Chapter 4

Chapter 4

Investigating and assessing child protection reports

This chapter reviews the Queensland tertiary child protection system's initial response to a notification – that is, where the department has a reasonable suspicion that a child or young person may be in need of protection. A child or young person is in need of protection if he or she has suffered harm or is at an unacceptable risk of harm, and there is no parent willing and able to protect the child.

In particular, it examines the decision-making framework and processes that assist in the assessment and investigation of reports at the front end of the tertiary system, including the Structured Decision Making tools and the SCAN (Suspected Child Abuse and Neglect) system. It examines mechanisms used in other jurisdictions in Australia and overseas, and presents some proposals for consideration in Queensland.

4.1 Current practice in Queensland

Child Safety receives reports (or 'intakes', as they are termed) about concerns from government agencies and other service providers, interstate child protection agencies and members of the public. Intakes meeting the legislated threshold (harm or likely risk) are progressed for statutory (or tertiary) protective services to be provided according to the legislative rules set out in the *Child Protection Act 1999* and the departmental practice framework contained in the *Child safety practice manual*.

4.1.1 Investigations in response to notifications

As discussed in Chapter 2, s 14(1) of the Child Protection Act requires the chief executive to either investigate allegations of harm or risk of harm to a child suspected to be in need of protection or take other appropriate action. The *Child safety practice manual*, however, requires that all notifications must have an investigative response.

Most investigations are conducted by Child Safety. Where the allegation involves a potential criminal offence, the investigation is conducted in collaboration with the Queensland Police Service, allowing both agencies to meet their respective statutory responsibilities (Department of Communities, Child Safety and Disability Services 2012a). Forensic investigations are also often undertaken across government agencies using the SCAN team process.

Child safety service centres have officers who undertake investigations and assessments. The allocation of staff and the distribution of work across child safety service centres differs considerably, however service centres typically have one team which is responsible for investigations and assessments. While these teams may be responsible for other types of intervention (predominately in-home interventions) investigation and assessment typically forms the vast majority of their caseload. Investigation and assessment teams vary in size, however each has an allocated number of child safety officers who report to a team leader. Investigation and assessment teams are not typically responsible for the case management of children in out-of-home care.

Child safety practice manual

The *Child safety practice manual* (Department of Communities, Child Safety and Disability Services 2012c) and a number of practice resources assist with investigating allegations of harm and risk of harm. The purpose of an investigation is to determine if a child is in need of protection. To assess this, child safety officers should undertake a holistic assessment of the child and family in their usual home environment and decide whether there are supports that Child Safety or other agencies can provide to the child and family (Department of Communities, Child Safety and Disability Services 2012c).

The manual also provides the following requirements for all investigations and assessments:

- All investigations and assessments are commenced within the response timeframe of the notification.
- Staff safety is prioritised in planning and conducting the investigation and assessment.
- The recognised entity is consulted for all Aboriginal and Torres Strait Islander children.
- All subject children are sighted and, where age and developmentally appropriate, interviewed during the investigation and assessment, except where the differential pathway response 'contact with other professional' is used.
- All alleged people responsible are interviewed during the investigation and assessment.
- The safety of all subject children within their usual home environment is assessed.

- A holistic assessment of the child's need for protection is conducted.
- All outcomes recorded clearly identify any unacceptable risk of future harm and a rationale for the assessment of the parent's ability and willingness to protect the child.
- At least one parent is informed of the allegations and outcome of the investigation and assessment.
- Any suspected criminal offence in relation to alleged harm to a child is immediately reported to the Queensland police (Department of Communities, Child Safety and Disability Services 2012c).

The decision-making framework

The decision-making framework used by Child Safety includes the Structured Decision Making tools, which are used at multiple points in the child protection continuum: at intake, at the investigation and assessment phase, and when providing ongoing intervention. Following the 2004 Crime and Misconduct Commission Inquiry report, the Department of Communities commissioned Dr Anna Stewart and Ms Carleen Thompson to review the available risk assessment tools. They recommended that the department adopt the Structured Decision Making system developed by the Wisconsin Children's Research Center (Stewart & Thompson 2004), to be implemented along with a range of support mechanisms to oversee and evaluate its use and effectiveness. Eight of the 10 Structured Decision Making tools that make up the system were put into use by the department in 2006 (see Chapter 2).

The tools, which are predictive rather than forensic, are based on an actuarial risk assessment model, which:

> … incorporat[es] measures that are demonstrated through prior statistical assessment to have high levels of association with recurrences of maltreatment. These criteria are included in a standardised risk assessment protocol only after the relationships among the variables have been quantified and thoroughly tested. The scoring for each measure in the instrument, and overall risk level for a family, are dictated by the previously determined statistical weighting of the variables included in the model. (Hughes & Rycus 2007, p101)

The principles underlying the Structured Decision Making policy statement are that:

- the safety, wellbeing and best interests of the child are paramount
- every child has a right to protection from harm
- consistent assessment and case planning enhance quality outcomes for children
- increased accuracy of critical decisions contributes to the safety of children
- resources are directed to families at highest risk
- the length of time taken to achieve permanency for children in out-of-home care is reduced (Department of Communities 2011a).

Although the tools are used for their supposed ability to support sound decision-making across the department, to provide a standard approach and to introduce consistency in decisions, they have been widely criticised on the basis that they:

- produce overly risk-averse decision-making and have therefore contributed to an increase in the numbers of children in care
- have been applied holus-bolus to the Queensland context, which may be inappropriate because the 'evidence base is entirely from the United States
- do not adequately assess Aboriginal and Torres Strait Islander children's 'spiritual, emotional, mental, physical and cultural holistic needs'
- can oversimplify situations and cannot deal with complexity (Gillingham & Humphreys 2010)
- undermine the 'development of skills and knowledge required in child protection' (Gillingham & Humphreys 2010)
- have added to the administrative burden placed on child protection workers (Gillingham & Humphreys 2010) and can make it harder for workers to focus on the 'human service' element of their roles (Healy & Oltedal 2010)
- are often used as accountability tools, rather than as tools to help in decision-making (Gillingham & Humphreys 2010)
- are based on statistical generalisations believed to be predictive of the behaviour of groups of like individuals. However, child protection services are not concerned with groups of individuals; they are expected to make reliable predictions about individual children in families (Gillingham 2006).

The Commission has heard evidence suggesting an over reliance on structured decision making tools in Queensland. Jan Connors, Director of the Child Protection Unit at the Mater Children's Hospital, indicates that the reliance on decision making tools is increasing.[1] While supporting the use of Structured Decision Making tools as a complement to professional judgement, the Australian Association of Social Workers (Queensland) states that the current overreliance of practitioners on decision making tools in Queensland has 'contributed to a demise in the level of knowledge, judgement and expertise of staff who do not possess a strong assessment framework'.[2] It further notes perceptions that the structured decision making tools are culturally insensitive.[3]

Professor Bob Lonne states in his statement to the Commission:

> …the use of the Structured Decision Making tools lend themselves to being incident based in their scope rather than being a holistic assessment of the circumstances and facts over time and over a number of abusive and neglectful episodes.[4]
>
> An evidence-based practice framework was heralded by the introduction of the Structured Decision Making instruments but these, in my view, have been a tragically failed experiment

> Putting aside his [Gillingham 2009, 2011] finding that the instruments were not used as intended by the developers, they are evidence-based tools which were based on the US experience. This, however, is substantially different to the Australian context with respect to significant factors including the extent of the use of drugs and firearms. In many ways USA research is substantially different to the context experienced in Australia and Queensland[5]

Documents obtained from the Department of Communities, Child Safety and Disability Services show that in 2008 and 2011, the Wisconsin Children's Research Center conducted reviews of the validity of the Structured Decision Making Family Risk Evaluation Tool[6]. The 2008 review examined the predictive validity of the tool on a sample of Queensland families. The study recommended changes in risk scores within the tool that resulted in more families being classified as low risk and recommended that data be collected on individual risk factors (Wisconsin Children's Research Center 2008). The recommended changes were implemented by Child Safety (Wisconsin Children's Research Center 2012).

The purpose of the 2011 Family Risk Evaluation validation study was to assess how well the tool classified families by their likelihood of future harm to a child, and if necessary, propose revisions to improve its ability to classify families. At the time of the report the Family Risk Evaluation tool comprised four risk levels (low, moderate, high and very high) that were used to categorise a likelihood of future abuse and harm. The study found that the tool classified families reasonably well, with families classified as high and very high risk being more likely to have subsequent investigations and substantiations then families classified as low or moderate risk. However, the study found that there was very little distinction between families classified as high risk and those classified as very high risk with respect to the likelihood of future investigations.

The study also examined the validity of the Family Risk Evaluation for Indigenous families and found that families categorised as high risk were more likely to have a subsequent investigation and subsequent substantiation than those categorised as very high risk. The study proposed changes to the amount of weight given to historical and other risk factors when determining the level of risk within a family, and proposed the introduction of three tiers of risk classification (low, moderate and high) in place of the current four levels. The modified tool was shown to increase the validity of classification for Indigenous and non-Indigenous families (Wisconsin Children's Research Center 2012). The modified tool has since been introduced into practice.

Recommendations from evidence received by the Commission regarding the future use of the Structured Decision Making tools range from the view expressed by the Australian Associations of Social Workers, which supports retaining the tools as an aid to professional decision-making,[7] through to abandoning the tools in their entirety[8].

In its submission to the Commission PeakCare offer the following recommendation:

> Either discontinue use of the SDM tools or develop strategies to ensure that:
>
> - the tools are properly used to 'inform' and not 'dictate' the outcomes of decision-making
> - the capacity to 'over-rule' the tools through the use of professional judgement and expertise is emphasised
> - the current focus placed on use of the tools in practice to determine whether or not a child is removed is replaced by a more appropriate emphasis given to use of the tools in assisting to determine what a child and their family need to live together in a well-functioning way
> - any cultural bias or over- or under-importance ascribed to various risk factors are redressed, and
> - the potential for collating the information recorded by the tools be investigated for purposes of identifying trends concerning the prevalence of various factors that may be impacting on the capacity of families to care safely for their children so that this information can be used to inform service planning at local, regional and state levels.[9]

4.1.2 The role of SCAN teams in decision-making

In 1980, the Queensland Government implemented the SCAN model to help bring government agencies together at a local level to enhance inter-agency work. As mandated in the Child Protection Act, the purpose of the SCAN team system is to enable a coordinated, multi-agency response to children for whom statutory intervention is required to assess and meet their protection needs. This coordination is achieved by:

- timely information sharing between SCAN team core members
- planning and coordination of actions to assess and respond to the protection needs of children who have experienced harm or risk of harm
- holistic and culturally responsive assessment of children's protection needs (Department of Communities, Child Safety and Disability Services 2012i).

The core representatives of SCAN teams are:

- Department of Communities, Child Safety and Disability Services
- Queensland Health
- Department of Education and Training
- Queensland Police Service
- the local recognised entity.

SCAN teams do not have distinct decision-making authority; however they are able to develop recommendations, based on consensus, for implementation by core representatives. In situations where consensus cannot be reached, an escalation process is initiated by sending the matter to senior management in each department to determine what action will be taken (Department of Communities (Child Safety Services) et al. 2010). SCAN team member agencies are accountable and retain responsibility for their actions in accordance with their respective governing legislation.

In 2009 the Queensland Government invested a total of $10.5 million in SCAN teams allocated to the various agencies as set out in Table 1 below.

Table 1: Investment in SCAN by agency, 2009

Member agency	Investment per year
Child Safety Services	$3.77m
Department of Education and Training	$1.46m
Queensland Health	$3.00m
Queensland Police Service	$2.27m
Total	**$10.5m**

A 2009 review, *Partnership in action – a shared vision for the SCAN system*, describes the key elements of the SCAN team system. At the time of that review, there were 21 SCAN teams across Queensland, each of which was chaired by a coordinator from Child Safety. Child Safety is represented by a team leader, manager or senior practitioner, Queensland Health is usually represented by a paediatrician and in some cases a child protection liaison officer, the Queensland Police Service is represented by a Detective Senior Sergeant, and the Department of Education and Training is represented by a senior guidance officer. Child Safety provides administrative and operational support. SCAN teams meet at least fortnightly with the majority meeting weekly (Department of Child Safety et al. 2009, p15).

The SCAN system was revised in October 2010 in response to a number of criticisms of the system including:

- SCAN agencies had consistently identified that, contrary to existing procedures, they were not being informed of report outcomes.
- The referral criteria were interpreted so broadly that it effectively meant that SCAN members could refer to SCAN any family reported to Child Safety.
- Cases remained open to SCAN pending the finalisation of an investigation by Child Safety, but where no further multi-agency response was required (Department of Communities (Child Safety Services) et al. 2010).

The 2009 review, *Partnership in action – a shared vision for the SCAN system*, describes the difficulties in the system as follows:

> Mistrust and lack of confidence in the perceived quality of DChS intake decisions, for example recording child concern reports as opposed to notifications, and the frustration of referring agencies at the perceived lack of response by the DChS to secondary level cases is a factor in the inability of the SCAN Team system to reach its full potential … (Department of Child Safety et al. 2009, p7)

After endorsement from the SCAN core member agencies the SCAN system was remodelled and split into two meetings:

- information coordination meetings (see below)
- SCAN meetings (Department of Communities (Child Safety Services) et al. 2010).

The reconfigured system introduced new procedures to support professional notifiers from SCAN agencies (such as teachers, police and nurses). These comprised a dedicated phone line for SCAN members and a reduction in the time for feedback to be provided on the outcome of the concern report or notification. The new procedures emphasised timely action by applying a five-day turnaround time on advice of outcomes. The agencies report that this improves their ability to fulfil requirements under the remodelled SCAN system which is described below.

The new SCAN model narrowed the referral criteria so that children had to be subject to an investigation or ongoing intervention to be referred, but introduced information coordination meetings to allow for the discussion of Child Safety responses to concerns received from core agencies. These meetings also allow for other core agencies to provide information to Child Safety to assist in decision-making about the concerns. As a result of information coordination meetings, Child Safety either:

- does not believe that the information provided changes the original decision to record a child concern report and the matter is closed, or
- believes that the additional information may affect the original decision and the matter is referred back to the Regional Intake Service (Department of Communities (Child Safety Services) et al. 2010).

The other significant change was to the closure criteria so that the case remains open only where a multi-agency response is still required. Where only one agency has recommendations that require action the case can be closed to SCAN (Department of Communities (Child Safety Services) et al. 2010).

In reviewing the SCAN model, Lamont, Price-Robertson and Bromfield (2010, p686) described the key strengths of the SCAN teams as including:

- a focus by teams on the holistic management of cases and not just the investigation processes

- effective information sharing between agencies
- increased accountability and management of child protection concerns
- better informed members due to the sharing of views and plans by other members
- the provision of advice by team members while retaining statutory obligations and powers.

Key limitations of SCAN teams observed by researchers include:

- investigative assessments are not jointly conducted and children and families may unnecessarily be interviewed on a number of occasions
- families are not included in SCAN team meetings
- to be successful meetings need to be regularly attended (at least every fortnight), which may prove difficult for time-poor professions. (Lamont, Price-Robertson & Bromfield 2010)

The Commission is exploring the option of providing a range of different responses to notifications which might involve the family, in certain cases, being provided with a family assessment and timely services without a formal determination or substantiation of child abuse or neglect. If such a model is considered suitable for Queensland, a review of the current SCAN model may need to be undertaken to ensure that families receiving a response from a 'differential pathway' can be referred to SCAN (see 4.3 below). Such a review should include provisions for the inclusion, as core members of SCAN, of non-government agencies that are responsible for specific pathways.

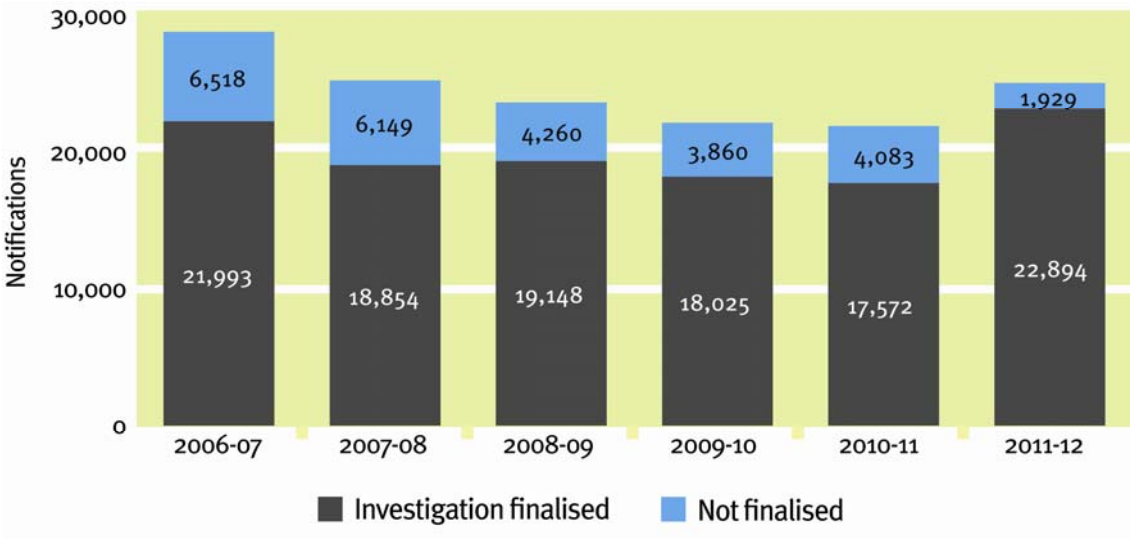
Question 5

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

4.2 Decision-making in practice – what the data show in Queensland

During the 2011–12 financial year, the Department of Communities, Child Safety and Disability Services recorded 24,823 notifications requiring investigation. Of these notifications, Child Safety finalised 22,894 investigations (92 per cent of all incoming notifications). Figure 10 shows the total number of notifications requiring investigation and assessment from 2006–07 to 2011–12. The figure shows a decline in the number of notifications from 2006–07 (28,511 notifications) to 2010–11 (21,655 notifications). However, for the 2011–12 financial year the number of notifications recorded rose to 24,823.

Figure 10: Notifications requiring investigation by whether completed, Queensland, 2006–07 to 2011–12



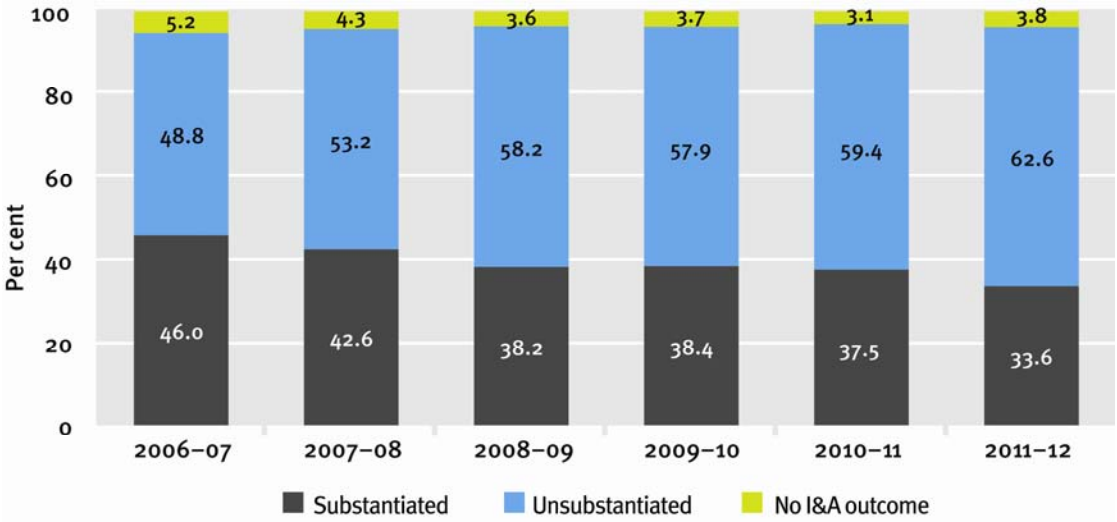
Source: Department of Communities, Child Safety & Disability Services, *Our performance*, Table IA.1.

Notes: *Investigation finalised* includes where an assessment has been finalised and the investigation outcome was recorded within two months of the end of the reference period, and outcomes where the investigation was unable to be commenced or completed because of insufficient information or inability to locate a child or family. *Not finalised* includes notifications where the investigation was still in progress or the outcome was not yet recorded.

4.2.1 Substantiation rates

The proportion of investigations completed with a substantiated outcome has declined steadily over the past six years – from 46 per cent in 2006–07 to 34 per cent in 2011–12 (see Figure 11). Over the same period the proportion of investigations finalised with an unsubstantiated outcome has increased from 49 per cent to 63 per cent.

Figure 11: Finalised investigations by outcome (proportions), Queensland, 2006–07 to 2011–12



Source: Department of Communities, Child Safety & Disability Services, *Our Performance*, Table IA.1

Notes: *No I&A outcome* is recorded where it is determined that the investigation was unable to be commenced or completed due to insufficient information or inability to locate a child or family.

The implications of the increasing rate of unsubstantiated cases are described by Scott (2006, p10) as:

> … very likely to reduce the coping capacity of parents by causing high levels of stress, and by reducing their informal social support and their use of services, as parents are left very suspicious about who in their kith or kinship circle, or who in their local service system, may have notified them to the authorities … Parental stress and low social support are two of the strongest correlates of child abuse and neglect. While this is an area in which it is hard to conduct research for ethical and privacy reasons, it is very likely, in my view almost certain, that our current unsubstantiated child protection investigations are actually increasing the risk of child abuse and neglect for many children. For this I believe we will one day be rightly held morally responsible, as the capacity of current policies and practices to cause further harm to families on such a massive scale is so self-evident. We have become so concerned about the 'false negatives' in child protection that we ignore the adverse effects of the 'false positives'.

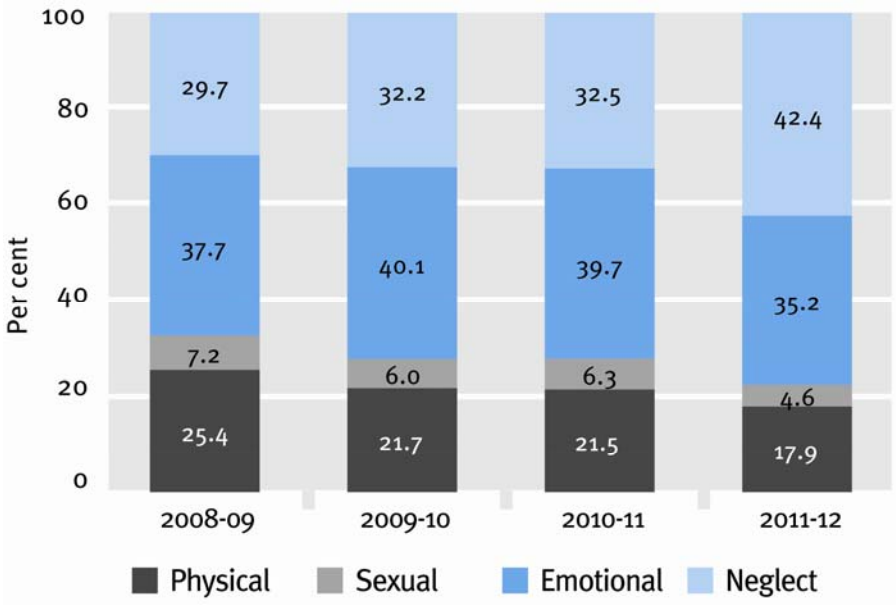
Professor Bob Lonne puts the corresponding decrease in the proportion of substantiated cases in context:

> Over the past two decades in particular, Australia and other Anglophone countries that have embraced these sorts of systemic approaches with their attendant focus on investigation as the primary form of service provided have experienced huge increases in the numbers of notifications of suspected child abuse and neglect. This has been a major issue in Queensland (Australian Institute of Health and Welfare 2012). The massive increases in demand have flowed through to major workload increases, primarily around investigations yet the typical trend is for the proportion of substantiated cases to steadily decrease (Lonne et al. 1989). What happens then is that

> the focus of the system becomes the hunt for incidents of harm, or risk of harm, rather than the provision of help to families and children in need. Essentially the organisational mission and dominant discourse alters over time to emphasise the criticality of ensuring resources are available to meet increasing numbers of reported notifications.[10]

Figure 12 describes substantiations by the most serious harm type identified during the investigation. This figure shows an increase in 2011–12 in the proportion of substantiations recorded as neglect, but this may be accounted for by a system change in August 2011 that expanded the neglect classification to include 'failure to protect' a child from abuse caused by another person. Neglect and emotional harm account for more than three quarters of substantiated outcomes.

Figure 12: Substantiated investigations by most serious type of harm (proportions), Queensland, 2008–09 to 2011–12



Source: Department of Communities, Child Safety & Disability Services, *Our performance*, Table S.4.

Notes: In August 2011, substantiated harm types recorded in the system were expanded to include 'failure to protect' a child from abuse caused by another person, resulting in an increase in the number of matters that can be recorded as neglect.

Earlier research conducted by Tomison (1995) may help explain the figures on neglect and emotional harm. Tomison argues that child protection workers use official case labels to misclassify cases:

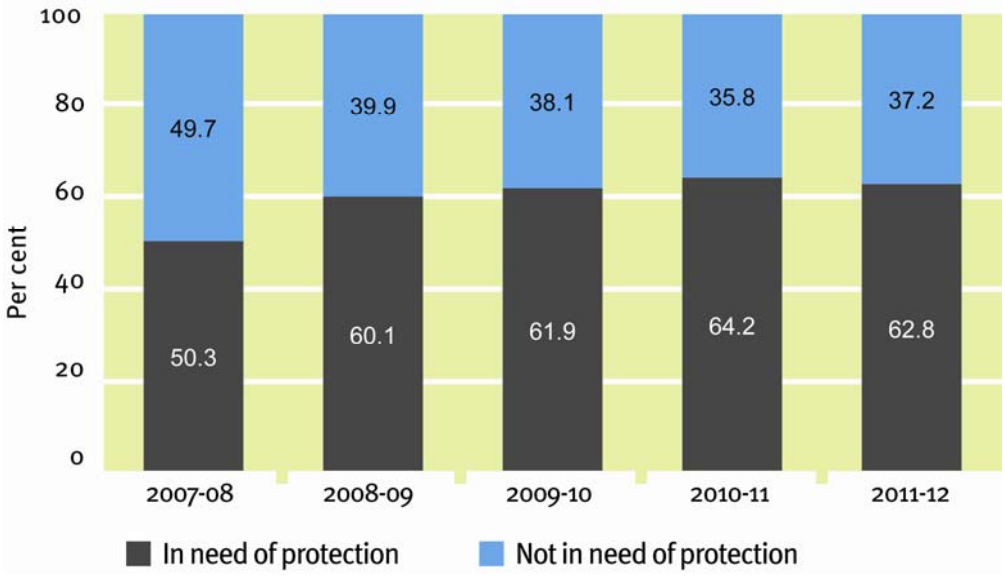
> It is contended that when dealing with cases involving both abusive and neglectful concerns, workers sometimes minimise the abuse and mislabel cases as neglect. It is argued that this misclassification occurs because neglect cases are generally dealt with by the provision of family support services, whereas abuse cases, particularly sexual and physical abuse cases, are likely to require more stringent protective intervention.

Thus, the perceived lesser severity of neglect may in fact be used by some workers to minimise child abuse and the level of protective intervention required.

Tomison states that almost half of all substantiated cases in Victoria in 1987–88 were labelled as emotional abuse and that between 14 and 22 per cent of these cases were inappropriately labelled. The findings led to changes in the way Victoria categorised abuse, with the category 'likelihood of significant emotional harm' being removed from the classification system altogether. The action is suspected to have contributed to a reduction of about 31 per cent in the proportion of substantiated cases of emotional abuse over the three years following the report.

Further analysis of substantiated outcomes is contained in Figure 13, which breaks down all substantiated outcomes by whether the child was assessed as being 'in need of protection' or 'not in need of protection'. Over the past five years the proportion of children found to be 'in need of protection' has increased (albeit less so in more recent years), while children found 'not in need of protection' decreased. This has resulted in a higher proportion of children and families being eligible for ongoing intervention (Wagner & Scharenbroch 2011a).

Figure 13: Substantiations by whether the child was in need of protection (proportions), Queensland, 2007–08 to 2011–12



Source: Department of Communities, Child Safety & Disability Services, *Our performance*, Table S.5.

Notes: Where a substantiated investigation relates to more than one child, a substantiation is counted for each child. If a child was subject to more than one report during the period, a substantiation is counted for each instance.

4.2.2 Frequently encountered families (high-level service users)

A core component in modern child protection systems is the provision of services to families to reduce the likelihood of future maltreatment. The 2012 Report on Government Services (Steering Committee for the Review of Government Service Provision) uses re-substantiation as an indicator of whether there has been improved safety for children after an investigation. Re-entry into the child protection system after an investigation or ongoing intervention is indicative of either the failure to correctly identify risk factors and needs within families, or the lack of success of support services in facilitating meaningful long-term change in families where risk and needs are identified.

Information provided by Child Safety shows that in 2010–11 between 60 and 70 per cent of households investigated for allegations of child maltreatment were previously known to the department. Further, 26 per cent of families had been subject to some form of ongoing intervention by the department. This ongoing intervention was a support service case,[11] intervention with parental agreement, supervision or directive order, or child protection order granting custody or guardianship of a child to the chief executive. Only 32 per cent of families investigated had no previous contact with Child Safety. This indicates there are failures in identifying families requiring support and the capacity of current support arrangements to facilitate sustainable change in families.

In December 2010, Child Safety requested that the Children's Research Center[12] undertake an examination of the case characteristics of families who had been subject to multiple investigations by the department. A sample of 5,847 children from 2,654 families involved in investigations between 1 April 2009 and 30 June 2009 was examined. The study found that 15 per cent of children (16 per cent of families) had been subject to three or more investigations in the past 36 months and for the purpose of the study were identified as frequently encountered. The researchers state that Queensland did not have an unusually high percentage of frequently encountered families, based on their review of related studies (Wagner & Scharenbroch 2011a).

The report also made the following findings relating to frequently encountered families:

- These families are typically larger than those with fewer than three prior investigations, have older children and are more likely to be single parents.
- A significant proportion of these families had more than three investigations conducted in the 36 months of the study period, with 25 per cent having four investigations and 12.8 per cent having five or more investigations.
- Prior substantiations for abuse and neglect were much more likely for families who were frequently encountered.
- Previous ongoing intervention with the department was substantially more likely for these families (52.3 per cent versus 7.1 per cent for families with fewer than three previous investigations).
- One-third of children in these families had been placed in out-of-home care

previously, compared with only 7 per cent of children from families with fewer than three previous investigations.

- These families were more likely to be investigated for allegations relating to neglect and emotional harm than were families with fewer than three previous investigations.
- Investigating officers assessed children in these families as unsafe at twice the rate of other families subject to investigations and assessed them as in need of protection at more than twice the rate of other families. However, 49.8 per cent of investigations of these families were unsubstantiated.
- These families have ongoing intervention by the department opened at more than twice the rate of families with fewer than three previous investigations (42.8 per cent versus 19.6 per cent).
- Parents from these families were more likely to have mental health problems, a history of childhood abuse and neglect and a criminal history. Parents were nearly twice as likely to have a substance abuse problem, and family violence was present in nearly one-third of households, compared with one-fifth in other families subject to investigation.
- Parents from these families were more likely to blame the child for events in the household, justify the abuse or neglect by reference to the child's behaviour, provide insufficient emotional support to the child and use inappropriate disciplinary methods.
- Parents from these families were more than twice as likely to have injured a child in a prior assessment (21.6 per cent versus 11 per cent).
- Children from these families typically have significantly higher incidence of behavioural and mental health problems, developmental delay and physical disabilities, and past juvenile offending.

Several things are clear from this study. Child Safety has been aware for some time that there is a cohort of families who are frequently in contact with the state and have multiple and complex needs. The current response to these families is failing to make sustainable changes and substantial resources are used in servicing them.

In an examination of frequently encountered families in St Louis, Missouri, Loman (2006) found similar family characteristics in frequently encountered families to those in Queensland. Of particular interest is the significant amount of resources used to serve a small number of families in the child protection system. Loman found that one-fifth of families in the child protection system in St Louis had undergone four or more investigations, but that half of all the departmental spending over five years was used on service provision to these families, including costs associated with foster care, residential care and treatment for children and parents. What this figure did not include was administrative and case management costs, which would also have been substantial given the time associated with casework, supervision and administration for multiple investigations and intervention services (Loman 2006).

These reviews highlight the urgent need for reform in responding to families where emotional abuse and neglect are identified as the primary concerns. An alternative response to these families is the provision of timely, effective support, and substantial support is essential for preventing subsequent notifications and investigations.

Question 6

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

Question 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?

4.2.3 Family violence

The Commission recognises the unique challenges associated with family violence and the complexities of protecting children in these families. Responding to the protection needs of children in households where violence is present is a challenge faced by child protection systems throughout Australia and the developed world. Child Safety has recognised the complexity of this issue and in 2010 a study was undertaken by the Children's Research Center relating to family violence in Queensland families subject to an investigation by Child Safety (Wagner & Scharenbroch 2011b).

It is widely recognised that family violence incidents may or may not be directly related to child maltreatment or result in the child being physically harmed. However, these incidents can diminish a parent's capacity to care for children and being a witness to these incidents may cause emotional harm to the child (Wagner & Scharenbroch 2011b). James (1994) provides the following summary of the impacts of family violence on children:

> Infants are reactive to their environment; when distressed they cry, refuse to feed or withdraw and are particularly susceptible to emotional deprivation. They are extremely vulnerable. Toddlers, who are beginning to develop basic attempts to relate causes to emotional expressions, can often be seen to have behavioural problems such as frequent illness, severe shyness, low self-esteem and trouble in daycare as well as social problems such as hitting, biting or being argumentative. Gender differences can emerge at this stage. By preschool age, children believe that everything revolves around them and is caused by them. If they witness violence or abuse, they believe they have caused it. Some studies have shown preschool boys to have the highest ratings for aggressive behaviour and the most serious somatic difficulties of any age group. Primary school age children, particularly in the latter stage, begin to learn that violence is an appropriate way of resolving conflict in human relationships. They often have difficulties with schoolwork and girls in this age group have been found to have the highest clinical levels of both aggression and depression. Adolescents see the violence

> as their parents' problem and they often regard the victim as being responsible. Ongoing conflict between parents has a profound influence on adolescent development and future adult behaviour, and can be the strongest predictor of violent delinquency.

Wagner and Scharenbroch's (2011b) analysis of family violence in families subject to child protection investigations in Queensland dealt with 4,457 families, and identified that family violence incidents had occurred in about 29 per cent of families subject to investigation. As part of the study, a comparison was conducted between families subject to a child protection investigation where family violence had been identified, and families who were subject to an investigation where no family violence was identified. The study found that families subject to investigation where family violence was identified:

- tended to have a younger (aged under 30 years) primary caregiver
- were substantially more likely to have prior child safety services involvement and higher rates of substantiation
- tended to be larger and have younger children
- had higher numbers of allegations of emotional and physical abuse
- had higher rates of children entering out-of-home care
- used safety plans[13] twice as often, and children were found to be in need of protection more frequently
- had caregivers who were dramatically more likely to have current substance abuse problems (46.6 per cent versus 17.7 per cent), to have a criminal history, or to have previously caused an injury to a child.

These findings indicate that, although ongoing intervention is offered more frequently for families where family violence is occurring, the current mechanisms of support for these families are not meeting their complex needs. This is evidenced by the significantly higher risk of re-entry into the child protection system despite high levels of ongoing intervention opened by Child Safety. Substantial change to how Child Safety responds to families where family violence is present is required to reverse this trend.

Women's House Shelta, based at Woolloongabba in Brisbane, identifies a number of issues relating to child protection practice in Queensland and family violence. It contends that the dominant explanations of family violence in the child protection system perceive it as a matter of interpersonal conflict, relationship breakdown, poor anger management or substance abuse, and that it relates to people with low socio-economic status and particular cultural groups. Participants at a 2009 forum for family violence workers organised by Women's House Shelta observed that:

> within the child protection system, domestic violence is often framed as something that women participate in, or that they 'choose'; with women being accused of 'failure to protect', an 'unwillingness to protect' or that they are 'unable to protect' their children from domestic violence.[14]

The submission by Women's House Shelta further states that sufficient attention is not paid to the power dynamic inherent in family violence relationships, the control that perpetrators exert over women and children, or how support can be provided to women to enable them to keep their children safe. During a forum held by the Women's House Shelta, participants offered the following:

> In terms of the methodology of Child Safety assessments, problems identified included – workers relying on hearsay as evidence, an investigation stopped while the woman was in refuge, investigations being 'inappropriate' and lacking offers of appropriate support to the woman, children and other family members.[15]

4.2.4 Overview of investigative practice in Queensland

In reviewing investigation practices in Queensland, it is evident that the current response to alleged child maltreatment is not meeting the needs of all children and their families. The complex task of determining a response that meets the needs of vulnerable children and young people is further complicated by:

- the limited types of response that are available after the determination that tertiary action is needed (Tomison & Stanley 2001a)
- requirements for investigations to be conducted before the provision of support[16]
- community expectations and negative media attention leading to practitioners being more risk averse to avoid public condemnation for making the 'wrong' decision (Price-Robertson & Bromfield 2011)
- difficulties in engaging with families during and after the current adversarial approach to the assessment of child protection concerns[17]
- limitations of resources brought about by risk-averse intake decisions (Tomison & Stanley 2001a), as evidenced by high rates of unsubstantiated investigations and low conversion rates to ongoing intervention.

A submission from the Family Inclusion Network (Townsville) contends that the current approach to investigation:

- results in unharmed children entering out-of-home care via substantiation of risk alone
- is risk averse and relies on policies written in response to extreme cases rather than the majority of cases
- victimises mothers who experience domestic violence by holding them accountable for the protection of their children
- demonises fathers
- is adversarial and does not recognise positive changes in families
- results in assessments that are not thorough

- is unsupportive and disrespectful
- inconsistently listens to and acts on the views and wishes of children
- is feared by the community
- harms the children it removes under the guise of protecting them.[18]

The forensic nature of Child Safety investigations in Queensland has been identified as unduly delaying the provision of support to parents and children during the assessment phase,[19] and as being dangerous and harmful to children.[20]

Dr Phillip Gillingham argues that, in Queensland, the separation of support services from the child protection function by creating a department focused on forensic investigation has severely limited the ability of the tertiary system to prevent child abuse and neglect. Dr Gillingham also contends that this forensic focus and inability to provide support 'may, in part, account for observations that the department is overwhelmed, as it struggles to deal with high numbers of children identified as requiring out-of-home placements, re-notifications, multiple investigations about the same children and, most unfortunately, re-substantiations of abuse and neglect'.[21]

4.3 Developing a better model for Queensland

4.3.1 Understanding the complexity of decision-making in child protection

The Commission recognises the crucial role that investigation and assessment workers play in the child protection system. The workers in these roles make difficult decisions that can have a lifelong impact on a child and family. These decisions are rarely clear-cut and the possibility of making a 'wrong' decision and attracting negative attention, both personally and organisationally, adds stress to the role. Given the importance of this aspect of child protection work, it is essential to understand the complexity of decisions being made and the errors that can occur.

The difficulty of decision making in this area is well recognised in the social work literature as Mansell (2006, p103) notes:

- On the basis of [notification] information elicited some cases are clear-cut. However there are 'grey area' cases caused by complex, unclear, ambiguous or unreliable information. Decisions in these circumstances can be characterised as 'decision making under uncertainty'.
- Caseworkers must distinguish between child neglect, bad parenting and the effect of poverty and they must do this without the aid of accurate assessment tools … Rarely is all relevant information available, hampering problem solving efforts.
- Assessing risk and identifying child abuse and neglect are difficult tasks … Some mistakes are inevitable because they are due to our limited knowledge.

Uncertainty, inconsistency and unpredictability in decision-making and assessments can be caused or compounded by a number of factors:

- indeterminacy of response thresholds based on vague definitions or key concepts such as 'harm' and 'risk' that trigger a particular protective response
- ambiguity about the level of evidence required to meet the threshold for a child protection response
- resistance of interviewees
- conflicting information or lack of information
- time pressures
- inherent limitations in human judgement where it is necessary to consider a range of different information of variable quality to arrive at a decision
- inexperience and lack of relevant training.

Mansell (2006, p104) identifies three factors associated with uncertainty in decision-making in child protection:

- the thresholds for intervention can shift in response to new definitions or pressures
- risk is a concept that is not distinct from social and cultural beliefs about it and therefore can shift in response to new concerns and beliefs
- errors are common and will always be made.

Despite the difficulty in decision-making in this area, it is important to strive for best practice because flawed reasoning can have significant negative effects on children and families. Children may suffer further avoidable harm, which in some cases results in death, where a decision is made for a child to remain with their family. Alternatively, unnecessary intrusion into the lives of families can also have a significant negative effect.

Reasoning error also impacts on the child protection system and the practitioners who work within it. Decision-making errors are a contributing factor to the current risk-averse nature of tertiary child protection. Price-Robertson and Bromfield (2011) state:

> Within the popular discourses of 'risk societies', risk to children is considered to be measurable and manageable. The implication of this is the widespread belief that harm to children can always be effectively predicted and prevented – and that if it is not, then someone is to blame.

This dubious belief pervades negative media reporting and editorials about 'wrong' child protection decisions or systems failure, particularly after the death of a child. In response to such attention, intakes, investigations and child protection practice in general have become highly defensive and more risk averse (Price-Robertson & Bromfield 2011).

Bearing in mind the complexity of child protection decision-making, especially at the notification and investigation stage which is the gateway to the tertiary system, the Commission has examined some alternative models operating in other jurisdictions to assist in developing proposals for improvement.

4.3.2 Differential response pathways

The 'differential response' pathway, also referred to as multiple track or alternative response, is an approach to child protection concerns that allows agencies to provide a range of different responses to notifications of child abuse and neglect, depending on factors such as the type and severity of the allegations, the child protection history of the family, the age of the child and the parents' willingness to work with services.

Differential responses or pathways have been implemented in many jurisdictions, both nationally and internationally, to provide flexibility to child protection systems by enabling a range of responses to meet the care and protection needs of children, in addition to the forensic assessment of child protection allegations or suspicions. As noted earlier, in Queensland children notified to Child Safety receive one of two responses. For concerns where a child has been harmed or is at unacceptable risk, and there is a reasonable suspicion that the child does not have a parent willing and able to protect them, a forensic investigation is undertaken. For those children not meeting the threshold for a forensic assessment, the concerns are recorded on an information database and no further action is taken. The exception to this is the Child Safety South East Region, which is currently trialling the Helping Out Families initiative, as discussed in Chapter 3.

A summary of the literature on differential response pathways in the United States, compiled by the Washington State Department of Social and Health Services, revealed:

- Families served through a differential response system are more likely to receive in-home services, indicating that differential responses may:
    - demonstrate that a less adversarial approach, without the need to make findings, encourages families to engage in service plans
    - reflect that community services are more available to meet the needs of families who are categorised by the child protection agency as being lower risk and without problems that immediately threaten a child's safety
    - reflect that lower-risk families in which immediate safety problems are not present are more amenable to engaging in services.
- Children are less likely to experience a subsequent report of maltreatment or investigation. There has been no report of an increased risk to children referred using a differential pathway.
- In general, families assigned to the assessment track tended to have fewer children placed in out-of-home care compared with families where children were in the investigative track. Again, this could be the result of a more family-centred

approach in the assessment track or the result of referring lower-risk families to the assessment track.

- There was an increase in the percentage of cases substantiated in the investigative track. Most assumed that the higher substantiation rate was the result of the concentration of sexual abuse and severe physical abuse cases in the investigative track and the elimination of cases from the investigative track that would not have been substantiated. However, a study from Missouri indicated that collaboration with law enforcement, attorneys and medical experts improved after the introduction of differential responses and this resulted in improvement to the quality of investigations (Department of Social & Health Services 2008).

The effectiveness of differential pathways may be partly explained by Tomison and Stanley (2001a), who identified that a substantial proportion of notifications are inappropriately labelled as allegations of child maltreatment and abuse by those who referred the cases to child protection services. Many of the notifications involve families who had not maltreated their child but who had more generic problems, such as financial or housing difficulties, an incapacitated caregiver, or serious stress problems. Tomison and Stanley suggest that, although such 'at risk' cases may require assistance, they do not require child protection intervention, and labelling them as cases of child abuse or neglect further taxes limited child protection resources. This approach takes resources away from substantiated child maltreatment cases, and raises questions in relation to child protection screening or gate-keeping practices, and the availability of primary and secondary services (Tomison & Stanley 2001a).

An example of differential response in action - Olmsted County, Minnesota

Sawyer and Lohrbach (2005) describe the four differential response options for notification reports in the Olmsted County, Minnesota model. These are:

- a forensic child protection investigation
- a domestic violence–specific pathway
- a family services assessment
- a child welfare response.

In this model, forensic child protection investigations are undertaken for all matters relating to child sexual abuse, concerns relating to the quality of care for children already placed in out-of-home care, and where there is serious harm to a child. The agency then makes a formal finding about whether child maltreatment has occurred and whether further action is required by child protection authorities to ensure the safety of the child. This response typically involves reports of:

- serious physical, medical or emotional abuse and serious neglect where a referral for law enforcement involvement is required

- child sexual abuse
- children in licensed care facilities (such as residential care) or foster care
- a serious violation of the criminal statutes
- specific acts of the parent or caregiver that have a high likelihood of resulting in court-ordered removal of the child or caregiver from the home.

The family violence–specific response is used where there is a report of a child being exposed to family violence, and provides an assessment that may result in the provision of services without a formal finding of child maltreatment or 'harm'. In Olmsted County, about 90 per cent of all family violence–related reports that would previously have qualified for a forensic assessment became a family violence–specific response between 1999 and 2004.

The family services assessment is used for reports of harm that typically:

- are assessed as a low or moderate risk of physical abuse
- concern children who are without basic necessities such as food, shelter or clothing
- involve health and medical needs that, if left unattended, can result in harm
- relate to concerning or damaging adult–child relationships
- are based on the absence of supervision or proper care
- involve educational neglect.

This strategy offers a family assessment of needs affecting the safety, stability or wellbeing of the children in the household. The assessment does not result in a finding of maltreatment, but it does inform the provision of services offered to the family. This alternative response represents 41 per cent of all reports that would traditionally have been forensically investigated (Sawyer & Lohrbach 2005).

The final response available is the child welfare option, which is offered to all families notified to the tertiary child protection authority with children five years old or younger where concerns do not meet the threshold for one of the above responses. Under the program, all qualified families receive a visit from a social worker and an offer of needs-based support.

A key feature of the model is the use of a group process for decision making supporting the view that it is an agency decision and an individual social worker is not expected to carry the weight of an intervention decision alone. Sawyer and Lohrbach argue that the group decision-making process builds agency capacity to make more consistent and reliable decisions over time (2005).

Queensland's trial of differential response pathways

In December 2012, the Department of Communities, Child Safety and Disability Services commenced a trial of differential response pathways in the South West Region and the North Coast Region. The trial involves two new differential response pathways as options to the traditional assessment and investigation response for notifications where information indicates that a lower level of risk is present in the home and a supportive approach is likely to best meet the needs of the child and family. The two new responses are:

- 'Assessment and support': a process focusing on need and support, balanced with risk assessment. The assessment is conducted with a child safety officer and a non-government support service worker, as opposed to a second child safety officer. A joint meeting is held with the family, rather than a formal interview, where discussion centres on whether the family is in need of support. When it is determined, with the family, that support is required, the non-government agency will deliver relevant services. In most circumstances, Child Safety will open a support service case.
- 'Direct referral': a non-investigative response, where the family may have recently had contact with the department. This pathway can be used when Child Safety has determined, after contact with those support services involved with the family, that there are no safety concerns for the child. The child safety officer will not meet the family or record an assessment about whether the child is in need of protection.

A review of the current trial will be undertaken in June 2013.[22]

4.3.3 Two stage assessment and joint investigation teams - New South Wales

The Department of Family and Community Services in New South Wales has adopted a model that includes a two stage assessment process and the use of joint investigation teams.

Most child abuse and neglect investigations undertaken in New South Wales are conducted by staff from a community services centre. The investigative process used by Community Services involves a two-stage assessment. In the initial stage, additional information may be gathered to help determine whether a formal assessment should be undertaken. Information can be gathered from the child's school, child care centre, medical service or other organisation. When this information indicates that the care arrangements are sufficient to meet the child's needs and that the circumstances outlined in the report have been adequately dealt with, the report may be closed without further investigation.

Where it is determined that an assessment is required, a stage two assessment is undertaken, which involves direct interviews with the child, family members and other child protection partners. Stage two of the assessment establishes whether the child is

(or will be in the foreseeable future) safe, taking into account the concerns reported, the environmental and familial situation, and individual characteristics of the child and family members. A joint investigation response team undertakes all stage two assessments involving serious child abuse that may constitute a criminal offence (Department of Family and Community Services 2011).

The joint investigation response team responds to a relatively small proportion of cases in which children are notified to the Department of Family and Community Services (Cashmore 2002). The cases referred to a joint investigation response team typically involve abuse that may constitute a criminal offence (Department of Family and Community Services 2012b). It has been noted that, although the referral criteria for the joint investigation response team make specific reference to physical abuse, sexual abuse and neglect, in practice a joint investigation response team predominantly responds to cases of alleged child sexual abuse (Bromfield & Higgins 2005). Response teams are staffed by Community Services, New South Wales Police and New South Wales Health professionals, who undertake joint investigations. These investigations link the risk assessment and protective interventions undertaken by Community Services with criminal investigations undertaken by New South Wales Police. New South Wales Health professionals undertake medical examinations and provide counselling and therapeutic services as part of the investigative process, where required (Department of Family and Community Services 2012b).

The benefits of the joint investigation response team model include its tailored approach to service and its ability to alleviate child trauma (Department of Family and Community Services 2011).

An evaluation commissioned by Community Services, New South Wales Police and New South Wales Health found that joint investigations resulted in better collaboration and information sharing between Community and Family Services and police, and more effective investigations and prosecutions. However, the evaluation found little evidence that joint investigations lead to better protective outcomes for children, other than the prosecution of the alleged offender.

Questions were raised about problems of inadequate supervision and a lack of available family services staff after hours, and a lack of recognition and support for police, including the need for additional and realistic training (Cashmore 2002).

A subsequent review of the joint investigation response team recommended:

- reforming the initial response to emphasise planning focused on the safety, welfare and wellbeing of children as well as the investigative process
- increasing the support provided to children
- improving access to forensic services and counselling provided by New South Wales Health
- developing improved ways of working with Aboriginal families and communities,

particularly where child sexual assault is a problem

- investigating opportunities to amend the current sexual abuse criteria
- putting a greater emphasis on professional development and support of staff, as well as improving joint investigation response team data
- looking at the potential for improvements in governance within agencies (Department of Community Services 2007).

4.3.4 Joint investigations - Child advocacy centres in the United States

Child advocacy centres are designed for the investigation of allegations of severe child abuse. These centres were first introduced in the United States in 1985 and they are used to conduct the majority of forensic medical assessments in child abuse investigations. There are now more that 800 centres in the United States and similar entities have been established in 10 other countries (National Children's Advocacy Center 2012).

The centres offer multi-disciplinary coordination of investigations in a child-friendly environment for forensic interviews, increased professional training for forensic practitioners, and increased access for children to medical and therapeutic services (Lamont, Price-Robertson & Bromfield 2010).

The teams working from child advocacy centres comprise members from law enforcement, child protection workers, medical practitioners, mental health professionals and prosecutors. The aims of these centres mirror those of a joint investigation response team, including reducing the number of times a child needs to re-tell his or her story, improved inter-agency cooperation and coordination, and efficient use of community services and resources (Lamont, Price-Robertson & Bromfield 2010).

Studies of the effectiveness of child advocacy centres have identified that their major strength is the promotion of inter-agency collaboration during investigations. Research also suggests that better-quality medical assessments are undertaken and, as a result, decision-making is more consistent in cases investigated at a child advocacy centre (Lamont, Price-Robertson & Bromfield 2010).

In a study undertaken by Newman, Dannenfelser and Pendleton (2005), child protection workers and law enforcement workers were surveyed about their use of child advocacy centres. The results identified five main reasons for their use in the investigation of child abuse:

- a child-friendly environment ('respondents believe that the nurturing and safe child-friendly environment not only reduces the potential for secondary traumatisation, but also promotes self-disclosure and more accurate interview results')

- referrals, support, assistance with counselling, and medical examination ('the provision and referral for counselling services following disclosure and forensic interview was considered important and the ability to provide medical exams on site was seen as advantageous')
- expertise of interviewers ('respondents stated that the Child Advocacy Centers workers were expert interviewers because of their experience and training')
- formal protocols for the investigation of child sexual abuse cases ('respondents stated in some cases that they use the center because it is the mandated procedure or protocol')
- access to video and audio equipment and a two-way mirror ('the respondents found that the space and equipment offered for video and audio recording was of great value to them … [respondents] also found one-way mirrors to be helpful in interviewing and assessment because they could unobtrusively observe and give input without overwhelming the child by their presence').

Lamont, Price-Robertson and Bromfield (2010, p691) summarise the research available on child advocacy centres as follows:

> … it appears that Child Advocacy Centres can provide thorough, high quality assessments/investigations in a less intrusive manner for families that may also reduce the amount of times children are interviewed and examined. Such assessments have also been proven to be more likely to result in a child protection substantiation.

After a visit to a centre using the child advocacy centres model, Ryan (2009, p46), identified key considerations for the use of this type of model in Australia. He stated:

> … the benefits of a one stop service are clearly evident in terms of improved outcomes and impact on children. Furthermore the approach to collaboration with multi-disciplinary work clearly demonstrates the benefits of all stakeholders working together from the start of an investigation and having dedicated child friendly locations for the assessment and interview of children.

Ryan recommended the implementation of a trial of a similar approach in Queensland, the establishment of specialist forensic interviewing services and opportunities for joint training and development.

4.3.5 Integrated Structured Decision Making and Signs of Safety strategy

The Signs of Safety model, developed in Western Australia in 1993, is a framework for child protection practice that incorporates risk assessment and strengths-based family engagement. Signs of Safety is based on the idea that, in order to create sustainable changes in a family, the child protection worker must actively and deliberately also look for signs of safety that exist in the family and, with the family, create solutions for meeting the child protection needs of children in the home (Park 2010). The approach asks and answers the key question 'How can the worker actually build partnerships

with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?' (Signs of Safety n.d.). Signs of Safety has been adopted in parts of the United States, Canada, the United Kingdom, Sweden, the Netherlands, New Zealand and Japan.

In the Queensland context, one of the practical advantages of the Signs of Safety model is that it can be adapted for use with the Structured Decision Making tools, and this has been done in several United States jurisdictions. Fourteen Californian jurisdictions are trialling hybrid models that fuse Structured Decision Making tools and Signs of Safety strategies (Hatton & Brooks 2011). As well, all counties in Minnesota currently use Structured Decision Making tools and many have embraced the Signs of Safety model (Skrypek, Otteson & Owen 2010).

This approach helps to clarify thinking about past, present and future harm, deepens understanding about how to identify acts of protection, and integrates findings from Structured Decision Making assessments to inform decisions about current intervention strategies (Freitag 2011, p1).

In Olmsted County in Minnesota, after the integration of Signs of Safety with Structured Decision Making, the number of children that child protection authorities worked with tripled, the number of children entering care halved, the number of child protection matters brought before the court halved, and recidivism rates for child abuse and neglect fell to 2 per cent (Meitner 2012).

In Carver County, Minnesota, there have been similar trends after the integration of Signs of Safety with Structured Decision Making in 2004. In 2004–05, Carver County terminated parental rights in 21 families. By 2007, only four families had parental rights terminated and placements of children in out-of-home care had declined, along with the number of child protection matters before the court (Meitner 2012).

Question 8

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

4.4 Proposal for consideration

After examination of models operating elsewhere, the Commission has developed a proposal for consideration which attempts to incorporate what appear to be some of the more effective components of a notification, investigation and assessment system. The model is outlined below and the Commission hopes to receive input on this model in response to this paper.

Differential response pathways

To complement the statewide expansion of the Helping Out Families initiative as suggested in Chapter 3 of this discussion paper, Child Safety could implement a differential pathway for families meeting the threshold for statutory intervention. This differential pathway could include:

- several different responses, including a response specifically for family violence (akin to the model implemented in Olmsted County)
- the capacity to undertake forensic investigations for the most serious cases of maltreatment, primarily physical abuse and sexual abuse, where court action is likely to be required or a criminal investigation is required
- the capacity to provide strengths-based intervention by community-based case management services for families where concerns relate to emotional harm and neglect
- services that aim to meet the immediate needs of the family to ensure the safety of the child, followed by working with the family to reduce the likelihood of future tertiary intervention. An example of how this system may look and how it may interact with ongoing intervention services is shown in Figure 14.

The introduction of differential pathways, particularly those in the non-government sector, will require substantial investment and training to ensure that service provision to vulnerable children is of a quality that meets community expectations. The Commission suggests that training for staff working in each response stream be tailored to the individual skill sets required for each response.

All response streams should share a common framework for engaging families. Consideration should be given to the Signs of Safety model, given its ability to integrate Structured Decision Making tools.

A review of the current SCAN model should be undertaken to ensure that families receiving a response from a differential pathway can be referred. The review should include provisions for the inclusion of non-government agencies that have relevant responsibilities.

Question 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?

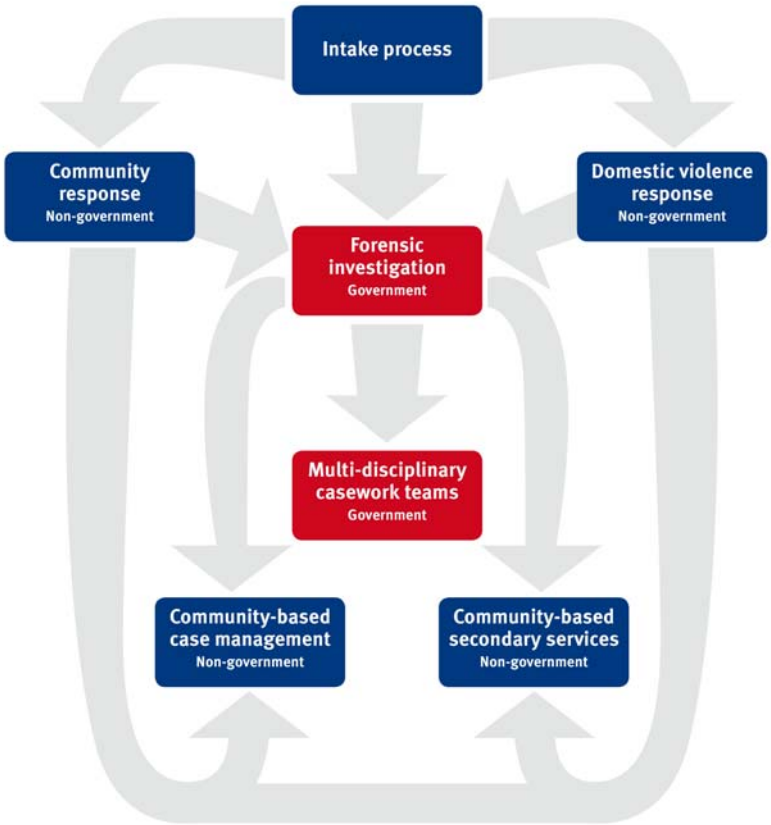
Forensic investigation teams

Forensic investigation teams could be separated from casework teams and located in a separate agency or department (see Chapter 5 for a discussion of this). These teams would work with members of the Queensland Police Service and health professionals. The forensic investigation teams could operate from hubs similar to child advocacy centres.

It is expected that, under this model, differential response pathways would reduce the number of families requiring forensic investigations.

The Commission recognises that consideration may need to be given to the resourcing requirements for regions to fulfil investigation functions and to whether the current level of staff conducting forensic investigations is required.

Figure 14: Example of recommended differential response pathways and their interaction with proposed ongoing intervention options



Under this model, a forensic investigation should be required before there is any initial application for a child protection order, and applications for child protection orders should only be made by members of the forensic investigation team. In circumstances

where children are assessed as requiring statutory protection during the course of a community response or family violence response, the model allows for these matters to be referred directly to the forensic investigation team for investigation.

Managing legal proceedings after forensic investigation

Ongoing intervention decisions that require the use of court orders could potentially be referred to a separate entity for consultation and endorsement. Legal advice and representation on child protection matters on behalf of the chief executive could possibly be managed by this separate entity directly with the court, to improve the quality of material before the Childrens Court.

Once a decision is made regarding the most appropriate ongoing intervention required to meet the child's safety needs, the family would be referred to the multi-disciplinary casework team for service provision. The separate entity would continue to manage the application before the court and may request updated information from the casework team. The multi-disciplinary casework team would not be responsible for managing the legal proceedings; however they would be able to make recommendations to the entity responsible for the proceedings.

In cases where an extension to a child protection order may be necessary, or amendment to the existing order may be required, the matter would be referred back to an investigative team to undertake an assessment of the risk to the child and the suitability of the change in intervention. Decisions relating to extending or varying existing child protection orders would be made following consultation and endorsement by the separate entity responsible for court proceedings. Legal proceedings for applications to extend a child protection order would be managed by this separate entity and would be re-referred to the multi-disciplinary casework team. The proposal for a separate entity to manage court proceedings will be explored further over the coming months of the Commission's work.

[1] Submission of Dr Jan Connors, 28 September 2012 [p2: para 2]
[2] Submission of Australian Association of Social Workers (Queensland), August 2012 [p14].
[3] Submission of Australian Association of Social Workers (Queensland), August 2012 [p14].
[4] Statement of Bob Lonne, 16 August 2012 [p4, para 5].
[5] Statement of Bob Lonne, 16 August 2012 [p16: para 5-6].
[6] The Structured Decision Making Family Risk Evaluation tool is used by Child Safety Services staff to assist in determining whether Ongoing Intervention is required following the completion of an Investigation and Assessment. The tool is designed to assist in determining how likely a family is to abuse their children and cause them harm in the next 12-24 months (Wisconsin Children's Research Center 2009).
[7] Submission of Australian Association of Social Workers (Queensland), August 2012 [p14].
[8] Submission of PACT foundation, 1 November 2012 [p2].
[9] Submission by PeakCare, October 2012 [p86].
[10] Statement of Bob Lonne, 16 August 2012 [p3: para 14].
[11] A support service case is a type of voluntary ongoing intervention that can be offered to families, following an investigation, when it is assessed that the child is not in need of protection and the level of risk in the family is assessed as high. The purpose of a support service case is to reduce the likelihood of future harm to a child or unborn baby or support a young person following their transition from care. A support service case involves the development of a support service plan, rather then a case plan, and uses other government and non-government agencies to provide support to the child and their family (Department of Communities, Child Safety and Disability Services 2012c).
[12] The Children's Research Center is based in Minnesota and was responsible for the development and ongoing support of the Structured Decision Making tools used in Queensland.
[13] A safety plan is a document currently used as part of the Structured Decision Making Safety Assessment when an immediate harm has been identified in the family home and a child is remaining in the home. In that case, a safety plan is developed with the family. The safety plan documents the specific interventions that will immediately occur to ensure the child can remain safely in the home whilst the investigation continues. The safety plan also identifies who is responsible for monitoring the compliance with the safety plan and the end date of the plan. Safety Plans remain in place until all immediate harm identified have been resolved (Wisconsin Children's Research Center 2009).
[14] Submission of Women's House Shelta, September 2012 [p1].
[15] Submission of Women's House Shelta, September 2012 [p3].
[16] Submission of Ethnic Communities Council of Queensland, September 2012 [p5].
[17] Submission of Family Inclusion Network (Townsville), September 2012.
[18] Submission of Family Inclusion Network Queensland (Townsville), September 2012.
[19] Submission of Action Centre for Therapeutic Care, September 2012 [p9].
[20] Submission of Ethnic Communities Council of Queensland, September 2012 [p3].
[21] Submission of Dr Phillip Gillingham, August 2012 [p4].
[22] Statement of Patrick Sherry, 17 January 2013 [pp52–3].