Submission by the

Child Protection Practitioner's Practice Group

Jointly facilitated by:

AASW Queensland and

Peakcare Queensland to:

The Queensland Child Protection
Commission of Inquiry

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This submission does not necessarily reflect the views of the AASW, Peakcare Queensland or any other organisation whose employees have contributed. The submission represents the views of the individual members of the CPP Practice Group, as individual practitioners.

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Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, to the enhancement of the quality of life, and to the development of the full potential of each individual, group and community in society. 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.

PeakCare Queensland is the State's peak body for child protection and associated service providers across the state. It is also a member of national peak bodies which focus on the wellbeing of children and families. The protection of children and the well-being of children and families are PeakCare's core focus. As an organisation committed to positive life opportunities and support for children and their families in our community, PeakCare is concerned with tackling the wide array of child protection issues and acknowledging the multiple impacts on child and family wellbeing.

The AASW/PeakCare Practitioner's group is co facilitated by AASW (Qld Branch) and PeakCare Queensland. The AASW (Qld)/PeakCare Child Protection Practitioners Practice Group (hereafter referred to as the CPP Practice Group) was established as a joint initiative of the AASW Queensland Branch and PeakCare Queensland. Membership consists of social workers and human/social services practitioners who are employed in government, non-government and private services who work with children and families and who have involvement with the continuum of child safety and protection issues. This includes employees of the Department of Communities, Child Safety and Disability Services as well as those employed in non-government organisations.

The purpose of the practice group is to provide a forum for discussing child protection policy and practice from a social work/human services perspective. A key objective is to provide advice to AASW and PeakCare about trends, issues, needs and solutions from practice, policy and systemic perspectives relevant to child protection and child and family practice in government, non-government organisations (NGOs) or private practice.

Specifically the CPP Practice Group aims to:
1. promote and advocate for the unique contribution social work and human services can bring to child protection work;
2. inform child protection practice and policy, by advocating for professional standards via relevant professional qualifications in social work, human services or behavioural sciences for staff working in child protection;
3. prioritise, develop and advocate for strategies and social policy responses, to inform child protection matters;
4. provide advice to AASW and PeakCare about trends, issues, needs and solutions from practice, policy and systemic perspectives relevant to child

protection practice in government, community sector organisations or private practice;

5. function as a peer group in which contemporary professional issues can be discussed; and

6. plan, develop and provide advice to AASW and PeakCare on continuing professional development activities that highlight and support social workers in child protection and encourages their professional development.

The CPP Practice Group's submission has been informed by knowledge and experience of child protection practitioners, research on child protection and key overarching frameworks already in place in Australia that guide child protection practice:

- The United Nations Convention on the Rights of the Child

- National Child Protection Framework for protecting Australia's children, its principles and supporting outcomes.

It is our intent to provide the Inquiry with a detailed submission that includes the voices and views of practitioners across the continuum of service delivery whilst most significantly including the voices of clients within the current system.

Underpinning principles and conceptual framework

The CPP Practice Group recognises the significance of the current Commission of Inquiry into the child protection system in Queensland and the opportunities that this brings in enhancing our current system for protecting and safeguarding children and supporting their families and carers to do so. We commend the current government for the decision to critically appraise the child protection system in Queensland and support any attempt to improve such a significant system. We also recognise how essential bi-partisan agreement is to ensure child protection does not exist as a political tussle. A well planned and organised child protection system needs to ensure sound responses to families and their children that are not negatively impacted by government change or political agendas of the moment. Queensland is well placed to be innovative and effective in this regard.

The CPP Practice Group submission addresses the Terms of Reference of the Inquiry whilst focusing on the latest *Discussion paper*, February 2013. The Queensland Child Protection system has seen two recent Inquiries, and has undergone an enormous amount of reform. We recognise that other states and territories have similarly undertaken significant Inquiries and reviews. Experiences of child protection inquiries and reform are evident across the western world. Australia continues to see a large number of children removed from their parents and placed in out of home care. The most recent AIHW (2012, p. 35) report indicates a slight reduction in the overall number of children in out of home care. However, Queensland is the second highest of all states and territories in terms of the number of children in care, with a total of 7,602 (7.6 per 1,000 children) (this figure is currently reported by government to be over 8,000), with NSW being the highest at 16,740 children (10.2 per 1,000 children), and for comparison, Victoria was the third largest with 5,678 children in care (4.2 per 1,000 children).

In relation to the cultural background of children in out of home care, Queensland as a state has one of the highest numbers of Aboriginal and Torres Strait Islander children in care of any state or territory in Australia: 2,850 Indigenous children (40.2 per 1,000 children), with only NSW having a higher number of Indigenous children in care: 5,737 (80.6 per 1,000 children), followed by WA who reported 1,448 Indigenous children in care (46.4 per 1,000 children) (AIHW, 2012, p. 36).

The CPP Practice Group recognises that there are many reasons for these statistics including the growing complexity of cases involving children who have experienced harm. The CPP Practice Group argues that the consistently high number of children and families who are subject to statutory child protection intervention in fact highlights the need for greater action and commitment to a whole of system response that focuses on the continuum of universal, prevention, early intervention, secondary and tertiary intervention services.

With this in mind, this submission calls for a re conceptualisation of the child protection system to better capture a whole of community and government framework. Many child protection campaigns including those of the National and Queensland Child Protection Weeks promote the message that child protection is everyone's business. The more our systems and communities are designed with this in mind, the more successful child protection as a whole of community and

government response can be. Government alone cannot combat the issue of child protection. Our communities, non-government organisations and families need to be a significant part of the resolve in determining that children and families in our state will be safe and experience wellbeing.

Importantly, the CPP Practice Group recommends a reconceptualisation of the child protection system, one that is aligned with the National Framework for Protecting Children and considers a whole of community and government approach to addressing the significant issue of protecting children from harm and supporting their families and carers to do so. Our submission is also based on the strong body of evidence pertinent to focusing on meaningful and holistic child and family wellbeing as opposed to responding only to immediate risk of safety. We recognise that this is aligned with the emerging trends that have been identified as part of the Inquiry analysis thus far.

Lonne, Parton, Thomson & Harries (2009, p.7) argued that some of the key challenges facing our child protection systems in Western democracies include:

- "the need for a renewed focus on child and family well-being rather than investigation and surveillance;

- a new ethical framework with a well-articulated value base;

- a return to a relationship-based practice and genuine partnerships with children and parents;

- accessible and integrated programs and services that are embedded within neighbourhoods and communities;

- child and family informed practice; and

- a long term focus on outcomes of children, families, neighbourhoods and communities 'over time'."

The above key considerations capture the essence underpinning the conceptual model being presented (p. 12 of this submission). In Queensland we urge a return to more relational models of practice and interventions as opposed to the current forensic focus in child protection work. Whilst we need to remain cognisant that there are some parents who operate as perpetrators in both their behaviour and their intent, they represent the minority of parents in the statutory child protection system. Comprehensive assessment is required to ascertain when parents are genuinely struggling with their roles and therefore require family support intervention as opposed to a legalistic and forensic intervention. Working alongside children and families as opposed to investigating them and subsequently providing them with a 'to do list' of requirements to demonstrate their capacity, is far more fruitful in terms of offering genuine assistance instead of what may be considered a punitive and legalistic response.

Children need a supportive family that is supported in turn by the community and broader society. We know that all families experience a range of stressors in their lives and without the benefit of informal support networks, which are lacking for a number of families including some with complex needs, they turn to formal support services offered by the community and government sector (Darlington & Miller, 2000;

Hardy & Darlington, 2008). Formal family support services have traditionally been provided by governments and organisations that specifically exist to "enhance the quality of family life" (Healy & Darlington, 1999 p. 7), by "improving their capacity to care for children and/or strengthen family relationships" (AIHW 2001, p. xi, cited in Tomison 2002, p. 2). However, in the absence of adequate family support services these families can experience increased levels of stress and difficulty. Such family support has been lacking in Queensland. As the 2012 Options for Reform paper highlights, the provision of and access to appropriate levels of support to families is critical to the wellbeing of the whole family, which in turn means children.

Family centred practice is key to achieving this and provides a strong conceptual framework for working with vulnerable families (Scott et al., 2010, p. 18). Four key elements have been identified for effective family centred practice:

- the centrality of the family as the unit of attention;

- an emphasis on maximising families' choices;

- a strengths rather than a deficits perspective; and

- cultural sensitivity (Scott et al., 2010, p. 19).

These are encapsulated in the conceptual model described in section III of this submission.

These views are supported by the work of Scott, Arney and Vimpani (2010, p. 7), who argue that "promoting child development, wellbeing and safety relies upon the ability to 'think child, think family and think community'". Core to this is the return to a relationship-based model of service delivery that has at its heart an emphasis on the quality of relationships. Synthesising the research on qualities that facilitate positive and meaningful engagement, Scott and colleagues (2007) have identified the following model of relationship based practice: ERGO

- Empathy

- Respect

- Genuineness

- Optimism

(Scott et al., 2010, p. 21).

We believe that this serves as solid foundation for the reconceptualised model of service delivery posed in this submission.

In visits to Queensland, Professor Eileen Munro drew numerous parallels between the British and Queensland child protection systems. Particularly pertinent to the CPP Practice Group were Professor Munro's comments on how the many systemic and procedural changes over the last couple of decades have impacted negatively on sound professional relationship based practice. She cited extremely beneficial steps forward in research over the past few decades in this arena that could enhance our understanding of child development, trauma and attachment and in particular, the impact of trauma. Professor Munro also cited significant developments in neuroscience and the understanding of neurological factors to assist our practice. As such she argued that any contemporary child protection system of this millennium would benefit from the return to relational practice, which was a long standing

traditional practice of social work. However, this has been largely lost in the last few years due to a culture of managerialism. Professor Munro also highlighted the need to draw on the wealth of recent research now available to assist sound intervention processes with relational practice at its core. (Conversation with Professor Munro December 12, 2011).

It can be argued that we are more poised than ever before with this new knowledge and understanding of trauma and attachment, based on both academic research and professional practice to build the most effective and successful child protection system in Queensland. Now is the time for us to consider our capacity as leaders. The key is relational practice based on empirical evidence of neurological pathways, childhood development and attachment and disruptions through factors such as trauma.

The CPP Practice Group presents a reconceptualised model of support which goes some way in trying to address the challenges identified, whilst also aiming to capture a whole of government and community framework for working with children and families to keep children safe. Achieving this involves supporting families in taking responsibility for doing so. The conceptual model draws upon key research findings of practitioners and researchers in the state, national and international domains including the findings of Professor Munro in her recent review of the British child protection system. The National Framework for Protecting Australia's Children also underpins the reconceptualised model, particularly with regard to its ecological foundation. The national framework both in its initial conceptualisation and the recent updates captures the major factors that need to be considered in protecting all children and supporting their families.

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?

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

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

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?

Reconceptualising Child Protection in Queensland: A Solution Focused Model for achieving the wellbeing and safety of children and their families
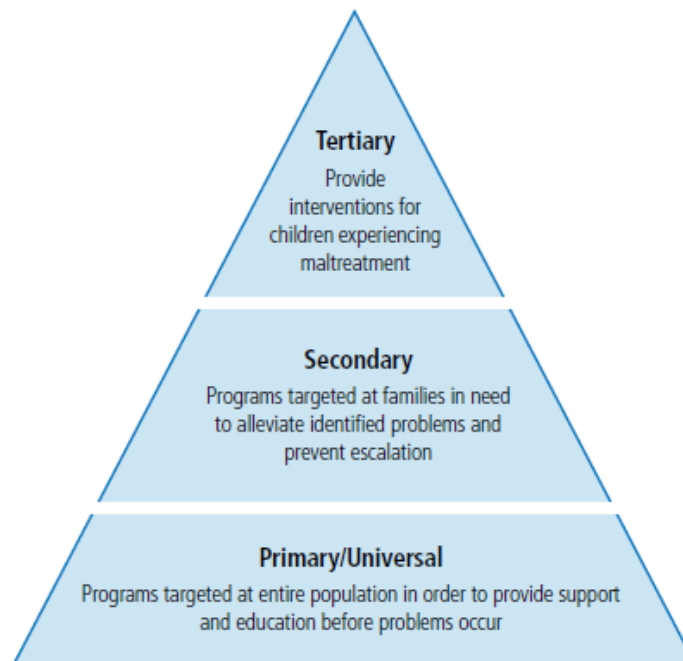
Conceptual model[1]

Child abuse and neglect does not occur in isolation, rather in contexts. It cannot be easily disentangled from individual, family and community issues such as poverty, mental health, drug and alcohol dependency, domestic violence, homelessness, and social isolation. Most families would be able to identify someone close to them who may have experienced any number of these issues at one time or another. Indicators such as the significant increase in the rates of reporting to child protection authorities and the projected growth of children entering out of home care (with an Aboriginal or Torres Strait Islander child being ten times more likely to be in out of home care than any other child in Australia) (AIHW, 2012) suggest that further work is urgently required to address these issues.

The initial challenge in addressing the issues is to understand how the current system responds to concerns regarding children and families. Drawing upon the expertise of international child protection advocates such as Dr Bell, Dr Sanders and Dr Pecora, we agree that before commencing systems reform, we first need to establish what are the current 'rules' that maintain the status quo? What would we like to see in a system that protects children? How do we get there and who are the key stakeholders we need to engage? Most importantly, how will we know when we are there?

Historically, we have separated the child from the family and the child/family from the community. We need to re-think the paradigm to one of inclusiveness that sees the child/family and community as a whole - as the "client" in relation to service delivery. As illustrated below, using a public health model, the key interventions to prevent the occurrence or recurrence of abuse and neglect can be broadly categorised as primary, secondary and tertiary interventions aimed at responding to the needs of

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[1] The conceptual model is based on the work of Chris Boyle as part of his Churchill Fellowship research project and the CPP Practice group. The model is further detailed in his report:
Boyle, C. (2013). *Imagine - A System Willing and Able to Protect Children and Support Families*, Churchill Fellowship Report, Winston Churchill Memorial

children and families as they arise. All elements are critical in establishing an effective and responsive system that protects children.

Source: Adapted from Bromfield & Holzer, 2008.

Whilst recognising the important role that universal and secondary systems play in responding to children and families who voluntarily seek support in times of need, it is within the cohort of families that are resistant to help that the over reach of tertiary services exists. When concerned about children that come to their attention, overstretched universal and secondary services report their concerns to the tertiary agency, legitimately citing the limitations of their role and their inability to engage with families that are involuntary. Even with the knowledge that child protection authorities are unlikely to respond, the report itself fulfils organisational obligations and shifts this risk of inaction to tertiary services. These families often accumulate a lengthy history of reports (each an indication that a child may be harmed and each a missed opportunity to intervene) prior to any intrusive tertiary intervention.

A number of studies have been conducted and models developed that have considered the type of treatments, support, and staff training required to provide services to families at the highest level of risk. In a study conducted by Crittenden (1992) of *child protective services in Florida* she identified and described 5 different levels of families. These are described below (with adaptions made to the definitions):

Level 1: "Independent and adequate" - Families who are able to meet the needs of their children by combining their own skills, help from friends and relatives, and services that they seek to use. They are competent in resolving problems and crises.

Level 2: "Vulnerable to crisis" - Families who need temporary help in resolving unusual problems; otherwise they function independently and adequately. Common precipitating crises include death of family members, natural disasters, loss of employment, caring for family members with disabilities.

Level 3: "Restorable" - Multi-problem families who need training in specific skills or therapy around specific issues. With therapy, education and support, new skills and knowledge will be developed and sustained over time. Interventions may last up to 2 years duration and may require active case management to organise the sequence of service delivery and to integrate the services. Following the intervention, it is expected that the family will function independently and adequately.

Level 4: "Supportable" - For these families no rehabilitative services can be expected to lead to independent and adequate functioning; but with specific and ongoing services, the family can meet the basic physical, intellectual, emotional, and economic needs of their children. Services will be required to scaffold the family's inabilities until all the children are grown. Examples of such families include those with chronic mental health issues, chronic history of alcohol or drug use; disabilities; or intellectual impairments.

Level 5: "Inadequate" - Families remain involuntary to supports or the provisions of services available are insufficient to enable these families to meet the basic needs of their children, now or in the future. Permanency through alternative care arrangements should be considered.
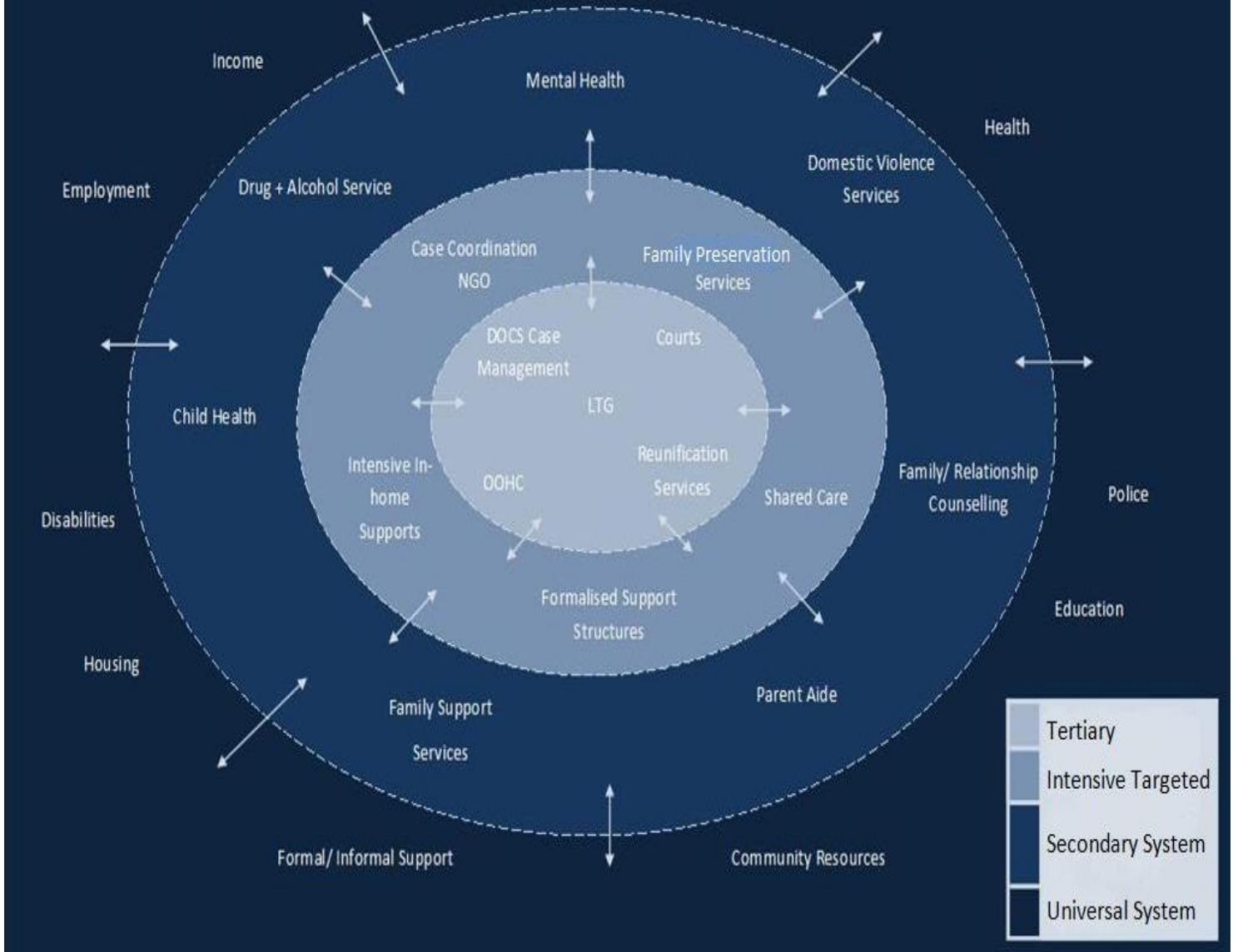
In spite of the needs of the children and families Crittenden (1992) found that many were only receiving a parenting group and no other adequately designed interventions were made available to the families. It was found that the children and parents were not making any gains at all and as the children got older more behavioural and emotional disorders were apparent.

Clearly the children and families who often come to the attention of statutory services are at the three highest levels of risk of this model; "restorable", "supportable" and "inadequate", and, as pointed out by Crittenden (1992), require complex and intense services to address their needs.

A reconceptualised Solutions Focused Model for the wellbeing and safety of children and families

The designed Solutions Focused Model for protecting and safeguarding children (referred to as the Conceptual Model) reflects an ecological systems approach, designed to establish a system that protects children. In accordance with the National Child Protection Framework, the model is designed to demonstrate the fluidity in which families can transfer between non-stigmatising systems, accessing the required services to address their needs in a responsive and timely manner. The filters between each level are symbolic of how each respective level will 'capture' families and prevent them from slipping through the gaps. The goal is to engage families within well-resourced universal and secondary systems, where they voluntarily access early intervention and prevention services. The model reflects the work of McCroskey (1998) in that "*no service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family centred services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment. Efforts to strengthen family-centred services will be insufficient unless the basic needs of families are met.*"

Conceptual Model

Services within the **Universal System** are referred to as *prevention services.* Individuals and families, regardless of circumstances, are entitled to receive services within the Universal System. Families are able to voluntarily access these services as required.

Services within the **Secondary System** are referred to as *early intervention services,* aimed at targeting families who are "at risk" for child maltreatment, due to the presence of one or more risk factors associated with abuse or neglect. Secondary interventions generally involve early screening or voluntary-referral to identify children who are most at risk. If eligible, families may access a range of services and supports, including home visiting, parent education, relationship counseling and skills training to address the associated risk factors. However, as with preventative services, families must be voluntary in order to access early intervention services and supports.

The model acknowledges the current and apparent, growing gap that exists between those voluntary families who access supports willingly and independently and those families who are resistant, incapable or involuntary. These families represent the largest cohort of families referred to statutory authorities and sadly, over time, it is the children within these families with multiple and complex needs who represent the highest risk of entering the out of home care system.

To provide a practice insight, statutory authorities make decisions to open interventions to families based on an assessment of harm or risk of harm, and parental willingness and ability to meet the care needs of their child. The decision about whether the level of intervention required (in-home or out of home care) is often based on an assessment of safety. The decision to remove a child is usually made following an incident of harm or to prevent the likelihood of such, commonly made at a time of familial crisis, where primary carers and supports are unable to meet the conditions of safety required to ensure the child remains safe. Statutory authorities are therefore required to increase the level of intrusiveness to ensure the child's needs are being addressed, frequently resulting in removal. Furthermore, common practices around returning children to their family home requires parents to address case plan goals to reduce the likelihood of future harm; not on an assessment that the crisis has been resolved and the conditions of safety have been re-established. As we know, these issues of harm require many years to address, if indeed they are to be addressed at all. This process can become more complicated by the adversarial relationship that can exist between the statutory agency and the parents during lengthy and conflictual court processes.

The Conceptual Model proposes a system that provides a different response to children and families in times of crisis, especially when children are at imminent risk of removal. The Conceptual Model also highlights the importance for services across the Universal and Secondary Systems to provide ongoing access to services for children and families, rather than shifting responsibilities (and blame) to the Tertiary System. The Conceptual Model imagines what could be if we focused on responding to families as per the national child protection framework at the right time, namely as early as possible in the process of support being required.

Reducing the gap between the secondary and tertiary systems

To reduce the gap between the secondary and tertiary system, the Conceptual Model proposes the development of a new level, an Intensive Targeted Secondary System (Boyle, 2013). This level of systems response is non-existent in the Queensland context and it is within this system, that Intensive Family Support Services (IFSS) and Family Preservation Services (FPS) can address the growing rate of children in out of home care, including the over representation of Aboriginal and Torres Strait Islander children.

Family preservation services first appeared in the US in the mid-1970s as an alternative to unnecessary placement of a child in out of home care. These services are now a regular feature of the child welfare system in places such as the US and UK. Although family support services and family preservation services share common philosophical frameworks such as strength based and family therapy, it is important to make a distinction between the two models (Boyle, 2013).

> *"Family support services are intended for families who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child-rearing problems, or prevent the occurrence of child maltreatment. By contrast, family preservation services are designed to help families at serious risk or in crisis, and are typically available only to families whose problems have been brought to the attention of child protective services.....A major goal of these services is to prevent foster care placements or help reunify families after a child has entered placement by improving parenting skills and providing follow up services"* (McCroskey 1998).

Child protection authorities often refer to family preservation services to deliver intense in-home supports at a time where there is an imminent risk of children being removed. IFSS have the ability to respond in times of crisis in order to address the immediate needs of the children and family. Generally, family preservation services are categorised by:

- small caseloads for staff;

- the high level of intensity with 24-hour availability to families;

- family focus and high level participation;

- family therapy;

- a strengths based approach; and

- access to concrete supports.

Once the crisis has been resolved and a comprehensive safety plan has been developed between the family, extended support network and the IFSS, interventions can then focus on addressing the ongoing harms experienced by the children through engaging with the family and building on their strengths and community supports.

Services within the Intensive Targeted Secondary System would only be available to families that meet the high level of complexities and where children are either at imminent risk of removal, or are being reunified from an out of home care placement. Although families within this system may be involuntary and the interventions on offer may be negotiable, the involvement of the statutory authority is not negotiable. Intensive Targeted Secondary services would be coordinated and case managed through the non-government sector, with statutory oversight. As well as reducing the future risks for child maltreatment, increasing family strengths and developing sustainable community supports, Intensive Targeted System services would seek to work with involuntary families to become voluntary in accepting support. If this process can succeed, the family is able to access support services through a less intense (and voluntary) Secondary System (Boyle, 2013).

If families are unable to provide safe households for children and parental/family capacity is inadequate, then a Tertiary System response is required (Boyle, 2013). This response should always be viewed as a last resort, and the Conceptual Model views out of home care as a non-stigmatising *intervention* rather than an *outcome*. The role of the Tertiary service system is an important one and should strive to engage with families who are involuntary to provide reasonable and practicable supports to address the identified risk factors. Tertiary services are case managed

through the statutory agency, with frontline workers' persistence and assistance overcoming the families' resistance; thereby transforming involuntary into voluntary (Boyle, 2013).   The range and intensity of supports provided to children and families in the Tertiary System should reflect that of the level on offer to those in the Intensive Targeted Secondary System. This is vital to ensure that children do not drift in care and families can be quickly diverted to the less intense services, that they can readily access supports through their own volition.

Intensive Family Support Services, essential services for supporting children and their families to stay together wherever possible

> *"The concept of child protection automatically pits the child against the parent... this thinking leads to the adversarial practice that has dominated the field, but we are finally coming to recognise that 'Blood is thicker than child protection services'"* (-I.K. Berg (1999) from the foreword to *Signs of Safety).*

In relation to outcomes for children, research has suggested that tertiary-level child protection services are not as successful as is often assumed (Boyle, 2013). Twenty-one Australian research studies on the issue of outcomes for children and young people in care were completed between 1994 and 2006 (Osborn & Bromfield, 2007). All of the studies provided evidence that children and young people in care experienced relatively negative outcomes when compared to other children not in care (Osborn & Bromfield, 2007). Furthermore, research from Blakester states that the cost-effectiveness of early intervention programs has shown that $1 spent early in life, can save $17 by the time a child reaches mid-life (Blakester, 2006).

Legislatively, child protection statutes around the world define that the primary responsibility for a child's wellbeing rests with the family. Regardless of the level of intrusiveness, if the statutory authority decides to intervene, then it remains legally obliged to ensure that the family receives a level of support considered to be reasonable and practicable to meet the child's needs.   The disparity that exists between resources and supports available to families with children in-home and to those supports provided to out of home care providers is significant. Recent reports in Queensland indicate that it costs over $1000 per day to place some children in an out of home care residential service. To those on the outside of the system, this is shocking. To those within the system, this is the reality of an overwhelmed, risk averse child protection system created by the policies and practices of the past.

Whilst the temptation is to propose quick-fixes to reduce spiralling costs, such as containment models and secure care facilities, caution should be taken and lessons learnt from other jurisdictions who have been faced with similar challenges, as the likelihood is that, *"if we build it, they will come!"*   As outlined in the *Comprehensive Multi-Agency Juvenile Justice Plan:*

> *The strained resources and costs for out-of-home placement beds, whether in juvenile detention, camp or suitable placement remains significant. At the same time, there has been a lack of resources to address specialised needs particularly aimed at family based services, mental health needs, and gender specific services (*Los Angeles County Juvenile Justice Coordinating Council, 2001).

Recommendations from the Council concluded that the solution to such matters was found via an economically viable and nurturing family, reinforced by a supportive

community. Successful initiatives rely on the community's own resources and strengths as the foundation for designing change initiatives. Interventions should be comprehensive to reduce fragmentation in service delivery and to provide a full continuum of service options, recommending models such as Multi Systemic Therapy. Efforts must be collaborative and involve individuals, groups and/or agencies working together for the benefit of the child and family in a teamwork approach, where that approach is a united one and is decided upon jointly by the team.

Unless we seek to understand and address the cause of families increasingly coming to the attention of child protection authorities, then more children will be harmed and more costs will be incurred by the community and tax payer. The question needs to be asked: What if these children did not have to come into care? The answer is found in the philosophy of family preservation and through the provision of intensive family support services. Imagine if we could bring families, government and community together under one symbolic roof and helping families build support networks; for *if we build this system, they won't come!* (Boyle, 2013).

CASE EXAMPLE

Refer to Case Study 1, Appendix A.

Whilst we've previously argued that whole of government and community responses are required for a collaborative response to child protection in Queensland, we are also cognisant that the relationship between Federal and State government stakeholders needs to be co-operative and collaborative.

Developing and coordinating early intervention services and their interface with primary services raises that stronger links could be established with private practitioners (social workers and psychologists funded under Medicare) who work with general practitioners to support individuals and families with mental health problems (Discussion Paper p. 57). While the CPP Practice Group sees the merit of this, which is currently available to all individuals, we would caution that a comprehensive and integrated strategy would be required. The Medicare Local network is currently developing and it is our understanding that each region operates quite uniquely. Currently not all Medicare Local providers offer bulk billing and most services are profit driven, as they are private businesses. The current services that are offered to individuals who have a mental health care plan developed for them by their General Practitioner (GP) are time limited and are restricted to particular types of interventions. Having said that, we recognise that there is flexibility that individual practitioners use to best support the individual.

A number of barriers to this as an effective strategy need to be addressed including confidentiality and the relationship between private businesses and other services, which can inhibit effective collaboration; the fact that services through Medicare funding are time limited and therefore may not always be appropriate. The fact that Medicare Locals are Commonwealth funded also potentially raises issues around

effective collaboration between State and Federal and therefore, to avoid such issues, we would respectfully recommend that there needs to be a whole of government response to ensuring effective integrated services across the spectrum of prevention to tertiary intervention.

The overwhelmingly significant impact of disabilities on children and families in the child protection system is another major area that requires significant and sustained attention. Whether the person with the disability is a parent or child, significant supports are required to ensure that families can be together, function effectively and offer positive family environments. Most importantly research demonstrates that parents with disabilities can and do parent effectively and as such need to be afforded the opportunity to do so whilst being supported in their endeavours when such support is required. We refer the Commission to the 2013 report prepared by the Bold Network & QUT entitled *Symposium Report: Realising the Hopes and Dreams of Parents with an Intellectual Disability. Policy recommendations from the Symposium.*

With regard to the question of mechanisms or tools needed to assist professionals in deciding when to report concerns about children, our response is premised on the need for greater investment in prevention and early intervention services that are easily accessible to families and children as discussed earlier. The response from Act for Kids about the increase in self referrals of families is promising (QCPCI Discussion Paper p. 58). We believe this is indicative of the need for families to have access to services where they can receive support without the threat of being seen to be bad parents and subsequently punished.

The CPP Practice Group recognises that the evaluation of the Child Protection Guide is not yet complete across all sites, and concurs with the Commission that we would need to review the final evaluation of its effectiveness before any kind of roll out is advocated. While this is potentially a useful tool to re direct cases in the appropriate direction we also acknowledge that it is also designed to re direct cases away from the tertiary sector. The tool is, therefore, only as effective as the availability of other services that families can be referred to. Without increasing services at the prevention and early intervention levels such a tool becomes meaningless in supporting children and families.

A model such as that of the NSW Child Wellbeing Unit is a useful consideration. However, we would urge the Commission to ensure that this is not merely used as a way to reduce the numbers of cases entering the tertiary sector. Doing so renders such an initiative a political stunt that can result in shifting responsibility without actually dealing with the issues.

The CPP Practice Group believe that the issue of mandatory reporting also requires further exploration. Currently in Queensland, the persons mandated to report suspected harm to children include:

- authorised officers and other employees of the Department of Communities, Child Safety and Disability Services (Section 148 of the *Child Protection Act 1999*)

- persons employed by licensed care services (Section 148 of the *Child Protection Act 1999*)

- doctors and registered nurses (Sections 191-192 and 158 of the *Public Health Act 2005*)

- staff of the Commission for Children and Young People and Child Guardian (Section 20 of the *Commission for Children Young People and Child Guardian Act 2000*).

In addition:

- school staff who suspect the sexual abuse of a student are mandated under the *Education (General Provisions) Act 2006* to report

- under the Commonwealth *Family Law Act 1975*, personnel of the Family Court and the Federal Magistrates Court such as registrars, family counsellors, and family dispute resolution practitioners have mandatory reporting obligations.

We note the difference between mandatory reporting and operational policy requirements to report, such as the Education Queensland policy directing teachers to report suspected harm of children and the Queensland Police Service policy directing police officers to report children exposed to domestic violence to the Department of Communities. While not legislated, such organisational directives across large workforces have a similar impact to mandatory reporting provisions.

We are opposed to any extension of current mandatory reporting provisions, for the following reasons.

1. Mandatory reporting does not necessarily protect children. A literature review conducted by Encompass Family and Community (2006) found that:

   "Research and practice tells us that even when professionals are mandated to report this does not necessarily mean that a report will be made…. Simply introducing legislative and policy requirements to report abuse does not mean that children are protected, as evidenced by longstanding issues with under-reporting by mandated medical practitioners" (Van Haelringen et al., 1998 cited by Schweitzer et al 2003, p.13 cited in Encompass Family and Community 2006).

2. There is no evidence that mandatory reporting increases the likelihood that a child subject to abuse or neglect will be protected, compared to similar circumstances in which persons suspecting abuse or neglect are not mandated to report. The literature review conducted by Encompass Family and Community (2006) also noted that:

   "One recurring theme in the debate around the effectiveness of mandatory reporting is that education and knowledge about child abuse and the needs of the children is what makes reporting happen, not a legal or procedural requirement to report abuse" (Discipline of Social Work and Social Policy 2002; Nadya 2005; cited in Encompass Family and Community 2006).

3. There is evidence that the introduction of new mandatory reporting provisions increases the volume of reports (Higgins et al., 2006), without a proportional increase in the numbers of substantiated matters. One impact is a diversion of resources to the forensic end of the statutory child protection system, so that the increased volume of reports can be investigated.

Ainsworth (2002, p. 62), reviewing the effectiveness of mandatory reporting, stated that: *"....mandatory reporting systems are overburdened with notifications, many of which prove to be not substantiated, but which are time consuming and costly. As a result it is more than likely that mandatory reporting overwhelms services that are supposed to be targeted at the most at-risk children and families who then receive less attention than is required to prevent neglect or abuse. In the final analysis this may be the strongest argument against mandatory reporting. As a result of all of these factors mandatory reporting systems have to be characterized as inefficient and ineffective."*

Where the volume of reports overwhelms statutory child protection services, three operational responses typically occur, as has been noted in recent years in various Australian states. One, as noted above, is the pouring of resources into forensic responses to the detriment of funding for early intervention and support services, the demand for which also increases as a flow-on effect of mandatory reporting. Secondly, unless increased resources are made available for investigation responses, backlogs of non-investigated reports accrue, meaning long delays between reporting and investigation – timeliness of response is lost and children who may need protection are left without it in the meantime. Thirdly, as an operational response to the volume of reports, the threshold for a matter to be accepted as a child protection notification is raised, so that the number of reports deemed to require investigation is reduced. Without concurrent education and information provision, this leaves large numbers of reports deemed below the threshold and, from the perception of reporters, not responded to, thus lowering confidence in the system.

4. The increased volume of reports resulting from both mandatory reporting and operational directives results in higher proportions of unsubstantiated reports (Ainsworth, 2002). For Queensland, in 2010-11, the proportion of finalised investigations which were not substantiated was 61% (AIHW, 2012).

   While there will always be unsubstantiated reports in an effective child protection system, getting the balance right is important. If a majority of notifications is not substantiated, this means large numbers of families being subject to an intrusive forensic investigation response, where this is determined to have been unwarranted. This is wasteful of resources.

   In addition to the human rights issues of subjecting families to unnecessary intrusion, the experience of being 'under suspicion' may deter families from making contact with or accepting referral to alternative support services. Services focussed on support, rather than forensic investigation, may be required by many of these families. This is the case, for example, in many domestic and family violence situations. Humphries, (2007, p.1) argues against *"the practice of referring or notifying **all** children affected by domestic violence to statutory child protection agencies which often, although not always, occurs due to the requirements of mandatory notification."*

5. Mandatory reporting should not occur in isolation from a well-resourced and integrated child protection system which includes a strong focus on prevention and early intervention for families who need support. Where the system is strongly focussed on statutory intervention, as is currently the case in Queensland, mandatory reporting becomes part of a skewed and non-efficacious response to child abuse. While mandatory reporting may meet the need for public perception that 'something is being done', the needs of the majority of families reported are not met. Harries and Clare (2002) of the

University of Western Australia, in a report prepared for the Western Australian Child Protection Council, conducted a thorough review of the evidence available, and concluded that:

"Fundamentally, there is no evidence that the forensic reporting system that is called mandatory reporting … is effective in protecting children. Mandatory reporting is just that - a reporting system. It is not a service provision system and may have little connection with the provision of services………" (p. 48)

There is no evidence that mandatory reporting increases the quality, quantity or benefits to children who are 'at risk of harm' or to families who are vulnerable. Indeed there is some evidence that it does the reverse. " (p. 49).

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

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

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?

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

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?

The CPP Practice Group believe that should a more comprehensive and integrated model for protecting children be developed within Queensland, that need for any measures that compel families would be reduced. We recognise that this may not be an immediate outcome. However, we assert that the more families receive the right support at the right time (namely as early as possible) the less likely their entry to the tertiary service sector will be.

The CPP Practice Group believe that a forum for collaborative decision making and discussion amongst key stakeholders is absolutely essential whilst questioning the viability of any model that does not include the client/s and involves predominately professionals and key persons who are not directly involved with a case.

The CPP Practice Group further questions whether there could be a more effective use of stakeholder meetings that involves the family as well as front line practice staff from the relevant services that are working with the family. It is suggested that this could be an expanded and necessary aspect of family group meetings.

The initial concept of a SCAN team provided a model for collaboration and a coordinated response to particular children and families. However, the effectiveness of SCAN teams have varied significantly from being constructive and helpful to being totally dysfunctional.   Anecdotally, Departmental staff spoke of SCAN team attendance being used by other services to criticise the department's decision making. A further criticism has been that the people who are directly involved with a child and family are often not present at the SCAN team meetings, which begs the question of how effective they can be in developing a coordinated plan to support a child and family and the services working with them. Furthermore, families have no involvement with SCAN teams so their voices are missing.   This is particularly important where specific services develop a 'view' about a family that may be based on limited involvement or no involvement. Without having an advocate there for the actual family, this view can become the 'truth' thus labelling families as being neglectful or harmful, without having the benefit of all the information, including the

experiences of the parents and those who've observed their parenting. The following case highlights this:

> *Mrs Jones is the mother of six children. Her youngest son has significant disabilities that required her travelling from her home, based in the outer suburbs of north Brisbane to the hospital based inner city on a regular basis. Mrs Jones missed a number of appointments and her daughter's health was noted to deteriorate. The hospital staff became very concerned and referred the matter to Child Safety Services. An issue that Mrs Jones eventually identified was that with six children, trying to negotiate to travel to the city for her daughter's appointment was near to impossible without either taking the other children out of school, or having a later appointment. In addition, she did not always have access to a car and was having relationship problems. The SCAN team met a number of times and in doing so the consistent message was that the child was at significant risk according to the Health representatives. However, the voice of the mother was nowhere to be heard, nor were some very practical barriers that were impacting on her ability to meet the requirements and standards of Hospital staff. It turned out that Mrs Jones was doing the best she could with limited support. Unfortunately the practical support needed to address the significant risk to her daughter was not identified.*

A truly integrated and whole of government and community system that provides support for families and children as they require it, should address the issue of time limited services. A key concern with current services is that they are time limited and for families who have reached the stage where they require tertiary sector involvement, the nature of the issues are usually so complex and involved that time limited services just scratch the surface. Findings from Doctoral research undertaken by Hardy (2005) highlighted the voices of parents who identified the importance of having services that were responsive to their needs rather than being time limited. The following quote from one of the parents highlights this

> *… I believe it [IFBS] could have been longer, because um, like I said to [IFBS Worker], you know, I said, 'some people need help longer', like for instance, they were involved with us for … six months instead of three, which was the limit they were involved in, and…I believe they should have a follow on after they've finished the actual three months, like twelve weeks, I think really they should have a follow on system like…because it was pretty intense too…in those twelve weeks…but I believe they should have follow[ed]-up like once a week and then wean you off…you know what I mean?…and make sure that things are going well, like um, you're not going to go well for one month and then you fall back, you know…what happens to a lot of people…they've had all this counselling and it's, it's intensified counselling with one on one person, and um, after they've gone, totally out of their life, um, a month later, that person, down the track, is gone…back to the same thing, you know?* (Hardy, 2005, p. 132)

Decision making models

A key message from the CPP Practice Group and the national and international research is agreement about the degree of difficulty and complexity involved in decision making in relation to child protection. Associated with this is ensuring a high

standard of work that is required with children and their families/carers to ensure their wellbeing and protection. Recognising this requires the adequate resourcing of the child protection sector to ensure front line and policy making staff are appropriately educated, skilled, trained and supervised to undertake this highly complex work. Furthermore, it requires adequate front line staffing levels to best meet the protective needs of children.

We acknowledge that since the CMC Inquiry, statutory intervention in Queensland has improved in terms of case loads, which, as a rule were significantly reduced and far more manageable. It is widely accepted that the introduction of Senior Practitioners has been a key improvement and one on which to base further improvement and expansion. Other key specialist positions within Child Safety Service Centres such as Family Group Convenors have also contributed to a higher level of service delivery.

Previous reforms have resulted in the statutory child protection system becoming increasingly bureaucratic (CMC Inquiry and Machinery of Government (MoG) changes) in a time where the needs of children and families have become increasingly complex. The common message provided to the CPP Practice Group is that the re-focus on increasingly risk averse driven compliance with legislation, policy and procedure has had a significant impact on frontline workers. The CPP Practice Group advocates that this has not been appropriately balanced with attention to adequate staffing numbers, appropriately qualified staff and as importantly, professional practice and professional development that is primarily concerned with knowledge and skill development (as discussed in the original AASW Submission to the Commission of Inquiry and through the presentation of evidence by Professor Karen Healy).

Adequate staffing levels and qualifications of staff across the spectrum are fundamental to quality service delivery, without these, no model of decision making can provide a 'holy grail' outcome. Without adequate attention, staffing will continue to significantly impact on service delivery and decision making. Ongoing staff supervision, mentoring and support of all front line workers is paramount to the success of any child protection system.

While the CMC Inquiry recommended that staff each have designated case loads that are reasonable, this requirement has not been able to be uniformly met. We do acknowledge that since the CMC Inquiry major improvements to child protection have occurred, decreased client case loads being one of the many for some offices and staff. However, issues with staff recruitment and retention has meant that many Child Safety Officers (CSOs) and service centres continue to experience high case loads and have done so since the CMC Inquiry. For example, anecdotal evidence includes a new graduate CSO being given a caseload of over 40 children in care, and in his first week being asked to complete an Affidavit for a family he had never met, while dealing with constant crises and requests from children, families and carers.

This is both unreasonable and unworkable, in the case of this CSO, he resigned after a few weeks due to the ethical tensions this created. This example is typical of many other stories shared with the CPP Practice Group and those that have emerged throughout the Inquiry submissions. A priority of the Inquiry must be to finally

address the issue of the adequacy and appropriateness of the human resources that are needed to care and provide for society's most vulnerable children and families. Staff recruitment and retention is a key factor in the success of child protection.

Ultimately if we cannot address human resources for the child protection sector, then we cannot ever appropriately address child protection. Time and time again research and anecdotal evidence suggests that a quality relationship between workers and clients is the key to change for children and families. Appendix A includes a range of case studies from our group members which clearly identify some of the implications of the human resources issues that impact children, their families and carers.

The CPP Practice group strongly advocates that any decision making model needs to draw on the research and evidence we already have about the importance of an holistic model of risk assessment and one that is integrated with a broader model of service delivery that is child and family welfare orientated, and as discussed within our re-conceptual model. The evidence thus far, as indicated by the Commission, recognises the limitations of an overly forensic and actuarial model of decision making. Furthermore, as the Department of Communities, Child Safety and Disability Services has embedded SDM tools so strongly in every aspect of practice, we have also seen a corresponding shift in the type of personnel being recruited. As such an overall loss of a consistently high quality and capable workforce able to combine the use of actuarial tools along with practice wisdom, theoretical and practice knowledge has resulted. It is important to reinstate and support the importance of practice wisdom and experience that comes from appropriately qualified and experienced staff members in making decisions about risks and strategies, as has been advocated by a number of experts such as Eileen Munro, and emphasised in many of the submissions to the Commission, including that of the AASW in 2012.

The CPP Practice Group understands that there is a commitment by the Queensland Government to maintaining the SDM tools, particularly given the investment that has been made. It is our view that while the SDM tools are used in isolation, as they tend to be, then this will continue to deliver narrow assessments, that remain risk averse, as opposed to more holistic assessments and processes that focus on protecting children rather than purely on immediate risk. The CPP Practice Group believes that SDM as a tool, can be useful and helpful, if it is used as one tool to inform decision making, rather than as the only method of making a decision about a child's safety and needs. A current difficulty with the SDM tools is the enormous administrative aspect that they demand. Anecdotal evidence shows us that many child protection workers now consider themselves to be more administration workers (who do not have time to leave their computers) rather than being able to focus on engaging with children and their families and carers. This must be redressed as a matter of urgency.

It is also our understanding that the Signs of Safety model is being seriously considered within the Department and Commission. We understand that this is indeed a robust model. However, key to the success of the implementation of the Signs of Safety as a model, a shift in the underpinning philosophy of the Department and State Government that shifts from a risk averse, forensic approach to a more family support philosophy is required. Furthermore, such a philosophy needs to be integrated across all stakeholders so there is a shared understanding, language and commitment across the sector. We also argue that any assessment framework and needs assessment model would benefit from being consistent with the National

Framework for Protecting Children. It would also be of value if we had some degree of consistency across Australia to assist in developing the evidence base of what works and to be able to share experiences. In addition, the CCP Practice Group strongly recommends that before introducing any blanket models, these need to be discussed with key Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) peak bodies to ensure they are culturally appropriate and meaningful.

The CCP Practice Group draws the Commission's attention to the important work that has already been undertaken by ARACY in developing the Common Approach to Assessment, Referral and Support (CAARS). The Australian model is premised on being: child centred; family focused; universal services focused; provides an holistic response to child and family needs; the needs identification is simple, flexible, easy to use, adaptable and well supported by professions; a common language (ARACY, 2011, p. 22) (Please also refer to Appendix B).

The overarching goal of CAARS is a focus on prevention and as such, this sits well within a reconceptualised system for protecting children and supporting families. The vision from such a model is promoting the safety and wellbeing of children, young people and families by identifying and responding early to indicators of need (ARACY, 2011). Therefore, needs identification is a key aspect of this approach.

Importantly, the focus is on the protection of children, not child protection, which is a subtle but significant change in the language, indicating it is everyone's business to protect and reduce the rates of child abuse and neglect. This is underpinned by the core principle of collaboration.

The practice principles underpinning the CAARS model are:
- The child and the child's best interests are central
- An early response focuses on positive parenting and building on family strengths
- Shared responsibility and collaboration pave the way for effective support pathways
- Responding to early indicators of need is the best way to strengthen families and prevent crises
- The resulting pathway of support is free of stigma and fosters child and family involvement (ARACY, 2011, p. 23).

The CPP Practice Group believes that these principles are consistent with the intent of the Child Protection Act 1999, and of the themes that have emerged thus far throughout the Commission of Inquiry. Such a model provides an holistic needs assessment tool that can be used throughout the different levels of intervention. Importantly it is consistent with the National Framework for Protecting Children, and, we believe, integrating such a model into any reconceptualised system for protecting and supporting children and families, would provide a more holistic and comprehensive assessment tool.

The CPP Practice Group believes that the choice of model of decision making needs to be one that has at its core, a strong relational component, that puts the complexity

of the needs and wellbeing of the child and family at its core. Models of decision making need to acknowledge the high level of complexity and the 'shades of grey' that become evident when working with people and their communities. A needs-based model that draws on a skilled workforce, will in accordance of the views of the CPP Practice Group, result in better outcomes for children and their families, as the focus is on their needs.

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?

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?

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

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

14.   What are the potential benefits or disadvantages of the proposed multi-disciplinary casework team approach?

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?

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

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

The CPP Practice group strongly disagrees with many of the assertions in Chapter 5 of the Queensland Child Protection Commission of Inquiry's (QCPCI) discussion paper. Examples offered are:

"Even where the more intrusive option is pursued – taking the child or young person out of their home – the goal is to reunify the child with their family. In Queensland, the child protection system currently operates on the initial assumption that a child will be reunified with their family". (QCPCI's February 2013 discussion paper p.103)

"Where a child has been removed from the care of a parent, the goal of the initial case plan must be to reunify the child with the parents on a long-term basis, unless it is not in the child's best interests, not possible or not safe to do so" (Department of Communities, Child Safety and Disability Services 2012c, Chapter 4) (QCPCI's February 2013 discussion paper p. 103)

And

In summary, evidence and submissions have suggested that the department has placed too much emphasis on defaulting to returning at-risk children to their families after removal rather than finding suitable stable, alternative long-term (even permanent care) options. (QCPCI's February 2013 discussion paper p. 105)

We assert that whilst both legislation and policy articulate such intent for family support and reunification, it is not the experience of many practitioners; nor, we would argue, the experience of many parents that all efforts (or in some instances that any efforts) are made to work with families and issues identified with the aim of

reunification, nor family connectedness. A stated intent without the back up of resources, genuine endeavour and sound practice to ensure that such intent becomes a reality is in essence merely a stated intent.

The questions posed in section 5 of the QCPCI's February discussion paper have been largely answered by the CPP Practice Group through: *Reconceptualising Child Protection in Queensland. A Solution Focused Model for achieving the wellbeing and safety of children and their families* (AASW/PeakCare CPP Practice group submission, Chapter 3). The model presented supports the need for a more holistic continuum of care / service provision for children and their families. The CPP Practice Group also reiterates our overwhelming support for the increased emphasis on investment in secondary support services. However this must not be to the detriment of our tertiary support systems being able to effectively meet the needs of children and families already ensconced within this system. It is necessary to ensure children who are currently in out of home care continue to receive the level of support needed to enhance their long term wellbeing, connections with family and kin and opportunities for success.

Any transitional process from the current tertiary focus of intervention to a more holistic investment in intake, universal and secondary intervention services requires a funding injection in the short term that will see social and fiscal dividends paid in the foreseeable future. Whilst recognising that increased spending is necessary in the short term, this is essential to help rebalance the current service system, which has focused on the tertiary level for too long, at the expense of the early intervention and secondary levels. However, it is also important to recognise that investment in prevention, early intervention and secondary services will require at least a decade to see the benefits, if not a generation. A longer term State and Federal Government vision is vital if we are to re-balance the system to reduce the over reliance on tertiary level intervention.

Most jurisdictions across the western world that have recognised the need for preventative and early intervention work in child protection, have been astute in the recognition that change takes time and requires adequate resources. As such additional initial funding to accommodate such change has ensured a sound change management process of the paradigm shift from a focus on tertiary intervention to a more balanced approach of funding across the continuum of child protection.

The current range of services

Existing support services have focused around government initiatives and imperatives, for example the Referral for Active Intervention (RAI), Helping out Families (HOF) and Intensive Family Support Services. While recognising the important role these services play, there are clearly gaps at a universal, secondary and targeted secondary intervention level. The CPP Practice Group advocates that any child protection reform agenda requires a review and mapping of services and need across all levels of intervention to ensure that any re conceptualised child protection and family support system is appropriately resourced. Without doing so, any reform will be destined to fail at significant cost to our society.

The mapping of existing services to identify gaps and strengths would provide an important starting point. This recognises that there are many services that currently exist that provide valuable support to children and families. Dialogue is then needed with communities and service providers across Queensland to be able to identify the types of services that are required and who can best provide these. Importantly such discussion needs to consider the unique needs of rural and remote Queensland, along with the particular needs of Aboriginal and Torres Strait Islander people, those from a Culturally and Linguistically Diverse (CALD) background and other highly represented groups, such as parents with intellectual or learning disabilities.

The family support sector in Queensland is clearly being stretched and there are challenges to meeting the needs of children and families where child protection concerns exist. This is partially due to the time limited nature of most services, as dictated by Government funding arrangements. Furthermore, not every region in Queensland has access to core services such as RAI, HOF or Intensive Family Support Services, let alone primary and secondary intervention services. This is where a mapping exercise is critical to identify capacity, gaps and strategies to meet these.

Adoptions as one response to permanency planning

The debate regarding the long term stability and well-being of children whose parents are struggling in their capacity to parent has led to a number of options for the long term care of children being presented to the Commission and elsewhere. Most significantly has been the concerning issue of children experiencing multiple placements due to placement breakdowns. The CPP Practice Group shares the concerns raised about the impact on a child's sense of connection and identity and the ongoing harm and trauma that this causes children and young people. We recognise that the current debate nationally and internationally has focused on seeking better options to ensure improved connectedness for young people to family/care providers and community. Adoption is one option.

However, the CPP Practice Group will not accept nor entertain the option of forced adoption within our system. As exemplified by the Stolen Generations apology and other recent Government apologies, a very recent (2012) apology has been made by the Queensland Government to mothers and children and other key parties regarding forced adoptions for reason of morality and judgement of the time. Until the Queensland child protection system is fair and considered in how it supports and provides quality service delivery to the most vulnerable children and families in the system in order to enhance their opportunities of staying together safely, forced adoption should not be considered an option for permanency planning. The current system clearly does not do this, which has led to an increase in the number of children in out of home care. Our firm stance is that if we had an effective system for protecting children and supporting them and their families, we would ultimately see a decrease in the number of children in out of home care. Further, while we advocate for permanency of placements for young children in out of home care as being necessary and desirable, we totally reject forced adoption as a solution.

Research shows the correlations between connectedness with one or more key people in a child or young person's life and subsequent healing and resilience (Dawes & Donald, 2000; Gilligan, 1999; Morgan, 2010; Werner, 1996; Werner &

Smith, 1992). We recognise that adoption at the earliest point possible in a child's life is one such consideration to ensure connected relationships to family/carers and community may be maintained. However, there are no guarantees that this model will achieve that and little evidentiary base on which to draw any conclusions about the efficacy of this process for a child's long term emotional wellbeing. While many arguments for this practice are presented, equally, many concerns are raised. The legacy of forced adoption of children during the 1950/1960s due to a woman's age and marital status has shown us this.

Outcomes for children in state care are highly contentious and lead to questions regarding decision making to remove a child from their family of origin to state care in the first place. This is particularly so given the plethora of issues experienced by children and young people in the 'care' system, which include but are not limited to: mental health issues, poor educational outcomes and drug and alcohol abuse, 'acting out' and criminal behaviours. The concerns about the life indicators of children and young people in care need to drive attention towards improved systemic responses such as early intervention and prevention, intensive family work, reunification processes and when a child is taken into care, supports offered to enhance stability and longevity of placements.

Timely and sustainable decision-making about long-term care arrangements for children in care is crucial to their future protection and well-being. Decisions about permanent care arrangements need to be evidence-informed, as these are high-stakes decisions with far-reaching consequences for children, not only about their physical safety but about their social and emotional well-being now and into the future (Maluccio, Fein & Davis, 1994; Tilbury and Osmond, 2006).

Improved stability for children and their capacity for connectedness is the key requirement for any system focused on child protection; failure to achieve this is the critical issue (Tilbury and Osmond, 2006). Adoption or forced adoption may provide one of many shorter term resolutions but also offers further major consequences, particularly in terms of unintended consequences that must be carefully considered. In making any such decision, the State is exerting a great deal of intrusive and paternalistic authority in the lives of a child and their family.

Processes of early intervention, prevention, family supports and reunification have been so underutilised in Queensland that it is almost impossible to gauge the capacity of families whose children are removed to step up to the mark and meet the requirements to have their children returned to them. Whilst little research about this exists, anecdotal evidence suggests that reunification is not the most urgent agenda for child safety staff – managing immediate risk is. The focus on immediate risk, whilst essential, is also highly problematic if it is the only consideration. As such evidence based practice about what children need and what is in their best interests becomes secondary. Assessment needs to look at both immediate risk and long term wellbeing of the child (Tilbury and Osmond, 2006). Once immediate risk is managed there is evidence that minimal service delivery options are provided to assist families work towards safe reunification. Furthermore, evidence shows that children in the statutory care system are not always supported by carers who have the skills and qualities to do so (Tilbury and Osmond, 2006). It is for this reason that we have presented a reconceptualised model of child protection that has at its core the importance of appropriate (the right) support services to be delivered to children and

families in a timely manner (at the right time). The right services at the right time are integral to child and family wellbeing and are in keeping with the National Framework for Protecting Australia's Children.

Children and young people currently have little or no voice in decisions made about them with regard to their protection, life opportunities or living arrangements. This is in spite of a legislative requirement that their views are considered. This needs serious consideration in Queensland generally but it is particularly pertinent to give children a voice when looking at their permanent removal from family and the long term ramifications of such a decision. The right of children to be heard in legal proceedings under UNCROC has made major inroads in legal judgements in the United Kingdom (see Appendix D: the cases of Jonathan Brown and a 6 year old girl). The CPP Practice Group urges the QCPCI and State Government to ensure that children's voices are heard and form an integral part of all decision making pertinent to them and their wellbeing.

Forced adoptions under the current processes of child protection in Queensland are seriously at risk of repeating past hurts and abuses. We as a country are currently in the process of apologising for past forced adoptions based on value laden judgements and assessments. What guarantees can we provide that in considering forced adoption as a viable option and then implementing this process that this is not the next stage of the same mistaken forced adoption stance? The CPP Practice Group argues that no such safeguards are in place.

The significance of effective collaboration for children in out of home care

The Department has statutory case management and responsibility for children and young people in out of home care, whilst the Department and the non-government sector share responsibility for case work which includes placement and support options. The significance of collaboration and joined up service delivery is highlighted throughout the Queensland tertiary child protection system and needs to be further enhanced.

Effective Co-ordination of Services

There are numerous examples of what happens when effective coordination and collaboration does not exist, which has led to poor or at times, lethal consequences for children (see Appendix A). The CPP Practice Group commends the Commission for focusing on this vital area.

The effective coordination of services is a concept that needs to become a systemic reality in service delivery to all children and families requiring child protection intervention. Effective collaboration, shared understanding about the issues inherent in children protection together with a shared commitment to the possible solutions is essential. Practitioners do not always agree and do not always have to agree on the key issues. However it is paramount that these stakeholders understand each other's perspective and positions well enough to have clearly articulated and respectful dialogue about the different interpretations of the matters at hand, the issues, possible solutions and the ability to exercise collective intelligence about how to solve the matters and issues arising (Allen Consulting Group, 2008).

Guenther and Millar (2007, p. 2) argue that collaboration can result in more integrated and holistic outcomes, and therefore, more sustainable outcomes in responding to complex social and health challenges. Research has emphasised the value of combining the skills and knowledge and resources from the various professions as being critical to effective child protection practice.

> *"The multidisciplinary ….approach to the identification and treatment of child abuse and neglect emerged out of the recognition by practitioners of various professions that child abuse and neglect problems do not lend themselves to simple treatment approaches rendered unilaterally by a single discipline. The multiple problems exhibited by both the abused/neglected child and the abusive/neglectful parents(s) require intervention and treatment that is generally beyond the scope and expertise of any one discipline"* (Pettiford, 1981, p. 1 cited in Hallet, 1995, pp. 298 -299).

As importantly, a collaborative and coordinated response also focuses on the *"collective capacity of policy makers, service providers and researchers on addressing the needs of children and young people. It puts children and young people firmly at the centre of service."* (ARACY: 2009, p. 2).

Lack of effective collaboration can have drastic implications for children and young people as we have seen time and again, from the cases of Victoria Climbie and Baby Peter in the UK who died despite numerous services being involved (Stone & Rixon, 2008), through to the tragic cases of death and serious abuse and neglect of children in Australia.

Taking an ecological perspective, with a strong holistic focus, we know that a child or young person cannot be segmented; their lives are made up of interconnected and interrelated aspects and systems (Stone & Rixon, 2008). We therefore need to consider each child and their family holistically. This involves working collaboratively with the support systems and individuals who are involved with the child's life.

All the child protection practice needs to be underpinned by partnerships yet in Queensland these are not supported by resourcing which recognises the essential role of partnership and collaboration, and the skill set required. Options include: more flexible service agreements, funding that recognises partnerships, and key performance indicators (KPIs) that value service and sector coordination as an important requirement. Current competitive regimes of funding do not assist positive partnerships and collaboration.

Key to effective collaborative practice is to have a system that is simple and 'doable', which is inclusive of the child, family/carers and key services. Onerous and complex systems will inevitably fail. It is essential to avoid creating overly bureaucratised systems. The focus needs to be placed on outcomes, not outputs. The CCP Practice Group agrees that the models suggested in the Options paper provide some strong examples of coordinated approaches, in particular the Single Government Case Plan from Victoria and LAC. What is consistent among these, is having a single point of contact for the child/family/carer who is recognised as having the responsibility to speak with and share information, with the 'client's' permission.

These examples refer primarily to families who enter the statutory system and while this is absolutely essential, a collaborative model of service delivery is required across the spectrum of service delivery, particularly once a family enters the secondary system.

Creating common ground for multiple government agencies who are involved in providing services to protect children is highly desirable. This does not just mean physical co-location, but it also includes having the time and space for such agencies to meet regularly whilst seeing this as a key part of the role. The MOG changes in Queensland resulted in a 'no wrong door policy'. However, whilst recognising there have been some improvements to collaboration, integrated service delivery is still eluding us. One key limitation to achieving this is lack of resources; many staff do not have the time to dedicate to effective collaboration as they juggle multiple cases and the associated administrative tasks.

A further issue that has stifled effective collaboration and integrated service delivery remains the issue around risk management. Currently, the 'buck stops' with Child Safety Services who make the ultimate decision about whether to intervene or not. It is our view, that the heightened risk-averse nature of our society has infiltrated so many aspects of key organisations that this stifles and prevents effective collaboration and coordination, not to mention sound practice. This is where a fundamental shift to how we respond as a community to protecting children is necessary, which includes the dominant paradigm shifting to one of supporting children and families.

Key to empowering and working with families is respectful relationships. This is fundamental and can be achieved by an open and transparent support network that is established to work with families and their children, as opposed to a singular focus on immediate child safety issues. The CPP Practice Group believes that this needs to start with having the appropriately qualified and experienced personnel within these services, whose primary aim is to engage with families respectfully, as highlighted by the Signs of Safety model and the Conceptual Model presented in Chapter 3.

The CCP Practice Group believes that there needs to be a partnership in delivering services and that this may vary according to the level of intervention. For example, at the tertiary end, we would suggest that the government agency would need to take lead responsibility. However, at other levels: early intervention, secondary and intensive targeted levels, this would be better situated within the non-government services. Universal programs are traditionally coordinated through Government, and again, we would suggest that collaboration would be needed at every level.

The CPP Practice Group suggests that review of existing models of effective collaborative service delivery be considered, particularly the work of ARACY in terms of effective collaboration as well as Queensland examples such as the Wynnum Redlands Integrated Care and Support Initiative (WRICSI).

Best practice example of what currently works: Wynnum Redlands Integrated Care and Support Initiative (WRICSI)

One of the most significant challenges facing the child and family welfare field has been, and continues to be the development of effective responses to young people in care with high to complex support needs and their families. WRICSI was a partnership between government and non-government agencies in response to this challenge. The partnership strove to develop an integrated, flexible out of home care system for young people and their families with intensive needs.

WRICSI comprised of five agencies, each directly involved in the day to day care of young people who were unable to live with their families and most often were in the care of the Department. Two of the participating agencies were Child Safety Service Centres, and the remaining four were non-government agencies involved in the provision of out-of-home care (i.e. residential care, foster and kinship care) and family counselling and support.

The initiative explored the partnership and integration of service delivery at both the service system level (WRICSI Management Team) and the individual case level (WRICSI Operational Team). It was developmental in nature with learning from both levels of action mutually informing each other. The partnership laid the foundation in developing collaborative relationships between government and non-government service providers by focusing on:

- The development of individualised interventions,
- Efficient and effective use of available resources matched to need
- The integration of service delivery to the target group.

The goal was to provide a range of individualised, flexible and responsive placements and therapeutic interventions for young people aged 12 – 17 with intensive support needs within the Wynnum and Redlands area.

The outcomes sought by the partnership included:

- an Increase in the number and range of responsive placement options available for young people aged 12 – 17 years;
- to meet the individual needs of young people and their families through therapeutic and support interventions in line with their case plans;
- to enhance the involvement of young people and their families in case planning and review;
- to enhance the safety of young people placed, and
- to improve the stability of placements and continuity of relationships.

The service response was built upon the following framework:

- **Holistic** – young people's needs should be responded to in the context of their family, community and culture. Interventions should identify and address young people's safety, care and developmental requirements.
- **Individualised** – Young people are a diverse group whose backgrounds, circumstances and needs vary considerably. Approaches to working with

young people should therefore be flexible and tailored to meet their individual circumstances and needs.

- **Integrated** – Young people require a range of informal and formal resources and services to meet their safety, care and developmental needs. These resources and services must be effectively coordinated if their needs are to be met and the outcomes achieved.

A range of residential and therapeutic models were provided within the service system that included intensive foster and kinship care, short and long term residential models, respite and a transition from care residential component.

Alongside this, all services had access to therapy that was flexible and provided outreach to families and young people. Further, additional training and support was provided to staff (across partnership agencies) through complex case clinics with experienced family therapists that provided therapeutic direction and input to case planning.

Background to WRICSI

In line with broader trends in Queensland, individuals and agencies in the Wynnum and Redlands area were experiencing increasing difficulties in meeting the needs of young people with high – complex support needs and their families. Issues were experienced in terms of increasing numbers of young people presenting with challenging behaviours, increasing demands for placements and increasing instability of placements. This in turn led to increasing pressure on already overburdened carers and staff to respond at an individual case and agency level.

Issues were identified in relation to the existing service system's capacity to effectively respond to the young people with high-complex support needs. These issues included –

- A focus on placement rather than the broader needs of young people
- Stand alone services that lacked flexibility
- Rigid adherence to perceived or actual mandates, roles and responsibilities
- Different philosophies and understandings of young people and their safety and wellbeing.
- Outmoded models of service delivery.

Using a collaborative approach assisted in developing a shared understanding of the issues and seeking solutions. The most important element of the partnership was that is shared responsibility for young people. It was not about power and control; it was about what partners could do together in meeting the needs of young people.

The key themes underpinning the partnership and outcomes of planning were:

- **Innovation** involving developing different ways of using existing resources and delivering services to achieve better outcomes for children, young people

and their families. It was not about doing more with less but rather achieving more with what was available.

- **Collaboration** involving stakeholders sharing responsibility, identifying issues and developing solutions. It opened up opportunities for innovation. One of the major areas of innovation was the collaboration between stakeholders.

- **Making a difference** – all stakeholders shared a vision to make a difference in the lives of those they worked with. The roles and responsibilities of stakeholders varied and the way in which they expressed their goals sometimes varied, but their desire to make a difference was a unifying force that could be used to drive collaboration.

- **Building success** - breaking down what stakeholders wanted to achieve into smaller steps. This was important in marking progress and maintaining motivation. It also built in review processes that enable changes to be made to strategies and processes to increase the likelihood of success. Agencies worked together to establish a set of key principles that would guide work. These became the basis of decision making and planning together.

Principles

- Young people should receive interventions that are needs based, respectful, inclusive, individualised and flexible.

- Young people and their families should be involved in all stages of the assessment and intervention process.

- Young people should have access to the full range of available resources and services with service system in accordance with their needs.

- Young people should be provided with intensive case management to ensure that resources and services are delivered in an integrated and therapeutic manner.

- Child Safety Service Centres and non-government organisations involved in the placement and support of young people share responsibility for meeting the needs of young people in care.

The WRICSI Model

The WRICSI model involved a partner agency being responsible for the provision of funding allocated to the partnership. The model involved the following:

- WRICSI Coordinator (funded) responsible for the coordination of referral meetings, monthly WRICSI meetings (Management and Operational), coordination of Individual Therapeutic Intervention and Support therapists, Complex Case Clinics and other administrative requirements.

- Monthly Management Team meetings (Management across partner agencies i.e. Program Managers, CSSC Managers, Placement Support Unit Manager) to discuss system reviews and undertake system planning, including meetings with external partners to identify resources, support etc.

- Monthly Operational Team Meetings (service/operational positions across partner agencies i.e. Team Leaders, Senior Practitioners, Placement Services Unit Coordinator, Coordinators) to conduct case reviews, including identifying resources, interventions etc.

- Individual Therapeutic Intervention and Support (funded). Fee for service, therapists who provided therapy to young people and supported placements through engagement with carers, staff and in case reviews. The therapist continued to work with the young person if/when there were changes in placement (continuum or relationship)

- Complex Case Clinic (funded) where complex cases were discussed with specialist therapists. Non-government and government stakeholders involved in the care of the young person attended clinics.

- Outreach On-Call (funded) – provided planned outreach and after hours crisis support to young people, carers and staff in partner agencies. Outreach On-Call continued to engage young people in outreach if/when there were changes in placement. (Continuum or relationship).

- 'Extended partners' participated in portions of monthly Management Meetings, including Education Qld, Youth Justice, Child Youth Mental Health, Housing Qld, BABI.

Referral and Planning process

Referral

- Information forwarded to WRICSI Coordinator who circulated information to out-of-home care agencies

- Identify which out-of-home care agencies was best placed to meet the needs of the young person

- Plan the transition into placement

- Plan therapeutic support (Individual Therapeutic Intervention and Support)

- Plan outreach support (Outreach On-Call)

WRICSI Meetings

- Monthly Operational Meetings - case reviews
- Crisis Response Meetings (as required)
- Monthly Complex Case Clinic

Outcomes

Together partners were able to effect real change for young people, families, staff and carers involved. An analysis completed by Hillan & Testro (2003, pp 39 – 43) identified a significant improvement in the capacity of the service system to delivery effective service responses to young people and their families. Specific improvements noted included:

- Access to services and resources
- More comprehensive case planning and review
- Coordination of interventions
- Timely and responsive decision making

- Modelling of problem solving.

Hillan & Testro (2003, p 39 – 43) found that improvements in service delivery led to immediate benefits for young people and their families. These benefits included enhanced:

- Placement and support options within the Wynnum and Redlands communities
- Safety
- Continuity of informal and formal relationships
- Involvement of young people and families in decision making.

In addition, staff and carers experienced immediate benefits in terms of:

- A shared understanding of young people and their needs
- An increased sense of being valued
- Improved sense of competence and capacity to respond creatively
- Improved relationships between individuals and agencies
- Increased access to training and development opportunities
- Increased sense of working as a team
- Decreased time in locating appropriate services and resources.

Ultimately, effective collaboration is built on the various parties having a shared understanding and goal, being treated as equal partners (which is not the case currently in most Queensland service systems), being treated with respect, and being provided with the space and safety to share their views without fear that funding may be cut, or that they will be told what to do. These principles also apply to effective collaboration with families, and in essence relates to entering into and developing respectful partnerships. Achieving this requires time and resources, to be able to reach shared understandings of perspectives and priorities.

Building capacity of non- government agencies

Building capacity of NGO agencies requires at its core, adequate resourcing to allow the sector to take on this important and large role. Currently many NGOs advise us that a key challenge is meeting outcomes and outputs due to the highly competitive tendering process, which pits one agency against another. Such a competitive environment creates pressure and limitations to the actual service delivery as agencies strive to become a service provider at reduced costs. The flow on effects of this are seen in relation to the qualifications and experience levels of staff, the level of support offered and in particular, the consequences of time limited support being offered to clients. Achieving meaningful changes within such a context becomes increasingly problematic.

Capacity building with NGOs requires initial investment to ensure that services are able to meet the needs identified. We recognise that there are limitations to Government funding, however, also highlight that any investment in the short term will

bring significant economic and social savings in the future. Without such investment, the issues that led to the Commission of Inquiry will continue, as will the economic and social cost to our communities and State.

The CPP Practice Group also suggests that there may be innovative ways to build capacity in terms of funding. The use of social bonds as developed by the UK and currently being trialled in NSW is one example. Through this program, the Benevolent Society, backed by Westpac Corporation and the Commonwealth Bank of Australia, is developing a $10 million bond to support 550 families over five years to reduce the number of days that children spend in foster care (Michaela Whitbourn Financial Review, 21/03/2012). We would encourage thinking outside the box to identify partnerships and funding means that are sustainable and able to build the initial capacity of service providers.

Capacity building of the NGO sector also requires building of internal capacity in terms of the knowledge and expertise of the individual services. Achieving this requires facilitating staff retention to ensure the knowledge base remains within the organisation, and opportunities for meaningful evaluation of services. An increasing focus on output reporting does not create a constructive environment for the sector to achieve meaningful engagement and service outcomes. Limitations to funding and requirements such as not allowing staff members to claim travel time to and from a home visit with a client as work time, just adds to an already growing disenfranchised sector. The CPP Practice Group strongly advocates that to truly and effectively build capacity within the sector, appropriate resourcing is required that encourages the services to employ appropriately qualified staff, as well as a review of how outcomes are measured and reported.

CASE EXAMPLE

Refer to Case Study 2, Appendix A.

Chapter 6: Young people leaving care

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

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

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

Transitioning young people to independence

Adolescence is well known as a distinct developmental phase characterised by change: physiologically, emotionally, in perceptions of self, responsibilities, and relationships with friends and family. It is a stage in which young people are beginning to define their adult identity. It can also be a time of confusion particularly if there has been significant abuse and or trauma during childhood. It is therefore essential that young people receive the assistance they require to develop their coping skills and build resiliency.

Mendes (2008) states that the three key factors which contribute to outcomes for young people leaving care are: pre-care abuse or neglect, inadequate and often abusive in-care experiences and the lack of ongoing assistance on leaving care. Cashmore and Paxman (2007) found the factors contributing to how well young people were faring four-five years after leaving care were stability and a sense of security in care. Young people who reported that they had felt loved by both family members and their carers had the highest overall outcome scores. In terms of aftercare factors, young people did much better if they were at least 18, felt that they were ready to leave care, had already completed their secondary schooling, had support from those around them and were able to maintain some continuity in their relationships and living arrangements (Cashmore & Paxman, 2007).

Frey and Rothlisberger (1994) suggest that if an adolescent has adequate support and networks provided by their peers and family member's, their coping strategies in the long term when faced with stressful situations is better managed. These changes are difficult and overwhelming for a majority of typically developing adults ranging from 18-25 (and beyond) without the additional and often multiple needs often expressed by young people exiting state care.

Cashmore and Paxman (2007) identified four general outcome pathways for the group involved in their longitudinal study of young people leaving care:

- Well 'supported' young people – on a fairly straightforward and positive pathway – young people had a significant mentor or belonged to a community, were employed or were full-time parents supported by a partner.

- 'Strugglers' – faced a number of difficulties pre-care, in-care and after care – none had been in stable care, most were in or had been in turbulent

relationships, lacked a supportive network of friends or family, were either unemployed or parents and were having to go without necessities and services.

- 'Recovery group' – the smallest group, had had a difficult time in care and during the first two or three years after leaving care, but had recovered from a negative pathway involving substance abuse and crime. The positive factors that helped turn the tide appear to have been a supportive network and/or caring partnership.

- 'Survivors' – the fourth and largest group of young people who were generally coping and although they were not doing well, were satisfied with how they were doing considering their experiences. They tended to be quite articulate about their sense of autonomy and responsibility.

To provide the best opportunity for young people in care to exit as 'well supported' requires a system that supports children from the moment they enter out of home care. This system would be one where the following were present:

- sufficient placements across a continuum of models to allow for the matching of children to occur, providing the basis for a stable and continuous placement for the child;

- access to developmentally appropriate therapeutic support to address any issues of trauma and abuse;

- models of education that support children who may have delays in their cognitive functioning, as a result of trauma and abuse;

- opportunities to move to semi-independent and then independent living at a pace consistent with their needs;

- services that bridge the gap between childhood and adulthood, particularly in the areas of disability and mental health;

- vocational training supported until the young person completed their course and had reasonable employment opportunities; and

- employment services with a focus on the needs of young people who have not had optimum life experiences.

An effective statutory child protection system provides the foundation for successful transition to independence for children and young people throughout their time in care. Without this foundation, services provided once the young person is 15 years of age or older may not be well utilised by the young person as their unmet childhood needs can lead to feelings of hopelessness, disillusion and mistrust.

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?

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?

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

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

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?

The CPP Practice Group recognises that the State and Commonwealth Governments have both made formal apologies to Aboriginal and Torres Strait Islander peoples about the policies that have resulted in the removal of children, the Stolen Generations. Notwithstanding this, the ongoing level of disadvantage and the causal factors of the marginalisation of Aboriginal and Torres Strait Islander people in our country remain significant. The fact that in Queensland over 40% of children and families subject to the statutory child protection system are Aboriginal or Torres Strait Islanders is a red alert to us. Many communities and families are still reeling from the impact of the Stolen Generations, and the time is now to translate our apologies into action and a collective agreement to never commit, accept or stay silent about such atrocities again.

In spite of the over representation of Aboriginal and Torres Strait Islander children and families in the statutory child protection and out of home care system, the funding to services to support Aboriginal and Torres Strait Islander families remains negligible, particularly when compared with the funding provided to non-Indigenous services.

It is long overdue within Queensland for a shift to our service systems fully and meaningfully embracing Aboriginal and Torres Strait Islander self-determination. Aboriginal and Torres Strait Islander communities and Aboriginal and Torres Strait Islander controlled agencies need to be given greater responsibility in the delivery of the wide range of child protection services for Aboriginal and Torres Strait Islander children and families. In doing so, legislative change, policy and programmatic change is required. Such a move towards self-determination of our First Nations people must not be ad hoc or tokenistic as it has been in the past. Now is the time to make real changes in the system that has so far failed so comprehensively in its endeavours to respond to the needs of Aboriginal and Torres Strait Islander children and families. An holistic response, led by Aboriginal and Torres Strait Islander controlled entities, and with the support of the Queensland Aboriginal and Torres

Strait Islander Child Protection Peak (QATSICPP) is long overdue. Appropriate funding and resourcing is essential for this to be successful.

The provision of services across every level of intervention, from primary prevention to tertiary intervention requires culturally appropriate service delivery, that is, provided by Aboriginal and Torres Strait Islander controlled agencies. It is recognised that outcomes of such services have been mixed internationally and locally, however, key to this, in the view of the CPP Practice Group, is the importance of addressing the macro social and economic issues that sit alongside child abuse and neglect. Not doing so does not address the root causes of abuse and neglect. It is also recognised that any strategy will need to be long term to deal with some of the deep seated social and economic issues. We assert that it is logical that Aboriginal and Torres Strait Islander peoples are more likely to access services operated and run by likeminded organisations. The CPP Practice Group recommends that the Commission of Inquiry be guided by organisations such as QATSICPP and Aboriginal and Torres Strait Islander controlled agencies to identify what capacity exists and what support is needed to build this.

Models of effective service delivery already exist in Queensland. One such model was recognised by the Queensland Child Protection Week Committee which awarded Mr Kieran Smith the Non-Government Professional Award of 2012. He was responsible for relationship building and significant work with communities which gained him recognition for his outstanding contribution to Child Protection. As a highly regarded leader in this work, his programs and the child protection outcomes of his endeavours require further exploration.

The CPP group encourages the Commission of Inquiry to review the effective models of service delivery used in New Zealand and Canada which have, overall, achieved effective practice outcomes. In Queensland we have significantly more to learn from listening to our Aboriginal and Torres Strait Islander colleagues as we are tragically very late in coming to accept and embrace any genuine process to do so. We need to be prepared to listen, engage, work alongside and do the hard work with our Aboriginal and Torres Strait Islander colleagues. Most significantly we need to be guided by them in what their children, families and communities need. We need to then have further dialogue about the role of discrete Aboriginal and Torres Strait Islander services in meeting these needs as well as the role of mainstream services in offering the required assistance.

Pending further research, it is our belief that if Queensland was able to develop increased, sustained support and resourcing in Aboriginal and Torres Strait Islander controlled entities, ensure culturally appropriate staff within the tertiary sector, and adequately resource the Recognised Entities, this would more effectively meet the needs of children and families.

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

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?

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

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?

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

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?

Training, supervision and professional development: establishing and maintaining a learning culture

A four pillar model

International and Australian literature describes the significance of severe recruitment difficulties and very high attrition rates in child protection (Barraclough 2000; Gibbs 2001a; 2001b; Rycraft, 1990,1994). Whilst much has been written about the problems, it remains challenging to find solutions. Key to addressing this is the recognition of the inherently complex and stressful nature of child protection work and the need for understanding the support required to develop staff who can work within this context.

The four pillar approach offers a clear framework to achieve this goal. Recruiting staff with the appropriate professional background is the foundation to the model. Sound basic training that is skill based is the first and most critical of the pillars of support. Regular supervision focused on reflective practice along with accessibility to coaching and mentoring comprises the second pillar. The third pillar is funding for ongoing learning and development opportunities which is critical to build on this foundational knowledge and broaden and deepen the skills and knowledge base of staff as they progress towards the development of 'practice expertise'. A supportive culture where learning is valued at every level of the organisation is the fourth component. This is essential to ensure that workers have what is required to confidently and competently fulfil their role (Gibbs 2005).

Four Pillar Model

Effective Frontline Staff

1	2	3	4
Thorough induction and Basic Training	Regular Supervision Focused on Reflection and Development	Positive Cuture that Supports Learning	Ongoing Learning and Development Opportunities

Relevant degree in Social Work, Psychology or Human Services

Gill, S (2012)

The first pillar - Entry level skills based training

Recruiting staff that possess the relevant professional qualifications and experience provides the solid foundation for building a skilled and competent child protection workforce. However, this needs to be complemented by training targeted to address the complexities involved in the work. This provides the first pillar of support in ensuring staff gain the knowledge and skills to effectively fulfil the requirements of their roles.

The identification of the importance of training and education for professionals involved in child protection work continues to be central to the recommendations of the numerous Inquiries into instances of fatal or serious child abuse and the accumulated findings of research on child abuse and the child protection system (CMS, 2004). The highlighting of serious system and practice failures (Gibbs 2005) has been strongly linked to the recognition that child protection workers require training and guidance beyond that offered in generic qualifying programs, in order to identify and respond effectively to cases of child abuse and neglect. In particular, recognising children in need, related processes in risk assessment and a greater understanding and clarification of the roles and responsibilities of different agencies and professionals have been benchmarked as areas where perceived deficits in knowledge and skills require redress through learning and development strategies (Gibbs 2001, 2005; Munro 2002). Analytic reasoning and critical reflection skills are also a key part of effective entry level training.

Professor Eileen Munro (2011) highlights in her review of the child protection system in England that *"Children need and deserve a high level of expertise from their social workers who make such crucial decisions about what is in their best interests. This expertise should include being skilled in relationships where care and control often need to be combined, able to make critical use of best evidence from research to inform the complex judgements and decisions needed and to help children and families to solve problems and to change".*

The second pillar - Supervision

Core to effective child protection service delivery is the effective supervision of all staff. Professor Munro (2011) highlighted that *"the individual social worker cannot achieve expertise without the right institutional structures and support".* It is considered essential that novice workers are allowed opportunity (by the organisation) to not only learn the technical aspects of the task they are required to do, but also to understand the purpose of the task, in order to provide depth of meaning to each new learning experience.

Critical reflection in practice is fundamental to achieving this. This requires adequate opportunities for reflective practice. Access to regular appropriate supervision is essential to the development of knowledge and skills and to ensure that children and families have quality intervention with high levels of accountability. Supervision focused primarily on work tasks and line management is not sufficient to achieve intervention of this high calibre. The required breadth and depth of practitioners' knowledge are best achieved through supervision with an experienced senior worker who utilises reflection as a primary tool for knowledge and skill development. Effective supervision needs to incorporate four key areas: practice reflective; educative/developmental; supportive (personal) and administrative/organisational (Harris, 2012)[2]. Regular access to this model of supervision is critical to support an effective frontline workforce.

It is important to have staff with experience, sharing knowledge and practice wisdom to assist in on the job learning (Barton & Welbourne, 2005; Jones & Gallop, 2003). Furthermore, staff need access to and time to undertake ongoing professional development, which includes access to regular supervision, mentoring and support.

The third pillar - Supportive organisational culture

Culture can be defined as the personality of a group or organisation, created by the written and unwritten rules, values, beliefs and behaviours of the group leading to messages given and received about 'what is really valued' (Lizanoa, & Mor Barakb, 2012; Smith, 2005; Westerman & Cyr, 2004). At the frontline, the primary goal is providing high quality intervention services to children and their families. The key to achieving this is having a culture that will attract, retain and develop people who are motivated to work with family complexity, and face the daily realities of working with children who have been abused. In short this is a culture that values people and their contribution to achieving their organisation's outcomes.

Current literature highlights the point that the positive affect of a culture where values are shared and aligned with organisational priorities, is the increased likelihood of

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[2] http://www.workforce.org.au/media/231133/s5_tracey_harris.pdf

retaining workers with a strong organisational 'fit'. This is the foundation on which knowledge and skill is built. Retention of workers who feel skilled at their job and find their work satisfying has been linked to improved outcomes for children (Kahn 2005, Lyth 1988 & Maslach 1982). Organisations with a culture of supporting staff through appropriate levels of professional supervision, training and development are more likely to develop a high quality team. In turn, this is more likely to result in the provision of high quality service delivery to children and families leading to a greater likelihood of positive outcomes for children. US and UK research as well as child protection inquiries in Australia (cf NT Inquiry findings, Victoria's workforce reform 2012) have highlighted a positive culture where learning is identified as a consistent part of everything that is done, as a critical factor to achieving positive outcomes for children in the child protection system.

Furthermore, Darlington and Osmond (2008, p. 18) argue that a key challenge to our child protection sector *"is to encourage and assist workers to make use of the evidence base that is currently available. Evidence based practice, or as we prefer, knowledge-guided practice, will remain at the level of rhetoric unless organisations seriously develop structures to support staff, with the necessary training and time to seek and implement available evidence in their decision-making".*

Support at all levels of management with leadership from senior executives is critical to ensure these key elements can be achieved. This would be evidenced by time being allocated, opportunities being offered and dedicated funding allocated for staff to engage in appropriate learning and development. Frontline managers also require assistance to develop a leadership framework that recognises the need for the alignment of both culture and strategy to support outcomes for children and families. A framework of this nature was developed by a current frontline manager Sue Gill and presented at the Protect All Children Today (PACT) conference in 2009[3]. The paper and framework have been utilised to guide the development of culture and strategy at the Mt Gravatt Child Safety Service Centre.

The fourth pillar - Ongoing learning and development

Key aspects of on-going professional development include: attachment theory; child development; life span development; family dynamics; trauma; the impact of abuse and neglect on a child's well-being, health, mental health; and intergenerational patterns of abuse. The impact of substance misuse, domestic violence, mental health and other issues on children are topics critical to the understanding of abuse, risk and family support interventions. Ongoing learning and development opportunities need to be made available to all front line staff, including Departmental CSOs, CSSOs, Team Leaders and specialist positions as well as Practitioners and Managers of NGOs. Without ongoing staff development the complex factors that lead to a child entering the statutory child protection system can be poorly understood leading at times to inappropriate decision making and actions.

A dedicated learning and development budget is required to support staff to access quality training and to be provided with opportunities to attend relevant conferences and workshops. This provides messages of value to staff and promotes the belief that the work of child protection is critical in building a community in which all children can be afforded the protection required to have a positive experience of childhood.

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[3] Gill. S, Protect All Children Today (PACT) conference, Unpublished conference paper, 2009.

CASE EXAMPLE

Refer to:

- Case Study 3 & Case Study 4, Appendix A

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?

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?

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?

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

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?

Effective collaboration between key stakeholders within the child protection sector has continued to elude us, and remains a key finding within Child Death Reviews nationally and internationally. It is evident that effective collaboration requires a whole of community and government commitment, and that a strategy is required to facilitate this. It is our view that models of collaboration that exist in other states and territories need to be further investigated. However, key to this is identifying the key barriers that continue to prevent this. Our experience shows that some barriers include: workload, perceived differences in roles and responsibilities and mandates, and confidentiality and privacy. A priority issue that emerges in Queensland is the integral role of a case manager, with responsibility and the associated resources to be able to effectively engage with other services to best meet the needs of a child and family.

The Child Death Review Process has remained problematic at a number of levels. It is our understanding that the CCPYCG currently reviews the actual reviews undertaken by the Department, which is an inefficient use of time and resources. The current concept of a child death review, or systems and practice review as the Department calls these, is flawed in that the reviews are totally focused on departmental involvement and decision making without any authority or mandate to explore the decision making of other services. By their very nature, these reviews then become very departmental blame oriented. Even where issues are identified about gaps in other services that significantly impacted on the Department's ability to meet the needs of a child or family, the review process has no real authority to pursue these and is reliant on the CCYPCG taking on this role, which does not always occur. The review process has also been constrained by the fact that it is often systemic issues that have impacted on decision making, however, these issues are rarely acknowledged at a departmental level. For example, reviews have not been able to make recommendations around resourcing.

The review process involved external reviewers in the past, which has been expensive for the Department. However, the current system of undertaking reviews internally also provides its own challenges in terms of objectivity and the impact of organisational constraints, which includes the workload of the review team, and the ability to address all issues objectively.

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 protection proceedings? If so, what should be the key features of such a regime?
38.   Should the number of dedicated specialist Children's Court magistrates be increased? If so, where should they be located?
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?
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?
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?
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?
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?
44.   Should the Children's 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 Children's Court to which the review decision relates?
45.   What other changes do you think are needed to improve the effectiveness of the court and tribunal processes in child protection matters?

The CPP Practice Group advocates that any legal system needs to ensure that legal and all allied professionals involved in the court system are expertly trained and supervised in the essential knowledge required for sound child protection practice. This remains a consistent limitation across the spectrum of systems that intersect in relation to child protection matters. We also advocate for a greater degree of consistency across the different court systems, child protection and family court matters in particular, to ensure that these systems work seamlessly together to protect the rights and wellbeing of children and young people.

In response to the question "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?" The CPP Practice Group strongly argues, consistent with the conceptual model presented, that a more holistic and integrated legal system is required.

The CPP Practice Group recognises the positive intent but not necessarily the successful child protection outcomes of initiatives such as the Magellan Program. We assert that key to any model the Queensland Government implements is ensuring that the associated legal and allied personnel are appropriately trained and experienced in the areas of: child development, attachment, trauma, child abuse, neglect and domestic and family violence. Furthermore, it is essential that the principles of the best interests of the child are fully enacted by ensuring a fairer and

more balanced system for gathering evidence in a non-biased and non-gendered manner. To this end we support the increase in the number of well-trained and highly informed dedicated specialist Children's Court Magistrates, and in particular, that they be accessible for regional, rural and remote Queensland. The CPP Practice Group encourages further exploration of an expanded Children's Court with the requirement to hear all child abuse concerns, including those associated at present with the family court.

In relation to the type of expert advice that the Children's Court should have access to, the concern of the CPP Practice Group is around the fact that 'experts' can be found to argue a particular point of view, that is, they can be biased and that often the 'expert' will have had limited or no involvement with a child or family. The quality of advice provided therefore significantly varies. Quite often the best 'expert' sources are the people who have worked with a child and their family over an extended period of time. Yet often the voices of such expertise are either unsourced in this system or unheard. Furthermore, we argue that if we had a child protection system that was more relational focused, with experienced and appropriately qualified, trained and supervised staff, the courts would have greater confidence in the advice and recommendations provided. Having said that, this relational and respect process needs to be a two way street. In order for legal professionals to receive the expert advice required from those at the front line of practice with clear first-hand knowledge of the clients, such professionals need to be respected and heard by the system.

Family Group Meetings (FGMs) as they were originally intended and implemented in New Zealand, can provide an excellent forum for effective discussion and decision making. The difficulty in Queensland is that the original concept of the FGMs has been significantly diluted through limited dedicated and 'independent' FGM Convenors that run all FGMs. Many Child Safety Service Centres use their FGMs for only 'complex' cases, because of resource issues. We would argue that all cases managed by Child Safety are complex. We therefore argue strongly for a commitment to implementing the FGM system as it was originally intended, with dedicated FGM Convenors who spend time with the child and family prior to meetings, and who possess the expertise and qualifications necessary for such a complex role. This also involves a commitment to ensuring **all** FGMs are convened by FGM Convenors.

Fundamentally, if we develop a system that is more balanced and services that are more readily accessible to families and children who require support, our view is that there should be a decrease in the need for long term guardianship orders for children and young people. We recognise this may not occur in the short term. However, this must be a goal that the Queensland Government determines to strive for. As such investment in prevention and early intervention services will be essential to meeting this end.

Domestic and family violence and child abuse

There remains a significant interface between child protection and domestic violence; domestic and family violence in Queensland is a factor in 39% of cases where children are assessed as requiring protection (Queensland Government, 2009, p.1).

The CPP Practice Group endorses the [submission](#) to the Queensland Child Protection Commission of Inquiry by the Women's Legal Service (WLSQ) as

consistent with our views. In particular we note that legal practitioners including Independent Children's Lawyers (ICLs) and Judges as professionals integral to ensuring the safety of children are often untrained in child protection and ill equipped in their limited knowledge of child abuse, domestic violence and perpetrator's behaviours to effectively aim for the protection of children in child abuse and domestic violence cases. Both Judges and ICLs have a very powerful role to play in protecting children. Their lack of support to obtain the essential knowledge, training and expertise for this enormous responsibility is alarming.

The CPP Practice Group is also concerned by the interface between the child protection and family law systems as noted by the Women's Legal Service. Currently this interface with regards to women acting protectively regularly sees them painted on assumption in Family Law as either vindictive or hypersensitive (or both). A significant issue appears to be that child abuse cases are being dealt with in family court as acrimonious divorce or separation issues, even when child abuse matters alone are being heard. As such, a specific Children's Court for all abuse concerns may be one option for removing biased assumptions, where parents advised to act protectively by child protection authorities, who then enter into family court processes, come under the assumption by that system that they are vindictive to their former partner, without consideration of their original mandate and intent, that is: to act protectively towards their child.

CASE EXAMPLES

Refer to:

- Case study 5, Appendix A

Chapter 11: Funding for the child protection system

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

The CPP Practitioner's group asserts that substantial savings will be gained in the long term by investing in prevention and intervention in the short term. Statutory child protection is a costly intervention (albeit a necessary one at times), while investment in prevention, early intervention and secondary services offers a significant focus on ensuring that children and their families can obtain the necessary support to stay together. A significant focus on family preservation leads to the outcome that the much smaller number of children in OOHC are those who need to be there given that after genuine investment in family services, community participation and associated supports no other avenues for their well-being were available.

At no stage are we advocating for children experiencing abuse to stay at home in either the short or long term, without significant support and intervention. We are strong in our position that children more often than not want to remain at home and our duty as practitioners is to facilitate that as a safe option wherever possible through significant support mechanisms and interventions. In circumstance when children cannot live at home safely, a holistic care plan and quality OOHC option that provides a 'settled experience' through longevity of placement, preferably in a home environment but at least in a local community, is essential.

In order to alleviate the need for either of the above options, serious consideration to community and family education is paramount. Community services announcements aimed at all families to enhance their understanding of what children need and what behaviours hurt children are significant in reducing harm. Many parents and families don't know what they don't know, and education for the whole community will go a long way in alleviating some harm noted by child protection authorities.

Chapter 12: Conclusion

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

Informing our community of parents and families as to the needs of children in our community is paramount.   The community services announcements options mentioned are a key consideration in combatting child abuse and family violence. There are many other options for educating and supporting all Queensland families and communities such as through schools, the media, publications and support groups. The more every Queenslander understands issues of abuse and violence the more likely they are to take a proactive stance and feel empowered to support children and their families. Denial of abuse is a major issue in our society and change is needed to ensure that children and families are safe by supporting families and communities to pay attention to child abuse and neglect, even when this topic is viewed by many as confronting and unpleasant. Child and family well-being education and the empowerment of family and community members to respond appropriately to abuse and neglect is essential.

Conclusion and Recommendations

In Queensland the onus on child protection needs to shift from immediate risk of harm to child and family wellbeing. Whilst immediate harm to a child always requires urgent attention, the overarching child protection framework needs to focus on child and family wellbeing.

Families need to receive the services they require at the right time, preferably as early as possible. As such, options for support need to be readily available, non-stigmatising and non-threatening. Early intervention is key to the success of our child protection system and the success of families and children coping within their homes and communities.

Everyone in our community is responsible for child protection. The Department of Communities, Child Safety and Disability services cannot undertake the child protection function alone. In order to engage communities and families, public education is essential. As such, community services announcements and similar educational material is required through public paradigms, particularly through media and other regularly accessed institutions such as schools, hospitals, community organisations and the like.

The child protection system will benefit from specific attention paid to qualified, supported and supervised staff. The child protection sector has a long history of putting staff last, dealing with financial restraints and therefore offering low wages, and as such accepting under-qualified persons for this role. This needs to change. The most complex children and families require the most skilled, dedicated and robust staff, able to navigate the complex systems for responding to such families.

The child protection sector's management needs to find a way to support staff by first offering attractive working conditions, remuneration, supportive workplaces and learning environments conducive to professional development.

The CPP Practice Group again commends the State Government for their commitment to developing a more effective child protection system. We look forward to continuing to work with the Commission and State Government to better protect and support Queensland's children, families and communities.

RECOMMENDATIONS

Recommendation 1: That the current Queensland child protection system shifts from immediate risk of harm as the primary consideration to immediate and long term child and family wellbeing.

Recommendation 2: That SCAN Teams are replaced with Family Group Meeting and Problem Solving Forums which include all key stakeholders and relevant professionals including CPLOs as well as those who would formerly have participated in SCAN Teams.

Recommendation 3: That the State Government invests in developing an holistic system for the protection of children through an integrated service model that includes prevention through to tertiary intervention. In doing so, that consideration be given to a model such as the Conceptual Model for the protection and wellbeing of children and families.

Recommendation 4: That a joint partnership of all key stakeholders (government and non-government) be established to develop and deliver effective and consistent training for government and non-government child protection services. The training should support staff to achieve best practice. That a model in the vein of the Victorian Centre for Excellence be researched and developed for the benefit of all child protection staff in Queensland – both government and non-government.

Recommendation 5: That Departmental and NGO staff all have access to supervision that provides workers with opportunities to learn and develop, that are underpinned by funding models supported by the State government, and reflected in key performance indicators that support this crucial aspect of quality service delivery. In addition, the supervision would encourage and establish opportunities for reflective practice, a key component in on-going practice improvement.

Recommendation 6: That the Department provides a dedicated Learning and Development budget to ensure that staff have access to ongoing training and development opportunities consistent with their role.

Recommendation 7: Consistent with the AASW 2012 submission to the Inquiry, the CPP Practice Group supports the recommendation 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.

Recommendation 8: Consistent with the AASW 2012 submission to the Inquiry, the CPP Practice Group supports the recommendation that the Child Protection 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.

Recommendation 9: That the State Government implements a State based training requirement for key personnel involved with child and family law proceedings to ensure an integrated system of suitably qualified and experienced people. Training (initial and ongoing) is necessary at every level in terms of: child development, trauma and attachment, child abuse and family violence and the impacts on children, perpetrator behaviours, options for perpetrator rehabilitation, domestic violence and the impact on victims.

Recommendation 10: The CPP Practice Group encourages further exploration of an expanded Children's Court with the requirement to hear all child abuse concerns, including those associated at present with the Family Court.

Recommendation 11: That public and community education campaigns and programs are developed and funded, on an ongoing basis, to enhance the capacity of everyone in our community to take responsibility for child protection.

CASE STUDY 1

"Child Protection and the role of informal carers"

Case details

Claire is aged in her late 20's, has a tertiary degree in Social work, and multiple qualifications in early childhood education. She worked in a management capacity for a small not-for-profit childcare centre for 5 years. Claire has known James' family since she began working with children in 2003, and she has been providing informal foster care for James, now 7 years old, since he was 8 weeks old. James is a middle child with 3 siblings, 2 of whom remain in the care of their biological mother, Melissa. James currently resides with his father on weekdays and with Claire on weekends and school holidays.

Claire started caring for James after witnessing the ongoing abuse and neglect of all the children, and when Melissa approached her to "adopt" James when he was 4 weeks old because of his challenging behaviours and medical complications resulting from Neonatal Abstinence Syndrome. Claire assisted Melissa in approaching the local Child Safety service centre where the family's first IPA was implemented. She continues to remain a large support for James and his family.

For the 7 years that Claire has been providing care to James, many concerns have been identified and reported to the Department, including sexual behaviours inappropriate to the child's age, lack of appropriate supervision by his parents, inability of parents to provide basic needs such as health care, food, and shelter, evidence of physical abuse accompanied by disclosure of physical abuse from both James and Melissa, disclosure of sexual abuse confirmed by a medical practitioner, and lack of emotional support and care. In total, the number of notifications that Claire has made to the department in the last 7 years exceeds 15. On only 5 of these occasions was James interviewed by a Child Safety Officer (a different CSO each time), where it was expected that he would retell his story. On two of these occasions, a TAO was used and an IPA was opened on one occasion; however the family disengaged from almost immediately.

8 months ago, James arrived at Claire's home with significant bruising covering his back, neck, and left cheek bone. She took James to the local Police station, where he met with the Child Protection Investigation Unit officer, a CSO, and a CSSO. After 3 hours of questioning, and a full doctor's examination, which indicated evidence of ongoing sexual abuse, Claire was advised that a child protection order would be sought. Later that evening, James' father began making phone calls and sending harassing text messages demanding that James be returned home instantly. Claire attempted to make contact with the CSO and the CSSO, however they were both unavailable. In the meantime, James' father had stated that he was on his way to collect James. Claire, fearing for the safety of James and herself, left the premises to hide. When she eventually got in contact the manager for the Child Safety service centre, she was informed that no formal intervention would be implemented as Claire

is acting as a protective support for the family. However, this led to James' family declining visitation for Claire for a little over 1 month. During this time, Claire had no legal right to contact with James, no means of acting 'protectively', and James was left feeling abandoned and at fault.

At present, Claire feels that making any further reports to the Department will result in adding to the harm of James, rather than providing him with protection. She has utilised all complaints avenues of the Department and the CCYPCG, and she feels that she has not received enough support to provide adequate support to such a vulnerable and at risk family.

Key issues

- The cumulative harm that James continues to experience is being perpetuated by the Department, when they fail to intervene.

- The cumulative emotional, physical and sexual harm that James is continuing to experience

- The lack of formal support for this family resulting in no opportunity to work towards positive, sustainable change.

- Lack of support for Claire has resulted in hesitation to notify of any further indications of abuse and harm.

- Lack of formal intervention means that James and his siblings are not entitled to receive the same formal emotional support or counselling that other abused and neglected children would receive.

Concerns Identified

Each time Claire makes a notification to the Department of Child Safety, it has repercussions on the relationship she maintains with the family, namely the reduction in trust, which results in James' family reducing Claire's contact with James and thus increasing his risk of harm. However, at the same time, the Department acknowledges the positive support that Claire is providing the family and therefore declines the need for intervention.

The system created to protect children is failing to do so, and instead is relying on well-intended people within the community to provide this protection without the assistance of formal support and guidance. Whilst the CPP Practice group is heartened to see such examples of community members assisting children in their safety and wellbeing, part of the ethos and intent of 'child protection being everyone's business' is that the system needs to support community members in their endeavours, just as the community and families need to be on board with organisations and government departments within the system. Child protection requires a holistic response and our systems need to be flexible and responsive in ensuring that community members, families, schools, hospitals and all associated child protection partners are not left to their own devices.

CASE STUDY 2

"Coordinated service delivery Case Study: Potential of Family Support Alliance - Early intervention"

Case details

School (non-State) has been struggling with managing challenging behaviour exhibited by Year 11 male student (Jacob) and has been trying to support the mother manage her son Jacob's behaviour over the last three years. Mum has remarried and has a new child aged 3 years as well as two older children – Jacob Year 11 and Marie, Year 12 from her past relationship. There is infrequent contact between the older children and their biological father.

Jacob has over the last three years been self-harming and has made several suicide attempts (tried to hang himself in the park, threatened to jump off the roof of the house, frequently cuts himself on his arms and legs and posts this images on facebook and tumblr etc). Jacob has had several admissions in Psychiatric Units. Mum is willing to access supports however is unable to act protectively as she is does not know how to manage Jacob's behaviour, is emotionally exhausted, needs to be balance work, parenting her other children and maintaining her marital relationship (which is coming under increased strain as her husband cannot cope with Jacob's behaviour and is frequently in conflict with Jacob).

Numerous reports to Child Safety have been made however Jacob is deemed not to be in need of protection given his mum is assessed to be 'protective'. CYMHS is working with Jacob however he refuses to engage with them on a consistent basis.

Jacob was recently found in the school toilets with a plastic bag over his head and almost unconscious (3 weeks before end of school term). This incident coupled with ongoing posts of Jacob's self-harming injuries and suicide threats to peers and he was becoming increasingly difficult for staff to manage. Consequently the school suggested Jacob only return to school after a mental health assessment stating he was stable was provided to the school and a Safety Plan developed with the school with input of a mental health professional.

Key issues

Several weeks lapsed and Jacob remained out of school as mum could not provide the school with a mental health assessment report and no clear safety plan could be developed as no mental health practitioner was able to assist the school develop this plan. School holidays arrived and over the break another major incident occurred. Mum, younger sister and husband went out for the night. Marie hosted a party at her home without parents knowledge (alcohol and drugs available at the party). At the party, Jacob 'lost it' and threatened to kill Marie with a baseball bat, had to be held down by others at the party, police contacted and mum called back home. Following this incident, Jacob was sent to live with his father. School has not had any further contact with him.

Systemic issues identified

Lack of coordinated response by all systems involved. Mum not supported or taught how to manage Jacob's behaviour.

Child Safety would not intervene despite school highlighted that while mum may be willing to protect she was UNABLE to protect Jacob and her other children from harm.

School felt overwhelmed by Jacob's needs and was trying to balance duty of care to other students as well and this lead to 'suspension' of Jacob's enrolment consequently placing additional pressure on mum and Jacob (who seemed to like coming to school despite not actively engaging).

CYMHS/ Qld Health did not appear willing to assist school or provide effective support to the family.

School was not sure how to access SCAN system or Information Coordination Meetings (ICM), conflicting information received from DETE about non State's School's capacity to access these forums.

Practitioner's reflections

Access to a formal forum for discussion of complex cases such as this would be useful. A coordinated approach at an early stage (ie. when self harm became evident or at the very least when first suicide attempt occurred) may have resulted in a more positive outcome for Jacob and his family. It may have resulted in Jacob's connection with the school community, and his mum and his siblings being intact thus minimising the potential for Jacob to feel rejected/further isolated.

CYMHS or a similar agency could have coordinated an effective response by teaching mum to identify signs of distress, how to approach Jacob, how to manage his behaviour, who to call for support/advice etc

School would have benefited from CYMHS or mental health worker assisting in development of a safety plan with Jacob's involvement. Part of this plan could have involved identification of strategies Jacob and school could use to help with emotional regulation.

CASE STUDY 3

"Implications of inadequate staffing resources- kinship care"

Case details

Kate was six years old when she was referred for therapy following being removed from her mother's care due to an extensive history of emotional abuse and neglect. Kate was placed with her maternal Uncle Sam* and his wife Jodie*. Sam and Jodie had been consistently involved in Kate's life providing respite and support for Kate's mother (Amy*). Due to Kate's change in geographical location when being placed in care her case was in the process of being transitioned from one Child Safety office to another.

Kate's brother was removed from her mother's care prior to Kate's birth and placed with family interstate. Kate experienced consistent and prolonged neglect as Amy focused her attention on fighting to regain custody of her son. Amy also had ongoing mental health problems, an acquired brain injury, and substance misuse problems which prevented her from attending to Kate's emotional, safety, and developmental needs. As a result Kate experienced developmental delays (including severe speech and language difficulties), emotional regulation difficulties, and social difficulties.

Kate came to Sam and Jodie's with needs much greater than a six year old who had not experienced abuse and trauma. She would often seek connection with Jodie through negative behaviours because this was familiar and consistent with her pattern of interaction with her mother. Sam and Jodie had experience raising their own children who had gone on to be high achievers and so had difficulty with caring for a different kind of six year old. They had little education around trauma and little family support due to the extended families difficulty with understanding the child protection concerns.

Due to Kate's experience of cumulative harm she had severe difficulties across a number of developmental areas. Often engagement with her mother was around negative behaviours and she had developed a pattern of relating to others that relied on drawing them in with inappropriate behaviours. She was unable to effectively communicate her thoughts, feelings, and emotions as a result of her prolonged trauma and which made it difficult for Sam and Jodie to identify her needs. At the time of referral the therapist advocated for Kate's carers to receive support in the form of respite and a foster care support worker.

Kate had other kin interstate including her Grandmother and another Aunt and Uncle. However due to the mother's erratic lifestyle they had little interaction with Kate throughout her life.

Amy was initially supportive of her daughter's placement with Sam and Jodie, however when a two year child protection order was granted she blamed this on Sam and Jodie. Phone contact became aggressive and Jodie had to disconnect the family phone to stop aggressive messages being left for her daughter and Kate to hear.

At the time of Kate's removal Amy was initially supported with drug and alcohol counselling and regular contact with the child safety officer during supervised contact visits. Amy never received any support to directly address her parenting skills and grief and loss issues. Due to Amy's ABI and history of substance misuse she often had difficulty understanding issues discussed in family group meetings, for example abstract terms such as 'age appropriate conversations'.

Due to the overload of the Child Safety Officer who was initially case managing Kate's case, requests for support to be followed up for Jodie and Sam were neglected. This may have also been connected with the impending CSSC transfer and hopes that this could be completed by the new CSO when the case was transferred to the new office. Policies regarding transfers then delayed the transfer to the new service centre which meant that Sam and Jodie did not receive any respite or support, other than that provided by the therapist, for the first 18 months. When respite was put in place the placement was already in jeopardy and the support given was not enough to sustain the placement.

During the cross over period between child safety service centres, case management was held by one office who were working with the mother and case work was held by another office (in the child's new location). This resulted in recommendations by the therapist getting lost between the two service centres as each had different perceptions of what their roles and responsibilities were.

Kinship care can come with a range of complex issues that exist outside of a normal foster care arrangement yet kinship carers are not automatically linked with a foster care agency. Jodie and Sam did not receive support to navigate the child safety system that they were thrown into and the particularly difficult situation of how to work with two service centres. This also resulted in the therapist undertaking the role of a foster care support worker inclusive of advocacy, which took up extra time and resources that were needed to assist Kate in working through her experience of trauma.

Following the placement breakdown Jodie wrote to the therapist;

'I am really sorry. I said right from the start for want of some nails the house will fall down. So while Child Safety stuffed around and wondered about what kind of nails to use, and withdrew funding for nails, and asked us to justify again why we needed nails, and tried to arrange meeting times to discuss the nails, and suggested sticky tape, and family [interstate]* said we've got a roof over here, why do you need nails there, it rained a little and our roof caved in.'

This highlighted the struggles that she faced navigating and working within a child safety system.

Amy had an extensive history of working with professionals and services as she had been on a number of IPAs before Kate had been removed. Kate was regularly in contact with child safety officers and other professionals who had ongoing and serious concerns about Kate's social and emotional wellbeing. Kate was not removed from her mother's care until Kate requested it herself, at the age of six, to a CSSO. Given the number of professionals with serious concerns it is alarming that a six year old was driven to request to be removed before child safety considered the cumulative level of harm to reach their threshold for removal. The impact of having to request to leave her mother's care will have a lifelong effect on Kate which is already presenting as guilt, shame, regret, and self-loathing.

Since the 2 year child protection order has been in place there have been no services to support Amy to work towards reunification. There have also been minimal supports for her to understand and navigate the child safety system.

There was no interaction between the child safety officers and Kate until the kinship placement broke down. This meant that she had no relationship with the person who delivered the information to her that she would not be returning to the care of her Aunt and Uncle with whom she had built a strong relationship. The therapist offered to be a part of the process to ensure Kate felt as safe and supported as possible and it was evident within this session that the child safety officer delivering the news did not have effective skills to communicate with a child with trauma and attachment difficulties.

Although there have been a lot of challenging aspects of this case there was also a number of gains for Kate throughout her therapeutic engagement. The therapeutic relationship developed between the therapist and carers enabled a collaborative response to the ongoing stressors of a kinship placement. A continuing relationship with Jodie and Kate has also been acknowledged by child safety as an important part of Kate's case plan.

The therapeutic service that Kate attended for approximately 18 months worked within a case management framework. This allowed the therapist to support Kate within her environment including work with her school, her carer, health services and other organisations to ensure longer term, sustainable outcomes. Given that Kate's environment has changed, for her to continue making gains, she will need continued case management and therapeutic support. Kate has been in her current placement for approximately four months and has not been referred to a new service. This could have further impactions for the sustainability of her current placement and possible ongoing social, emotional and development difficulties and regression in gains made in therapy that could require long term-intensive support.

CASE STUDY 4

"Staffing and resource issues and the impact on the lives of children"

Case details

The case involves a family with a long history of notifications and neglect issues resulting in two year orders granted for the four children, two children had been sexually abused by the biological father (who served a jail sentence for the crime); the mother had limited cognitive capacity; a chaotic family of origin. The Department requested a report from the clinical social worker as to capacity of Mother to provide safe and nurturing care for children into the future. I (Social Worker) worked over eight months to therapeutically engage Mum in work to heal her own disrupted childhood and provide skills to build meaningful relationship with her own children; also worked to develop Mum's capacity to protect her children from harm (particularly sexual harm).

Key issues

Older Children clearly stated they did not trust Mum and did not wish to live with her; younger children were ambivalent about their connection with their mother and their behaviour demonstrated this over time. My report provided a thorough and clear assessment that Mum did not demonstrate the capacity to consistently provide a safe and emotionally suitable relationship with the children.

There existed a significant risk to the children's emotional and sexual safety should they be returned to Mum's care. My assessment was based on eight months of therapeutic work with Mum; observed visits between Mum and children and individual assessment interviews with each child.

Concerns identified

I provided a detailed report for court and was prepared and ready for cross examination. My recommendation was that a long term order was relevant for all children.

Systemic issues identified

The Department chose to negotiate for another two year order, due to the fact that they did not have the time to prepare the affidavits required should the matter (application for long term guardianship) be contested. Consequently, the children remain on a two year order; placements are unsettled; children are told that the case plan is for reunification; carers are again in limbo and the cycle continues.

Practitioner's reflections

Improved outcomes could have been achieved for these children and this family if adequate resources were available internally for the best interests of the child to be the number one priority. In this case, administrative convenience was the winner. All workers involved agreed that the children needed to have stability regarding their placement, they needed to know there was evidence of permanency planning for their lives. However, this did not eventuate for the children who continue to live with uncertainty, further chaos and, so systemic abuse.

CASE STUDY 5

"Child protection, parental separation and domestic violence"

Case details

- Family breakdown after 15 years of marriage and 12+ years of intimate partner abuse, emotional and financial abuse with occasional threats of physical abuse. Children – 2 girls aged 8 and 12 at point of separation.

- Abuse escalated against mother at time of separation and harassment and stalking activities began.

- Children wanted very minimal contact with father from outset often referring to the abusive outbursts they had witnessed.

- Children very attached to mother (primary carer) as father had been mostly physically and emotionally absent from home.

- Father denies any abuse ever occurring. Has always denied – couple had attended multiple marriage counsellors in previous years.

From outset father has continued a campaign of stalking, harassment and intimidation of the mother. The father used his financial position and the family court system to add to the abuse. The father badmouthed the mother to the children on

early access visits, refused them contact with their mother and became more and more aggressive towards them as they retreated from him, refusing phone calls, visitation etc. The stalking and harassment escalated at which time the mother applied for a protection order (DVO). Two temporary orders were issued – the father continued to deny the abuse and fought the DVO. At the hearing a 2 year DVO was granted.

The children have become more estranged from the father as time goes by. Each visit seems to add to the estrangement as the father's behaviour towards the children becomes more controlling, pushier and his level of anger and number of outbursts increases. The children and mother have been interviewed by a number of court appointed experts and have told each expert the same story. The court has now sent the children to a fifth mental health professional. The mother was very upset by the questioning of one of the experts and by the vagueness of another in her recommendations to the court. The children are upset that the ICL has refused to talk to them or hear their story.

Key issues

- The way in which the abused mother has been treated by the family court system and it's appointed experts

- The children not being listened to and their memories not being taken seriously by court appointed practitioners

- An underlying belief that if children estrange from a parent alienation (PAS) is to blame

- The children not being represented by the court appointed Independent Children's Lawyer. The court intervening in a medical process – removing the children's trusted and valued psychologist on the father's repeated requests

- The continued harassment, stalking and intimidation being given no weight by court appointed experts or the court itself

Practitioner's reflections

The process did not reflect best practice principles. It did not protect the family, in particular the children, who were engaged with the family law system from the effects of emotional and physical abuse perpetrated by the father. The children's safety should have been prioritised and this did not appear to be the case.

The number of court visits, interviews and assessments conducted with various professionals appeared excessive. This also did not appear to capture or reflect the main issue i.e. family violence, the children's wishes not to have contact with their father, the impact of having contact with the father on the children's psychological, emotional and physical well-being.

Better management of the case in the legal system would have improved outcomes for this family. Greater sensitivity to the needs of the children would have also improved outcomes for this family. The legislation provides, in summary, that the children's best interests are paramount and that their wishes should be taken into account in the litigation. However, these principles were not put into practice.

Client's perceptions/reflections

I have spent over $40,000 on defending myself and the children. All I ever wanted was for the father to be taught how to behave appropriately towards his children so they could build a trusting relationship with him. At the same time while he is in a depressed and aggressive state I wanted the children to be protected by supervised visits etc.
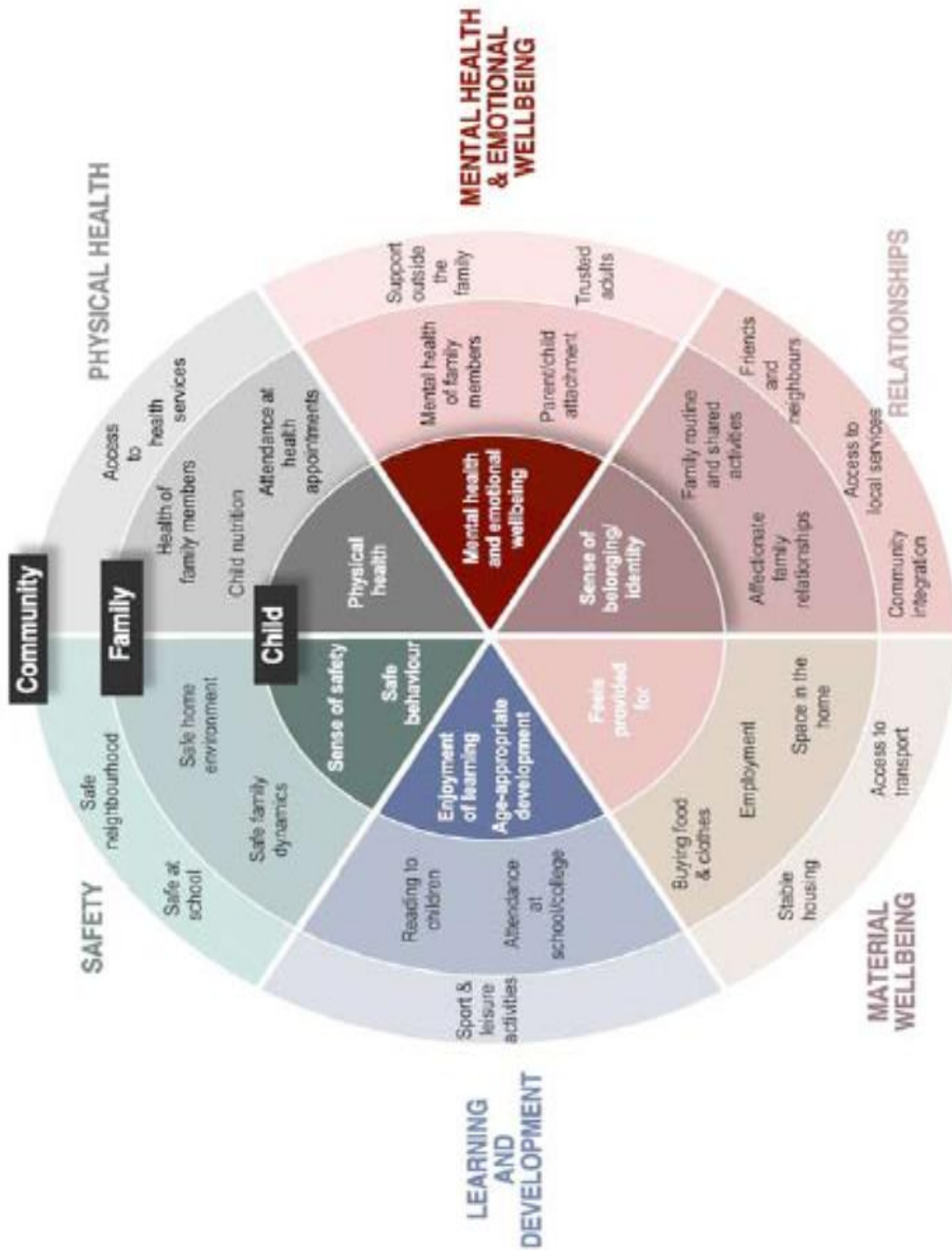
The abusive nature of the father towards me and the children has been largely ignored by the court system. I have had to put myself at risk of contraventions etc. in order to protect the children. The questions asked of me by one of the court appointed social workers were of a highly personal nature and given the ongoing stalking and intimidation I was not comfortable answering them to be put in a court report. I felt violated. I was asked about my sexual history, history of abortions and miscarriages. I was asked to name (first name and surname) my previous intimate partners. I cannot see how this has any relevance on the relationship the children have with their father.

The Independent children's lawyer, whom I thought would be impartial and be representing the children's interests has never met the children and has not read any documents the children have put forward to the court appointed experts giving their version of events. The children are very upset that "their lawyer" as they see her will not meet with them. They feel no one is representing them or listening to them. They feel totally disempowered by what is happening to them. I had to push the children so hard to go to visits and contact their father even physically dragging them when they refused visitation. I have had to do this because it seems the assumption is the children are being alienated by me and I should be able to force them to visit their father. This has caused now a level of distrust between the children and me. I have had to back off as they were at risk of not trusting or respecting either of their parents.

The children, now aged 10 and 14 are now being put in the care of a fifth mental health practitioner. They are "sick and tired" of telling the story over and over again to different people. The fact that the court has taken away their trusted and loved psychologist who had been treating them for almost a year has devastated them. They still cry when they talk about how much they miss her (the psychologist). They both have anxiety disorder and attachment issues – caused in part by the father's continual threats and court applications for full custody and a moratorium on any contact with me.

My perception of the family court system is that it does not protect victims of abuse. It minimises the impact of abuse and does not take into account children's different levels of emotional and psychological development. E.g. It assumes a parent can physically drag a child that is larger than them to go somewhere they don't want to go. It appears to treat a 14 year old like it would treat a 5 year old and it does not give weight to the children's views. The changes recently implemented into the family law act seem to bear no weight at all.

Queensland Government http://www.childrenwebmag.com/articles/child-protection-articles/family-law-dire-consequences-for-children

Three-year-old becomes youngest trial witness Jonathan Brown, The Independent, Saturday 12 November 2011

A three-year-old boy was given a packet of crisps by a judge after making legal history by becoming what is believed to be the youngest child to give evidence in a British court case. The toddler, who cannot be named for legal reasons, was led gently through a series of questions about an alleged attack during the informal hearing. Answering via video link from an adjoining room at Bradford Crown Court, the boy told Judge Jonathan Rose that he liked Transformers and that his favourite flavour of crisps was salt and vinegar.

The court heard that the boy from Huddersfield, West Yorkshire, then aged two, suffered life-threatening injuries and had to undergo surgery on his bowel after Daniel Joyce, 29, allegedly stamped on his stomach. The judge and both barristers removed their wigs and gowns in accordance with Ministry of Justice guidelines on questioning young witnesses. Michelle Colborne, for the defence, handed the boy cardboard cut-outs representing people and locations involved in the case as she reconstructed events. The child was accompanied by a court usher and a female intermediary and was allowed to draw during the short cross-examination. He had been warned that he had to tell the truth before giving his evidence.

At one point the judge asked him: "If Michelle asks you just three questions should we stop for a bag of salt and vinegar crisps?" He replied: "Yeah." The boy was also questioned by Caroline Wigin, for the prosecution. She asked: "How did Danny hurt your tummy?" "He stamped on me," the boy replied. "Did he touch you anywhere else apart from your tummy?" asked Ms Wigin. "Yeah," said the boy.

"Where was that?" she asked. "He put his hand on my mouth," said the child who is also alleged to have suffered injuries to the face and ear. "Do you know which room you were in?" asked Ms Wigin. "Yeah ... in my bedroom," said the boy. The prosecutor said the boy had appeared "his normal chatty self" according to a witness the night before the alleged attack. Mr Joyce raised the alarm the following day when the boy appeared pale and floppy. A few weeks later the boy was asked what had happened and he said "Danny" had stamped on his stomach, it was claimed. Mr Joyce denies GBH with intent and an alternative allegation of causing grievous bodily harm. The trial continues.

Girl, 6, makes legal history as judge in child abduction case allows her to choose whether to live with her mummy or daddy

By Andy Dolan
Daily Mail 15th April 2010

In a landmark case, a six-year-old girl caught in a tug-of-love battle has been allowed to choose which parent she will live with. She became the youngest child to have her wishes influence the courts in an international child abduction case. A judge heard how she had been left with a 'visceral' fear of being sent back to live with her father in Ireland. The girl and her two brothers, aged three and eight, were brought to the UK by their English-born mother last summer. They are now free to remain with her in this country after the Appeal Court yesterday upheld an earlier ruling by a family court judge to refuse the father's application for them to be sent back to Ireland.

Giving her decision last month, Mrs Justice Black said the six-year-old and her older brother had 'attained an age and level of maturity' to have their wishes taken into account. She said it would be 'intolerable' for their younger brother to be separated

from them. The court heard the three siblings had spent all their lives in Ireland, their father's homeland, before their mother 'unlawfully removed' them last summer.

Their father's counsel, Edward Devereux, said it was a 'clandestine and well-planned' operation carried out while the father was at work. He asked to have the children 'summarily returned' to Ireland under the Hague Convention, the international treaty which tackles-child abduction in family cases. But Mrs Justice Black refused to order their return after hearing the strength of the two older children's objections to the move. A social worker who interviewed the pair said that, when she told them they might be sent back to Ireland, the boy 'became very fidgety' and his little sister started to cry. The youngsters said that, if they had to return to Ireland, they wanted to live in a secret location as far away from their father as possible, the court heard.

In her ruling, Mrs Justice Black said the children's objections were rooted 'in their own experiences of family life and their fear of their father'. She added that there was nothing to suggest that they had been influenced or put under pressure by their mother. At the Appeal Court, Mr Devereux argued that the judge's ruling undermined the whole basis of the Hague Convention, which requires that the future of children in such cases should be decided by the courts of the country from which they have been unlawfully abducted. Describing the case as 'unique', the barrister said that six 'is the youngest age in the reported jurisprudence at which a child has been found to have attained an age and degree of maturity at which it is appropriate to take account of her views'. Mrs Justice Black's 'radical' ruling, he said, would have 'a far-reaching impact' on child abduction cases.

However, after a two-hour hearing, Lord Justice Wilson and Lord Justice Sedley refused to grant the father permission to appeal, with the result that the children will now get their wish and stay with their mother in England. Recognising the potentially widespread importance of the case, Lord Justice Sedley said the court would give the reasons for its decision at a later date. Last month's Court of Appeal hearing attracted much attention in the national press because at first instance Black J had taken account of the views of two of the three children involved. The younger of them was five years old at the time of her interview by a Cafcass officer.

Edward Devereux, representing the father, told the Court of Appeal that Mrs Justice Black's decision to consult the girl had been "radical" and "unique". He said that five was "the youngest age in the reported jurisprudence at which a child has been found to have attained an age and degree of maturity at which it is appropriate to take account of her views." The father's application for permission to appeal was refused.

Delivering the main judgment of the Court, Wilson LJ cited the observation of Baroness Hale in In Re D (A Child) (Abduction: Rights of Custody) [2006] UKHL 51, that:

"Children should be heard far more frequently in Hague Convention cases than has been the practice hitherto". He shared the concern that "the lowering of the age at which a child's objections may be taken into account might gradually erode the high level of achievement of the Convention's objective, namely – in the vast majority of cases – to secure a swift restoration of children to the states from which they have been abducted." However, he added: "A considerable safeguard against such erosion is to be found in the well-recognised expectation that in the discretionary exercise the objections of an older child will deserve greater weight than those of a younger child."

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