misconduct Commission of Inquiry in 2004
- more professionals being mandated to report concerns about child abuse and neglect to Child Safety (nurses became mandatory reporters in 2005, in response to the Crime and Misconduct Commission Inquiry)
- a police policy of notifying Child Safety of all domestic violence incidents when children live in the residence, introduced in 2005[6]
- an increase in the scope for intakes in 2004, when legislative amendments introduced unborn child notifications aimed at enabling Child Safety to provide preventative support to pregnant women
- increases in reporting and re-reporting to Child Safety because of a lack of secondary services to help families where there is a concern about a child's welfare, but tertiary intervention is not required.

The analysis offered by the department in its submission to the Commission suggests that the current mandatory reporting regime, particularly as it applies to government agencies such as Queensland Health, the Department of Education, Training and

Employment and the Queensland Police Service, contributes to the high volumes of child concern reports received by Child Safety. In 2011–12, reports from schools, health and police sources amounted to about 60 per cent of all intakes to Child Safety.[7]

Increasing demand on tertiary child protection services is not unique to Queensland; other jurisdictions are also experiencing an increase in reports to tertiary child protection authorities that do not meet the threshold for tertiary intervention. Some jurisdictions, including Victoria, Tasmania, New South Wales and New Zealand, are responding to increasing intakes to tertiary child protection services by increasing the access of vulnerable families to family support services, particularly intensive family support services, and by establishing referral pathways that divert families from coercive tertiary intervention where possible. These strategies are examined later in this chapter.

3.1.2 Underinvestment in secondary services

Historically, Queensland has under-invested in secondary services (Tilbury 2005). The Queensland system has been described as fundamentally lacking in both elements of a secondary service system: intensive family support services for at-risk families and early intervention services for vulnerable families and children whose needs are not as complex and entrenched as 'at risk' families. Stakeholders have suggested that the absence of secondary services has contributed to the increased demand experienced by tertiary child protection services. Members of the Queensland Law Society have identified the effect of a lack of services:

> … there is a lack of services, and funding for those services that exist, in this sector. The result of which is that children and their families cannot get access to these services, particularly in rural and regional areas. Our members' experience is that support/intervention is generally not able to be provided by departmental officers, either due to the specific expertise/skill required, or their own significant workload. Generally, referrals are made for government or non-government organisation services. Therefore funding of such services is critical to effective casework with children and families. The Society calls for more funding so that there are more services available and more education and support for the community, staff and workers. In the experience of our members, the use of psychologists and social workers has been a critical and significant part of aiding care decisions and the Society would like to see this continue. The Society also renews calls for more education and counselling services for children and their support networks.[8]

The current balance of tertiary and secondary child protection services is best understood in the context of past inquiries into the child protection system in Queensland.

3.2 The Forde Inquiry and the Crime and Misconduct Commission Foster Care Inquiry

Although Queensland faces many of the same challenges as child protection services

in other states and territories of Australia, it has been slower than other jurisdictions to develop and invest in secondary family support services.

In 1999, the Queensland Commission of Inquiry into abuse of children in Queensland institutions (the Forde Inquiry) noted that child welfare in Queensland had been under-funded compared with the rest of Australia. The Forde Inquiry recommended that the Queensland Government increase the budget of the department by $103 million to permit it to meet the national average per capita welfare spending for children. It also recommended that these additional resources should focus on the prevention of child abuse through supporting at-risk families with respite care, parenting programs, and other early intervention and preventative programs.

In 1999–2000, the first major funding boost for child protection was directed towards responding to the Forde Inquiry recommendations. In 2002, new funds were tied to *Queensland families: future directions*, a policy statement aimed at delivering new prevention and early intervention services. New services were piloted, with the intention that those demonstrating success would continue and be implemented throughout the state (Tilbury 2005).

However, two years later, this policy direction was interrupted with the Crime and Misconduct Commission Inquiry into abuse of children in foster care. The Crime and Misconduct Commission found that the Queensland system had failed the children in its care and made a range of sweeping recommendations to reform tertiary child protection services while recommending a sustained focus on prevention and early intervention. The conclusion of the Crime and Misconduct Commission was that a single-agency focus on tertiary child protection was required to implement the transformational change necessary to ensure the safety of children in the future. The responsibility of early intervention and prevention was assigned to the then Department of Communities, which was required to deliver the final instalment of *Future directions* funding through the Referral for Active Intervention program (Tilbury 2005).

Following the 2004 Crime and Misconduct Commission Inquiry, Queensland's investment in tertiary child protection has increased from $314.9 million in 2004–05 to $735.5 million in 2011-12. The chapter on child protection in the 2013 Report on Government Services documents a total of $306.2 million allocated to child protection, $396.1 million for out-of-home care and $33.1 million for intensive family support in 2011-12.

The implementation of the recommendations of the Crime and Misconduct Commission Inquiry has markedly improved tertiary child protection services and there is now a greater capacity to investigate and assess risk of abuse and neglect, place children in alternative care and support children in safe and adequate out-of-home placements. However, when Queensland's investment in intensive family support is compared with that of Victoria and New South Wales it is lagging, with $163.7 million committed to these services in New South Wales and $63 million in Victoria (Steering Committee for

the Review of Government Service Provision 2012). The Commission notes that intensive family support is only one component of secondary child protection services and does not fully capture the range of early intervention and prevention services funded across jurisdictions.

Since 2004, academics and commentators have argued that the practical effect of the child protection model derived from the Crime and Misconduct Commission recommendations was to expand a 'one size fits all' child rescue model of child protection that pushed resources to tertiary child protection and out-of-home care (Humphreys et al. 2009). In its submission, the department also acknowledges that 'over time, departmental intervention has become more reflective of a forensic, investigative approach to child protection rather than a family support approach'.[9]

Stakeholders agree that what is needed now is a better balance between the efforts of government and those of the community across the secondary and tertiary child protection systems. Mission Australia describes this perspective in the conclusion to its submission to the Commission: 'In our view a fundamental policy shift is required to ensure that approaches are focused on child protection *before the fact* rather than child protection *after the fact.*'[10]

3.3 Existing programs for secondary prevention in Queensland

This section describes existing secondary prevention programs in place in Queensland at two levels:

- intensive family support services for at-risk families
- early intervention services for vulnerable families.

This section presents evaluations of these programs, then examines the scope for expansion of the programs.

3.3.1 Initiatives already in place that provide intensive family support services to Queensland families

Queensland's current investment in intensive family support is funded by the department and delivered by non-government agencies. These services are provided to families in contact with Child Safety, or at risk of coming into contact with Child Safety, through the following programs:

- Referral for Active Intervention services
- Aboriginal and Torres Strait Islander Family Support Services
- Family Intervention Services
- Helping Out Families Initiative.

Both Referral for Active Intervention and Helping Out Families were designed to divert

families from the tertiary child protection system by providing intensive support to families with multiple and complex needs.

Most recently the Queensland Government has committed $5.5 million over four years for the Fostering Families initiative from 2012–13, to provide family support services to specifically address neglect (Davis 2012).

Referral for Active Intervention Services

Referral for Active Intervention (commenced 2005–06) provides intensive family support to children and families at risk of entering the tertiary child protection system. Services include brokerage funding to purchase items such as children's beds, specialist counselling and payment of overdue rent to avoid eviction. In Queensland there are 12 Referral for Active Intervention services and 12 Referral for Active Intervention Ancillary services, with a total funding of $12 million annually.

The department conducted a three-year evaluation of the Referral for Active Intervention program. The evaluation identified that:

- most families referred had multiple problems and multiple strengths
- services were successful in working with families to reduce their challenges in areas such as parenting, family violence, social isolation, child mental health problems, access to community supports and recreation, and parent–child relationships
- most families required at least six months of intervention, with Aboriginal and Torres Strait Islander families showing that a three-month engagement was least effective for them
- brokerage funding was an effective way to engage families who are often reluctant to agree to receiving help and are suspicious of whether they will be helped in a practical way (Department of Communities 2010b).

Aboriginal and Torres Strait Islander Family Support Services

These services (commenced in 2010–11) provide intensive family support to Aboriginal and Torres Strait Islander families. They are available to vulnerable children and families, those at risk of entering the tertiary child protection system, and children and families where abuse has been confirmed and children may have been removed, or are at risk of removal, and there is ongoing intervention by Child Safety. In Queensland there are 11 Aboriginal and Torres Strait Islander Family Support Services, with a total funding of $9.4 million annually. (See further discussion in Chapter 7.)

Family Intervention Services

Family Intervention Services are intensive family support, family preservation and reunification services that work with children and families where abuse or neglect have been confirmed and children are at risk of removal, or they have been removed from their families and there is ongoing intervention by Child Safety. In Queensland there are 50 Family Intervention Services, with a total funding of $19.8 million annually.

Helping Out Families

The most significant investment in intensive family support in recent years has come through the Helping Out Families initiative. Helping Out Families commenced in three trial sites in 2010 at a cost of $55 million over four years (Department of Communities 2011a).

The Helping Out Families model originated from an internal analysis undertaken by the former Department of Child Safety in 2008. This analysis examined the trends and issues faced by the department since implementation of the Crime and Misconduct Commission Inquiry recommendations. The analysis demonstrated that Child Safety had experienced a substantial increase in reports as well as in children entering out-of-home care. At that time it was projected that, should this trajectory continue, by 2012 the number of reports to Child Safety would increase to 108,000 and the number of children in out-of home care could reach 9,000.[11]

Work was then undertaken to develop a new direction to better manage the growing demand on the tertiary child protection system. This involved examining referral pathways in and out of Child Safety, increasing the capacity of early intervention and prevention services, and identifying efficiencies within tertiary child protection services.[12]

At the time, the initial model developed to divert children and families from tertiary child protection was based on the Child FIRST initiative operating in Victoria.[13] This model offers reporters, particularly those from government agencies such as police, education and health, an alternative referral pathway when they have concerns about a child's wellbeing. That is, they can choose whether to report significant concerns about a child's safety to tertiary child protection services for a statutory assessment or intervention, or they can report concerns about a child's wellbeing to Child FIRST for a family support response. A child protection officer is stationed in each Child FIRST service to provide expert child protection advice and identify any children who may meet the threshold for tertiary child protection intervention.

However, because of concerns across government that a child may 'fall between the cracks', the final model (Helping Out Families) required all children to be referred to Child Safety for a tertiary child protection assessment (and recording on the child protection database) before being referred to a non-government Family Support Alliance for a family support assessment. This required legislative amendment to allow

child safety officers (based in the Regional Intake Service) to refer families' information without their consent to the Family Support Alliance.[14]

The Helping Out Families initiative is delivered at three sites in South-East Queensland (Beenleigh, Logan and the Gold Coast). It includes the following elements:

- Child Safety refers details of child concern reports to a non-government organisation (a Family Support Alliance funded at three sites for a total of $1.3 million annually) to pro-actively make contact with a family to assess their needs and refer them to family support, intensive family support, family violence services or other services available in the community. The Family Support Alliance makes a number of attempts to engage families if they are reluctant to accept help.
- The Family Support Alliance, together with the department, has responsibility for establishing a network of agencies to coordinate service delivery across the sites as well as to facilitate effective referrals.
- New Intensive Family Support services work closely with families who have a range of needs and challenges (funded at three sites for $7.4 million annually).
- New investment in family violence services includes counselling and advocacy, perpetrator programs and court support (funded for $2.5 million annually).
- A health home visiting service delivered by Queensland Health provides universal access for up to six contacts with maternal and child health staff for parents of newborn children up to three years of age. For families assessed as vulnerable, up to 12 intensive visits in the first year are available, with ongoing visits up to a child's third birthday (funded at $3.8 million annually).

On commencement, families were referred into the Helping Out Families initiative solely through the Regional Intake Service to the Family Support Alliance. However, in 2011 the model was changed to allow for direct referrals from Queensland Health and schools as well as self-referrals from families.[15]

In 2011, the evaluation of Helping Out Families reported early indications that the initiative was showing positive results – for example:

- families were accessing services (just under 50 per cent of those families referred) and as a result there had been a local reduction in intakes to Child Safety
- those families who had received services from Helping Out Families demonstrated less re-reporting to Child Safety
- a small number of families who had received services and whose cases were closed had reported reduced risks to children
- there was improved collaboration between government and non-government agencies through establishing the formal networks at multiple levels
- referrals to family violence services had been lower than expected (approximately 50 in the first seven months of operation across the three sites), with most families having multiple problems and opting to take up offers of assistance from Intensive

Family Support Services

- there were high levels of satisfaction in families who received the universal and targeted health home visiting services
- an increasing range of strategies was developed by the Family Support Alliances to make contact with families and gain their trust to take up services (Department of Communities 2011a).

The department's submission refers to the promising initial data that has emerged from the Helping Out Families trial region, which suggests that this model of intensive family support is meeting the needs of families. The department reports that, in this region, notifications have decreased by 3 per cent (compared with a 15 per cent increase for the rest of the state) and suggests that admissions to out-of-home care are projected to decrease by 7 per cent while admissions in the rest of Queensland are expected to increase by 18 per cent.[16]

3.3.2 The availability of earlier intervention services in Queensland

A robust secondary services system also incorporates early intervention services which are available to vulnerable families whose needs are not as complex and entrenched as those of 'at risk' families. These services include general family support services and targeted or specialist services for particular problems such as family violence or for vulnerable populations such as young parents. Although it appears there is agreement that the Referral for Active Intervention and Helping Out Families programs are successfully supporting families with multiple and complex needs, service providers have questioned this focus and identified that it remains difficult for families to access early intervention services before their needs become complex and entrenched.

UnitingCare Community, a service provider that delivers both Referral for Active Intervention and Helping Out Families services, shares this view:

> … the threshold for referring to Referral for Active Intervention and Helping Out Families programs is too high resulting in only highly complex cases being referred instead of families whom we regard as genuine early intervention cases. Most families referred to the Helping Out Families program present with multiple and complex problems developed over a number of generations. While the program is well placed to support these families, the needs of families who require low-to-medium levels of support remain unaddressed. As a result, early intervention services are not available to these families at a point when they would be effective and the Referral for Active Intervention and Helping Out Families programs are congested with referrals that have already had multiple notifications to Child Safety.[17]

Early intervention services in Queensland that do exist are provided by a range of agencies that cross a number of portfolios. For example, the Department of Communities, Child Safety and Disability Services currently funds 126 services at a total of $20.8 million annually to deliver Targeted Family Support services.[18] These services support vulnerable children, young people (unborn to 18 years) and their

families to improve the safety and wellbeing of children, help preserve families and prevent entry or re-entry into the tertiary child protection system.

Queensland Health, the Department of Education, Training and Employment and the Australian Government all deliver family support services. In addition, services provided in relation to maternal and child health, early childhood education and care, substance misuse, family violence, mental health, disability, housing and homelessness, young people at risk, emergency relief and social support all have a direct impact on family functioning.

Anglicare Southern Queensland points out that, in Queensland, families who need support are often unable to access it in a timely or responsive way and navigating the complexity of this service system is challenging for both families and professionals.[19]

3.4 Secondary services in Queensland – addressing the gaps

Although submissions to the Commission acknowledge that both the Referral for Active Intervention and Helping Out Families programs are delivering promising outcomes for vulnerable families, stakeholders also advise there remains a significant gap across the secondary services sector in Queensland. A consistent message from the majority of submissions is that existing services do not adequately meet demand and that Queensland families simply do not have sufficient access to the types of support they need to care for their children.[20] There is a need for intensive services to be more widely available across the state and for more services to be available to families at an earlier stage and/or for a longer period.

3.4.1 Expanding intensive family support services

Non-government agencies have been critical of the fact that the Referral for Active Intervention and Helping Out Families initiatives do not provide statewide coverage. Referral for Active Intervention services are available in 12 locations and the more comprehensive Helping Out Families program is available in only three locations. Fostering Families,[21] which is due to commence early in 2013, will also be available only in specified locations.

The Churches of Christ Care submission to the Commission points out that:

> … the current approach to child protection concerns involves an assessment of the information received against a threshold. If the threshold is not deemed to require statutory investigation, the department may or may not refer to a Referral for Active Intervention service. This approach is to block the system as pro-active responses to families are only sometimes referred to an agency, and then only a Referral for Active Intervention service. Referral for Active Intervention is only located in larger centres and not in most areas.[22]

Stakeholders have also suggested that, because the services provided by Referral for Active Intervention and Helping Out Families are time-limited, families are unable to

access support for a sufficient time period to fully meet their needs.[23] The Australian Association of Social Workers states that 'time-limited services have little effectiveness for families experiencing inter-generational issues related to child abuse and neglect'[24] and UnitingCare Community suggests that 'intervention timeframes with families are too often driven by the terms established in Service Agreements rather than according to family needs'.[25]

Despite this criticism of the current model, ACT for Kids, the Queensland Council for Social Service and UnitingCare Community all call for an expansion of the Referral for Active Intervention and Helping Out Families programs.[26] Similarly, the Ipswich Women's Centre Against Domestic Violence expresses the view that:

> One of the best ways to address child abuse and neglect is via well-resourced intensive early intervention support services. There are simply not enough of these in existence, and the demands experienced by the existing services is enormous.[27]

The department acknowledges that services to support families to address parental risk factors are not available everywhere in Queensland.[28]

3.4.2 Increasing the availability of early intervention services

As well as advocating an expansion of intensive family support services, a number of submissions have called for additional investment in prevention and early intervention services.[29]

A consistent theme in a number of submissions to the Commission is the benefits that could be achieved by helping families earlier with prevention and early intervention services. This theme was mirrored in consultations with frontline child protection staff employed by Child Safety who stressed the need for a stronger emphasis on intensive family support and early intervention services to prevent families entering the statutory system. Many child protection workers recognise the need for a stronger secondary services sector and have spoken about families they have worked with who could have been helped at an earlier stage when problems might have been easier to address.[30]

3.4.3 Coordinating and resourcing intensive family support and early intervention services in Queensland

The main options to fund an expansion of intensive family support services are to commit to new funding, to re-direct existing funding from the tertiary system or use some of the $2.6 billion departmental budget to comply with the expectations of the *Child Protection Act 1999* and *Family Services Act 1987*.

Both the Commission for Children, Young People and Child Guardian and the department note that funding should be maintained in the tertiary sector while secondary services are further developed. The Commission for Children and Young People and Child Guardian argues that while evidence for the effectiveness of

prevention and early intervention services has been well established in the overseas context, Australia is yet to conduct research that is rigorous enough to conclusively establish the effectiveness of Australia's efforts to intervene at this point.[31] The department suggests that tertiary funding is needed until secondary services are able to meet demand.[32]

An alternative is a combination of both options. A former Director-General of the Department of Communities, Linda Apelt, said that:

> … there is no other way other than to have some sort of 'hump-funding' approach like the Helping Out Families in the hotspot areas and then it would be reasonable to assume that you could then make savings in what it's costing in the statutory end.[33]

This transition phase – that is, the phase where increased investment is targeted at secondary services while at the same time servicing demand at the tertiary end – is where the real challenge for government lies.

Some submissions argue that another challenge to providing adequate resourcing of early intervention services is that the current range and mix of early intervention services in Queensland are less well understood and not easily identified. Given the fragmentation of the sector, some submissions suggest that a review of the current resourcing of prevention and early intervention services is needed. The Commission for Children, Young People and Child Guardian comments:

> There is limited understanding of, and no comprehensive reporting on, the total amount of funding directed towards secondary services. Also, there is no agency responsible for coordinating these services, including planning, coordination and delivery of the right secondary services in the right areas.[34]

Accordingly, the Commission for Children, Young People and Child Guardian suggests that a stocktake is required of the services that already exist (across government) and that an assessment of demand for services is needed to ensure that funds are best directed to children and families who need them.[35] The Australian Association of Social Workers also recommends greater accountability by government in reporting on funding for primary, secondary and tertiary child protection services to ensure there is an appropriate balance in service provision.[36]

UnitingCare Community recommends similar action, although more narrow in scope: that existing departmental funding should be reviewed and reassigned to more effectively support vulnerable children and families.[37] This recommendation is mirrored by the department, which proposes to review and re-purpose its suite of secondary and tertiary family support programs into one over-arching child and family support program.[38]

Forming local alliances

The department suggests that another way to improve the coordination and capacity of

the secondary service system is to establish local alliances of services. Local alliances of this nature would bring together a range of services to develop innovative responses to document service delivery trends, as well as facilitate a coordinated case management process for individual families. Such an approach could be underpinned by a place-based planning and investment process that aligns and integrates child and family services across agencies.[39]

However, although UnitingCare Community agrees that real improvements need to be delivered at a local level, its experience has been that attempts in the past to formalise service networks have been less than successful. For example, it advises that the membership of the action network teams that supported the Referral for Active Intervention initiative lacked the authority to drive change within their organisations.[40]

Coordinated delivery linking primary and secondary services

Improvements to the coordination and capacity of secondary services will be most effective if they are also linked to primary prevention services. Primary services (available to all children and families), including maternal and child health services, early childhood education and care services, and schools, are increasingly being viewed in the literature as unstigmatised platforms from which to reach vulnerable families (Scott 2009). In Queensland, primary services are mainly provided by, or funded through, Queensland Health and the Department of Education, Training and Employment.

Queensland provides a maternal and child health service that establishes an initial contact with parents who have had a child born in a public hospital, along with Triple P parenting programs available in a number of locations throughout Queensland. There have been recent changes to the delivery of Triple P (Davis 2012) as well as an election commitment for the Queensland Government related to maternal health home visiting. The extent of these changes is yet to be outlined by Queensland Health. There is a limited amount of targeted health home visiting for vulnerable families in some locations in Queensland, as well as a more intensive element in the health home visiting services provided under the Helping Out Families initiative.

Submissions emphasise the benefits of parent education and health home visiting schemes[41] as well as high-quality early childhood education and care services for children, particularly for vulnerable and at-risk children. Mission Australia suggests that high-quality education and care services can identify vulnerable children, link families to support services and provide vulnerable parents with respite, as well as provide a stable and therapeutic environment for children who have experienced child abuse and neglect.[42] The Queensland Council of Social Service agrees that one of the most cost-effective ways of supporting young children and families is through early childhood education and care services. However, it suggests that, despite the development of the early childhood education and care sector in Queensland in recent years, many vulnerable families who are most likely to benefit still find it difficult to access services.[43]

The Australian Government also delivers universal support and services to help families raise their children, along with a range of targeted early intervention services to families and children (Council of Australian Governments 2009). One of the programs funded by the Australian Government is the Family Support Program, which incorporates three streams: Family and Children's Services, Family Law Services and National Services. For 2011–14 the Australian Government funded 350 organisations at more than $1 billion to provide support in 2,300 sites throughout Australia (Department of Families, Housing, Community Services and Indigenous Affairs 2012b).

In October 2012, the Australian Government released the *Family Support Program future directions discussion paper* (Department of Families, Housing, Community Services and Indigenous Affairs 2012b) which suggests that the Australian Government may increase the focus of the program to provide more intensive support for vulnerable children and families experiencing entrenched disadvantage. Changes to primary services funded by the Australian Government are likely to have an impact on child protection in Queensland.

In the context of a potentially growing role for the Australian Government, strong coordination and linkages are critical across all levels of government, each of which plays a vital role in identifying and responding to vulnerable families.

3.5 Diverting children and families from the tertiary sector at intake

So far this chapter has examined one approach to reducing the demand on the tertiary services sector: by increasing the availability of secondary services. Access to these services can be enhanced by improving the intake process to more effectively link families and children to secondary services.

3.5.1 Current intake and referral in Queensland

As Chapter 2 describes, in Queensland anyone with a child protection concern is required to report to Child Safety. This has resulted in an increasing number of intakes, the majority of which are not assessed as notifications and therefore do not progress through the tertiary sector. Changes could be made to the intake and referral process to enable many of these intakes to be reported via another pathway and linked to secondary services without any need to come into contact with the tertiary system.

Existing referral pathways into intensive family support services have been described in submissions as a significant barrier for families trying to access the support they need in a timely or responsive manner.44 Some further identify that contact with tertiary child protection services (that is, Child Safety) is the only entry point into services for many Queensland families45 and that the predominance of this referral pathway, as well as the strong association between the Referral for Active Intervention and Helping Out Families initiatives and Child Safety, attaches a stigma to these services which prevents families from voluntarily seeking help because they fear

departmental involvement.46 This is particularly so for the most vulnerable and hard-to-reach families.

The department also acknowledges that families are more likely to engage with a support service when it is offered to them in a non-stigmatising, non-threatening way and without the service being provided as the result of a report to a statutory child protection agency.47

3.5.2 Intake models in other jurisdictions

Child FIRST (Victoria)

Victoria's Family Service Innovation Projects trial in 2003 demonstrated the benefits of connections between child protection and local community-based organisations, using a centralised intake process for the family service sector to identify the most vulnerable families, coordinate resources and refocus on working with parents to meet children's needs (KPMG 2011). This approach resulted in a reduction in notifications, investigations and court applications. Following the success of this model, Victoria implemented Child FIRST and Integrated Family Services in 24 locations between 2007 and 2009 (KPMG 2011).

This model has a visible point of access for families and other services for referral of families to secondary services. Clients targeted for assistance were vulnerable children and families where there were concerns about the child's wellbeing but the child was not in need of protection. The intake service assesses and prioritises a family's risks and needs and services are organised and integrated through the establishment of a Family Support Alliance. Agencies work closely with Aboriginal and Torres Strait Islander agencies, including joint visits to clients (KPMG 2011). Child FIRST actively encourages intakes for vulnerable children and families from government agencies, non-government agencies and self-referrals.

The Child FIRST model includes a tertiary child protection worker also known as a community-based child protection worker who is co-located within the community integrated family support service for a period each week, providing consultation and advice to community workers and undertaking joint home visits where required. The evaluation of the program found that the role was a core strength of the reform process, assisting in improved information sharing, more comprehensive risk assessment, prioritisation and management, assistance in diverting families from tertiary child protection, and improved relationships between agencies (KPMG 2011).

Gateway (Tasmania)

In 2009, Tasmania also implemented a community intake model for the secondary services sector. Gateway provides a single community intake point in each catchment area to establish a visible entry point and referral pathway for families and professionals (including mandatory reporters) to access family services. As in Victoria,

a community-based child protection worker is based in the Gateway service to provide tertiary child protection support and advice.

The 2012 mid-term review of Gateway found that the model has slowed the rate of entry into out-of-home care, and a large number of children have been referred to and received family support rather than being the subject of child protection services. Stakeholders also reported improved relationships between sector organisations, Gateway and Child Protection Services. However, professionals expressed some confusion about how to implement the information-sharing provisions that were developed to support the model (Department of Health and Human Services 2012).

Keep Them Safe (New South Wales)

New South Wales has also implemented a range of strategies to divert families from tertiary child protection services and increase their access to family support services. From January 2010, the Keep Them Safe (NSW Department of Family & Community Services 2012) reforms in New South Wales have included:

- increasing the threshold for tertiary child protection intervention from 'risk of harm' to 'risk of significant harm'
- establishing Child Wellbeing Units within government agencies to help professionals respond to concerns about a child's wellbeing
- introducing the Mandatory Reporter Guide to help mandatory reporters to decide whether to report to the Child Protection Helpline or the Child Wellbeing Unit, or to refer a family to a family support service
- expanding family support services.

A review of the implementation of Child Wellbeing Units was finalised in August 2011. The review found that the units have contributed to a reduction in reports to the Child Protection Helpline, encouraged mandatory reporters to contact their Child Wellbeing Unit for advice and support, and improved the knowledge and skills of both mandatory reporters and Child Wellbeing Unit staff (NSW Department of Family & Community Services 2012).

White paper for vulnerable children (New Zealand)

The New Zealand Government has recently released the *White paper for vulnerable children* (New Zealand Government 2012). The white paper notes that one of the reasons children and families are increasingly being referred to the Child, Youth and Family service is because professionals are not sure how to identify and act on concerns about children. As a result, children and families are referred to tertiary child protection services but receive little support because their situations fall short of the tertiary threshold.

In response, the white paper proposes the establishment of a single Child Protect Line

for all concerns or inquiries from members of the public, professionals and others about vulnerable children. Staff at the Child Protect Line will refer children and families to Child, Youth and Family (tertiary child protection services), Children's Teams (described at 3.6.2 below), early family support or universal services.

The white paper also notes that in New Zealand there is limited investment in intensive family support, and existing parenting support programs have developed incrementally over time. In response, the white paper proposes a review of the current parenting support initiatives to determine if the balance and mix of services are appropriate for meeting the needs of families.

3.6 Proposals for consideration

Reports of child abuse and neglect are expected to rise if there is not a significant increase in the accessibility and use of supportive rather than coercive services to respond to the needs of children and families. The under-investment in Queensland in secondary services will continue to result in worsening circumstances for families with unmet complex needs and their children entering out-of-home care in higher numbers. This has long-term individual and social costs, with an associated impact on government spending: children who have been in out-of-home care have poorer outcomes in terms of education, employment, health and mental health, and higher risks of entering the justice system and becoming homeless.

Queensland now faces the difficulty of building a coordinated secondary service system over the next 10 years. This system must provide statewide coverage and, at the same time, allow families to access the type and level of support they need. This includes a capacity for the system to provide both 'step up' intensive support as well as 'step down' services that maintain family functioning.

3.6.1 Some relevant issues and working principles for Queensland

The following issues are considered relevant to any consideration of options for strengthening the secondary service sector:

- Queensland's need to reduce public debt levels is resulting in loss of some government-funded programs.
- Population density has continued to increase in South-East Queensland and along the east coast from Brisbane to Cairns. There are also significant distances between small communities in the western, central and Gulf areas of Queensland.
- Different modes of service delivery are needed in regional, remote or rural communities to cope with differences of scale and infrastructure in those communities.
- The 19 discrete Aboriginal and Torres Strait Islander communities all have their own histories, which significantly affect current family and community life. Most of the communities are isolated, with limited access to employment opportunities and

business development. Current service delivery is predominantly on a fly-in and fly-out basis.

- For Torres Strait Islander communities there has been little investment in family support and other secondary support services.
- When compared with other jurisdictions in Australia, there is a lower base of funding to the non-government sector for the delivery of family support, intensive family support, and family violence and homelessness services. Over the last 10 years a significant number of prevention and early intervention programs have been trialled, but successful models such as Helping Out Families and Referral for Active Intervention have not been scaled up to provide statewide access.
- Though the problem of information sharing is not unique to Queensland, information sharing, particularly with and between allied departments and non-government organisations, needs to be made more effective.[48]

Enhancement of secondary support services to children and families is underpinned by the following working principles:

- no single service or agency is in a position to respond effectively to all the needs of vulnerable children and families all the time
- the range of available services should be accessible, with multiple pathways of access and with a focus on self-referral
- targeted services should have a capacity for proactive outreach to engage families who face significant challenges
- secondary services should allow for flexibility in the extent of service and support to families, but be disciplined by clear case goals for intervention, with pre- and post-assessments to enable reporting on client outcomes
- planning and coordination for the delivery of services is the responsibility of both government and non-government services and resources should be tailored and planned at regional and local levels, specifically targeting local drivers of child abuse and neglect
- responsibilities should be clear in the requirement for multi-agency work to support vulnerable children and families.

The strategies considered at this stage by the Commission as the best way to strengthen secondary services in Queensland are outlined in the rest of this chapter.

3.6.2 Coordinating and implementing local responses

Currently, local planning and coordination of secondary services is not occurring in any systematic way. The Commission can see merit in a more formalised approach to identifying local service needs, mapping the services that exist, planning future service delivery based on identified needs and then creating a means for multiple agencies to work together to deliver services to particular families that require them.

A local 'family support needs plan' could be developed on a three-year basis, and reviewed and reported on annually to the state government and other stakeholders such as local governments and the Australian Government. These plans would use local census data, local service demand data and perhaps other sources of data that identify service needs in the area, to prioritise the sorts of services required in a local area. The plans would inform changes to secondary service funding arrangements and the pooling of funds across government and non-government organisations to focus on local drivers and responses to abuse and neglect. For example, plans could identify the need for specific initiatives to deal with high levels of alcohol abuse or family violence

To support the 'family support needs plan', an annual 'family services plan' outlining the secondary services required to meet the identified needs, could be developed by the department in partnership with non-government organisations, key government agencies and local councils. This plan would address existing gaps in services, responding to the needs identified in the 'family support needs plan', and would re-orient services depending on local contact and changing demands. Non-government organisations hold 'critical on the ground' knowledge that should be used to improve services to vulnerable families, and are therefore key partners in developing local plans.[49] Community organisations delivering Australian Government–funded programs should also be invited to participate in planning (for example, Communities for Children programs are located in some high-need areas in Queensland). Local businesses with an interest in supporting vulnerable families would also be encouraged to participate in the development of the plans.

Finally, local planning of secondary services should involve a multi-agency approach to deciding which services are to be provided to which families, and could be delivered by using a single case plan (this would involve the development of a single case plan for a family across a number of government and non-government services). This approach is also consistent with a proposal detailed in the 2007 PeakCare paper which argued for a paradigm shift in child protection, including shared responsibilities for enhancing children's development, not only acting when children are harmed (PeakCare Queensland 2007).

This model is similar to one proposed in the recent *White paper for vulnerable children* released in New Zealand, which outlines an area for future reform through more effective multi-agency responses to vulnerable children and families. The white paper notes that although there is 'no extensive evidence to show the benefits of inter-agency working on outcomes for children, what is available is generally promising' (New Zealand Government 2012). The white paper argues that primarily making agencies responsible for delivering on their own portfolio fails to achieve results for vulnerable children and families whose needs are complex and entrenched and span a number of portfolios. Accordingly, the white paper proposes the establishment of Children's Teams, comprising professionals from health, education, justice and social services working together to provide intensive voluntary support to families with multiple and complex needs. Under this model, a lead professional from the most appropriate

agency will manage the case and develop and monitor a single integrated case plan.

A multi-agency approach is particularly important when responding to families with multiple and complex needs (Bromfield et al. 2010). The submission from the Family Inclusion Network cites research finding that 60 per cent of parents state that stress, mental health problems, financial difficulties, domestic and family violence and relationship problems, housing difficulties, and alcohol and drug problems have an impact on their children's lives. The network contends that support to help overcome these problems can only be achieved with 'workers who have a genuine interest in the whole of the family'.[50]

The submission from Powering Families argues that:

> Parents need to be able to retrieve independent confidential help when initially struggling with issues in the home, whether this be domestic violence, substance abuse, mental health and parenting strategies for different stages and households, before crisis develops and the need for Child Safety having to be involved.[51]

Under a multi-agency model, a lead professional is proposed to enhance collaboration and inter-agency delivery of services to children and families. A lead professional would act as a single point of contact for families who require a multi-agency response at the intensive family support end of secondary services (Children's Workforce Development Council 2007). The role would, in close collaboration with other agencies, develop a single case plan for the child and family that would outline the specific roles and services to be provided from the multiple agencies and coordinate the delivery of actions agreed by the practitioners involved.

Question 1

What is the best way to get agencies working together to plan for secondary child protection services?

Question 2

What is the best way to get agencies working together to deliver secondary services in the most cost effective way?

3.6.3 Expanding secondary services for high-needs children and families

Early evidence indicates that the Helping Out Families initiative is having a positive impact for children and families. Over the next 10 years the Queensland Government could gradually re-direct existing departmental funding to increase the capacity of the non-government sector to deliver:

- Family Support Alliance services to contact families and seek their agreement to participate in services
- Intensive Family Support Services
- health home visiting (both universal and intensive for vulnerable families); the requirement for new investment in these services will need to be considered in the context of the Queensland Government election commitment to deliver enhanced maternal and child health services
- the establishment and maintenance of a multi-agency network of government and non-government services, similar to the alliance used as part of the current Helping Out Families initiative.

Consideration needs to be given to whether increased funding under this initiative is required specifically for domestic and family violence services. The Helping Out Families evaluation indicated that referrals to family violence services were low (Department of Communities 2011a). One of the possible explanations for this was that most families referred to Family Support Alliance services have multiple and complex needs and therefore are more effectively able to be supported by Intensive Family Support Services.

The expansion of elements of a Helping Out Families model could commence in locations where there are Referral for Active Intervention services, to build these additional functions onto the Referral for Active Intervention program and expand its capacity to support more families. Where there are no Referral for Active Intervention services, then the elements of the Helping Out Families model would need to be established. An integral component of the expanded secondary services should be a strong case management model focused on integrated services, so that, while a family may access separate services, they are aligned with joint goals.[52]

3.6.4 Developing and coordinating early intervention services and their interface with primary services

Building the sector to provide early intervention services, including general family support, and coordinating these with other relevant services would be necessary as part of a 10-year development and expansion of Intensive Family Support Services. This would include ensuring lead agency responsibility for planning early intervention (and offers of early help) and possibly delivering arrangements for a SupportLink-type function (see 3.6.5, Option 2 below).

The intention of this proposed option is to better coordinate the delivery of primary services with early intervention services to provide vulnerable families with additional non-stigmatised support. This would mean coordination of primary programs offered across agencies including parenting, maternal and child health, early childhood education and care services and neighbourhood centre services. More targeted programs would also be needed such as Communities for Children,[53] the Management

of Young Children Program[54] in schools and early years services for vulnerable children and disadvantaged groups.

As well, stronger links could be established with private practitioners (social workers and psychologists funded under Medicare) who work with general practitioners to support individuals and families with mental health problems. Strategies to improve the sensitivity of adult-focused services – to see adults also as parents, so there is a greater focus on the parent–child relationship – is part of enhancing collaboration across prevention and early intervention services.[55]

3.6.5 Introducing new intake systems to direct children and families to secondary or tertiary child protection systems

Addressing the current challenges of intake is a matter for consideration for the Commission. Two possible options for intake in Queensland are (1) introducing regional community-based intake (including a dual referral pathway) or (2) establishing regional intake and referral services.

Option 1: Community-based intake through a dual referral pathway

A community-based intake model, similar to the Child FIRST model, could be a viable option for Queensland. Both the department and the Queensland Council of Social Services have suggested that a model of community-based intake in Queensland would reduce unnecessary reporting to Child Safety and, most importantly, encourage vulnerable families to voluntarily access support. [56]

This model for community-based intake would include a dual referral pathway where referrals could be made directly to Child Safety or, alternatively, to the community-based intake service. A range of resources would be developed to help reporters to determine whether to refer a child to Child Safety (where there are concerns of significant harm) or to the community-based intake service (where there are concerns about a child's wellbeing). As implemented in Victoria and Tasmania, an out-posted child safety officer should be available to support the agency to work with families and seek tertiary intervention when required.

Where the information provided to the community-based intake service indicated that a child may be at risk of significant harm, the community-based intake service would refer the concern to the Child Safety Regional Intake Service for further assessment. The Child Safety Regional Intake Service would respond to this referral according to current intake policies and procedures.

The community-based intake service would be managed by a non-government agency and each service across the region would be consistently named and easily identified. Under this model, professionals who have legislative or policy obligations to report concerns about children would be able to discharge these concerns through a referral either to the community-based intake service or to Child Safety.

In Queensland, the Family Support Alliance services in the Helping Out Families locations currently undertake this role, although their prime referral sources are Child Safety, Queensland Health and schools. This option could involve expanding the role of the Family Support Alliance into a community-based intake service that would take and assess referrals from other professionals, the community and families themselves.

It is worth noting that self-referrals have been growing in the Helping Out Families locations, particularly from those families who initially rejected help from the Family Support Alliance and then later sought assistance. For example, ACT for Kids suggests that its Helping Out Families Intensive Family Support Service demonstrates that parents will ask for help if they are not fearful of tertiary child protection involvement. It suggests that, since the opening of referrals into its Intensive Family Support Service, it has received significant self-referrals (25 per cent of all referrals to the service).[57]

This option would provide a direct referral pathway for children and families to access secondary support services without coming into contact with the tertiary child protection system. Community-based intake models in both Victoria and Tasmania have a legislative basis that incorporates expanded information-sharing provisions. A legislative framework to underpin community-based intake would need to be considered for the Queensland context.

Some of the benefits of community-based intake are:

- establishing a clear entry point into secondary services
- the ability for children and families to access secondary services without unnecessarily coming into contact with tertiary child protection services
- capacity for concerns to be reported directly to Child Safety when an immediate response to secure a child's safety is required
- enabling professionals to discharge their reporting obligations without unnecessarily reporting a family to Child Safety
- availability of an out-posted child protection officer to manage any child protection risks and facilitate the involvement of Child Safety where required.

In addition, Queensland is in a unique position to benefit from the experiences of other jurisdictions in implementing this model.

Some of the disadvantages of community-based intake are:

- requiring professionals who have a concern about a child to determine whether to refer to community-based intake or report to Child Safety
- there would be no change in the need for professionals to negotiate two separate intake systems: that is, the community-based intake process and/or Child Safety intake (see Option 2 below)

- the possibility that professionals may continue to refer the majority of matters to Child Safety rather than use the community-based intake option
- a possible increase in referrals, which would require increased capacity in intensive family support services and early intervention services
- the potential for inconsistency in responses to children, families and professionals in using a regional model.

Whether this is the best model is open to debate. New Zealand's recent white paper proposes using a central phone service to assess client needs and direct clients to general secondary services, intensive family support or tertiary child protection services. A regional model that establishes a single entry point into both secondary and tertiary services may be a viable option for Queensland.

Option 2: Non-government intake and referral services through a single referral pathway

Alternatively, Queensland could establish regional intake and referral services to manage all referrals to secondary and tertiary services, effectively replacing the role of existing Child Safety Regional Intake Services. Each regional intake and referral service would be managed by a non-government organisation and staffed by qualified and experienced caseworkers. Each service would be consistently named and easily identified.

The intake and referral service would respond to concerns about children from all sources (professionals, families through self-referrals and community members). This would include both referrals seeking support for families as well as reports concerning allegations of significant harm. The intake and referral service would screen and assess the information provided and determine the most appropriate response to the concerns. All reporting obligations of professionals would be discharged by referring to the intake and referral service.

The service would have the same statutory authority that is currently conferred on Child Safety to seek additional information, review previous history and determine if the information meets the tertiary threshold. Where the tertiary threshold is met, the intake and referral service would refer the matter to a child safety service centre for further action. The child safety service centre would not re-assess the information, but would take appropriate tertiary action such as opening an investigation and assessment. Referrals to Child Safety would only be able to be made by the intake and referral service.

The intake and referral service would also be responsible for referring callers to intensive family support services, early intervention and other relevant services. The service would have the capacity to follow up the referral and determine the engagement of families in services. Where the information indicates a possible criminal offence, the service would be obliged to refer this matter to the police.

A central database would be developed to record information, collect history and flag cumulative harm.

Some benefits of a non-government intake and referral service are:

- establishing a clear entry point into secondary and tertiary services
- the ability for families to more easily navigate the system and access the support they need through one portal
- that families will only come into contact with tertiary child protection services when matters have been assessed as meeting the threshold for tertiary intervention
- easy access for professionals to a single intake system when they have concerns about a child's wellbeing or safety
- averting 'double-handling' or duplication of assessments
- the ability for professionals to easily discharge their reporting obligations through one portal
- enabling tertiary child protection services to focus on casework rather than continuing to allocate resources to meet demand at intake
- recording information on a central database from a number of sources, tracking the access of children and families to services.

Some disadvantages of a non-government intake and referral service are:

- assessing all concerns about children, including risk of harm, would place significant responsibility on non-government services
- the capacity of non-government services would need to be developed to manage the function of tertiary child protection intake
- the possibility that a disconnection may develop between the two separate agencies managing the tertiary functions of intake on the one hand and investigation and assessment on the other
- the potential for increased calls involving low-level concerns about children due to highly visible call centres
- the current secondary services sector may become overwhelmed by referrals as a result of an increased number of calls to the service
- the potential for delay in the response of Child Safety to allegations of harm due to a requirement to report first to the intake and referral service (for example, police have advised the Commission that in some instances the need to report matters to Regional Intake Services has delayed the response by Child Safety and reduced opportunities for joint investigations by police and Child Safety)
- the potential for responses to children, families and professionals to be inconsistent in using a regional model
- difficulties staffing the service with appropriately qualified, knowledgeable and

experienced caseworkers

- establishing a costly database would require significant resources to resolve issues of privacy and confidentiality when tertiary involvement is not required.

The Queensland Police Service currently uses SupportLink to refer people to general family support services and other specialist services through a web-based and phone service. The state director of SupportLink states that this service enables staff to monitor referrals and the responsiveness of non-government organisations. Over 200 non-government organisations have signed agreements with SupportLink to receive referrals from police, with police now making over 100 referrals a day statewide through this process. A broader-based SupportLink may be useful to refer children and families with less complex needs to existing secondary and specialist services.[58] Families with multiple challenges and complex needs require more intensive follow-up and support to obtain their trust to participate in services.

Question 3

Which intake and referral model is best suited to Queensland?

3.6.6 Managing mandatory reporting

It is difficult for professionals across a range of disciplines and backgrounds, and often with limited information, to know how best to identify and respond to a child at risk or a child in need. In many cases, a report to tertiary child protection services may not result in a service being provided to a child and family; in an efficient and effective child protection system, these services are reserved as far as possible for children and families where protection is required. The department notes in its submission that the challenge for the broader service system is to focus on how, within the role and expertise of each professional who comes into contact with a child and their family, support can be provided early and often.[59]

To help professionals determine what level of intervention or support is needed by a child and family, Child Safety commenced a trial of the Queensland *Child protection guide* in the South East Region in January 2012. The guide is an online tool that assists professionals (health and education staff) to decide whether to report concerns to Child Safety or refer a family to a secondary service, in particular an intensive family support service.

There have been some early indications that the trial of the guide has assisted Queensland Health staff in their decision-making processes. The Commission has heard evidence from Anne Kimberley, child protection liaison officer from the Gold Coast Hospital, that the trial of the guide has been very positive for Queensland Health

staff as it provides a practical tool that both educates health staff and assists in their decisions about when to report to Child Safety.[60]

Feedback from regional employees of the Department of Education, Training and Employment also indicates that principals and guidance officers have found the guide to be useful, although it does not replace their professional judgement or their policy obligations. The Department of Education, Training and Employment also noted that referrals to intensive family support services (rather than reports to Child Safety) depend on the availability of those services in each location.[61]

Advice from the managers of the three Helping Out Families Intensive Family Support providers indicated to the Commission that it was still too early to assess the impact of the use of the *Child protection guide*.[62]

If the evidence for the effectiveness of the *Child protection guide* proves to be robust, then statewide implementation would contribute to reducing demand on the tertiary system as well as assisting the direct referral of children and families to suitable services. The department proposes a statewide implementation of the guide in the context of the provision of ongoing information, training and support to relevant staff.[63]

As noted earlier, New South Wales has adopted a model which includes a Mandatory Reporter Guide to help reporters decide whether to report to the Child Protection Service, or to the Child Wellbeing Unit or to refer a family to a family support service. The establishment of Child Wellbeing Units within government agencies appears to be an effective supplement to the guide with a 2011 review of the units finding that they have contributed to a reduction in reports to the Child Protection Helpline and encouraged mandatory reporters to contact the unit for advice and support.

Consideration could be given to whether the establishment of Child Wellbeing Units or similar in relevant Queensland government departments would assist the management of mandatory reports. Such units could possibly be built around the existing Child Safety Director role in those departments.

Question 4

What mechanisms or tools should be used to assist professionals in deciding when to report concerns about children? Should there be uniform criteria and key concepts?

[1] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p20].
[2] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 3.
[3] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[4] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p5: para 20].
[5] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p21].
[6] The Queensland Police Service is the most common source of child protection intakes, comprising 38 per cent (34,353) of child concern reports in 2011–12. Health and schools sources comprised 11.6 per cent and 11.4 per cent of child concern reports respectively (Department of Communities Performance Data 2011–12).
[7] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p25].
[8] Submission of Queensland Law Society, October 2012 [pp14–15].
[9] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p18].
[10] Submission of Mission Australia, September 2012 [p14].
[11] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p40: para 163].
[12] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p41: para 166].
[13] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p42: para 168].
[14] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p43: para 172].
[15] Exhibit 9, Statement of Brad Swan, 10 August 2012 [p43: para 174].
[16] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p34].
[17] Submission of UnitingCare Community, October 2012 [p5: para 18].
[18] Exhibit 9, Statement of Brad Swan, 10 August 2012, Attachment 7.
[19] Submission of Anglicare Southern Queensland, November 2012 [pp3-4].
[20] Submission of Anglicare Southern Queensland, November 2012 [p3]; Submission of Queensland Council of Social Service, 28 September 2012 [p18].
[21] Fostering Families is a new initiative by the Queensland Government to provide family support services to specifically address neglect. Fostering Families services will commence in early 2013.
[22] Submission of Churches of Christ Care, September 2012 [p3].
[23] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p8]; Submission of Queensland Council of Social Service, 28 September 2012 [p19].
[24] Submission of Australian Association of Social Workers (Queensland), August 2012 [p9].
[25] Submission of UnitingCare Community, October 2012 [p18: para 78].
[26] Submission of UnitingCare Community, October 2012 [p8: para 30]; Submission of Queensland Council of Social Service, 28 September 2012 [p18]; Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3].
[27] Submission of Ipswich Women's Centre Against Domestic Violence, September 2012 [p5].
[28] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p34].
[29] Submission of Save the Children Australia, October 2012 [p6]; Submission of Australian Association of Social Workers (Queensland), August 2012 [p9]; Submission of Mission Australia, September 2012 [p11].
[30] Focus groups undertaken by QCPCI with Child Safety staff 2012.

[31] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p21].
[32] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p38].
[33] Transcript, Linda Apelt, 14 August 2012, Brisbane [p36: line 18].
[34] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p4].
[35] Submission of Commission for Children and Young People and Child Guardian, 21 September 2012 [p5].
[36] Submission of Australian Association of Social Workers (Queensland), August 2012 [p9].
[37] Submission of UnitingCare Community, October 2012 [p8: para 28].
[38] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p45].
[39] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p35].
[40] Submission of UnitingCare Community, October 2012 [p6: para 21].
[41] Submission of Royal Australian and New Zealand College of Psychiatrists, September 2012 [pp14-15]; Submission of Ethnic Communities Council of Queensland, September 2012 [p7]; Submission of Australian Association for Infant Mental Health Inc. Queensland Branch, September 2012 [pp5-6].
[42] Submission of Mission Australia, September 2012 [p5].
[43] Submission of Queensland Council of Social Service, September 2012 [p16].
[44] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3]; Submission of Australian Association of Social Workers (Queensland), August 2012 [p9]; Submission of Queensland Council of Social Service, 28 September 2012 [p25]; Submission of Anglicare Southern Queensland, November 2012 [p3]; Submission of Churches of Christ Care, September 2012 [p3].
[45] Submission of Australian Association of Social Workers (Queensland), August 2012 [p9]; Submission of Queensland Council of Social Service, 28 September 2012 [pp19–22]; Submission of Anglicare Southern Queensland, November 2012 [p4]; Submission of Churches of Christ Care, September 2012 [p3].
[46] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3]; Submission of Australian Association of Social Workers (Queensland), August 2012 [p9]; Submission of Queensland Council of Social Service, 28 September 2012 [p18]; Submission of Anglicare Southern Queensland, November 2012 [pp3–4].
[47] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p20].
[48] Submission of UnitingCare Community, October 2012 [p10: para 43].
[49] Submission of Queensland Council of Social Service, 28 September 2012 [p25].
[50] Submission of Family Inclusion Network Queensland (Townsville), 'Supporting families and stronger futures', September 2012 [p18].
[51] Submission of Powering Families, 18 July 2012 [p2].
[52] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [pp8–9].
[53] The Australian Government funds the Communities for Children initiative under their Family Support Program. Communities for Children aim to prevent child abuse and neglect by building parenting skills and stronger and more sustainable families and communities. Communities for Children are located in disadvantaged communities across Australia and the program has a focus on developing local service networks as well as providing direct services to families with children from birth to 12 years of age, and in some locations, families with adolescents.

Programs delivered include parenting support, family and peer support, facilitated playgroups, case management and home visiting services.

[54] The Management of Young Children Program provides an early and proactive intervention program for parents which promotes skill building and relationship development. In MYCP, parents are trained in multiple skills including praise, instruction giving, behaviour tracking, problem solving, and prompting and shaping desirable, purposeful behaviour. The program runs for about six weeks for parents of children aged two to seven (Department of Education, Training and Employment 2012).

[55] Submission of Mission Australia, September 2012 [p12].

[56] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [pp36–8]; Submission of Queensland Council of Social Service, 28 September 2012 [pp19–22].

[57] Submission of ACT for Kids, 'The critical importance of early intervention as evidenced by quantitative data', September 2012 [p3].

[58] QCPCI meeting with State Manager, SupportLink, 20 September 2012.

[59] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p24].

[60] Transcript, Ann Kimberley, 4 October 2012, Beenleigh [p59: line 20].

[61] Exhibit 32, Statement of Lyn McKenzie, 22 August 2012 [p12: para 73].

[62] Commissioner's meeting with managers of Intensive Family Support Services, Helping Out Families initiative, UnitingCare Community, Benevolent Society and ACT for Kids, 2 October 2012.

[63] Submission of Department of Communities, Child Safety and Disability Services, December 2012 [p33].