



Australian Association of Social Workers

Response to the Queensland Child Protection Commission of Inquiry – Discussion Paper, March 2013

**Australian Association of
Social Workers (AASW)**
Incorporated in the ACT
ACN 008 576 010
ABN 93 008 576 010

National Office – Canberra
Level 4, 33-35 Ainslie Place
Canberra City ACT 2600

PO Box 4956
Kingston ACT 2604
T 02 6323 3900
F 02 6230 4399
E advocacy@aasw.asn.au
www.aasw.asn.au

TABLE OF CONTENTS

INTRODUCTION	3
DISCUSSION PAPER – RESPONSES.....	5
Chapter 3: Reducing demand on the tertiary system.....	5
Chapter 4: Investigating and assessing child protection reports	7
Chapter 5: Working with children in care	10
Chapter 6: Young people leaving care	13
Chapter 7: Addressing the over-representation of Aboriginal and Torres Strait Islander children	15
Chapter 8: Workforce development.....	16
Chapter 9: Oversight and complaints mechanisms.....	19
Chapter 10: Courts and tribunals.....	20
Chapter 11: Funding for the child protection system.....	22
Chapter 12: Conclusion.....	23
REFERENCES	24

INTRODUCTION

The AASW is the key professional body representing more than 7,000 social workers throughout Australia. Social work is founded on the principles of social justice, human rights and professional integrity. It aims to enhance the quality of life and support the development of the full potential of each individual, group and community in society through practise that is ethically accountable, professionally competent and transparent.

Child wellbeing and protection is one of the four core curriculum components of every Australian AASW accredited Social Work degree. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice. As a result, Social Workers are recognised throughout the world as the core professional group in child protection policy, management and practice.

We therefore endorse a child wellbeing and protection system that reflects the principles of social justice, human rights and professional integrity. A system that:

- adopts a public health model of child well being and protection as defined by the *National Child Protection Clearinghouse* and reflected in the *National Framework for Protecting Australia's Children 2012-2015* in which “*primary, secondary and tertiary services are all critical elements in the child welfare and child protection system. However, a well-balanced system has primary interventions as the largest component of the service system, with secondary and tertiary services progressively smaller components of the service system. Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.*”¹

We argue for a greater emphasis on non-stigmatising and accessible early intervention services with a well-resourced and skilled tertiary system that will together provide appropriate responses for keeping children safe and supporting vulnerable families

- adopts a rights-based approach consistent with the *UN Convention on the Rights of the Child* (1989)
- acknowledges the Aboriginal and Torres Strait Islander peoples, the First Australians, and pays respect to their unique values, and their continuing and enduring cultures, which deepen and enrich the life of our nation and communities.
- acknowledges and understands the historical and contemporary disadvantage experienced by Aboriginal and Torres Strait Islander (ATSI) peoples and invests in meaningful culturally appropriate processes for engaging, assessing and working alongside Aboriginal and Torres Strait Islander families and families from culturally diverse backgrounds;
- is systemically culturally competent, safe and sensitive including at organisational, professional and individual levels.

¹ Australian Institute of Family Studies (2011). Defining the public health model for the child welfare services context. <http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.pdf>, accessed 7/03/2013

- demonstrates systemic integrity as reflected in a child wellbeing and protection system that focuses on keeping children safe in their family and community. The AASW believes this is best achieved by:
 - prioritising the investment in and delivery of universal preventative and early intervention measures as well as provision of secondary and tertiary services
 - funding and service delivery decision-making that is consistent, transparent and accountable, and
 - employment of a professional workforce that has the capacity and competence to deliver child protective services.

- unified under a common framework which at its core:
 - Recognises respect, participation and capacity-building as fundamental rights and needs of vulnerable children and families
 - Supports child-safety and family well-being by ensuring a professional workforce that has the skills, knowledge and capacity to respond to the strengths and needs of vulnerable children and families
 - Is child-centred and family-focussed
 - Is systemically culturally sensitive, safe and aware

We believe such a framework would have an important part to play in helping disadvantaged and marginalised families address some of the issues they face including inter generational trauma and provide necessary support and practical assistance to redress chronic need.

DISCUSSION PAPER – RESPONSES

We are pleased to provide the following responses to the Discussion Paper.

Chapter 3: Reducing demand on the tertiary system

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

No response.

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

The AASW recognises the value of collaboration among agencies to plan and deliver child welfare services, to support vulnerable families and to keep children safe preferably in their own families and communities. The Child Safety Authority needs to support this process through recognising, resourcing and rewarding collaboration. This means that the agency must create incentives, rather than barriers, to collaboration.

These incentives may include:

- a. funding preference to agencies where a demonstrated collaborative approach to service delivery and planning is evident
- b. funding to directly support collaborative meetings, such as funding to services to co-ordinate planning meetings and resources to enable agencies attendance in these meetings (such as funds for co-ordination/ facilitation of meetings)
- c. reward for collaboration through, for example, acknowledgement by government of those services that engage in collaborative planning processes, and
- d. supporting research into effective collaborations would also be a way to involve universities and professional bodies in this process.

3. Which intake and referral model is best suited to Queensland?

The intake and referral model must be underpinned by a consistent approach to assessment, decision-making and response and that is staffed by individuals who are qualified and competent to assess child protection concerns and support vulnerable families in the initial intake phase.

We believe this is best achieved by:

- a. the employment of a tertiary qualified workforce with the skills and support infrastructure to work with at-risk families.
- b. a review of the assessment framework being used by Child Safety Services including the practices around the use of structured decision-making tools

Ensuring ongoing intervention is based on a process of assessment, implementation, monitoring and review – this is a cyclical process that is ongoing. The Victorian Department of Human Services (2000) identified three overlapping processes to risk assessment: 1) gathering information; 2) analysis of information; and 3) judgement of risk. Being able to effectively undertake an holistic assessment requires that staff are properly qualified, trained and experienced. Just as we would expect a Surgeon to have the proper level of knowledge and training before making a diagnosis, we also require child protection workers to have the necessary knowledge, skills and analysis skills to put this all together. Developing a sound judgement involves forming an “independent, balanced, courageous and sometimes critical judgements, based on critical thinking and the ‘best evidence’ available to us” (Trevithick, 2000, p. 61).

- c. Further exploring the effectiveness of the existing underlying assessment framework within the department. It is suggested that one way of doing so would be to undertake a review of a sample of cases from across Queensland to review the effectiveness and robust nature of the decision making frameworks used.
- d. Investment in and therefore availability of appropriate primary child and family support services

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?

Professional judgment must be enabled through:

- a. recruitment and support of appropriately qualified workers
- b. regular professional supervision for workers, particularly those involved in critical decision-making.

Chapter 4: Investigating and assessing child protection reports

5. What role should SCAN play in a reformed child protection system?

No response.

6. How could we improve the system's response to frequently encountered families?

The system's response to frequently encountered families could be improved by:

- a. reducing workforce turnover and thus improving consistency and stability of supports

International evidence shows that frontline workforce turnover is lowest in countries where the child protection workforce has a standardised qualification base in social work and related disciplines, as the workforce is best prepared for direct practice. For example, compared to the Queensland child protection services where turnover is 73% in the first three years of practice, in the United Kingdom the child protection workforce turnover is around 11% per annum and in Norway is approximately 12% per annum (Healy & Oltedal, 2010; Local Authority Workforce Intelligence Group, 2006). In both Norway and the United Kingdom, social work qualifications or similar are mandatory entry-level qualifications for child protection workers.

- b. building capacity within families through the employment of a tertiary qualified workforce with the skills and support infrastructure to work with high-risk families.

Working from a philosophy of respectfully engaging with people, which requires developing relationships that are based on trust and collaboration (Dumbrill 2006; Hardy & Darlington, 2008). Staff need to possess the relevant human services qualifications and skills to be able to do this, thereby meeting the principles of the Child Protection Act 1999 in terms of working with a child and their family (S5(c, d, e, h)).

- c. Reducing the administrative load on frontline workers.
- d. Increased funding to family support and preservation services.
- e. A review of the assessment framework being used by Child Safety Services including the practices around the use of structured decision-making tools.

Ensuring ongoing intervention is based on a process of assessment, implementation, monitoring and review – this is a cyclical process that is ongoing. The Victorian Department of Human Services (2000) identified three overlapping processes to risk assessment: 1) gathering information; 2) analysis of information; and 3) judgement of risk. Being able to effectively undertake an holistic assessment requires that staff are properly qualified, trained and experienced. Just as we would expect a Surgeon to have the proper level of knowledge and training before making a diagnosis, we also require child protection workers to have the necessary knowledge, skills and analysis skills to put this all together. Developing a sound judgement involves forming an “independent, balanced, courageous and sometimes critical judgements, based on critical thinking and the ‘best evidence’ available to us” (Trevithick, 2000, p. 61).

- f. Reviewing current practices of case management, in particular, the understanding of and level of actual therapeutic case management and case work in engaging with families as opposed to administrative case management, and reflecting the parameters of case management in Child Safety Officer (CSO) Position Descriptions.
- g. Reviewing case loads for CSO's as part of the Inquiry to ascertain levels of case responsibility borne by frontline workers. Case load ceilings may provide a very helpful standard to work within and have proven useful in other jurisdictions.
- h. Further exploring the effectiveness of the existing underlying assessment framework within the department. It is suggested that one way of doing so would be to undertake a review of a sample of cases from across Queensland to review the effectiveness and robust nature of the decision making frameworks used.

7. Is there any scope for uncooperative or repeat users of tertiary services to be compelled to attend a support program as a precondition to keeping their child at home?

The AASW makes no specific comment on compulsion to attend a support program however reiterates support for a public health model of child wellbeing and protection, represented by the predominance of primary and secondary supports, as a pathway to reducing the number of families entering the tertiary system.

Further, the provision of primary and secondary services that allow for longer engagement with families, as opposed to time-limited interventions, is better able to engage with and therefore support repeat users of the child safety system to address issues that may be intergenerational and very complex.

8. What changes, if any, should be made to the Structured Decision Making tools to ensure they work effectively?

- a. Structured Decision Making (SDM) tools should be recognised as only *one* part of the decision-making process. Workers need to be supported to engage with families as partners, to treat people with dignity and respect and to turn involuntary clients into voluntary partners through a process of therapeutic casework.

The process of assessment is central to ensuring professionals are making informed decisions about the needs of a particular client group. Assessment frameworks provide us with an important tool to assist us in undertaking evidence based holistic assessments. However, the AASW has seen an over reliance within the child protection system in Queensland on actuarial decision making tools as the basis for decision-making about a child and risk, as opposed to using the tools to help guide a robust risk assessment process.

The over-reliance on structured decision-making tools has contributed to a demise in the level of knowledge, judgment and expertise of staff who do not all possess a strong assessment framework.

There is also some concern that in the political context of child protection an unwritten culture has emanated from senior management placing pressure on frontline workers to lower number of cases that are "screened in" as notifications

- b. Improve consistency of decision-making through a professional workforce utilised in Regional Intake Services (RIS).

The RIS has been a positive move to increase the level of consistency in decision making of children and families entering the tertiary sector. The AASW understands that the RIS services are being staffed by more experienced workers, which is necessary. The AASW supports the use of Structured Decision-making Tools as a complement to, not a replacement for, professional decision-making.

- c. SDM tools should be reviewed to ensure they are culturally sensitive, particularly in relation to Aboriginal and Torres Strait Islander children and families. Research should be commissioned into best practice in the use of, and further development of, the SDM in the Australian context with a particular focus on their use with Aboriginal and Torres Strait Islander families.
- d. Include consideration of risks associated with removal to the out-of-home-care system.

Decision-making focused on child protection risk must be balanced with an analysis of the risks associated of removal to an over-burdened out-of-home care system, where many children experience poor quality care due to high rates of placement turnover and inadequate resources allocated to helping the children address the disadvantages they face.

9. Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

No response.

Chapter 5: Working with children in care

10. At what point should the focus shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement?

The AASW questions the assumption of this question as it assumes that child removal will result in a stable alternative arrangement for the child. Repeated evidence to the Inquiry has shown that such stability is rarely achieved as rates of placement breakdown are high and international evidence shows that turnover occurs even where children are adopted.

Given that alternative care is often associated with poor outcomes for children, the AASW holds that child protection authorities must concentrate their efforts on achieving family preservation. If this is not possible, priority should be given to ensuring the maintenance of relationships between family and children in care. The Child Protection Agency should avoid turning away from parental rehabilitation even after children are removed as the longitudinal evidence shows that children and young people often return to their families after their release from care. Parental rehabilitation and family preservation should be a continuing goal of child protection authorities at all phases of intervention from initial assessment and continuing even in instances where children are removed.

At all points of engagement with the child protection system families are best served by support that is:

- long-term in nature where required, as in the case of working with high-risk families who require support to address complex and intergenerational issues,
- culturally appropriate, and
- consistent in practice but also in terms of the service system, which as outlined in the introduction should operate under a unifying conceptual and operational framework.

11. Should the Child Protection Act be amended to include new provisions prescribing the services to be provided to a family by the chief executive before moving to longer-term alternative placements?

The AASW recommends that child protection services have readily accessible and available funding for support services to maintain at risk children in their family home. These services should be monitored and evaluated so that the agency develops a strong evidence base of in-home supports that best support families to stay together and to reduce child protection risk.

The AASW further recommends that Section 159 of the Child Protection Act be extended to ensure that there is a whole of government responsibility not only for the sharing of information about vulnerable and at-risk families, and also for resource allocation to address the needs of these families.

12. What are the barriers to the granting of long-term guardianship to people other than the chief executive?

No response.

13. Should adoption, or some other more permanent placement option, be more readily available to enhance placement stability for children in long-term care?

Australian governments have commissioned several inquiries into the consequences of decisions regarding long term care of children out of home. These Inquiries have included: Forde Inquiry; Forgotten Australians; Stolen Generations; and Forced Adoptions. These Inquires all highlight the significant consequences arising from removal of children, particularly with regard to heightened vulnerability to abuse and to loss of identity.

Taking into account the lessons of these Inquiries, the AASW recommends that the QLD government develop policies based on recognition that long-term care is an absolute last resort to be invoked only when families have been afforded opportunities to care for their children and that where long-term care is necessary that safe connections with the family are maintained so that the child does not lose sight of their family and is able to develop their identity in the context of a safe home environment and safe family connections.

14. What are the potential benefits or disadvantages of the proposed multidisciplinary casework team approach?

The AASW supports multi-disciplinary casework where professionals are able to work within their areas of disciplinary expertise. The AASW is concerned about proposals for multi-disciplinary work that does not recognise disciplinary boundaries. Multi-disciplinary teams require significant support to ensure decision-making is not undermined by, for example, inter-disciplinary tensions and lack of supervision or support required to ensure healthy team dynamics. Further, accountability for decision-making may be inconsistent across or within teams thus undermining systemic integrity.

The AASW is firmly of the view that professionals with an educational background in social work, human services or closely cognate disciplines (e.g. psychology) are best placed to undertake the core child protection tasks of intake and assessment with vulnerable families and to engage in supportive interventions with families, children and young people.

15. Would a separation of investigative teams from casework teams facilitate improvement in case work? If so, how can this separation be implemented in a cost-effective way?

No, the separation is unhelpful. All investigation should also involve professional assessment and may also incorporate beginning intervention with a family. For example, a professional qualified and able worker may be able to divert a family from the child protection system through a well-handled initial investigation and assessment that contributes to the family being referred to a long-term support service. It is not cost effective to separate investigation from casework and may interrupt the capacity of the agency to develop an effective working relationship needed to achieve child safety.

16. How could caseworkers be supported to implement the child placement principle in a more systematic way?

In addition to both broad and specific recommendations outlined above, the AASW reiterates the importance of and recommends:

- a. a tertiary qualified and experienced workforce.

- b. a systemic understanding and application of assessment and decision-making processes that are culturally aware, sensitive and responsive. This includes an ongoing commitment to promoting pathways for consultation with and employment of Aboriginal and Torres Strait Islander people.
- c. that capacity to implement the child placement principle is improved by reviewing barriers to approval of Indigenous kinship carers or alternate options that support Aboriginal and Torres Strait Islander children to remain connected with their community

17. What alternative out-of-home care models could be considered for older children with complex and high needs?

International evidence from Scandinavia suggests that small family group homes might provide an effective residential option for older children with complex and high needs. The Scandinavian experience suggests that it is important that workers responsible for the homes are professionally qualified and that the number of children cared for any time is limited to no more than 5, preferably fewer.

Chapter 6: Young people leaving care

18. To what extent should young people continue to be provided with support on leaving the care system?

The AASW recommends that the Child Safety Authority is more accountable for the well-being and safety of children and young people who are in or have exited the care system. This should include:

- a. Extending the age of formally leaving care with supports available to that which is normative for their peers not in care. We need to consider the merits of better supporting our most vulnerable until at least 21, by including this in legislation and not leaving to the discretion of Child Safety staff interpreting the legislation.
- b. A database about the location and nature of placements of children and young people who have exited the care system.
- c. A clear system of accountability for ensuring that these children and young people have a care plan and that the agency's responsibilities in that care plan are met.
- d. Care plans should be facilitated by staff who have appropriate education and career planning expertise, which outlines the transition stages, supports available and nominates key people to champion and facilitate the plan, including evidence of engagement with the child or young person.
- e. Reorientation of existing staff support (school guidance officers, TAFE career counsellors, Queensland Tertiary and Admissions Centre staff, flexible education program managers/leaders) to work with children and young people in out-of home care and their significant others, including Child Safety staff in supporting the cohort of young people in their transition phases including state schools, high schools, flexible learning schools and those who have been excluded from school or left prematurely.
- f. Appointment of appropriately qualified staff in the areas of career planning and education engagement to graduated entry programs to traineeships, apprenticeships and other higher and further education opportunities for young people during the transition into independence. This could include the establishment of education officers in each region who have career planning and education expertise who are employed by Child Safety and report professionally through the Department of Education and Arts to ensure professional isolation is addressed.

19. In an environment of competing fiscal demands on all government agencies, how can support to young people leaving care be improved?

The establishment of an evidence based boarder parent model where if the young person wishes to remain with the approved carer, the carers are remunerated with the carers allowance as (boarder parent) if the young person enrolls in full time education until they are 25 years of age as undertaken internationally such as in the United Kingdom.

20. Does Queensland have the capacity for the non-government sector to provide transition from care planning?

The capacity of the non-government sector needs further development and support to provide transition from care planning. The scope of the challenges in providing transition from care are unknown in part because of poor data about the transition experiences of young people leaving care.

The AASW recommends that:

- a. The sector needs better information from the Child Safety Authority about the numbers of young people leaving care and the destinations of these young people once they leave care.
- b. The sector needs to be funded to provide transition from care support and young people themselves need a guarantee from government that they will receive support from the State (which is their guardian) that is commensurate with their peers who remain with their families.
- c. The State should provide transition from care support to at least 21 years.
- d. Systemic integrity is supported in the non-government sector through the development of a unifying conceptual framework to which non-government organisations can operate.
- e. Further consideration is given to how the non-government sector can be supported to provide responsive and non risk-averse support to families in the community. This might include, for example, simpler and less onerous governance requirements.

Chapter 7: Addressing the over-representation of Aboriginal and Torres Strait Islander children

21. What would be the most efficient and cost-effective way to develop Aboriginal and Torres Strait Islander child and family wellbeing services across Queensland?

The AASW recommends that the Child Safety Authority establish, as a matter of urgency, a Taskforce of Aboriginal and Torres Strait Islander people with responsibility for engaging Aboriginal and Torres Strait Islander communities in developing solutions to the urgent challenges of developing culturally appropriate forms of child protection service work that recognise the unique traditions and needs of Aboriginal and Torres Strait Islander communities. The solutions proposed by the Taskforce must be adequately resourced and monitored to address the urgent need to reduce the unacceptable rates of child removal in Aboriginal and Torres Strait Islander communities.

22. Could Aboriginal and Torres Strait Islander child and family wellbeing services be built into existing service infrastructure, such as Aboriginal and Torres Strait Islander Medical Services?

Yes, it would be helpful to ensure that services that are non-stigmatising and that are already widely used by Aboriginal and Torres Strait Islander people are also a site for child well-being services. Such an approach is likely to be especially useful for early intervention services.

23. How would an expanded peak body be structured and what functions should it have?

No response.

24. What statutory child protection functions should be included in a trial of a delegation of functions to Aboriginal and Torres Strait Islander agencies?

- a. The Child Safety Authority must retain responsibility for the implementation of the Child Protection Act, especially its statutory investigative functions.
- b. However, greater opportunity for inclusion of Aboriginal and Torres Strait Islander elders, professionals and carers in the analysis and development of the implementation of the Child Protection Act, would be helpful.
- c. Regular consultations between the Executive of Child Safety and the Aboriginal and Torres Strait Islander community are important.
- d. The appointment of an Aboriginal or Torres Strait Islander person to the Executive could assist in achieving this outcome.

25. What processes should be used for accrediting Aboriginal and Torres Strait Islander agencies to take on statutory child protection functions and how would the quality of those services be monitored?

No response.

Chapter 8: Workforce development

26. Should child safety officers be required to hold tertiary qualifications in social work, psychology or human services?

Yes.

The AASW recommends that child protection services workforce policy should recruit professionals who are qualified to work with vulnerable children, young people and their families. At a minimum, degree level qualifications in disciplines with mandatory child protection education, such as social work and some psychology, human services and behaviour studies degrees should be the entry requirement for child protection worker positions. Where workers lack these qualifications, they should be supported by the agency to gain appropriate qualifications.

27. Should there be an alternative Vocational Education and Training pathway for Aboriginal and Torres Strait Islander workers to progress towards a child safety officer role to increase the number of Aboriginal and Torres Strait Islander child safety officers in the workforce? Or should this pathway be available to all workers?

No.

Aboriginal and Torres Strait Islander workers should be encouraged and supported to achieve professional qualifications equivalent to non-Indigenous workers. The Government must be encouraged to address the educational gap facing many Aboriginal and Torres Strait Islander workers and to work closely with tertiary education bodies to provide accessible professional educational programs. In WA, for example, a cohort of Aboriginal and Torres Strait Islander workers in the mental health field are being supported via government funding to complete tertiary education. This initiative is working well. Data presented by the AASW showed relatively high participation of Aboriginal and Torres Strait Islander people in professional social work programs and governments can assist workers to gain qualifications of this nature. Strategies such as scholarships and work place support programs (study leave) should be offered to CSSOs.

28. Are there specific areas of practice where training could be improved?

Yes.

Workplace training could:

- a. increase its focus on developing the capacity for professional decision-making and effective practice with families including culturally aware and sensitive practice.
- b. Structured decision-making tools should be recognised as only one part of the decision-making process. Workers need to be supported to engage with families as partners, to treat people with dignity and respect and to turn involuntary clients into voluntary partners through a process of therapeutic casework.
- c. The AASW believes that it is important that advanced education is provided by researchers and practitioners with recognised knowledge and experience in child protection services, not only by workplace training units.

- d. The government should support advanced level practitioners to gain postgraduate qualifications in child protection practice from recognised tertiary education institutions.
- e. Include mandatory training on supervision for supervisors and supervisees as in other government departments such as Queensland Health. We suggest this could be included as part of an initial orientation package and repeated or built-upon as required.

29. Would the introduction of regional backfilling teams be effective in reducing workload demands on child safety officers? If not, what other alternatives should be considered?

No response.

30. How can Child Safety improve the support for staff working directly with clients and communities with complex needs?

The AASW recommends that improving support to direct service staff necessarily involves the review of both systemic, organisational and individual workplace policy and practice as follows:

- a. In addition to standardisation of the qualifications required for Child Safety Officer positions, existing staff without these qualifications should be supported to upgrade their qualifications.
- b. Administrative responsibilities of frontline staff should be strictly limited to that which is essential to the reporting on their practice. Any proposal to expand administrative responsibilities of frontline staff should be rigorously reviewed by a taskforce including representatives of the frontline workforce so as to prevent an unnecessary expansion of administrative burden on frontline workers and to ensure the relevance of administrative responsibilities to achievement of direct service goals.
- c. The onerous liabilities borne by individual child protection workers should be addressed through a review of processes within Child Death Review panels and the Children, Young people and Children Guardian Act to ensure that the systems factors within the organisation and service system more broadly that contribute to negative case outcomes are acknowledged and addressed. Panels conducting these reviews should include officers with current frontline knowledge to ensure that reviews are relevant to contemporary systems and practices. This could be achieved through a staff rotation system.
- d. Conflicting expectations between the Executive and frontline staff are reduced should be reduced through the development of a common understanding at all levels of the Child Safety Authority of its goals. These goals should be consistent with international evidence of what effective child protection work involves. Decisions about staffing and resource allocation must be consistent with this evidence-based framework.
- e. The organisational structure should promote the development and utilisation of practice capacities. We advocate that there should be at least three levels of frontline practitioner: child safety officer, senior practitioner and the consultant practitioner. These levels of seniority should reflect advanced practice knowledge and skills. The consultant practitioner should work alongside child safety officers in direct practice and decision-making particularly in high-risk matters. Further, the role of senior practitioners could be strengthened.

- f. Ongoing educational and training opportunities should be provided to all child safety officers. The AASW believes that it is important advanced education is provided by researchers and practitioners with recognised knowledge and experience in child protection services, not only by workplace training units. The government should support advanced level practitioners to gain postgraduate qualifications in child protection practice from recognised tertiary education institutions.
- g. Workplace training and supervision of child protection workers should focus on developing the capacity for professional decision-making and effective practice with families. Structured decision-making tools should be recognised as only one part of the decision-making process. Workers need to be supported to engage with families as partners, to treat people with dignity and respect and to turn involuntary clients into voluntary partners through a process of therapeutic casework. Key relationship building skills include the capacity to demonstrate empathy, engage the families in decision-making and in change processes.
- h. There needs to be more accountability in Executive decision-making to the frontline. Decision-making structures need to be established in the organisation so that executive gains insight into the demands of frontline practice and understands how executive decision-making will impact on the capacity of frontline staff to realise the organisational mission to promote child safety and well-being.
- i. Specific attention needs to be given to how staff in rural and remote locations can be supported as outlined above with particular regard to training subsidies and supervision.

31. In line with other jurisdictions in Australia and Closing the gap initiatives, should there be an increase in Aboriginal and Torres Strait Islander employment targets within Queensland's child protection sector?

In limited time available, this question has not been analysed in detail but it has been reported to us by colleagues in WA that targets work well.

Chapter 9: Oversight and complaints mechanisms

- 32. Are the department's oversight mechanisms – performance reporting, monitoring and complaints handling – sufficient and robust to provide accountability and public confidence? If not, why not?**

No response.

- 33. Do the quality standards and legislated licensing requirements, with independent external assessment, provide the right level of external checks on the standard of care provided by non-government organisations?**

No response.

- 34. Are the external oversight mechanisms – community visitors, the Commission for Children and Young People and Child Guardian, the child death review process and the Ombudsman – operating effectively? If not, what changes would be appropriate?**

No response.

- 35. Does the collection of oversight mechanisms of the child protection system provide accountability and transparency to generate public confidence?**

No response.

- 36. Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?**

It has been reported to the AASW by senior colleagues in WA that it is likely that oversight mechanisms unduly burden senior staff and thereby reduce the capacity to practice responsively to child protection matters.

Chapter 10: Courts and tribunals

37. Should a judge-led case management process be established for child protection proceedings? If so, what should be the key features of such a regime?

No response.

38. Should the number of dedicated specialist Children's Court magistrates be increased? If so, where should they be located?

No response.

39. What sort of expert advice should the Children's Court have access to, and in what kinds of decisions should the court be seeking advice?

No response.

40. Should certain applications for child protection orders (such as those seeking guardianship or, at the very least, long-term guardianship until a child is 18) be elevated for consideration by a Children's Court judge or a Justice of the Supreme Court of Queensland?

No response.

41. What, if any, changes should be made to the family group meeting process to ensure that it is an effective mechanism for encouraging children, young people and families to participate in decision-making?

The AASW recommends that the provisions of the Child Protection Act 1999 relating to Family Group Meeting (Section 51) be completely reviewed to:

- a. Restore and reinforce the principles of child and care-giver participation in decision-making,
- b. Ensure the impartiality of the Convenor in facilitating the decision-making process, and
- c. Strengthen the responsibility of the Department to support the achievement of plans developed.

42. What, if any, changes should be made to court-ordered conferences to ensure that this is an effective mechanism for discussing possible settlement in child protection litigation?

No response.

43. What, if any, changes should be made to the compulsory conference process to ensure that it is an effective dispute resolution process in the Queensland Civil and Administrative Tribunal proceedings?

No response.

44. Should the Childrens Court be empowered to deal with review applications about placement and contact instead of the Queensland Civil and Administrative Tribunal, and without reference to the tribunal where there are ongoing proceedings in the Childrens Court to which the review decision relates?

No response.

45. What other changes do you think are needed to improve the effectiveness of the court and tribunal processes in child protection matters?

No response.

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

- a. The AASW recommends that in the long-term, the greatest savings and efficiencies can be realised when the current discrepancy in investment between the primary, secondary and tertiary child protection system is addressed. The Queensland Government should invest in early intervention services that are delivered in accessible, non-stigmatising, culturally appropriate ways. The non-government sector is best suited to the delivery of these services. That said, special consideration must be given to how services can meaningfully be delivered in rural and remote locations that may not have a strong non-government sector or where there is limited staffing and capacity. Referral and access must include a range of pathways, not only through child protection services.

“The direct economic costs of child abuse and neglect are substantial. The additional costs associated with long-term effects of child abuse and neglect make the prevention of child abuse and neglect a priority. More importantly, the prevention of child abuse and neglect is a critical priority because of the social costs of child abuse and neglect and the imperative to prevent children from experiencing its devastating effects.” AIFS (2012)²

- b. Further, the AASW recommends greater accountability from government in reporting on funding for primary, secondary, and tertiary child protection services. Governments (and the community) need clear information on the nature and range of child protection services being delivered and to ensure that there is an appropriate balance in service provision to help prevent children from entering the CP system.
- c. Reducing workforce turnover

International evidence shows that frontline workforce turnover is lowest in countries where the child protection workforce has a standardised qualification base in social work and related disciplines, as the workforce is best prepared for direct practice. For example, compared to the Queensland child protection services where turnover is 73% in the first three years of practice, in the United Kingdom the child protection workforce turnover is around 11% per annum and in Norway is approximately 12% per annum (Healy & Oltedal, 2010; Local Authority Workforce Intelligence Group, 2006). In both Norway and the United Kingdom, social work qualifications or similar are mandatory entry-level qualifications for child protection workers

² Australian Institute of Family Studies (2012). The economic costs of child abuse and neglect. <http://www.aifs.gov.au/cfca/pubs/factsheets/a142118/index.html>, accessed 6/03/2013.

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

- a. The AASW recommends that the Child Protection Act 1999 be amended to mandate the State's responsibilities for the prevention of child maltreatment and the promotion of the well-being of vulnerable children in recognised
- b. The AASW recommends that forums for serious case reviews are established in all regions. The circumstances of all children and young people who are on the high risk register should be subject to a serious case review involving a whole of government review and response to the matter.

REFERENCES

Australian Institute of Family Studies (2011). Defining the public health model for the child welfare services context. <http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.pdf>, accessed 7/03/2013

Australian Institute of Family Studies (2012). The economic costs of child abuse and neglect. <http://www.aifs.gov.au/cfca/pubs/factsheets/a142118/index.html> accessed 6/03/2013.

Council of Australian Governments, Dept. of Families, Housing, Community Services and Indigenous Affairs (2012). *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020 – Second Action Plan 2012–2015*. <http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyone-s-business-national-framework-for-protecting-australia-s-children-2009-2020-second-action-plan-2012-2015>, accessed 7/03/2013.

Dumbrill, G. C. (2006). Parental expectations of child protection intervention: A qualitative study. *Child Abuse and Neglect*, 30, pp. 27-37. *Hardy & Darlington, 2008*).

Healy, K. and Olstedal, S. (2010). Child protection systems in Australia and Norway: An institutional comparison focused on workforce retention. *Journal of Social Policy*, 39(2), 255-274.

Local Authority Workforce Intelligence Group (2006). *Adult, children and young people: Local authority social care workforce survey, Report no. 36. Social Care Workforce Series*, www.lgar.local.gov.uk

Trevithick, P. (2000). *Social work skills : A practice handbook*. Buckingham : Open University.

United Nations (1989) Convention on the Rights of the Child. <http://www2.ohchr.org/english/law/crc.htm>, accessed 7/03/2013