



QUEENSLAND CHILD PROTECTION  
COMMISSION OF INQUIRY

Statement of Witness

|                                    |                                                                                                            |
|------------------------------------|------------------------------------------------------------------------------------------------------------|
| <i>Name of Witness</i>             | Bradley Swan                                                                                               |
| <i>Date of Birth</i>               |                                                                                                            |
| <i>Address and contact details</i> | Department of Communities, Child Safety and Disability Services, 111 George Street Brisbane                |
| <i>Occupation</i>                  | Executive Director, Child Safety Services, Department of Communities, Child Safety and Disability Services |
| <i>Officer taking statement</i>    |                                                                                                            |
| <i>Date taken</i>                  | 10/ 8/2012                                                                                                 |

I, **BRADLEY SWAN**, of c/- 111, George Street, Brisbane in the State of Queensland, Executive Director, Child Safety Services, Department of Communities, Child Safety and Disability Services, solemnly and sincerely affirm and declare:

**Background**

1. I am the Executive Director, Child Safety Services, Department of Communities, Child Safety Services and Disability Services.
2. I hold a Bachelor of Business (Public Administration).
3. I hold the position of Executive Director and, prior to that, held the position of Deputy Director-General, Communities, Child Safety, Youth and Family and Community Participation in the former Department of Communities from August 2009.
4. An organisational chart for the new Department of Communities, Child Safety and Disability Services focusing on Child Safety Services is at Attachment 1.

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5. As Executive Director and Deputy Director-General, I have been responsible for policy and programs for Child Safety Services. This involves working with Commonwealth and other State government agencies, Queensland Government agencies, peak industry bodies, non-government organisations and other parts of the department, including Operations, Regions and Corporate and Executive Services, to manage the strategic policy and programs for Child Safety Services in Queensland.
6. Before being appointed to the Deputy Director-General position, I was Assistant Director-General, Disability Services in Queensland. I was in this position from July 2008 to August 2009.
7. Prior to that I was seconded to the Department of Child Safety from August 2007 to July 2008. I acted as Director-General of the Department of Child Safety for three months and Deputy Director-General for three months.
8. I then led a major project for six months to further analyse the achievements in the child protection system since the CMC report; review reforms undertaken across the then Department of Child Safety and the Department of Communities; analyse child protection demand data and factors impacting on the department's capacity to manage tertiary demand; and identify residual risk factors.
9. The central aim of this work was to develop a new direction to better manage the rate of growth in demand for statutory child protection services over the next five years through re-orienting the child protection system by increasing the capacity of early intervention and prevention services.
10. Prior to this I held senior positions in Disability Services, the Department of Education and the Australian National Training Authority.

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## EXECUTIVE SUMMARY

### Overview

11. The *Child Protection Act 1999* (the Act) and the Child Protection Regulation 2011 (the Regulation) together with operational policy and practice guidelines underpin the child protection system in Queensland.
12. Caring for children and supporting them to reach their potential is the responsibility of the child's family, and parents are responsible for protecting their children and keeping them safe. Currently, the role of Child Safety Services is focused on intervening only when parents have failed to protect a child or are unable to do so. Child Safety Services responds to families in crisis 24 hours a day, 7 days a week and employs more than 1500 front-line staff.
13. Statutory child protection services provided by Child Safety Services are only one component of the child protection system. Universal services (for example, health and education) support all children and families, and secondary services assist families in the community who need additional support.
14. Over the past 150 years, the child protection system in Queensland has changed in response to the changing structures and values of society. In Queensland, the 1999 Forde Inquiry; the introduction of the Child Protection Act 1999 in 2000; and the 2004 Crime and Misconduct Commission Inquiry significantly shaped the delivery of child protection services in recent times.

### Snapshot of reforms in other jurisdictions and internationally

15. Internationally, child protection systems are dominated by two paradigms — a family support approach or a 'child rescue' forensic investigative approach. Western child protection systems of Australia, the United Kingdom, the United States, Canada and New Zealand have an emphasis on reporting and investigating child abuse. The

Scandinavian countries have a family support approach, which is underpinned by a strong universal system and where out-of-home care is seen as an integral part of family support.

16. Reports to child protection authorities are increasing significantly across all Western jurisdictions. Accordingly, governments, including those of the Australian states and territories, are investing in family support to prevent the need for intrusive statutory child protection intervention. Recent child protection inquiries in England, New South Wales, the Northern Territory and Victoria have all emphasised the importance of early intervention and prevention, intensive family support and differential responses to notifications.

### Statistics

17. Over the past seven years, the number of reports to Child Safety Services has nearly tripled from 44,631 in 2003–04 to 112,518 in 2010–11. In 2010–11, approximately 60 per cent of these reports came from health and school sources or the Queensland Police Service. Many of these reports do not require a child protection investigation — for example, of the 112,518 reports in 2010–11, 21,655 required an investigation. Of these investigations, 20 per cent were assessed as being a child in need of protection (requiring ongoing intervention by Child Safety Services).
18. Most reports are increasingly relating to family and parental capacity rather than intentional or physical harm. In 2010–11, emotional harm and neglect comprised 72.2 per cent of substantiated harm compared to 21.5 per cent for physical harm and 6.3 per cent for sexual harm. When a child is assessed as being a child in need of protection, families are likely to have multiple and complex needs including drug and/or alcohol problems, experiences of domestic and family violence, a past history of abuse or neglect, a criminal history or a mental illness.

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19. Queensland has the highest number of court orders made in Australia, with 7123 orders made in 2010–11. An analysis of children on child protection orders indicates children are staying in out-of-home care for longer periods.
20. As a result of these numbers, it is projected that in 2012–13, one in 4.2 children in Queensland will be known to Child Safety. Aboriginal and Torres Strait Islander children, young people and families are over-represented in the child protection system. It is projected for Aboriginal and Torres Strait Islander children that by 2012–13, one in 1.6 children will be known to Child Safety Services.
21. As at 30 June 2011, there were 8063 children living away from home in Queensland, comprising 3052 Aboriginal and Torres Strait Islander children and 5011 non-Indigenous children. Of the total children living away from home, 86.6 per cent were in family-based placements, 7.7 per cent in residential care facilities and 5.7 per cent in other arrangements such as hospitals, youth shelters and independent living.

### **Budgets**

22. Historically, spending on Queensland child protection services was low. The Forde Inquiry heralded increases to the child protection budget and implementation of the recommendations of the CMC Inquiry required a substantial investment. The Child Safety budget has increased by 302 per cent from \$182.245 million in 2003–04 to \$733.057 million in 2011–12.

### **Legislation, practice and programs**

23. The department funds a range of programs delivered through non-government organisations and other government agencies. The department also delivers statutory child protection services.
24. There are three primary phases in the child protection continuum, including intake, investigation and assessment, and ongoing intervention.

25. Across these phases, child safety workers are guided by a combination of legal requirements, policies and procedures, practice papers and resources and professional judgement to identify and assess a child's needs and make subsequent decisions. Decisions usually occur with the supervision, support and approval of a team leader, senior practitioners and/or manager. To assist decision making, staff align their practice with the requirements of the *Child Protection Act 1999*, the Child Safety Practice Manual, policies, a practice framework and a suite of structured decision-making tools.
26. The primary tool for ongoing intervention is case planning which involves a cycle of assessment, planning, implementation and review. Ongoing intervention incorporates reunification, permanency planning and transition from care.
27. Where a young person reaches 15 years of age, case management processes incorporate transition-from-care planning. Young people in the custody or guardianship of the chief executive face a sudden change from dependence to independence when they achieve legal adulthood at age 18. Young people transitioning from out-of-home care to independence face a range of particular issues and additional needs and may not have a safety net of a supportive family and wider support network.
28. The complex and multi-faceted demands placed upon the statutory child protection system require a holistic, coordinated and innovative response. Child Safety Services is currently working on a range of initiatives to improve service delivery including:
- implementation of a guide to support health and education professionals in making decisions about appropriate referral pathways for vulnerable children and families
  - differential responses, particularly intensive family support responses that may reduce the current high use of an investigation and assessment response
  - revitalising current front-line practice to focus on positive engagement with families, working with the consent of the family and increased use of intervention with parental agreement
  - reviewing the case plans of children currently placed on long-term child protection orders granting guardianship to the chief executive, with a view to improved permanency for children.

## Systems

29. The *Child Protection Act 1999*, the *Information Privacy Act 2009*, the *Right to Information Act 2009* and the *Family Law Act 1975* all provide provisions about the recording, storing and sharing of information. Key electronic systems used by Child Safety Services include: the Integrated Client Management System (ICMS), which stores highly sensitive and personal information about the clients of the child protection system; the outdated Carepay system, which manages foster and kinship carer allowance payments; the Suspected Child Abuse and Neglect (SCAN) Team Information System, which provides SCAN team members with a secure case management system; the Community Sector Information System (CSIS), which manages referrals to particular non-government agencies and records services delivered by particular non-government agencies; and the Telstra Web Contact Centre system (WebCC), that manages calls to regional intake services and the Child Safety After Hours Service Centre. A suite of Structured Decision Making tools support staff (in collaboration with their professional judgement) in their decision making processes.

## Interagency collaboration

30. Child protection work requires collaboration with a number of agencies in order to meet the child's needs and support the family. SCAN provides a coordinated response to the protection of children across Child Safety, Queensland Health, the Queensland Police Service and the Department of Education, Training and Employment. Evolve Interagency Services provide case planning for children with complex needs across Child Safety, Queensland Health and Disability Services. The Child Safety Directors Network drives a whole-of-government approach to child protection and leads the implementation of strategic child protection reforms.
31. Child protection work is complex and commonly comes into contact with a number of other systems, including domestic and family violence, family law, criminal justice and youth justice systems.

32. Orders under the *Child Protection Act 1999* are made by the Children's Court. A number of other pieces of legislation and tribunals monitor the child protection system, including the *Commission for Children and Young People and Child Guardian Act 2000*, the *Coroners Act 2003*, the *Children Court Act 1992* and *Childrens Court Rules 1997* and the *Queensland Civil and Administrative Tribunal Act 2009*. The department has internal complaints mechanisms and the Queensland Ombudsman can also investigate complaints.

### **Front-line staff**

33. More than 1500 staff are employed in front-line roles within Child Safety Services, including child safety officers (997), child safety support officers (183), family group meeting convenors (41), senior practitioners (54) and team leaders (208). The complexity of child protection work coupled with its specialised nature and high case loads makes attraction and retention of skilled front-line staff an ongoing challenge. Child Safety has implemented a range of strategies to attract, recruit and retain staff.

### **Over-representation of Aboriginal and Torres Strait Islander children in the child protection system**

34. Aboriginal and Torres Strait Islander people experience a significant level of disadvantage. The level of disadvantage presents major challenges for all services, including child protection, where multiple risk factors can lead to significant child protection concerns.
35. The *Child Protection Act 1999* and the Child Safety Practice Manual outline requirements to meet the particular needs of Aboriginal and Torres Strait Islander children and families. These requirements try to acknowledge the impact of past practices on Aboriginal and Torres Strait Islander people and to help to better meet the needs of children and their families.

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36. The *Child Protection Act 1999* includes principles that Aboriginal and Torres Strait Islander children should be allowed to develop and maintain connections with their family and culture, language and tradition and the long-term impacts of decisions on children should be taken into consideration.
37. The *Child Protection Act 1999* establishes Recognised Entities for Aboriginal and Torres Strait Islander children and requires Recognised Entities to participate when significant decisions are made about an Aboriginal or Torres Strait Islander child. The Act also requires Child Safety Services to comply with the Child Placement Principle when an Aboriginal or Torres Strait Islander child is placed in out-of-home care.
38. Child Safety Services has invested in Aboriginal and Torres Strait Islander community controlled organisations to support families and children in out-of-home care and their carers. Providing culturally appropriate care is a particular challenge as all agencies struggle to attract carers in the numbers required to meet the Child Placement Principle. Aboriginal and Torres Strait Islander adults are approximately five times more likely to be carers than non-Indigenous adults, as such the demand for placements outstrips the numbers of available carers.

#### **Out-of-home care**

39. Child Safety Services has comprehensive procedures for the placement of children in out-of-home care. Child safety officers assess the level of support the child needs and take this into account when deciding the appropriate placement type for the child. Children are placed in family-based placements or non-family based placements such as residential care, therapeutic residential care, supported independent living and safe houses. The majority of out-of-home care placements are coordinated and supported by non-government organisations.
40. The regulation of care occurs under the *Child Protection Act 1999* and the Child Protection Regulation 2011. The regulation of care includes the approval of foster and kinship carers, the provisional approval of carers and the licensing of care services. The

regulation of care aims to ensure that the legislated standards of care and Charter of Rights for a Child in Care are met for children placed in out-of-home care. The *Child Protection Act 1999* and the Out-of-Home Care Licensing Manual guides the licensing of care services. The Child Safety Practice Manual sets out the procedures for receiving and responding to concerns about the quality of care being provided by an approved carers or licensed care services ('matters of concern').

## OVERVIEW

41. The *Child Protection Act 1999* and the Child Protection Regulation 2011, together with operational policies and practice guidelines underpin the child protection system in Queensland. Child Safety Services, which is part of the Department of Communities, Child Safety and Disability Services, has lead responsibility for statutory child protection services with administrative powers exercised by the chief executive.
42. Departments across government also provide services to children and families who may be vulnerable and at risk, or who have been the subjects of child protection intervention, to keep their children safe. Non-government service providers also support vulnerable families and provide services to children and families subject to child protection intervention.
43. The system is consistent with the United Nations Convention on the Rights of the Child, to which Australia is a signatory, and with child protection systems in other states and territories. A child's safety, wellbeing and best interests are paramount.
44. The Act is clear that families have the primary responsibility for the care and protection of their children. A range of universal services, including health and education and non-government services, are available to support all families to care for their children.
45. The Act articulates that the preferred way of ensuring a child's safety and wellbeing is through supporting a child's family. If a child does not have a parent who is willing and able to protect the child, the state is responsible for protecting the child but should only

take the action warranted in the circumstances. Children and young people should be able to participate in the making of decisions that affect their lives.

46. Bringing up a child and supporting them to reach their full potential is the responsibility of the child's family. Parents, as the legal guardians for their children, are responsible for protecting their children and keeping them safe. Child Safety Services' role to intervene to protect a child is justified only when a child's parents have failed or are unable to do so. The Act sets the threshold for intervention as being when a child is assessed as being 'a child in need of protection'.
47. Under the Act, a child is in need of protection when they have suffered harm, are suffering harm or are at an unacceptable risk of suffering harm and do not have a parent who is able and willing to protect them from the harm. 'Harm' is defined as when the child has suffered a detrimental effect of a significant nature to their physical, psychological, or emotional wellbeing. It is immaterial how the harm is caused to the child.
48. Anyone in the community can provide information to Child Safety Services about a concern that a child has been harmed or is at risk of harm. Under legislation or policy, police, health and education staff are obliged to report concerns to Child Safety Services. If Child Safety Services reasonably suspects that the child may be a child in need of protection, then the Act requires Child Safety Services to take action including to investigate the allegation, or to take other action considered necessary to protect the child from the harm.
49. If Child Safety Services investigates and assesses that the child is in need of protection and that ongoing intervention is necessary to keep the child safe, the types of action the department can take are provided for in the Act. Child Safety Services can work with the child's parents with their agreement to help them to care for the child safely, or can apply to the Children's Court for a child protection order for the child.

50. The role of the Children's Court is to determine whether Child Safety Services' intervention in a parents' care for their child is justified and, if so, to what extent. This includes how long a child protection order should be made for the child, based on the child's protection and care needs and the prospects of the child's family being able to meet those needs in the future. It also includes the level of responsibility Child Safety Services should have for the child and what responsibility the child's parents are able to safely continue to exercise for the child.
51. The Act also provides for the placement of children, the subjects of child protection intervention, in out-of-home care, the regulation of that care, the minimum standards of care that should be provided to children and young people in the care of Child Safety Services, the rights of children and families the subject of child protection intervention, and the obligations and responsibilities of Child Safety Services once administrative powers under the Act have been exercised.
52. The scope of the child protection system defined by the *Child Protection Act 1999* is often referred to as the 'statutory child protection system' or 'tertiary child protection system'. While the chief executive functions in Section 7(b) include *providing or helping to provide, preventative and support services to strengthen and support families and to reduce the incidence of harm to children*, the system that has evolved in Queensland has focused Child Safety Services on providing tertiary responses to children alleged to be experiencing harm or at risk of harm.
53. The child protection system is made up of more than just its statutory component. Not all families who are reported to Child Safety Services have a child who is in need of protection and require statutory child protection intervention. Services that support families early, before issues escalate and require a child protection intervention, are provided by government and non-government service providers.
54. Services that are available to all children and families also help to keep vulnerable children safe. These services are often referred to as 'universal' services as they are provided to all children and families. They can support socially isolated children and

families and help them to be stronger and more resilient. They include health services, such as antenatal and postnatal services that support pregnant women to have healthy babies and to care for them after they are born, and the education system, that supports children from a diverse range of backgrounds to attain educational outcomes.

55. Services that support families and help to keep children safe include parenting programs, intensive family support services, domestic and family violence services, drug and alcohol services and mental health services. These services are often referred to as 'secondary' services, assisting families in the community who need more intensive assistance. These services are predominately provided by non-government service providers.
56. The statutory child protection system includes a number of monitoring and review mechanisms that focus primarily on how the system has responded in individual cases and how issues identified through those cases can be addressed in the future. These processes include: the community visitor, child death case review, systemic monitoring and investigation functions of the Commission for Children and Young People and Child Guardian; coronial investigations undertaken by coroners; investigations undertaken by the Ombudsman; and investigations into specific complaints made to the Crime and Misconduct Commission.

### **Structure of the child protection system**

57. Protecting children is fundamentally a parental responsibility and requires well-functioning and resilient families. However, some families may require different levels of support at different times to support them in their parental responsibilities.
58. When parents are unable, or unwilling, to protect their children from harm, it is the role of governments to work with families, the community and non-government partners to provide for the ongoing safety and wellbeing of these children.

59. Nationally and internationally, the accepted service system for protecting children consists of:
- primary/universal interventions, which offered to everyone and which provide support and education before problems arise
  - secondary/early interventions (family support), which target families in need and which provide additional support and help to alleviate identified problems and prevent escalation
  - tertiary interventions, which are comprised of statutory care and protection services where abuse and neglect has already occurred to help keep children safe and well.
60. The Australian Government delivers universal support and services to help families raise their children, along with a range of targeted early intervention services to families and children. The foundation of the Australian Government's support is the provision of income and family support payments to provide both a broad social safety net and specifically support families in their parenting role. This includes pensions, family payments, childcare benefit and tax rebates.
61. The Australian Government also provides a range of services available for all Australian families such as Medicare, employment services, child and parenting support services, family relationship services and the family law system.
62. In Queensland, a broad range of government and non-government agencies have a role to play in supporting and resourcing Queensland families, especially those vulnerable families who may be at risk of coming into contact with the statutory child protection system. Queensland Health, the Department of Education, Training and Employment, and the Department of Housing and Public Works, for instance, all provide or fund non-government agencies to deliver many services for children, young people and their families. This includes such things as antenatal care and support for babies and their mothers, family support, parenting programs, housing assistance, early education and childcare. All of these services can improve family functioning.

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63. Other specialist services provided by government and non-government services address parental issues that have an impact on the safety and wellbeing of a child, including mental health, drugs and alcohol, and domestic and family violence.
64. The Department of Communities, Child Safety and Disability Services has the lead role in supporting secondary/early intervention services for children, young people and their families.
65. The department is also the lead child protection agency in Queensland and is required by law to protect Queensland's children from abuse and neglect and enhance the wellbeing of children in out-of-home care. The department is responsible for the administration of the tertiary (statutory) child protection system, including the administration and implementation of the *Child Protection Act 1999*. The department also administers adoption legislation in Queensland.
66. The department works with other government agencies and provides financial support for programs such as Evolve and Education Support Plans and provides professional support for the Child Safety Directors Network, Suspected Child Abuse and Neglect (SCAN) network and development of policies and procedures relating to child protection.
67. Child Safety responds to families in crisis across Queensland, 24 hours a day, 7 days a week, employing teams of professional staff dedicated to working with families and children who are identified as being at risk and supporting and training foster and kinship carers.
68. Across Queensland there are 55 Child Safety Service Centres, seven Regional Intake Services, seven Placement Services Units and the Child Safety After Hours Service Centre, all of which are supported by a central office policy and program area and corporate and executive services.

69. As at 15 July 2012, Child Safety had a total of 1576 permanent full-time equivalent (FTE) staff working in front-line roles across the seven regions in Queensland

**Current legislative framework — as in force 1 July 2012**

*Purpose*

70. The Act and the Regulation provide the legislative framework for the delivery of child protection services in Queensland.
71. The Act commenced on 23 March 2000. Since that time there has been a number of significant reforms following the Crime and Misconduct Commission's report *Protecting children: an inquiry into abuse of children in foster care* and the associated document *A blueprint for implementing the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'*, reviews of practice requirements and associated legislative requirements, in addition to a number of consequential amendments made a result of other reform processes to other primary pieces of legislation.
72. Other legislation impacts on the child protection system and includes but not limited to:
- a. *Commission for Children and Young People and Child Guardian Act 2000*;
  - b. *Public Health Act 2005*
  - c. *Childrens Court Act 1992* and *Children Court Rules 1997*
  - d. *Adoption Act 2009*
  - e. *Family Law Act 1975* (Commonwealth).
73. The purpose of the Act is to provide for the protection of children and ensure the safety, wellbeing and best interests of children who have been abused or neglected or are at risk of abuse and neglect.
74. The Act aligns with the United Nations Convention on the Rights of the Child to which Australia is a signatory and includes a Charter of Rights for Children in Care.

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## *Principles*

75. The Act contains the paramount principle that the safety, wellbeing and best interests of the child be paramount. In addition to a number of general principles and additional principles for Aboriginal and Torres Strait Islander children.
76. The principles guide decisions made by the chief executive, authorised officers, police officers and the courts in the course of administering the Act.
77. Principles are required because decision making in the field of child protection is often complex and contested. In any individual case, principles can be competing in their priority and those priorities may change as the circumstances of a child changes.
78. The principles in the Act provide guidance for professional decision makers to exercise their professional judgement about how facts and circumstances may be given weight in any individual case.
79. An extensive range of resources for Queensland child safety officers has been developed that aim to support consistency, alignment and accountability to these principles. In addition, professional supervision and considered delegated responsibility have been established to further support the effective and accountable administration of these principles in the day-to-day administration of the Act.
80. General principles include:
- the child's right to be safe and protected from harm
  - the role of the family as having primary responsibility for the care of their children
  - responsibility of the state when a child does not have a parent willing or able to protect them from harm
  - need for the state to only take action that is warranted in the circumstances
  - respect for a child's religious and cultural identity
  - a child's need for stability and contact with family.

81. The Act also includes principles that recognise the particular importance to Aboriginal and Torres Strait Islander children and their families and communities of maintaining connection with culture, traditions and language. In line with these principles, the Act includes provisions consistent with the Indigenous Child Placement Principle (ICPP), and requires consultation with Recognised Entities regarding decisions that relate to Aboriginal and Torres Strait Islander children. Recognised Entities are funded to actively participate in significant decisions made by Child Safety regarding Aboriginal and Torres Strait Islander children from intake to placement. The ICPP requires that where a child cannot remain with their parents they be placed with a member of their family, community or language group where ever possible or another Aboriginal or Torres Strait Islander person for the optimal retention of the child's relationships with family, other significant people and cultural links.

*Chief executive's functions*

82. Section 7 of the Act provides a broad set of functions of the chief executive which provide the framework for the proper administration of the Act. These functions are part of the broader context within which the powers and obligations set out in the Act are effected. The duties of the chief executive related to the provision of services to prevent harm to children, to intervene at an early stage to assist vulnerable families, and to respond to the needs of children and families when harm or risk of harm occurs. The provision of all of these services occurs through administrative programs and does not require specific legislative powers. The powers in the Act to protect children relate to the circumstances where the chief executive is required to assume protective custody of children, or take action to intervene in a family's care for a child to keep a child safe and protect them from harm.

*Basic concepts*

83. The Act relies on definitions of basic concepts in its administration including key terms such as 'harm', 'child in need of protection', 'parent' and the effects of 'custody' and 'guardianship'.

84. With regard to 'parent', the Act uses several definitions depending on the nature of intervention. For example, when working with a family outside of court orders and during an investigation the Act provides a broad definition that captures the child's primary care giver to allow for a thorough assessment of the child's circumstances. In other sections when a court order may be applied for, the definition of a parent has a narrower meaning. This is to ensure the statutory intervention only occurs when a child's parent is unwilling or unable to protect them from significant harm or the risk of significant harm.

#### *Investigation processes*

85. The Act regulates the investigation of reports of abuse, the basis for intervention with a child and their family, the making of child protection orders, the placement of and case planning for children in out-of-home care, tribunal proceedings, regulation of care, and service delivery coordination.
86. Child safety officers are authorised officers under the Act and have specific powers to take actions for the protection and care of children. Police officers are also authorised under the Act for the purposes of investigating reports of harm, securing the immediate safety of a child and applying for an assessment order where required.
87. Where a report of suspected harm is made to Child Safety Services, officers are authorised to investigate under provisions of the Act where it is reasonably suspected that a child may be in need of protection. The Act also protects from liability people who report suspected harm of a child.
88. The Act provides significant powers to authorised officers to undertake investigation. These powers include search and entry in the event that they reasonably suspects the child is at immediate risk of harm or is likely to leave or be taken from a place and suffer harm if the officer does not take immediate action including the use of force, that is reasonable in the circumstances.

89. A child in need of protection is a child who has suffered, or is at risk of suffering harm of a significant nature, and does not have a parent willing or able to protect them from the harm. Where an investigation occurs and it is substantiated that the child is in need of protection, further action will be taken to secure the child's protection. This may include an intervention with parental agreement, which may include placing the child in out-of-home care with the consent of the parent(s) or an application to the Childrens Court for a child protection order which again may involve placing the child in out-of-home care.
90. When an intervention with parental agreement is not appropriate, authorised officers must seek a court order. The types of orders and circumstance they apply to is discussed in detail below under the heading child safety practice for children subject to ongoing intervention.

#### *Regulation of care*

91. The approval of foster carers and licensing of care services are also captured under the Act. Provisions in the Act were significantly strengthened as part of the *Child Safety Legislation Amendment Act 2005*. This Act implemented the third stage of legislative reforms resulting from the Crime and Misconduct Commission's report *Protecting children: an inquiry into abuse of children in foster care* and the associated document A blueprint for implementing the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'.
92. The Act's provisions, including a statement of standards (chapter 4), help ensure all children who are placed by the chief executive with carers, other than their parents, are in the care of a person who has been approved by the chief executive. These measures help ensure the chief executive is able to account for their obligation as guardian and/or custodian.

*Accountable decision making*

93. The Act makes provision for certain decisions to be reviewable decisions under the *Queensland Civil and Administrative Tribunal Act 2009*. This provides natural justice to people whom decisions are made about and provides additional oversight on how authorised officers are making decisions in the administration of the Act.
94. A parent or carer may make application to Queensland Civil and Administrative Tribunal for any of the following decisions made by the department to be reviewed:
- directing a parent in relation to a supervision matter stated in a child protection order
  - deciding who will care for a child under a child protection order which has granted the chief executive custody or guardianship
  - not informing a child's parents of who is caring for the child and where they are living
  - refusing to allow contact between a child and the child's parents or a member of the child's family
  - restricting or imposing conditions on the contact between a child and the child's parents or a member of the child's family
  - removing a child from a carer
  - refusing application for or renewal of a licence for reasons other than not having a positive prescribed notice or blue card
  - refusing application for or renewal of a certificate of approval as an approved foster carer or an approved kinship carer in situations for reasons other than not having a positive prescribed notice or blue card
  - cancelling an authority
  - refusing an application for an amendment of authority other than a provisional certificate
  - amending an authority other than a provisional certificate
  - suspending or cancelling an authority other than a provisional certificate.

### *Confidentiality*

95. The Act includes confidentiality provision for the sharing and release of information recorded in the operations of the Act. These provisions protect children and notifiers who report concerns and set out conditions in which information may be shared without a person's consent to assist in the chief executive's obligations to provide, or help provide, preventative and support services to strengthen and support families and to reduce the incidence of harm to children.
96. Many of the confidentially provisions support the Act's interface with a range of other legislative instruments and also includes provisions that support research into the field of child protection.

### *Other discrete operations*

97. The Act also provides the legislative basis for some discrete child protection functions performed by the department and its interaction with other agencies and include:
- Suspected Child Abuse and Neglect (SCAN) system
  - child death reports
  - interstate transfers of child protection orders and proceedings.

### *Child safety practice for children subject to ongoing intervention*

98. An Intervention with Parental Agreement (IPA) provides short-term and intensive family support with the consent of the parent(s) involved and when risk of harm is low or mitigated by protective factors. It is usual for the child to remain at home, however they may be placed in out-of-home care under a care agreement. As the department is working on a voluntary basis with a family, it does not require the use of a court order; however the Act does provide obligations on the department and rights for parents when entering into a care agreement.
99. As at 30 June 2011, there were 1956 children subject to IPA.

100. While an active investigation and assessment is underway the department may apply for an assessment order. Assessment orders authorise actions during the investigation and assessment process where the consent of the parents has not been able to be obtained.

There are two types of assessment orders:

- temporary assessment orders (TAO) — If parents will not consent to actions necessary to complete an investigation and assessment a TAO can be sought directly from a magistrate to ensure completion of an investigation and assessment in a timely manner. TAOs can also provide the authority to temporarily take a child into custody of the chief executive, however, guardianship remains with the child's parents. A TAO cannot remain in effect for any longer than three days from midnight on the date it was decided and can only be extended if the magistrate is satisfied that the child safety officer intends to apply for a court assessment order or a child protection order.
- court assessment order (CAO) — The department must apply to the court for a CAO. CAOs can also provide the authority to temporarily take a child into custody of the chief executive, however, guardianship remains with the child's parents. CAOs are granted for a period of 28 days and the Act allows for one extension of a further 28 days.

101. During 2010-11, there were 2304 admissions to assessment orders, comprising 1198 admissions to TAOs and 1106 admissions to CAOs. This is a decrease of 6.2 per cent since 2009-10 where there were 2455 admissions to assessment orders, comprising 1223 admissions to TAOs and 1232 admissions to CAOs.

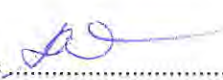
102. In accordance with the *Child Protection Act 1999*, a child protection order is not to be sought where less intrusive interventions are able to meet the child's assessed protection and care needs. Less intrusive interventions to protect the child include working with the family voluntarily to resolve the problems that led to the significant harm or risk of harm, or connecting the family to a community support agency.

103. However, the use of less intrusive interventions is dependent on the availability of appropriate support agencies. Use of less intrusive interventions is also reliant on a practice culture which values and supports front-line staff to meaningfully engage and work collaboratively with families. Sustained media coverage and the high level of scrutiny through both internal and external monitoring and review mechanisms may have contributed to a focus on procedural compliance and a risk averse practice environment where use of statutory orders may be more likely to be sought as the basis for intervention.

104. There are three kinds of short-term child protection orders:

- directive order — directs a parent to do or refrain from doing something related to the child's protection, or directs a parent not to have contact or to have only supervised contact with the child. A directive order must not be for more than one year.
- supervision order — requires the chief executive to supervise the child's protection in relation to the matters stated in the order. A supervision order must not be for more than one year.
- short-term custody or guardianship orders — grants custody or guardianship to the chief executive or custody to a relative of the child. A short-term custody or guardianship order must not be for more than two years. A person who has custody of a child has the right and responsibility to attend to day-to-day matters only, including a child's daily care and making decisions about a child's daily care. They do not however have the power to make decisions about the long-term care, welfare and development of the child.

105. The department may also apply to the Children's Court for a transition order. When the Children's Court considers the need to continue or extend a protection order the court may decline to make a new order and, in that case, the child will return to live with their parents on the day of the Court's decision. The order allows the court to set a future end date for an existing child protection order, no more than 28 days after the order would otherwise have ended. A transition period may be necessary to limit additional trauma to the child, for example, in circumstances where no preparation has been made to return

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the child home. The department must justify to the court in each particular case the need for, and the term of, the transition period.

106. Children who cannot be safely returned to their parents require stable, long-term out-of-home care. To achieve this, the department can make an application to the Children's Court for a long-term child protection order. There are three different types of long-term orders:

- long-term guardianship orders that grant guardianship to the chief executive
- long-term guardianship orders that grant guardianship to a relative
- long-term guardianship orders that grant guardianship to another suitable person.

107. Of the 8371 children subject to child protection orders as at 30 June 2011, 4068 were subject to short-term orders and 4303 children were subject to long-term orders. The number of children subject to short-term orders decreased by 4.1 per cent from 4243 as at June 2010 to 4068 children as at 30 June 2011. Over the last five years, the number of children subject to long-term orders increased by 83.4 per cent (from 2346 as at 30 June 2007 to 4303 as at 30 June 2011).

108. Analysis of child protection orders and the cohort of children that they relate to indicate children are staying in out-of-home care for longer periods. As children are staying in out-of-home care longer, there are more children entering care than leaving the child protection system.

#### *Amendments to the Child Protection Act 1999*

109. The *Child Protection Act 1999* (the Act) commenced on 23 March 2000. A complete list of amendments to the Act since commenced is provided in **Attachment 2**.

110. The Act replaced the *Children's Services Act of 1965*. The Act:

- more adequately defined the role of government in protecting children and supporting families. The legislation emphasised the role of families in protecting

children, and recognised the need to involve parents and children in making decisions about meeting the child's needs

- included provision that required decision makers to consider the child's views throughout the child protection process
- introduced provisions to ensure that minimum standards of care are met when children in the custody or under the guardianship of the State are placed in out-of-home care
- introduced the nationally accepted principles of the Aboriginal and Torres Strait Islander Child Placement Principle for the provision of child protection services to Aboriginal and Torres Strait Islander children and families
- complied with the *Legislative Standards Act 1992* in that it had clear appeal processes and emphasises accountability in planning and decision making.

111. The *Child Protection Amendment Act 2000* (Act No. 7) made further amendments that commenced on 30 April 2000. Some of these amendments were a result of recommendations of the Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry) designed to help ensure the safety of children in residential facilities under the custody or guardianship of the chief executive. Amendments included the requirements for regular inspections of licensed residential facilities and the obligation to report harm to children in residential care.

112. The *Child Safety Legislation Amendment Act 2004* (Act No. 13) implemented the first stage of legislative reforms resulting from the Crime and Misconduct Commission's report *Protecting children: an inquiry into abuse of children in foster care* (CMC Inquiry). The Act addressed powers of the Commission for Children and Young People and Child Guardian and included expanded monitoring functions and reforms to the community visitor program.

113. The commencement of provisions contained in the *Child Safety Legislation Amendment Act 2004* was staggered.

114. Amendments that commenced on 1 August 2004 included:

- enabling the Department of Child Safety to respond to notifications made before a child is born when the child may be at risk of harm after birth
- requiring certain government agencies to annually report on departmental operations relevant to child protection and required a consolidated report to be prepared for the Minister for Child Safety to table in the Legislative Assembly. This report is referred to as the Child Protection Partnerships Report
- providing a framework for the Department of Child Safety's role in conducting case reviews for child deaths. This included provisions that protected persons from liability for defamatory actions. The protection was necessary because the quality and effectiveness of child death case review and research functions would be jeopardised if people could not freely and frankly disclose and consider all relevant information. Amendments were also made to provide safeguards to prevent disclosure of identifying information that serve to address risk to the reputation of persons.

115. Amendments that commenced on 1 September 2004 included amendments to the child protection principles in the Act to make clear that the administration of the Act should be in accordance with the overarching principle that the welfare and best interests of a child are paramount. The amendment reinforced the existing requirement that children's rights, interests and welfare should take precedence over the rights and interests of adults where there is a conflict. A new principle that the child should be kept informed of matters affecting him or her in a way that is appropriate having regard to their age and ability to understand were also included.

116. The *Child Safety Legislation Amendment Act 2004* (no.2) (Act No. 36) implemented the second stage of legislative reforms resulting from the CMC Inquiry. The amendments commenced on 31 May 2006 and included:

- provisions to coordinate agency responses to the protection and care needs of children including establishing the Suspected Child Abuse and Neglect (SCAN) system and removed legislative barriers to the exchange of timely information

- an amended case-planning processes for children subject to ongoing intervention under the Act
- provisions now included in the *Public Health Act 2005* requiring doctors and nurses to report suspected harm to children to the Department of Child Safety
- extending the monitoring powers of the Commission for Children and Young People and Child Guardian to other agencies (these amendments were made to the *Commission for Children and Young People and Child Guardian Act 2000*).

117. The *Child Safety Legislation Amendment Act 2005* (Act No. 40) implemented the third stage of legislative reforms resulting from the CMC Inquiry. The Act included amendments which incorporated a regulatory scheme for all carers. In addition to foster carers, it provided for the regulation of kinship carers and provisionally approved carers so that all children who are placed by the chief executive with carers, other than their parents, are in the care of a person who has been approved by the chief executive. These amendments commenced on 1 September 2005.

118. Further amendments made as part of the *Child Safety Legislation Amendment Act 2005* (Act No. 40) commenced on 31 May 2006 and included:

- safeguards for children and families when children are placed in out-of-home care with the agreement of their parents
- New obligations for the chief executive to work with the Aboriginal or Torres Strait Islander recognised entities when making decisions about an Aboriginal or Torres Strait Islander child. These change reflected the importance of Aboriginal and Torres Strait Islander participation in decision making, to ensure that Aboriginal and Torres Strait Islander children receive culturally appropriate and inclusive child protection services, and that these services are delivered in a collaborative manner with Aboriginal and Torres Strait Islander organisations.

119. The *Queensland Civil and Administrative Tribunal (Jurisdiction Provisions) Amendment Act 2009* (Act no. 24) inserted several new sections into the *Child Protection Act 1999* that protected children involved in Queensland Civil and Administrative Tribunal proceedings. Amendments ensured child where not required to give evidence or be

cross-examined in an administrative proceeding where a party to the proceeding is likely to be the person who abused them. These amendments commenced on 1 December 2009.

120. The *Child Protection and Other Acts Amendment Act 2010* (Act no.33) was required to support the exchange of information without a person's consent that supported the implementation of the Helping out Families initiative and the result of public consultation undertaken through the release of the documents:

- *Discussion paper: improving permanency for children in care* (Department of Child Safety 2006)
- *Policy paper proposing amendments to the Child Protection Act 1999* (Department of Child Safety 2008).

121. The *Child Protection and Other Acts Amendment Act 2010* commenced in three stages. Amendments that commenced on 1 October 2010 include:

- extended scenarios in which information about a child may be shared to include services to decrease the likelihood of children becoming in need of protection. These amendments were required to support the Helping out Families initiative
- strengthened the paramount principle to reflect the department's focus on children's immediate safety and long-term wellbeing as well as their best interests. The Act also provided a legislative framework to guide those exercising powers or making decisions under the Act in applying the paramount principle and required the Childrens Court to consider certain parts of the framework and give reasons for its decisions
- introduced more flexible legislative requirements for case planning and working with families when the child has a long-term guardian who is not the chief executive, in recognition of the responsibility already provided to the child's long-term guardian
- facilitated greater consideration about a child's long-term stability and wellbeing when making child protection orders
- made changes to time periods for certain practice requirements to specify 'business days'

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- adjusted case-planning and family group meeting processes to enhance the Department's ability to work with families.

122. A small number of amendments commenced on 29 November 2010 and included amendments that clarified the time period allowed for the provisional approval of carers.

123. The remaining amendments commenced on 29 August 2011 and included:

- changes to temporary custody orders and the introduction of transition orders.
- amendments extending the definition of 'harm' so that it is clear that harm can be the cumulative result of a number of incidents of abuse or neglect and can include a series or combination of acts, omissions or circumstances over an extended period of time
- changes to time periods for certain practice requirements to specify 'business days'
- amendments recognising the role and important relationship established when long-term guardianship to a suitable relative or other suitable person has been achieved for a child or young person in care
- clarifying amendments that reinforced obligations to inform police of suspected criminal offences.

### **History of the Queensland child protection system**

124. Over the past 150 years, government has responded in a variety of ways to the protective needs of children in Queensland. The range of these responses has been reflected in the various pieces of legislation enacted by governments and the service responses implemented to meet the perceived level of responsibility and to address societal expectations.

125. Over this period, there has been a dramatic shift in how government, and society as a whole, has viewed children, their place in society, the degree to which their rights and needs have been acknowledged and the level of government intervention deemed necessary to ensure that these rights and needs are protected. For example, the *State*

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*Children Act 1911* represented society's understanding of child protection in the early part of the 20th century.

126. The *Children's Services Act 1965* (CSA) was designed 'to promote and protect the wellbeing of the children and youth of the State through a comprehensive and co-ordinated program of child and family welfare'. The focus was on the protection of children from neglectful acts of and behaviour by parents and protection from unacceptable living conditions.
127. There were some major changes and many minor amendments to this Act, but the child protection provisions remained virtually unchanged for 35 years.
128. The Children's Services Act (CSA) provided for courts to make either care and protection orders or care and control orders (if it was considered a child could fall into life of vice, crime or addiction or was exposed to moral danger or was 'uncontrollable'). The CSA enabled decisions about detention and release of children to be made by administrative processes as well as by courts and neglected children who may not have committed a criminal offence could administratively be sent to correctional facilities until they reached the age of 18 if it was considered that their behaviour warranted some form of treatment or simply because they had reached the maximum age accepted at an orphanage.
129. The use of the care and control provisions in the CSA was limited throughout the 1990s even though the provisions remained in the CSA until its repeal and replacement by the *Child Protection Act 1999*. The reduced use of these provisions was due to growing concerns about children and young people being detained against their will when they had not committed a criminal offence.
130. The *Juvenile Justice Act 1992* provided a new statutory framework for dealing with children who commit criminal offences. It emphasised rehabilitation and treatment rather than custodial options and embedded the principle of detention of young people

only as a last resort. The *Juvenile Justice Act 1992* removed the ability to indefinitely detain a child by an administrative decision.

131. The Forde Inquiry found a number of shortcomings in the legislation covering care and protection of children in institutions, including:

- no legislatively mandated reporting process for abusive incidents involving children and young people in residential care and in detention centres
- no legislative requirements for the former Department of Families Youth and Community Care (DFYCC) to conduct regular supervisory or inspection visits to residential care services or to detention centres
- no legislative requirement that DFYCC collect information relating to the abuse of young people in out-of-home and institutional care
- no legislative provision for advocacy services for young people in residential care or in detention centres.

132. In response to the Forde Inquiry's recommendations the Queensland Government implemented a broad range of initiatives in the areas of child protection reform, youth justice practices, and redress for past abuse.

133. The CSA was repealed in its entirety by the *Child Protection Act 1999* when it came into effect in March 2000, including the provisions relating to care and control orders. Existing care and control orders still in force at that time were transitioned to child protection orders granting guardianship to the chief executive under the *Child Protection Act 1999*.

134. In the 1960s, the response to a child needing 'protection' was most likely to be a removal from their parents' care. 'Neglect' was a frequent reason for removal and social circumstances, such as poverty, were responsible for many children coming into State care. Children who came into care generally remained in care until they reached the age of 18 years.

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135. In the 1970s the concern was primarily physical abuse. The 1980s saw the emergence of sexual abuse due to an increased community awareness and understanding of this issue. Now in Queensland more than 70 per cent of all substantiated notifications recorded relate to neglect or emotional abuse.
136. Until the early 1980s, it was also considered acceptable for parents to apply voluntarily for their children to be placed under the guardianship of the chief executive. Children could be 'signed into care' administratively with the chief executive formally accepting guardianship.
137. By the 1990s, the *Children's Services Act 1965* had ceased to reflect child protection practice or policy of the time or national and international directions in child protection. For example, there was no recognition of sexual or emotional abuse in the Act.
138. Development of the *Child Protection Act 1999* began in 1993 with the release of the Child Protection Issues Paper and an extensive statewide consultation process. The development process culminated in passage of the legislation in March 1999 and proclamation of the Act in March 2000.
139. The Children's Service Act provisions in relation to care and protection of children were repealed by the *Child Protection Act 1999* which responded to the challenges of our current complex times. It continues to be amended to ensure that it reflects a contemporary understanding of family life and innovative practice in child protection service delivery.

#### *Forde Inquiry*

140. The Forde Inquiry found that:

- unsafe, improper and unlawful care and treatment of children and young people has occurred in many institutions and centres captured under the terms of reference
- breaches of relevant statutory obligations had occurred in the care of children in institutions

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- considerable numbers of children experienced emotional, physical, sexual, and systems abuse in institutions charged with their care (matters of a possible criminal nature were referred to the police)
- in many cases there was a failure to provide for the basic needs of children for emotional warmth, food, clothing and education
- systems abuse occurred due to ignorance of the needs of or lack of concern for children by providers, failures to track and monitor the needs of children or the services providing care, a lack of adequate funding and resources to provide adequate care and the institutionalisation of children not convicted of a crime in correctional facilities
- the impacts of this abuse had affected the ongoing life experiences of these people throughout adulthood
- restorative processes were required to redress the harm to those affected and victims of the abuse should be engaged in the development of redress processes.

141. The Forde Inquiry concluded that 'successive governments have not sufficiently valued children to adequately resource the department entrusted with their care'.

142. The Forde Inquiry made 42 recommendations including:

- restorative processes and redress including the making of apologies by government and non-government agencies, compensation and access to individual records by affected persons
- the provision of youth justice detention services
- improved services (for example, specialist education) for children in institutions, transition from care programs
- the operation of the former DFYCC, including the increasing the budget for the department by \$103 million to achieve funding at the national average per capita child welfare spending, reducing case loads, reviewing models of residential care, establishing legislation for licensing residential facilities and practice standards of care, and developing and implementing policy regarding management of allegations of abuse in care

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- expanding the role of the Commission for Children and Young People and Child Guardian (CCYPCG) including the role of community visitors, the separation of the children's services review tribunal from the CCYPCG, and providing CCYPCG with powers to inspect institutions, monitor the role of the child protection department and undertake inquiries in relation to matters affecting children.

143. The Queensland Government endorsed or supported 41 of the 42 recommendations. The recommendation not accepted related to finding an alternative to progressing the establishment of the Brisbane Youth Detention Centre.

144. An interdepartmental working group, chaired by the Children's Commissioner, was established to coordinate and drive implementation across Government.

145. In addition, a separate, independent external Forde Inquiry Monitoring Committee chaired by Professor Ian O'Connor was established to collect information, monitor, analyse, and report to Parliament on the implementation of the Forde Inquiry recommendations.

146. Actions undertaken to implement the recommendation by government included:

- the issuing of an apology
- an increase of \$100 million over four years to the DFYCC
- the establishment of a \$2 million redress fund and establishment of support services for victims
- the transition of the Children's Services Tribunal to the Department of Justice
- legislative, policy, and practice changes across child protection and youth justice and the CCYPCG
- improved monitoring and complaint investigation and management processes.

147. Annual progress reports to the Legislative Assembly were prepared, and published publically. By the final progress report in September 2001, 41 of the recommendations (being all those supported by government), were reported as substantially or fully implemented. The final progress report remains publically available.

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*Foster Carer Audit Team*

148. The Foster Carer Audit Team was established in June 2003. The Audit Team was comprised of an independent reviewer and a team of departmental staff who had extensive child protection experience as well as administrative staff to manage data entry.
149. From June to December 2003, the team reviewed all notifications and initial assessments involving foster carers who had a child placed with them at the commencement of the Audit.
150. The quality assurance process included feedback to service centres in relation to issues identified with individual matters. The findings of the audit were included in the Final Report on Phase One of the Audit of Foster Carers subject to child protection notifications.
151. Findings identified a need for improved processes for the assessment, training and approval of carers; the investigation of concerns regarding carers treatment of children; case planning and the provision of culturally appropriate services for Indigenous children. The report also identified a need for improvements in staff training and professional practice. The 24 recommendations from this report were included in the recommendations of the CMC inquiry and implemented as part of the implementation of the CMC recommendations.

*CMC Inquiry*

152. The Crime and Misconduct Commission Inquiry Protecting Children: Inquiry in Abuse of Children in Foster Care (CMC Inquiry) was established in 2003 following information being provided to the Crime and Misconduct Commission regarding failures in the provision of child protection and foster care services. The Crime and Misconduct Commission undertook two major misconduct inquiries (Operation Zellow and Operation Ghost). During the course of these investigations systemic failures in

preventing children placed in foster care from being further abused were identified. Given the identification of systemic issues the Crime and Misconduct Commission commenced an independent inquiry into abuse of children in foster care in Queensland.

153. The CMC Inquiry concluded that systemic problems had existed for many years and that the child protection system failed Queensland children in many important respects. It also determined there was an organisational failure to equip staff with information skills or resources to make the right decisions in the best interests of children with human costs that should not be tolerated as part of any modern state administered child protection service and that major change was required.

154. The CMC Inquiry found:

- abuse in care and unsatisfactory standards of care
- the child protection system had failed many children through systemic failures
- the former department deemed to be in a state of crisis incapable of responding adequately to child protection issues
- specific cases where investigations confirmed children placed with families had been subject to harm
- urgent reform was required through the creation of Department of Child Safety focused on protection of children
- coordination of efforts of other agencies was required to ensure well integrated, holistic approach to child protection.

155. The CMC Inquiry made 110 recommendations all of which were adopted.

156. Recommendations included:

- a strengthened focus on the needs of children
- the establishment of government committees and development of whole-of-government coordination
- the development of a stand-alone child protection department specific elements of departmental structure and workforce

- increased funding and particular funding arrangements (including funding to non-government services)
- improved accountability and monitoring mechanisms
- changes to policy, practice and service delivery.

157. To inform the implementation of the recommendations and significant reform, Peter Forster was engaged to develop an implementation plan. *A Blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission report Protecting Children: An Abuse of Children in Foster Care* was presented in March 2004.

158. Implementation included:

- creating a separate Department of Child Safety
- establishing cross-government coordination mechanisms and review of SCAN processes
- enhancing staffing and creating specialist positions
- enhancing information and recordkeeping systems
- increased accountability and monitoring systems
- changes to the management, training, support and monitoring of foster carers
- legislative, policy and practice changes.

159. Regular progress reports were prepared and published. In addition to the progress reports prepared by the Department of Child Safety, the Crime and Misconduct Commission undertook a review of the implementation of recommendations. A report of this review, *Reforming child protection in Queensland: a review of the implementation of recommendations contained in the CMC's 'Protecting children'*, was prepared and publicly released by the Crime and Misconduct Commission in June 2007. This report is still publicly available.

160. This review by the Crime and Misconduct Commission found:

- Most of the Crime and Misconduct Commission's recommendations had been implemented through policies instituted by the Department of Child Safety or by amendments to the *Child Protection Act 1999*.
- Expenditure on protecting children from harm and providing adoption services had increased from \$296 million in 2004–05 to approximately \$500 million in 2006–07.
- There had been additional expenditure on child protection through other departments.
- There were obstacles to the full implementation of some recommendations such as:
  - not yet sufficient community-based Indigenous organisations to provide effective services to children at risk or to foster carers.
  - difficulties in recruiting and retaining staff, particularly in remote areas.
- There were limited continued complaints about failures by the Department of Child Safety to respond to children in need of protection. These appeared to be isolated instances with no indication of any ongoing systemic problems.

#### *Reforms since the CMC*

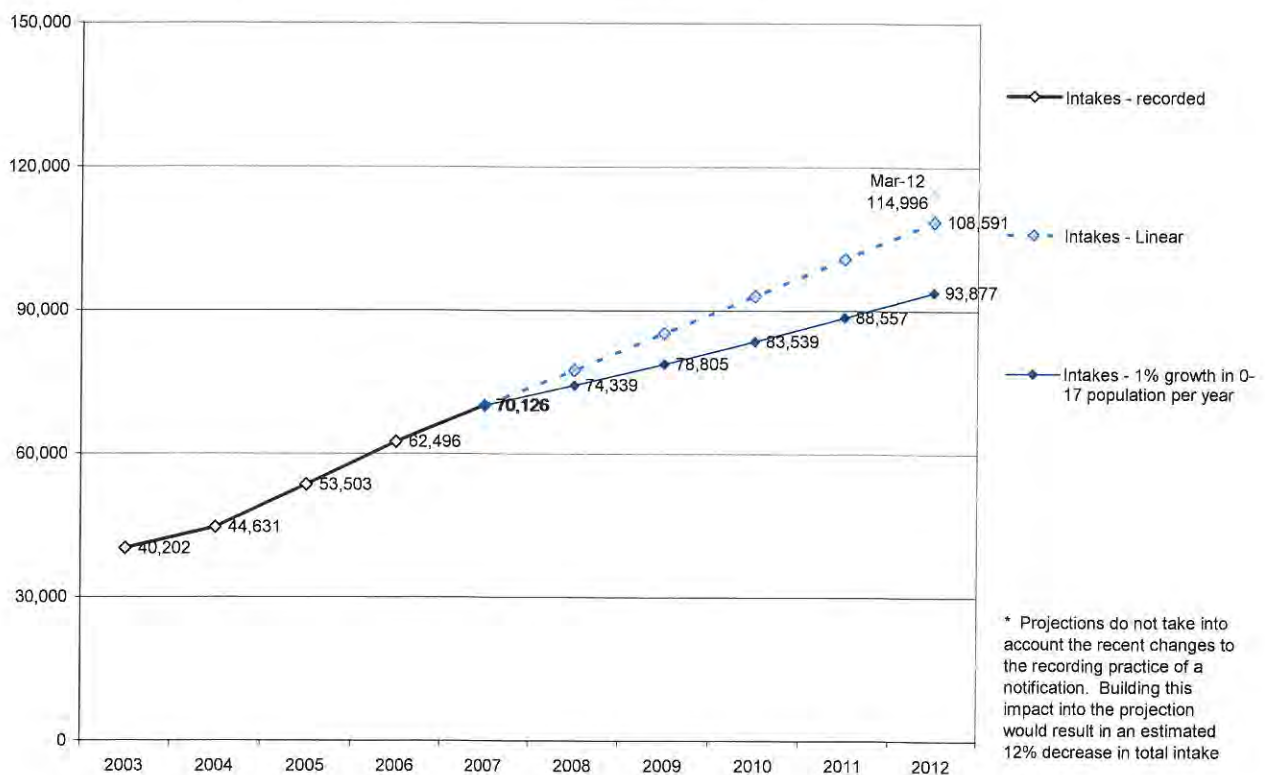
161. Following the release of the CMC review, a further internal analysis was undertaken in the then Department of Child Safety highlighting achievements since the CMC report; reviewing reforms undertaken across the then Department of Child Safety and Department of Communities; analysing child protection demand data and factors impacting on the Department's capacity to manage tertiary demand; and identifying residual risk factors. In order to inform consideration of the future strategic directions in child protection, nationally comparative data and responses in other jurisdictions was also analysed. While there had been systemic improvements, the new era of child protection brought with it new challenges. The high level of demand across the system, including services for prevention and early intervention, specialist placements, high and complex caseloads for front-line staff and high separation rates for staff posed enormous challenges and presented significant risks for government such as continuing escalating demand for child protection.

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162. At that time, this analysis showed that Child Safety had experienced an unprecedented increase in reports of suspected abuse and neglect (from 44,631 in 2003-04 to 70,126 in 2006-07, an increase of 57.1 percent). Children in out-of-home care had also increased from 3787 as at 30 June 2003 to 5972 (57.7 per cent) as at 30 June 2007 and an estimated 6500 (71.6 per cent) as at March 2008. Further analysis showed that overall approximately one in seven Queensland children have been reported to Child Safety, with the rate being one in 4.5 Aboriginal and Torres Strait Islander children.

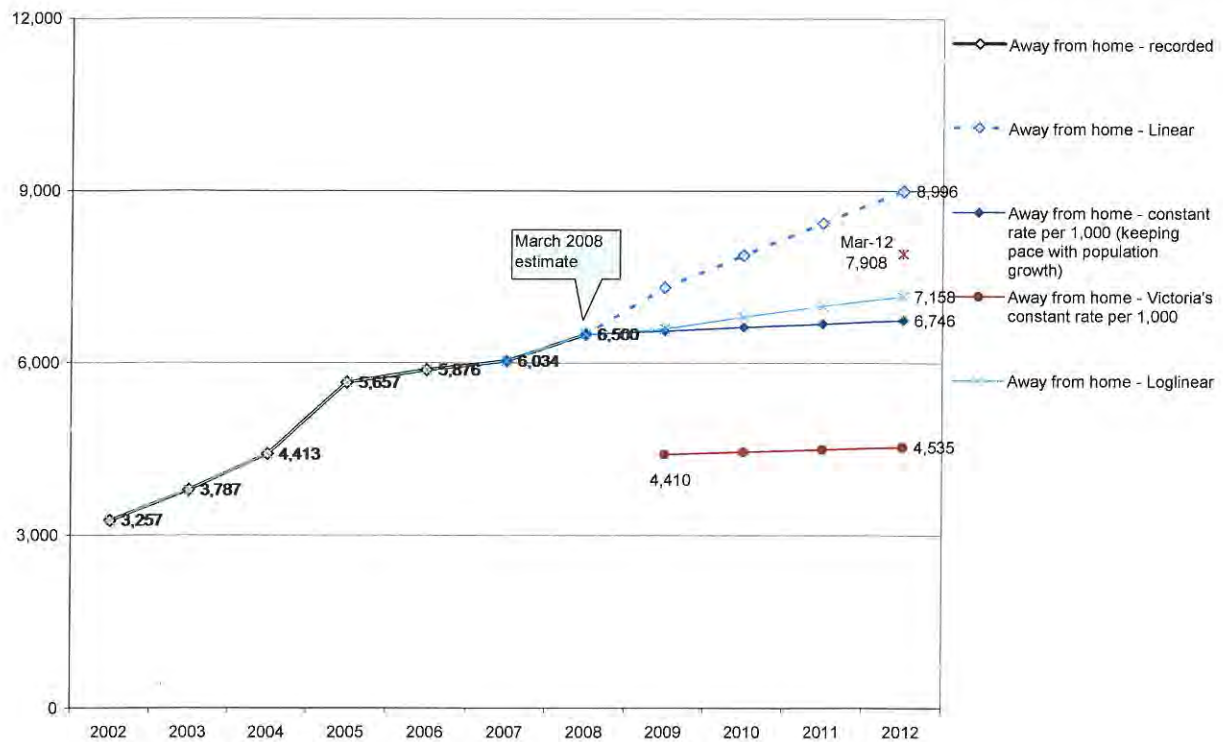
163. The analysis showed that if the policy setting remained unchanged and the upward trajectory continued, the number of matters reported to Child Safety would increase to 108,000 by 2012 and the number of children in out-of-home care could reach 9000 by that time. Based on the number of children in care at that time and assuming the number of high cost intensive children continued to rise at the current rate, that would mean an extra cost to government of \$270 million per annum by 2012.

164. Projections for intake to 2012 are demonstrated below:



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165. Projections for out-of-home care to 2012 are demonstrated below:



166. The central aim of that work was to develop a new direction to better managing the rate of growth in demand for statutory child protection services over the next five years. This work identified the need to:

- examine referral pathways into and out of the child protection system to ameliorate the ever-increasing demand for statutory interventions to protect children — that is, court-ordered child protection orders)
- re-orient Queensland's child protection system to increase the capacity of early intervention and prevention services in order to reduce the rate of children entering care
- examine demand and cost drivers within the statutory system, together with system risk factors, in order to improve the quality and cost effectiveness of statutory child protection services.

167. Work progressed within the department and in early 2010 with the establishment of the then Department of Communities encompassing Child Safety, Communities, Disability Services, Housing and Homelessness Services, Aboriginal and Torres Strait Islander

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Services and Sport and Recreation Services to re-invigorate and concentrate on referral pathways and strengthening prevention and early intervention services. The former Department of Communities also adopted a 'no wrong door' approach to supporting families.

168. At that time, the initial model developed to re-orient the system was based on Victoria's Child FIRST model. This model encouraged police, health and education staff to make a decision about harm and, if they suspected a child or young person had been harmed or was at risk of significant harm to report to child safety services, however, if not, but they had concerns about a child or young person's wellbeing, they could report matters to the community based intake in Child FIRST. This dual reporting pathway provided reporters with the option of not reporting all matters to child safety services but to a non-government organisation that would work with the family to provide support.
169. The Department of Communities consulted extensively with State Government agencies on further proposed reforms to Queensland's child protection system to particularly address the issue of increasing reports to Child Safety Services and strategies to meet this demand.
170. This initial model developed in Queensland, proposed that family support alliances would be established in Queensland (similar to Child FIRST in Victoria) and accept referrals direct from the community including police, health and education staff as well as referrals from Child Safety Services.
171. However, various models were discussed and some strong views held. Due to concerns in some parts of government that this model may enable a child to fall between the cracks; the creation of dual reporting; the requirement of a significant investment in the secondary service system; and a desire to have all matters recorded on one database, the initial model was amended and all matters were to be reported to child safety services and additional referral officers allocated to the Regional Intake Service to refer matters out to the non-government sector.

172. In June 2010 the then government announced reforms, including:

- commencing a trial of the Helping Out Families (HOF) initiative across three sites in South East Queensland (Beenleigh/Eagleby/Nerang, Logan and South Gold Coast), at a cost of \$55 million over four years. The first two sites commenced on 1 October 2010 and the third (the South Gold Coast) commenced on 30 January 2011. The trial consisted of three key elements: (1) the Child Safety Regional Intake Service, which makes referrals to the (2) family support alliance, which seeks consent from families to be linked to a community support agency, and (3) increased investment in intensive family support services (IFS) which provide direct hands on support to families. The HOF initiative also includes additional investment in domestic and family violence services and an enhanced Health Home Visiting service that provides additional targeted support for mothers and their babies and infants up to 3 years old.
- Legislative amendments to the *Child Protection Act 1999*, made in September 2010 to enable Child Safety Services to refer families to a lead family support alliance non-government organisation without consent.

173. HOF targets families where there are concerns about the care or wellbeing of a child but where a statutory child protection intervention is not necessary. The South-East Queensland Regional Intake Service refers families to the family support alliance who have been the subject of multiple reports to Child Safety Services, or where there is no evidence of harm to a child, but complex family support needs were present. HOF aims to: reduce the demand for statutory child protection services in the longer term, including a reduction in the number of children requiring a statutory child protection order and out-of-home care; provide opportunities for better family support services to reduce escalation of risk factors that may lead to the need for statutory child protection services; and most importantly, provide better outcomes for children and their families.

174. Throughout 2011 as concerns were raised about having to refer to Child Safety Services to get a family support service, gradual refinements were made to the model and to Referral for Active Intervention services across the state to allow health and education

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staff to report directly to these services and allow them to take self-referrals from families seeking assistance.

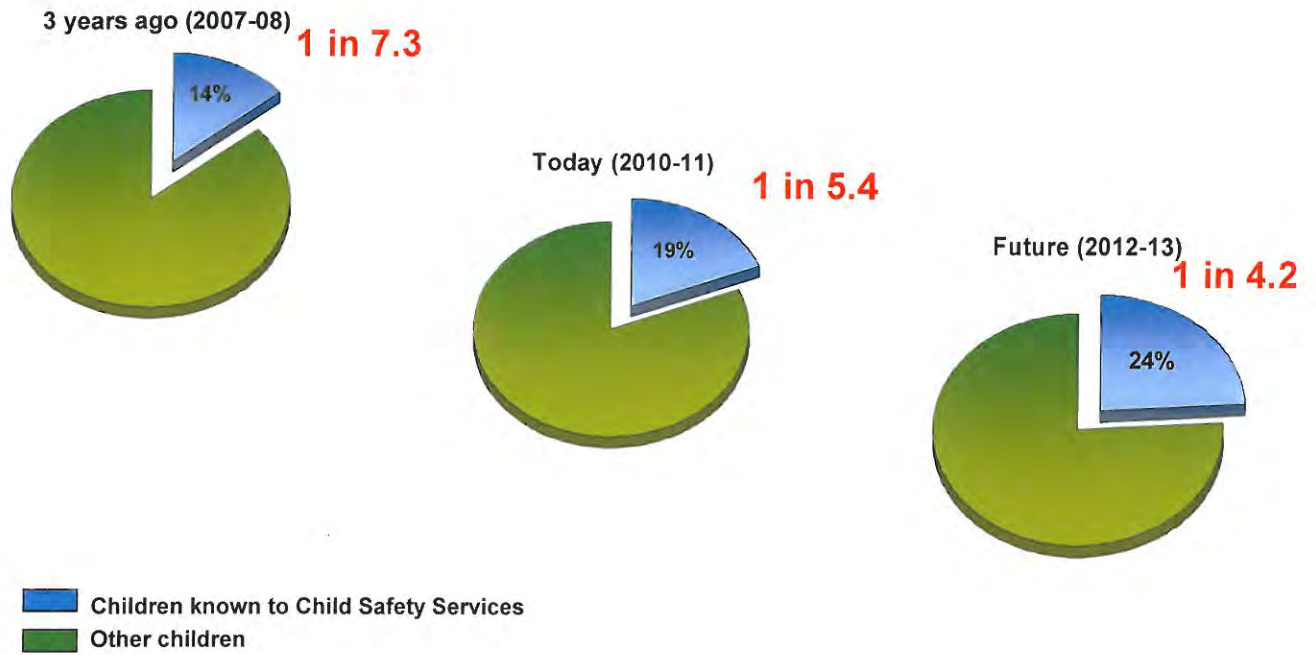
175. In early 2012 additional strategies were introduced to better target reports to Child Safety Services and to create more direct pathways to family support services to assist front-line staff from other government agencies, such as health and education, where they have concerns about a child and the functioning of the child's family. These strategies included:

- Commencing a 12-month trial of the use of Queensland Child Protection Guide in South-East Queensland including the HOF sites. The trial involves Queensland Health and Department of Education, Training and Employment staff using the online guide to assist in their decision making and to document and determine the most effective referral pathway for a child in need of support, including a report to CSS or a referral to a family support service. The online guide will be validated and reviewed during the course of the trial.
- Outposting a child safety officer to the HOF family support alliances to provide expert child protection advice to schools, police and health officers, when they have concerns relating to a child and to assist in facilitating referrals to family support services or Child Safety Services. These officers were trialled for two months but due to the officers not being fully utilised this trial ceased.
- Establishing family support alliances in the nine Referral for Active Intervention sites across Queensland. This strategy was aimed at services developing a shared responsibility in identifying and responding to families' needs in a more timely and coordinated manner. Alliances are being established regionally to extend current relationships and connections between service providers, to ensure existing service capacity is used as effectively as possible and to improve the coordination of service delivery, referral pathways and establish shared approaches to the support of vulnerable children and their families, particularly for families identified as needing support from more than one service.

*Current trends and challenges*

176. Increasing numbers of children are being reported to Child Safety because of a concern that they might have been harmed or be at risk of harm. The number of reports to Child Safety (or 'intakes') has nearly tripled over the past seven years (from 44,631 in 2003–04 to 112,518 in 2010–11).
177. Many of the reports made to Child Safety do not require a child protection investigation. Examples of matters recorded as child concern reports may include domestic violence incidences when there is no information that children have witnessed or been impacted; concerns about a child's poor school attendance; parents seeking support in managing challenging behaviours such as drug-taking and suicidal ideation; families under stress due to the demands of caring for a child with a disability. Of the 112,518 intakes recorded last financial year, 21,655 required an investigation (these are recorded as a 'notification').
178. The impact for Child Safety is that identifying children who do require a child protection intervention amongst so many reports can be difficult and resource intensive. The impact for children and families is that more and more families in Queensland are known to Child Safety which is intrusive and may deter families from engaging with relevant support services that they need.
179. As a result of the numbers of reports to Child Safety Services in Queensland, three years ago (2007–08) 1 in 7.3 children were known to Child Safety Services, today (2010–11) the number is one in 5.4. This is projected to be one in 4.2 in 2012–13. For Aboriginal and Torres Strait Islander children, three years ago (2007–08) 1 in 4.6 children were known to Child Safety Services, today (2010–11) the number is 1 in 2.5. This is projected to increase to one in 1.6 in 2012–13.

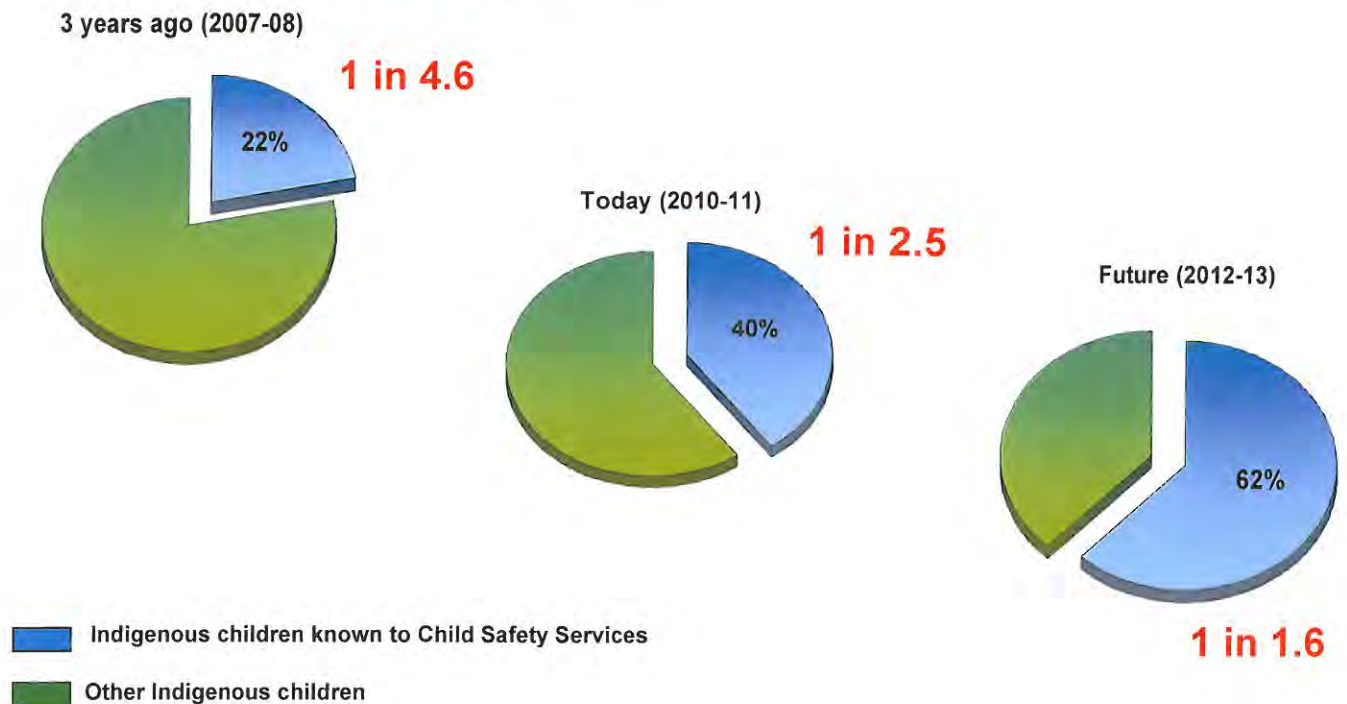
180. The diagram below illustrates the increase in numbers of children known to Child Safety Services:



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181. The diagram below illustrates the increase in numbers of Aboriginal and Torres Strait Islander children known to Child Safety Services:



182. Of the families investigated, many do not require a child protection intervention: A large number of the families investigated by Child Safety do not require ongoing child protection intervention. Of the 21,655 concerns requiring investigation in 2010–11, just 20 per cent resulted in an assessment that the child was in need of protection. Compared to other states and territories, Queensland investigates the second highest number of reports in Australia (behind New South Wales).

183. Most of the reports to Child Safety come from health, school or police sources (approximately 60 per cent of all intakes). Reports from these sources are increasing at the highest rate. The majority of reports from each of these sources do not require a child protection investigation or intervention.

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184. Referrals from the Queensland Police Service and school sources have increased 67.2 per cent and 34.5 per cent respectively in the last two years. Referrals from Queensland Health have increased by 31.4 per cent in the last two years. For the 2010–11, 84 per cent of referrals received by Child Safety from QPS; 79 per cent from the Department of Education and Training; and 73 per cent for Queensland Health did not meet the threshold for further child protection assessment.
185. The majority of reports to child protection are increasingly relating to family and parental capacity to meet their children's needs in times of stress rather than intentional or physical harm. In 2010–11, emotional harm and neglect comprised 72.2 per cent of substantiated harm types compared to physical harm (21.5 per cent) and sexual harm (6.3 per cent).
186. The investigation and assessment process is critical and determines the response to the child and their family, but is intensive and costly for the system. Queensland is the only state or territory that investigates all matters where there is a reasonable suspicion that a child may be in need of protection. In some states, such as Victoria and New South Wales, vulnerable families can be referred more directly to support services, or out from the child protection agency to support services which can reduce the number of cases that need a formal child protection investigation.
187. There are high numbers of children admitted to child protection orders: Queensland has the highest number of orders made in Australia, with 7123 orders being made in 2010–11. These orders include court assessment orders, interim orders made each time a court proceeding is adjourned, and short and long-term child protection orders.
188. In Queensland (similar to the unintended outcomes in other jurisdictions, as documented in the recent Munro review in the United Kingdom) the continued focus on statutory child protection services by the media and others, together with the intense scrutiny by external monitoring and review mechanisms may cause front-line staff to be procedural and compliance driven and risk averse in their decision making

189. More than 3200 of these orders were interim orders which are orders that are made when a court adjourns the proceedings to another court date. Despite the *Child Protection Act 1999* stating that it is in the child's best interests to have court proceedings finalised quickly, courts often adjourn child protection proceedings for a variety of reasons including a case plan has not yet been finalised for the child; insufficient information provided highlights the complexity of and sometimes the limitations of the department's case work; the material has not been filed with enough time for the parties to read and consider it; and parents may not have had an opportunity to obtain legal advice. Courts are particularly careful to scrutinise Child Safety's decision making as child protection proceedings involve a large government entity as one party bringing proceedings against vulnerable and usually unrepresented people.
190. The Childrens Court process provides accountability and safeguards to protect the rights of vulnerable children and families, but participating in court proceedings is the most time-consuming and intensive part of a child safety officer's job.

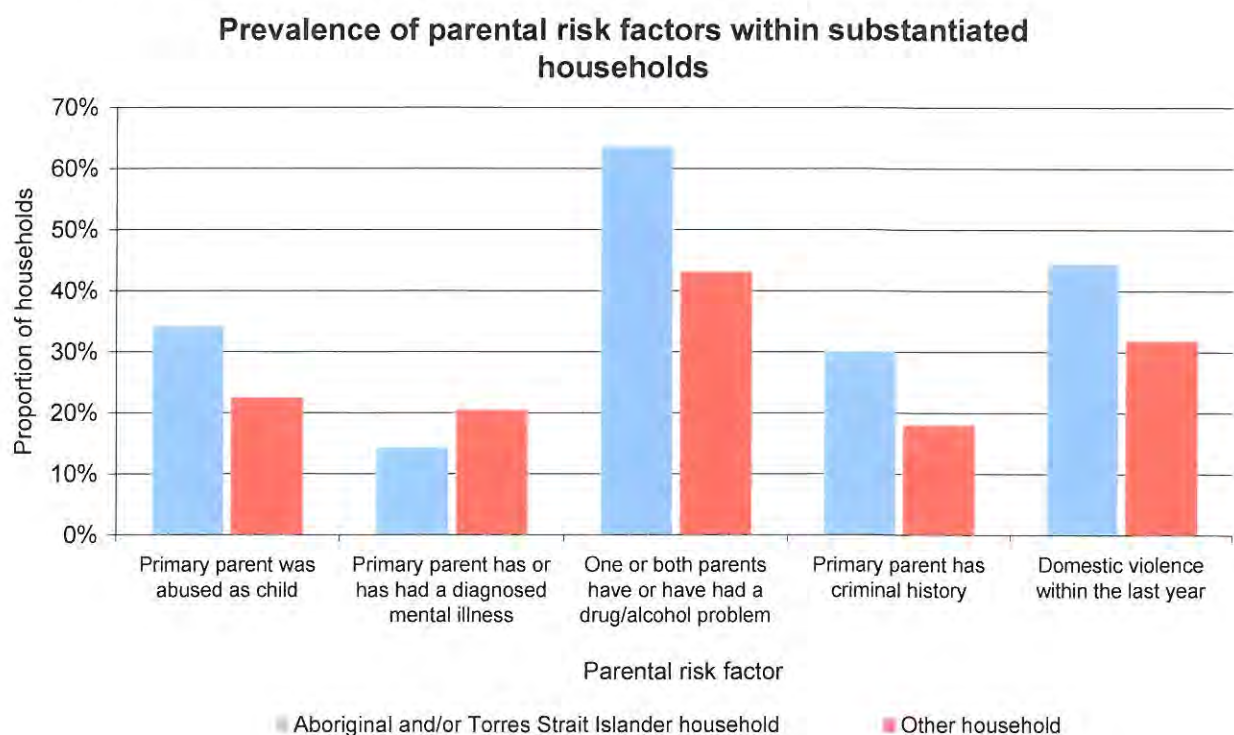
*Aboriginal and Torres Strait Islander children*

191. Aboriginal and Torres Strait Islander children are more likely to be reported to Child Safety Services. The child protection issues for Aboriginal and Torres Strait Islander children and their families are more often complex and they are more likely to require a child protection intervention. Nearly 40 per cent of all children in out-of-home care in Queensland are Aboriginal and Torres Strait Islander while only 6 per cent of Queensland's children and young people are Aboriginal and Torres Strait Islander.
192. Aboriginal and Torres Strait Islander children are progressively more over-represented in the child protection system. The number of Aboriginal and Torres Strait Islander children notified has increased by nearly 155 per cent since 2003–04. At the same time, the number of non-Indigenous children notified has decreased by almost 40 per cent.
193. The level of disadvantage experienced by Aboriginal and Torres Strait islander peoples remains high relative to that experienced by the non-Indigenous population. Seventy-

five per cent of Aboriginal and Torres Strait Islander Queenslanders live in urban and coastal centres and the disadvantage persists in these areas. However, the disadvantage is especially visible in remote regions and the discrete communities. Statistics reveal that there has been some progress in ‘closing the gap’ but it has been limited. Although taken into account in the child protection process, the issues of relative disadvantage also impact on over-representation of Aboriginal and Torres Strait Islander people in the child protection system.

194. Aboriginal and Torres Strait Islander children from households where there has been a substantiated child protection case are also more likely to have multiple child protection issues than non-Indigenous children. Their parents have multiple risk factors and they are more likely to have a primary parent with a drug or alcohol problem. There is more likely to be domestic and family violence in the household, and they are more likely to have a primary parent who themselves was abused as a child.

195. The table below shows the prevalence of parental risk factors within Aboriginal and Torres Strait Islander and other households.



196. The high number of Aboriginal and Torres Strait Islander children and their families in the child protection system is in part due to Queensland having the second highest number of Aboriginal and Torres Strait Islander children in Australia, and this number is growing faster than in any other state or territory. By June 2012, Queensland is projected to have the largest Aboriginal and Torres Strait Islander youth population in Australia and by June 2016, the largest Aboriginal and Torres Strait Islander total population.

#### *Welfare reform*

197. The *Family Responsibilities Commission Act 2008* (Qld) established the Family Responsibilities Commission (FRC), which commenced operating on 1 July 2008. The commission is an initiative of the partnership between the four Cape York communities of Aurukun, Coen, Hope Vale and Mossman Gorge, the Queensland and Australian governments, and the Cape York Institute for Policy and Leadership.

198. The purpose of the commission is to support the restoration of socially responsible standards of behaviour and to assist community members to resume and maintain primary responsibility for the wellbeing of their community and the individuals and families within their community.

199. The major objectives of the reform process are to rebuild norms, reform incentives, normalise housing and normalise government responsibilities.

200. The primary purpose of the welfare reform is to encourage and empower individuals and families to assume their responsibility for these social norms.

201. The core objectives of the FRC (as an independent statutory authority assisting in the rebuilding of communities) is focused on safeguarding and restoring:

- child safety (safeguarding the future generation)
- school attendance (safeguarding education)
- lawful behaviour (safeguarding the community)
- responsible tenancy (restoring social accountability).

202. The FRC focuses on early intervention and the outcomes sought are clearly aligned with the goals of the wider criminal justice system — goals aimed at reducing drug addiction, violence, assorted crime, and child neglect in Indigenous communities. The FRC approach, however, is different to other justice strategies in that its focus is socially orientated with conferencing, case management, and support for the community in nurturing, protecting and educating the future generation. The FRC methodology is aimed at being proactive and collaborative.
203. The Departments of Education, Training and Employment, Housing and Public Works, Justice and Attorney-General and Communities, Child Safety and Disability Services are required by laws outlined in the *Family Responsibilities Commission Act 2008* to provide information to the FRC about families who breach their welfare responsibilities.
204. The FRC will then determine whether the parents or carers are in breach of their welfare responsibilities. Among other actions they may take is to redirect the parents' or carers' Centrelink payments (in part or in full) to conditional income management or to another adult who is able to care for the child and fulfil welfare responsibilities.
205. The Department of Aboriginal, Torres Strait Islander and Multicultural Affairs has lead responsibility for the FRC trial.
206. The FRC trial currently expires on 1 January 2013.

#### *Placements*

207. The growth in the number of children in out-of-home care as a result of child protection intervention has meant that more placements are needed. The number of Aboriginal and Torres Strait Islander children in out-of-home care has grown by over 90 per cent since 30 June 2006, outstripping the growth in the number of Aboriginal and Torres Strait Islander carers, which has only grown by 11 per cent. High-quality care is essential to obtain good outcomes for children who have been harmed and are removed from their

families. The growth in numbers of children and young people requiring an out-of-home care placement has been further compounded by a significant increase in the average cost of placements attributable to:

- the award wage increase which raised wages by around 28 per cent over three years
- increased complexity of the clients requiring additional staffing ratios and shifts.

208. When a child is assessed as being a child in need of protection, families are likely to have multiple and complex issues that impact on their capacity to care safely for their children. In two-thirds (65 per cent) of families one or both parents have a drug and/or alcohol problem (compared with 47 per cent for all households substantiated), more than one-thirds (39 per cent) of households have had two or more incidents of domestic violence within the past year (compared with 35 per cent for all households substantiated), almost half (41 per cent) of primary parents were abused or neglected as a child (compared with 25 per cent for all households substantiated), around one-third (34 per cent) of primary parents have a criminal history (compared with 21 per cent for all households substantiated), and around one-third (30 per cent) have or have had a mental illness (compared with 19 per cent of all households substantiated). The impact of this on Child Safety Services is that it may be more intense and complex to assist families to meet their child's protective needs. The impact for children and their families is that intrusive interventions may be required for longer periods of time.

#### *Income management*

209. Income management is a budgeting tool being implemented by the Australian Government by the Department of Human Services (previously Centrelink) announced by the Australian Government as part of the 2011–12 Federal Budget. Income management is being trialled from 1 July 2012 in five new trial locations across Australia, including Rockhampton and Logan in Queensland. The income management trial will run for four years until 30 June 2016.

210. People on income management can have between 50 to 70 per cent of their eligible income support payments managed to spend on priority items such as food, housing,

clothing and utilities. Income managed funds cannot be spent on alcohol, tobacco, pornographic material, gambling products and home brew kits and concentrate.

211. Voluntary and Vulnerable Income Management are managed completely by the Australian Government. Child Protection Income Management requires Queensland's participation as the state is responsible for decisions relating to child protection.
212. The Queensland Government will make referrals to the Child Protection Income Management measure where families consent to participate in income management. As part of a case plan for a child, Child Protection Income Management may be suggested to a child's parents as one of the measures that could help them to manage the family's budget. Other options for support that may assist them to manage their budget will also be provided to them.
213. Income management has been trialled previously in Queensland in four communities in Cape York administered by the Family Responsibilities Commission (FRC), which is part of the Cape York Welfare Reform trial. As part of the trial, income management can be accessed voluntarily or the FRC can include income management in a FRC case plan for an individual, either with their agreement or by direction from the FRC. Family income management in the Cape York Welfare Reform trials quarantines either 60 per cent or 75 per cent of a person's welfare payments to use on essential items.

#### *Future reforms*

214. Many of the families reported to Child Safety Services do not require a statutory child protection response but many would benefit from support. The Helping Out Families initiative is being trialled in three trial sites in South East Queensland and includes \$55 million over three years to provide additional family support, domestic and family violence, and case management services as well as an enhanced Health Home Visiting program. During its election campaign, the Government committed \$4 million over four years to trial Fostering Families to help at risk families and their children by working with them to build their ability to provide a home environment to raise a child free from

further neglect and emotional harm. The secondary support system in Queensland does not currently have capacity to support the number of families requiring support to prevent further escalation into the tertiary child protection system in all locations in Queensland.

215. While the *Child Protection Act 1999* allows for the department to provide support for families who have been notified and to refer those families to a family support service as an alternative to an investigation, Queensland continues to investigate all notifications of harm. In 2010–11 only 21,655 of the 112,518 reports required an investigation and only 20 per cent of those investigations that were finalised resulted in an assessment that a child was in need of protection.

216. The complex and multi-faceted demands placed upon the statutory child protection system require a holistic, coordinated and innovative response. Effective outcomes within the statutory child protection system will only be achieved through considering all elements of the system, including the secondary and universal services.

217. An action plan has been developed which provides a consolidated and coordinated response to addressing issues across the statutory service system continuum. These outcomes are focused upon streamlining existing activities, enhancing practice outcomes and promoting financial accountability.

218. The core elements of the action plan include:

- developing and trialling a guide to support health and education professionals in making decisions about appropriate referral pathways for vulnerable children and families. This initiative has the potential to have the dual benefit of families accessing support at an earlier point through direct referral to community-based family support services and the potential to reduce the intake demand on the tertiary statutory child protection system
- exploring options for differential responses, particularly intensive family support responses implemented in other states of Australia, that may reduce the current high

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use of an investigation and assessment response for all notifications as applied in Queensland

- revitalising current front-line practice to focus on positive engagement with families, working with the consent of the family as far as possible and a shift away from incident-focused forensic investigations, which often fail to identify cumulative harm. This strategy would potentially have significant benefits for individual children and their families and may lead to efficiencies due to reduced court work associated with protracted, adversarial court processes
- increasing the use of Intervention with Parental Agreement, supported by increased capacity to provide flexible supports to a family to enable a child to remain safely at home rather than being removed and placed in out-of-home care
- reviewing the case plans of children currently placed on long-term child protection orders granting guardianship to the chief executive, with a view to identifying relatives or foster carers who have an established relationship and may be willing to assume guardianship under a child protection order. The outcomes of this work would include improved permanency for children in out-of-home care who are unable to be safely reunified
- exploring options to better support young people in their family rather than in out-of-home care.

## **SNAPSHOT OF REFORMS IN OTHER JURISDICTIONS AND INTERNATIONALLY**

219. All post-industrial countries have child protection legislation that allows the state to intervene in families' lives for the protection of children.

220. Child protection legislation reflects the approach used by jurisdictions to support families and respond to concerns of child abuse and neglect.

221. Guiding principles across Australian legislation have a number of similarities including a 'best interest of the child' principle; promotion of early intervention responses; participation of children and young people in decision making; culturally specific

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responses to Aboriginal and Torres Strait Islander children (for example, the child placement principle); transition from care support; and permanency planning.

### **International similarities and differences**

222. Internationally, child protection systems are dominated by two paradigms — a family support approach or a ‘child rescue’ forensic investigative approach. The Western child protection systems of Australia, New Zealand, the United States, Canada and the United Kingdom have a strong emphasis on reporting child abuse and a tendency to view entry into care as a last resort (a ‘child rescue’ approach), where, in contrast, most European countries (with the exception of the United Kingdom) see short-term and even long-term out-of-home care as an integral part of the child welfare and family support system (a family support approach).
223. Children are less likely to enter care in Scandinavian countries where there is a high expenditure on health and community services. Australia has lower entries into care than the United States.
224. Reports to child protection authorities are increasing significantly across all Western jurisdictions. However, the vast majority of these are assessed as not requiring a statutory child protection response and families are more likely to benefit from timely family support.
225. Research also indicates that children are coming into care with more complex needs and remaining in care for longer periods of time. Academics and commentators have advocated for a greater investment in preventative services to support families to address these needs earlier and reduce statutory intervention.
226. Accordingly, child protection authorities in the United Kingdom, United States, Canada, New Zealand and Australia are increasingly investing in early support to prevent the need for intrusive statutory interventions.

227. The May 2011 Munro Review of Child Protection in the United Kingdom noted the increasing number of referrals to child protection authorities that did not require a statutory response. Munro recommended that local agencies work together to develop strategies to identify and respond to children and families who would benefit from early intervention services. Munro also made a range of recommendations regarding the over-proceduralisation of child protection practice and suggested reforms to: support the professional development of practitioners; allow them to spend time in direct service delivery with children and families; and encourage them to use their professional judgement and skills.

228. Similar to other wealthy countries with colonised indigenous populations, Australia's Aboriginal and Torres Strait Islander children are over-represented in out-of-home care.

### **Trends in Australia**

229. In April 2009, a family support approach to child protection was endorsed by the Council of Australian Governments with the endorsement of the National Framework for Protecting Australia's Children 2009–20. The national framework promotes a public health approach to child protection where universal services are available for all families, secondary services support those families who need additional assistance, and statutory child protection responses are used as a last resort.

230. Across Australia, jurisdictions are:

- investing in secondary support services
- developing alternative referral pathways to assist families to access services
- establishing integrated and coordinated services — for example, 'one-stop shop' approaches
- promoting whole-of-community and whole-of-government responses to children and families.

231. Like Queensland, other Australian jurisdictions have experienced a number of inquiries into their child protection systems, including Victoria, the Northern Territory and New South Wales. These commonly recommended greater investment in early intervention and prevention to prevent children and families from contact with statutory child protection systems.
232. The 2012 Protecting Victoria's Vulnerable Children Inquiry accepted that Victoria requires an efficient and effective child protection service; however, the overall goal should be to prevent children from entering the system in the first place. The Inquiry made a number of recommendations in relation to strengthening universal services across health and education and building the capacity of existing community services (including Child FIRST services) by developing broader vulnerable child and family service networks.
233. The 2010 Inquiry into the Child Protection System in the Northern Territory recommended that the Northern Territory Government make a 'very significant and sustained new investment' in the development and expansion of a suite of secondary prevention services. The Inquiry also recommended a trial of a community-based intake service to enable families to access early intervention support without needing to go through the statutory system.
234. The 2008 Special Commission of Inquiry into Child Protection Services in New South Wales found that the Child Protection Helpline was being overwhelmed with reports about children whose families were in need of support but did not require statutory child protection intervention. The Inquiry recommended the threshold for child protection intervention be raised from 'harm' to 'significant harm' in line with other jurisdictions, that mandatory reporters be able to refer concerns about children to child wellbeing units rather than the department, and that additional investment be made in prevention and early intervention services.
235. In 2009, Tasmania implemented reforms to child protection services to improve the access of vulnerable children and families to family support services. In recent years,

Western Australia has also established child and family support hubs which include intensive family support (supported by a community-based child protection worker) with 'hard to reach' families.

236. In Queensland, like the rest of Australia, the bulk of early intervention and family support services are delivered by non-profit community services.

## STATISTICS

237. Since 2004, the Queensland child protection system has undergone a period of significant reform. This has resulted in changes to all aspects of the child protection system, including legislation, policies and practices, information management systems, recording practices, staffing and services.
238. These changes have also enhanced the availability and quality of corporate data, particularly due to the introduction of the Integrated Client Management System (ICMS) and the development of a comprehensive performance monitoring regime.
239. Child Safety Services reports on around 160 separate measures each year to capture performance for each key stage of the child protection system. More than 80 of these measures are reported on a quarterly basis via the Our Performance website.
240. The department also provides data to satisfy both state and national requirements, including data to comply with the Commission for Children and Young People and Child Guardian monitoring function, and national publications such as the Australian Institute of Health and Welfare's Child Protection Australia report and the Productivity Commission's Report on Government Services.
241. A summary of recent data trends in relation to each stage of the child protections system is provided at **Attachment 3**.
242. **Attachment 4** presents a table of key statistics from 2005–06 to 2010–11.

### *National and international data comparisons*

243. Each jurisdiction with responsibility for the safety and welfare of children has developed its own system, with unique legislation, policies and practices. The disparity between jurisdictions, both nationally and internationally, makes data comparability challenging and means that establishing meaningful and transferrable benchmarks is problematic. **Attachment 5** discusses some of the differences across Australian states and territories and presents data that is most comparable. These differences are also discussed in the Report on Government Services and the Child Protection Australia report.
244. Looking internationally, the limited public availability of corporate data creates further challenges when comparing child protection data. **Attachment 6** presents some of the international data available and the issues to consider when making comparisons.

### **BUDGETS**

245. The budget for Child Safety functions for 1998–99 to 2002–03 is difficult to accurately isolate as it was part of a consolidated budget in the then Department of Families. The child protection function was intertwined with the Youth Justice function with many front-line staff performing dual roles in both child protection and youth justice.
246. The earliest time that an accurate distinct Child Safety budget can be identified is 2003–04 when the annual published budget for Child Safety was \$182.245 million.
247. The Crime and Misconduct Commission Inquiry and subsequent blueprint occurred between August 2003 and March 2004. The government responded to the CMC Inquiry and blueprint with significant budget increases over three years commencing in 2004–05.

248. The recommended budget increases were:

- Year 1 (2004–05) \$60.598 million
- Year 2 (2005–06) \$113.829 million
- Year 3 (2006–07) \$152.992 million.

249. These additional funding injections together with other regular escalation items (such as grants indexation, enterprise bargaining, population growth) increased the Child Safety budget in these years as follows:

- 2004–05 — \$269.372 million
- 2005–06 — \$397.777 million
- 2006–07 — \$503.064 million.

250. In subsequent years, some further new initiatives supplemented the Child Safety budget, most notably a \$25 million new initiative for placement funding in 2009–10.

251. Overall, the Child Safety budget between 2003–04 and 2011–12 increased by 302 per cent from \$182.245 million to \$733.057 million.

252. Within this departmental budget, Grants and Subsidies (which rolls up non-government organisation grants, foster care allowances, child-related costs and Evolve) increased from \$65.902 million to \$402.556 million. This was a 510 per cent increase. See **Attachment 7** for a breakdown of funding to non-government organisations.

253. Internal departmental budgets (employee expenses and supplies and services) in the same period increased from \$100.703 million to \$316.050 million, an increase of 213 per cent over the eight years.

## PROGRAMS

254. **Attachment 7** provides a list and description of programs.

### Child Protection Framework

255. The Child Protection System Framework is included at **Attachment 8**.

256. My knowledge of this area is held in my role as Executive Director. More specific knowledge is held by the Director, Child Protection Development.

### Decision making and ongoing intervention

257. The *Child Protection Act 1999* and *Child Protection Regulation 2000* provide the legislative mandate for child protection work undertaken by Child Safety.

258. The Child Safety Practice Manual provides the required procedural guidance for departmental staff across the child protection continuum alongside a range of policies, procedures, practice papers and other resources.

259. Practitioners are guided by a combination of legal requirements, policies and procedures, practice papers and resources and professional judgement to identify and assess a child's needs and make subsequent decisions. Decisions usually occur with the supervision, support and approval from a team leader, senior practitioners and/or manager. To assist decision making, Child Safety Services staff align their practice with the requirements of the *Child Protection Act 1999*, the Child Safety Practice Manual, Child Safety Services policies, a practice framework and a suite of structured decision making (SDM) tools.

260. Child protection is a complex area, and the decisions made have profound implications for a child and their family. The department does not make decisions in isolation, but is informed by the expertise and knowledge of government and non-government partner agencies.

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## Child protection decision-making framework

261. Child protection practitioners use and integrate a practice framework when making key decisions across the child protection continuum from intake to the transition of young people from care to independent living. The practice framework incorporates theory, research, organisational and personal knowledge and practice experience.
262. The child safety practice framework, introduced in 2008, integrated the various elements of the department's practice with children and families into a conceptual map. The framework assists practitioners to understand what informs their work and how to integrate their knowledge and skills within the organisational content.
263. Staff use professional judgement, including knowledge of policies and procedures, to make these assessments. Professional judgement is complemented by a suite of eight SDM tools.
264. In 2006, statewide implementation of eight SDM tools occurred in direct response to the 2003-04 Crime and Misconduct Commission Inquiry and the related blueprint.
265. The SDM tools are evidence-based assessments that guide the decision-making process at critical decision points. They are designed to improve the consistency and validity of assessments and provide resources to families who are most likely in the future to subsequently abuse or neglect their children. The tools are electronically embedded into the Department of Communities, Child Safety and Disability Services Integrated Client Management System (ICMS). A list of the SDM assessment tools and their related decision-making points are provided in **Attachment 9**.
266. The procedural requirements relating to the department's decision-making framework are contained within the Child Safety Practice Manual and associated practice resources, including the document *Practice guide: the assessment of harm and risk of harm*.

### Three primary phases in the child protection continuum

267. The three primary phases in the child protection continuum are intake, investigation and assessment, and ongoing intervention.
268. The *Child Protection Act 1999* guides the intervention of Child Safety Services across all three primary phases.

#### *Intake*

269. The purpose of intake is to receive information about child protection concerns from government and non-government agencies, other service providers and community members, provide a response to the information in accordance with the responsibilities of Child Safety, inform the community about the role of Child Safety, and provide information about child protection services.
270. The primary steps in this process are to: gather information about the child and family; assess the information; decide the response and record the outcome.
271. Based on an assessment of available information about a child or unborn child, consultation with the recognised entity when relevant, use of professional judgement and completion of the SDM screening criteria, Child Safety's response will be recorded as either a child concern report or a notification.
272. When a notification is recorded, the SDM response priority tool is completed to assist with the decision about how soon Child Safety must respond to a notification.

### *Investigation and assessment*

273. The investigation and assessment is commenced following the recording of a notification.
274. As part of the investigation and assessment Child Safety will determine if the child is safe; investigate allegations of harm and risk of harm; undertake a holistic assessment of the child and family within their usual home environment; determine if the child is in need of protection; and decide whether there are supports that Child Safety or other agencies can provide to the child and family.

### *Ongoing intervention*

275. Ongoing intervention refers to intervention by Child Safety that occurs with a child and their family following the completion of an investigation and assessment.
276. When a child has been identified as a Child in Need of Protection there are two types of interventions that can be considered: intervention with parental agreement or intervention with a child protection order.
277. When a child has been identified as not being in need of protection, Child Safety can offer support through a support service case. This type of intervention can only be undertaken with the consent of the parents.
278. The purpose of a support service case is to meet the child's protection and care needs, reduce the likelihood of future harm to the child or unborn child or provide ongoing support and assistance to a young person, following their eighteenth birthday, if required.

279. Case planning is the primary tool for managing ongoing intervention with a family. It is a participative process to develop a case plan and involves a cycle of assessment, planning, implementation and review.
280. In 2005, following a CMC recommendation regarding improving case-planning processes, amendments to the *Child Protection Act 1999* made family group meetings mandatory for developing a case plan.
281. In May 2006, the department commissioned a review of literature, research and practice to identify effective models of working with children and young people that enhanced their participation in decisions affecting their lives. This resulted in the publication *Listening, hearing and acting: approaches to the participation of children and young people in decision making — a review of the literature*, which is one of a range of practice papers attached to the Child Safety Practice Manual.
282. Since September 2008, a revised version of the case plan incorporated the cultural support plan which is a key component of case planning for a child who is Aboriginal or Torres Strait Islander or from a culturally or linguistically diverse community. The cultural support plan ensures children retain their connection to family, community and culture, regardless of their out-of-home care placement.
283. Where a young person in out-of-home care attains the age of 15 years, their case plan will also incorporate transition-from-care planning. The transition-from-care program includes the planning phase that commences the calendar year in which a young person turns 15 years old, and a period of time after the transition in which the department may continue to provide case management and/or support.
284. In 2009, Assessing for Case Planning practice skills workshops were held in each region. These aimed to improve the integration of professional judgement, use of the SDM tools and enhanced engagement of children and families.

## Transition from care

285. Many young people residing with their parents live at home until aged in their early twenties. Their movement towards independence usually involves an extended transitional period in which they may leave and return home multiple times, and continue to access support from their parents while away from the family home. The transitional period will typically include a number of transitions, including becoming an adult (upon their 18th birthday); finding accommodation and leaving home; leaving school to undertake further education, training, or employment; and moving to financial independence.
286. Young people making the transition from the custody or guardianship of the chief executive into independent adulthood face a more sudden change from dependence to independence. These young people are in the custody or guardianship of the chief executive, typically placed in out-of-home care, until their 18th birthday, at which time they achieve legal adulthood, and in most cases need to provide their own accommodation.
287. In addition to the same basic developmental and care needs that all young people have, young people transitioning from out-of-home care to independence face a range of particular issues and circumstances that result in additional needs. These young people are recovering from abuse and/or neglect experienced prior to entering care, and dealing with issues faced during care, such as broken attachments and loss of cultural or familial identity. In addition, the safety net of a supportive family and wider support network is not always available to young people who have been in out-of-home care, particularly for long periods of their lives, and particularly when children have experienced multiple placements.
288. The *Child Protection Act 1999* provides the legislative framework for transition-from-care planning and the provision of post-care supports.

289. The legislation sets requirements for planning for a child's transition from care and provides authority for supporting, financially or otherwise, an adult who has transitioned from care.
290. The *Child Protection Act 1999* states that, for the proper administration of the Act, the chief executive's functions include 'providing, or helping provide, services that encourage children in their development into responsible adulthood' (section 7[1][e]).
291. Section 75 of the *Child Protection Act 1999* sets out the key requirements for transition from care. The section applies to 'a child or person who is or has been a child in the custody or under the guardianship of the chief executive', and states that 'as far as is practicable, the chief executive must ensure the child or person is provided with help in the transition from being a child in care to independence'. The Act also states that 'the help may include financial assistance' (section 75[1]-[3]).
292. The legislated Charter of Rights for a Child in Care (*Child Protection Act 1999*, Schedule 1) includes the right 'to receive appropriate help with the transition from being a child in care to independence, including, for example, help about housing, access to income support and training and education'.
293. Transition from care refers to the transition that a young person makes from the custody or guardianship of the chief executive, and typically a placement in out-of-home care, into independent adulthood. This transition is not a single point in time, when the young person becomes an independent adult, but is a phase in the child's life that includes preparing for independence, becoming an adult, and the initial period of adulthood. This is implicitly acknowledged in the *Child Protection Act 1999*, section 7, which lists as one of the chief executive's functions, 'providing, or helping provide, services that encourage children in their development into responsible adulthood' (section 7, (1)(e)).
294. Accordingly, the transition-from-care program includes the planning phase that commences the calendar year in which a young person turns 15 years old, and a period of time after the transition in which the department may continue to provide case

management and/or support.

295. The transition-from-care program currently consists of the following components:

- transition-from-care planning, as part of the young person's case plan, from the calendar year of the young person's 15th birthday until the young person leaves care
- referral to post-care services and other community/government services
- the availability of ongoing case management and support via a support service case from the age of 18 years (for any person who has been a child in care at any time)
- child-related costs to assist with planning for a young person's future
- the possibility of extending the fortnightly caring allowance for approved carers who continue to care for a young adult (usually only for time-limited periods for specific circumstances, for example while a young person completes secondary schooling)
- access to Individualised Support for Young Adults Exiting the Care of the State (part of the Disability Services Operational Strategy) funded by the Queensland Government, for young people with disability.

296. In addition to the state-provided components of the transition-from-care program, young people who are transitioning from care may access:

- support from Transition and Post Care Support — Disability program Transition Officers for young people with a disability, funded through the Council of Australian Governments National Partnership Agreement on Homelessness (only funded until 30 June 2013) Commonwealth-funded post-care services, including the after-care services pilot delivered by the Youth Housing and Reintegration Service (only funded to 30 June 2013)
- Commonwealth benefits specifically for young people transitioning from care, such as the Transition to Independent Living Allowance
- other Commonwealth benefits, available more widely, such as Youth Allowance, Newstart and Austudy.

297. Existing informational resources for young people include:

- *Support Service Case: information for young people transitioning from care* (fact sheet)
- *Go your own way* information kits
- *Transition from care: information to assist young people during meetings to plan their transition to independent living*
- *Transition from care: employment, education and training.*

298. G-Force, of which the department is one member, co-ordinates Transition from Care Month each year in November to promote the importance of this critical part of case work with young people.

299. Relevant policies and procedures include:

- Transitioning from care into adulthood (CPD349-7)
- Support service case (CPD406-4)
- Case planning (CPD263-7)
- Child-related costs: client support and family contact (CPD598-7)
- Child Safety Practice Manual (particularly Chapter 4: Case planning)
- Practice resource: transition from care
- Transition from care: planning tips for CSOs
- Transition from care: employment, education and training: the decision-making process (*Child Protection Act 1999*, section 6).

300. The transition-from-care working group was formed as part of the Child Protection Partnership Forum in 2008 to undertake targeted projects to identify effective service-delivery models for transitioning from care. Members of the working group were involved in:

- initiating and establishing Transition from Care Month
- the development of a practice skills workshop for Child Safety staff
- the development of a workshop for foster carers
- review of policy CPD 349-7 Transitioning from care into Adulthood.

301. The Life Without Barriers Transition from Care program is jointly funded by the Department of Communities, Child Safety and Disability Services and the Department of Education Training and Employment. This program commenced in 2008 in the Logan, Inala, Goodna, Beenleigh and Browns Plains areas to provide support and practical assistance to meet the identified needs of young people aged 15 to 17 years who are preparing to leave care.

## THE SYSTEMS IN USE

302. The *Child Protection Act 1999* provides provisions for the recording of information, including the recording of powers used under the Act, the recording of case plans and the request and production of documents including defining what is relevant information and when it can or must be shared with the chief executive. The Act, chapter 6, part 6 details relevant confidentiality provisions, specifically section 187. Section 188 provides details of confidentiality of information obtained or given by persons involved in the administration of the Act.
303. The *Information Privacy Act 2009* contains two sets of privacy principles, which regulate how personal information is collected, secured, used and disclosed by Queensland public sector agencies. There are 11 information privacy principles for Queensland public sector agencies.
304. The *Right to Information Act 2009* provides a right of access to government information unless, on balance, it is contrary to the public interest to release the information.
305. The *Family Law Act 1975* provides provisions surrounding reporting concerns to Child Safety for recording and assessment, and requesting child protection history/current concerns from Child Safety to inform family law matters. Further protocols and guidelines provide a clear process in considering which information to include and how information is to be provided, including Magellan matters which require particular judicial management and determination and supporting information from Child Safety.

306. Keeping children safe and providing opportunities for them to reach their full potential requires a multi-agency approach to be successful. Responsive service provision to vulnerable young Queenslanders relies on solid, respectful and trusting partnerships within and across government, non-government agencies and local communities. These partnerships are critical to an effective system for protecting children.

307. Electronic systems used by the department include:

- Integrated Client Management System (ICMS)
- The Suspected Child Abuse and Neglect (SCAN) Team Information System
- Community Sector Information System (CSIS)
- Evolve data framework system
- Carepay system
- Telstra Web Contact Centre (WebCC)
- Queensland Child Protection Guide.

308. Since 1997, the department has endeavoured to build a sustainable IT network that is flexible and maintainable. The implementation of new systems and decommissioning of the existing systems and interim databases has occurred successfully.

309. The department has continued to develop and enhance systems to support the growing need for child protection services in Queensland.

310. In 1999 there were three key information systems used by the department. These were the Child Protection Information System (CPIS), the Families and Youth Justice Information System (FamYJ) and the Carepay system.

311. CPIS was a Lotus Notes database which consisted of a series of local databases. Each area office (CSSC) had a local database to record child protection activities including intakes (notifications), initial assessments, court applications and outcomes and ongoing case work. Information captured in the local databases was only available to those staff members with access to the database.

312. FamYJ was an Ingres system accessible to all staff of the department via Internet Explorer. Information in FamYJ was drawn from CPIS and the Carepay system as well as data directly entered by Data Management Services (Child Safety) or Data Management Unit (Youth Justice). Placement Information was captured in FamYJ from the Carepay system.

313. Staff from the two central data management units also entered information into FamYJ regarding carer approvals, youth justice placements and court outcomes.

314. The Carepay system is a financial/payroll system used for the management of carer allowance payments. Since the introduction of ICMS and the proposed decommissioning of the CPIS and FamYJ systems, the Carepay system relies on accurate recording of placement and carer information, including carer details and approvals in ICMS to ensure payment of allowances is accurate and timely.

### **Integrated Client Management System**

315. The Integrated Client Management System (ICMS) project was originally established as a result of the 2002 Queensland Families: Future Directions Smart State Initiative (Initiative number 27).

316. The document *A blueprint for implementing the January 2004 Crime and Misconduct Commission report 'Protecting children: an inquiry into abuse of children in foster care'* (the Blueprint) clearly articulated a series of work to be undertaken, known as the Information Renewal Initiative (IRI) milestones.

317. ICMS (Child Protection) provides Child Safety staff with statewide access to accurate client information enabling improved decision making for all staff, resulting in better outcomes for children.

318. ICMS stores highly sensitive and personal information about all clients of the department. All data must be accessed, viewed and maintained in an appropriate manner

in accordance with the *Child Protection Act 1999*. ICMS delivers information in 'real time' allowing staff that use ICMS access to the integral information required to perform their daily tasks and:

- improve accuracy of information recorded by staff
- reduce duplication of effort
- improve resource management
- improve decision making and promote consistency
- improve the management of children in placements across Queensland.

319. The historical context for the development of ICMS is at **Attachment 10**.

### **Suspected Child Abuse and Neglect (SCAN) Team Information System**

320. Prior to the release of the SCAN Team Information System in 2006, SCAN team case details were managed in Excel spreadsheets, which were saved centrally and accessed for limited reporting. Agendas for the meeting were created in Microsoft Word or Excel.

321. In 2005, a number of legislative reforms were implemented as recommended in the Blueprint, including the development of a legislative framework for SCAN teams and enhanced information sharing provisions.

322. On 15 May 2006, the SCAN Interim IT System was introduced which streamlined businesses processes by providing SCAN teams with a secure case and agenda management system. The new system enhanced the reporting capabilities. At the time of implementation, it was envisaged that the final SCAN IT system would be part of the development of the ICMS.

323. On 6 June 2011, the Suspected Child Abuse and Neglect (SCAN) Team Information System (STIS) was interfaced with ICMS. Information stored in STIS includes referrals and reviews from SCAN team core agencies (Child Safety, Queensland Police Service, Queensland Health, the Department of Education, Employment and Training and the recognised entity where a case relates to an Aboriginal or Torres Strait Islander child).

## **Community Sector Information System (CSIS)**

324. In 2007, an evaluation tool to collect and provide information on the Referral for Active Intervention (RAI) initiative was developed. The RAI evaluation was completed in 2009, however, the RAI services continued to use the RAI database to enable performance reporting to continue.
325. In 2010, enhancements were made to the RAI database to support the Helping Out Families (HOF) initiative and the roll out of the Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS). The system was subsequently amended and renamed the Community Sector Information System (CSIS).
326. CSIS is used by Child Safety staff to manage referrals to the nominated specific secondary services, and by the secondary support services to receive and manage referrals from Child Safety Services and record and manage referrals from other government and non-government agencies. CSIS is also used by the secondary support services to record the support they provide to families and the outcomes achieved.
327. CSIS data is available to generate performance reports and program evaluation reports.
328. The secondary support services currently using CSIS are the intensive Family Support Alliance (as part of the HOF initiative), Referral for Active Intervention, Intensive Family Support and the Aboriginal and Torres Strait Islander Family Support Services.

## **Evolve Interagency Services (Evolve)**

329. The Blueprint further recommended that 'more therapeutic treatment programs be made available for children with severe psychological and behavioural problems', with an emphasis that 'successful programs be identified, implemented and evaluated' (Recommendation 7.5). This resulted in the establishment of the Evolve program to provide therapeutic and behaviour support services to children and young people presenting with severe and complex needs in the care of the department.

330. An Evolve MS Excel spreadsheet was developed to record and report on relevant information required by Child Safety. The Evolve spreadsheet solution was developed in response to the Evolve performance and process requirements as an interim solution to reporting on Evolve performance and evaluation information.
331. As a result of issues associated with the continued use of the spreadsheet as a longer-term strategy, including inaccurate reports and data, an IT supported database solution has been requested to provide accurate, consistent, easy and up to date statistics on the Evolve program but not developed at this stage.

#### **Telstra Web Contact Centre system (WebCC)**

332. The Telstra Web Contact Centre system (WebCC) was deployed to Regional Intake Services (RIS) and Child Safety After Hours Service Centre (CSAHSC) as part of the implementation of Regional Intake Services in 2010.
333. WebCC provides a single virtual environment across the State for the management of calls to the RIS and CSAHSC. The system provides queuing technology to manage calls as well as faxes and emails from partner agencies.
334. There is a suite of reports within WebCC available for the use of administrators. The reports can be used to track the performance of individual staff members, the management of interactions (telephone calls, faxes and emails) and overall workgroup performance.

#### **Queensland Child Protection Guide**

335. The Queensland Child Protection Guide forms part of a series of initiatives linked to the 2010 introduction of the Helping Out Families in the South-East Queensland region. The Helping Out Families initiative was developed in line with the National Framework for Protecting Australia's Children 2009–20 and focuses on re-orienting and realigning the child protection system by investing in the secondary service system. The aim of the

initiative is to provide early intervention services to vulnerable families and to reduce the risk of abuse and neglect of children.

336. From January 2012, the guide has been trialled in the South-East Queensland region. The guide is an online interactive tool that has been designed to help professional referrers from the Department of Education, Training and Employment (DEET) and selected locations from Queensland Health (QH) to document and determine the most effective referral pathway for a child and family, including possible referral to Child Safety Services or a secondary support service.

337. The Queensland Child Protection Guide went live on 30 January 2012. Although it is housed on the website for the Department of Communities, Child Safety and Disability Services, the online tool has been specifically designed for staff from QH and DEET.

### Carepay

338. Foster and Kinship Carer Allowance payments are currently made through the Carepay system. Carepay is an outdated system with multiple system dependencies and limited ability to integrate with other systems and no web functionality. This Ingres system was identified by the department's Enterprise Architecture Framework as a system to be retired as soon as possible. The Carepay system has been identified as a high risk system due to the age of the application, the amount of funds the system pays and the number of dependencies. The department's Internal Audit Branch, in their June 2010 report, advised that the Carepay system requires urgent replacement.

339. The existing Carepay system processes payment runs every day with a major pay run every fortnight. The carer payment process is a sub-set of the department's end-to-end carer management process. Despite supporting part of the end-to-end carer management process (which includes carer payment) Carepay is not integrated with other information systems that support carer management. It also has links to the department's placement process, which links placement events to carer and child.

340. There is no electronic business processes for creating and updating placement records for foster and kinship carers. Currently, Queensland Shared Services (QSS) receive completed 'additions/deletions' or 'care agreement' forms from the regions to begin and adjust carer payments. On receipt of these forms, QSS staff manually search the Integrated Client Management System (ICMS) for additional required information. There is no automated data synchronisation currently between the ICMS, Family and Youth Justice Information System (FamYJ), SAP and Carepay payment information which can result in incorrect payments to foster carers and laborious manual processing.
341. Carepay is an aged and fragile payroll system. It currently resides in a complex ICT environment, and has been recommended for urgent replacement. It has been identified that any failure of the existing Carepay system would have a significant impact on foster carers and children in the care of the department. The department's ICT Strategic Investment and Prioritisation (ISIP) Committee provided funding for the 2011/12 financial year to commence a program to replace the Carepay system. On 29 June 2012, the project was put on hold as a result of the machinery-of-government changes, however remains on the department's program of work for this financial year pending approval.

## INTERAGENCY COOPERATION

342. Child protection work requires the collaboration with a number of agencies in order to both meet the child's needs and support a family.
343. The *Child Protection Act 1999* includes a number of provisions to promote and deliver interagency cooperation and facilitate appropriate sharing of information.

## SCAN

344. The SCAN team system has been in operation since 1980 when it was initiated by the Coordinating Committee on Child Abuse providing an operational framework and

means of information sharing and service coordination between core member agencies for children subject to investigation and assessment by Child Safety.

345. The purpose of SCAN is to enable a coordinated response to the protection needs of children through sharing of information and planning and coordinating actions to respond to a child's protection needs.
346. In December 2001, an external review of the SCAN team system was conducted. This review made 22 recommendations regarding the operation of the SCAN teams which addressed issues of referral criteria, data collection and information recording systems, resources to support the SCAN team function and administration, and consideration of expansion of the SCAN team membership.
347. The 2004 Crime and Misconduct Commission (CMC) report *Protecting children: an inquiry into abuse of Children in foster care* acknowledged the value of the SCAN system and made recommendations for improvements in this system. The key recommendation was the enshrinement of the SCAN team system in legislation.
348. In 2005, a number of legislative reforms were implemented as recommended by the CMC including the development of a legislative framework for SCAN teams (sections 159I – 159L of the *Child Protection Act 1999*), and enhanced information sharing provisions.
349. To support the implementation of the legislative framework the SCAN System Interagency Policies and Procedures were developed in consultation with all SCAN team system core member agencies and became operational on 17 July 2005 and were to be reviewed every six months. The policies and procedures were reviewed and became operational in 2006.
350. The SCAN team system provides a mechanism for achieving quality outcomes for children who require a multi-agency response to their needs. SCAN teams comprise core member representatives from the department, the Queensland Police Service,

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Queensland Health and the Department of Education Training and Employment, and recognised entities. The procedures relating to the SCAN team system are contained in the Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual.

351. The SCAN team model has been the subject of several reviews. A review in 2007–08 resulted in the refocused SCAN team system being operational from October 2010. Revised referral criteria and procedures aimed at addressing issues across core member agencies and improve coordinated responses to children and families. The changes included the development of information coordination meetings as part of the SCAN system in addition to SCAN team meetings. SCAN team meetings enable a coordinated, multi-agency response to children where statutory intervention is required to assess and meet their protection needs. An information coordination meeting provides a forum for discussion of a matter where a SCAN team core member representative seeks further information regarding the rationale for a child safety intake decision and requires the opportunity for multi-agency discussion.
352. The Act, the SCAN Team System Policy and the Child Protection Practice Manual provide guidance to departmental staff for referral to and participation in SCAN. In addition the information coordination meeting and Suspected Child Abuse and Neglect Team Manual provides guidelines for the operation of SCAN.

### **Evolve Interagency Services (Evolve)**

353. Under section 159H of the Act the department has negotiated for the provision of Evolve through a collaborative arrangement with Queensland Health, Disability Services and the Department of Education, Training and Employment. Evolve provides therapeutic intervention and behavioural support services for children in the child protection system with severe and complex mental health and behavioural problems. The provision of Evolve services are guided by a Memorandum of Understanding between the participating agencies and the Evolve Manual.

354. Evolve commenced in 2006 in three trial sites and has been fully rolled out providing services across the state. Evolve used a collaborative case planning approach and support children, families and service providers to provide a coordinated response the complex needs of their clients. In 2011, the scope of Evolve was expanded to enable Evolve teams to provide Early Intervention services for children with extreme needs at risk of entry to the child protection system. This expansion enabled disability services to provide Evolve Early Intervention service to provide intensive support to families where children with a disability and complex behaviours are at risk of relinquishment into care rather than the child having to be in the child protection system.

### **Child Safety Directors Network (CSDN)**

355. In response to Crime and Misconduct Commission (CMC) recommendations and to support the chief executive service coordination functions across government the Child Safety Directors Network (CSDN) was established. This network is guided by terms of reference and regularly reviewed work plan.

356. The CMC recommended a position of Child Safety Director be established within each department identified as having a role in the promotion of child protection with 'specific responsibility for operational delivery of their agency's child safety services and the coordination of those responsibilities with other agencies' (p. 139).

357. The government response to the CMC recommendations included a commitment to establish Child Safety Director positions and noted a network of Child Safety Directors should be established during stage one of the legislation program to help ensure the integration of reforms, and that new services are developed in particular agencies. Members of CSDN are drawn from prescribed entities under the Act.

358. CSDN has continued to operate with a purpose of working in collaboration across government to provide leadership, coordination, and direction to improve the safety and wellbeing of children in Queensland, including the implementation of strategic child protection reforms.

359. Child Safety Directors also provide a contact point, advice and support to assist the coordinated delivery of services to individual cases where particular issues relating to children and their families have arisen across agencies.

360. Since the establishment of CSDN this network has:

- led the implementation of the CMC recommendations across government
- developed the service model and led the implementation of Evolve services
- overseen a review and significant statewide reform of the Suspected Child Abuse Neglect (SCAN) team system
- contributed to the development of the Helping Out Families service model and supported the implementation of this the Help Out Families trial in South-East Queensland
- worked with the Children's Research Center in Wisconsin, USA, to develop and trial the Queensland Child Protection Guide.

### **Memorandums of Understanding and protocols**

361. The department has worked with a range of government agencies to support the provision of coordinated services including the development of Memorandums of Understanding (MOU) and protocols. These have been revised and amended as required in response to operational issues, policy changes and Machinery of Government changes.

362. These include:

- MOU between the Department of Education, Training and Employment in relation to educational outcomes for children and education support plan funding.
- MOU between Queensland Health in relation to Child and Youth Mental Health Services
- MOU between police and youth justice regarding young people in the youth justice system

- a protocol between to promote effective communication and collaborative service provision regarding the management of children with a disability who are at risk of or have been relinquished into care
- a protocol between the Family Court of Australia, the Federal Magistrates Court of Australia and the department to facilitate cooperation and sharing of information to ensure the protective needs of children are met when courts are exercising jurisdiction under the *Family Law Act 1975*.

363. Queensland Government departments provide an annual report on child protection services through the Child Protection Partnerships Report which is tabled in Parliament.

### **Child protection partnerships**

364. The department has also implemented mechanisms to work collaboratively with non-government organisations.

365. The Child Protection Partnerships Forum (the forum) is a key mechanism for collaboration between the department, non-government organisations and other key government stakeholders on complex child protection issues.

366. The forum meets quarterly and models a partnership approach between government and the non-government sector. The forum is co-chaired by a departmental representative (Mr Brad Swan, Executive Director, Child Safety) and the non-government sector (Mr Lindsay Wegener, Executive Director, PeakCare Queensland).

367. The forum uses a working group structure to progress strategic work in the areas of:

- support for families at risk of entering the child protection system (Family Supports Workgroup)
- placements for Aboriginal and Torres Strait Islander children (Aboriginal and Torres Strait Islander Placements Workgroup)
- transition to independence (G-Force)

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- participation in decision making by children and young people in the child protection system (G-Force).

368. The forum fulfils a number of valuable purposes including:

- exchanging information
- debating complex child protection issues
- informing and influencing policies, practices and innovative service delivery strategies
- contributing to the coordination of service delivery across both government and non-government sectors.

369. In March 2012, the forum considered its future work priorities. It was agreed that further work is warranted on its current priorities of family support; Aboriginal and Torres Strait Islander placements; transition to independence; and participation. The forum also agreed to scope additional priority areas around the engagement of families involved in the child protection system; 'transitions' across the child protection system; and workforce development. The forum currently has links with the Child Protection Workforce Action Group (chaired by PeakCare). These may be further strengthened should workforce development be confirmed as an additional priority area under the forum.

370. Quarterly meetings occur with all four child protection peaks (listed below) and these meetings also fulfil the function of their Quarterly Service Meetings (QSM). Quarterly meetings are chaired by the executive director, and all three directors (Child Safety) attend.

371. PeakCare Queensland is one of the peak bodies for child protection services in Queensland whose vision is healthy and safe children, young people, families and communities who are strong and connected. Peakcare works in partnership to pursue excellence in policy development, planning, implementation and delivery of services to promote the safety and well being of children, young people and their families. Members

are non-government service provider organisations across the child protection continuum from family support to placement.

372. Foster Care Queensland (FCQ) provides support, advice and advocacy for foster/kinship carers throughout Queensland. Not all foster carers are members of FCQ however non-members may access their support. FCQ organise the annual State Foster Care Conference.

373. The CREATE Foundation represents the interests of children and young people in the statutory child protection system; provides systems advocacy by contributing to policy and service delivery; and peer advocacy. CREATE is funded to undertake a quality assurance strategy — the Be.Heard program. Be.Heard involves consulting with children and young people in care on their views and experiences. CREATE holds focus groups of children and young people with outcomes contributing to the operational performance review process

374. The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) develops policies and strategies to lead, resource and build the capacity of Aboriginal and Torres Strait Islander agencies who work alongside parents, families and communities to ensure the safety and wellbeing of children and young people. Member organisations include recognised entities and Indigenous Family Support Services.

### **Domestic and family violence interface**

375. A significant proportion of reports to statutory child protection agencies are due to domestic and family violence. In 2010–11, 35 per cent of all matters reported to child safety services came from police, but 84 per cent were recorded as a child concern report.

376. A study on parental risk factors conducted by the former Department of Child Safety identified over one-third (35 per cent) of substantiated households had two or more incidents of domestic violence within the past year.

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377. The *Child Protection Act 1999* does not include domestic violence specifically in its definition of harm in section 9 or its definition of child in need of protection in section 10. It relies on the broad definition of harm in section 9(3)(a) of physical, psychological or emotional abuse or neglect to cover children affected by domestic and family violence.

378. Section 12C of the *Domestic and Family Violence Protection Act 1989* expressly excluded a child and parent relationship from the definition of relevant relationships and refers to section 11 of the *Child Protection Act 1999* for a definition of parent.

379. The *Domestic and Family Violence Protection Act 2012* contains comprehensive definitions of associated domestic violence and a child exposed to domestic violence. This provides that a child is exposed to domestic violence if the child sees or hears domestic violence or otherwise experiences the effects of domestic violence. Examples of being exposed to domestic violence include:

- overhearing threats of physical abuse
- overhearing repeated derogatory taunts, including racial taunts
- experiencing financial stress arising from economic abuse
- seeing or hearing an assault
- comforting or providing assistance to a person who has been physically abused
- observing bruising or other injuries of a person who has been physically abused
- cleaning up a site after property has been damaged.

380. The department is working with the Queensland Police Service and the Department of Justice and Attorney-General to develop compatible data systems to identify children about whom repeat notifications have been made in relation to domestic violence and to refine the police operational policy manual in line with the new legislation. This work included comprehensive feedback to police on the relevant provisions covering police powers in the *Child Protection Act 1999*.

381. Rockhampton and Caboolture were the sites for trials of collaborative approaches to domestic and family violence responses between the department and police. The Rockhampton trial was initiated under For Our Sons and Daughters. It used multi-disciplinary case management approach involving police, child safety and domestic violence officers to provide a collaborative approach to reducing and addressing domestic violence in the area. The Caboolture trial, Partnership Responses at Domestic Violence Occurrence, was a collaborative case model approach and included, among other strategies, case management services involving child safety services and probation to ensure the protection of children at risk of harm due to domestic and family violence. Both of these trials acknowledge that domestic violence is a significant risk factor for child protection issues.

382. To guide its decisions to refer domestic violence matters involving children to Child Safety Services, the Queensland Police Service relies on the police operational policy manual which was changed in 2005 to require police to complete and forward a notice whenever called to a domestic violence incidence at premises where children, including unborn children, reside or usually reside. This is in recognition of the potential cumulative harm of prolonged exposure to domestic violence. The Queensland Police Service also uses a private statewide referral organisation, Supportlink, to refer families and their children to appropriate services in their local communities.

#### **Family law and child protection interface**

383. The family law and child protection interface is guided by the *Family Law Act 1975*, the *Child Protection Act 1999* and the Protocol between the Department of Communities and the Family Court of Australia and the Federal Magistrates Court of Australia.

384. In Queensland there is a long history of an effective working relationship between the state's child welfare authority and the Family Court. There are a number of strategies in place to support this, including the following:

- A formal understanding of each agency's roles and responsibilities is underpinned by the Protocol between the Department of Communities and the Family Court of

Australia and the Federal Magistrates Court of Australia, which was endorsed in October 2007. This is a key tool that supports the exchange of information and collaborative working relationships in order to achieve good outcomes for children.

- Child Safety participates in the Magellan case management model (see below) to deal with Family Law cases that involve serious allegations of physical and sexual abuse against children. Generally, the aim is to finalise Magellan matters within six months of being placed on the Magellan list.

385. The Magellan Program was established in 2000 and is now established across all Queensland Court registries. The department became a participant in August 2008 and has been involved in 303 Magellan matters. A total of 228 matters have been completed and there are currently 75 active matters in Queensland.

386. The department's Court Services Unit is a specialist unit that manages a number of programs aimed to assist courts hearing matters involving vulnerable children, including the Family Law Program. Key aspects of the program include:

- consulting with departmental officers in relation to child protection cases that involve complex family issues to determine the most appropriate court jurisdiction and action to be taken
- administering exchange of information with the Family Law Courts
- processing orders made under section 91B of the *Family Law Act 1975*
- coordinating the department's response to the Magellan model.

387. The unit includes a dedicated Subpoena Team to process and coordinate subpoenas served on the department.

388. The number of requests from the Family Court for Child Safety to intervene in Family Court proceedings under section 91B of the *Family Law Act 1975* are as follows:

- 2009–10 — 93
- 2010–11 — 87
- 2011–12 — 107.

389. During the 2011 calendar year, an average of 22 notices of abuse per month from the court were received by Child Safety as a result of Family Law proceedings. From January until the end of June 2012 this average was unchanged. During July 2012, a significant increase was noted with 72 notices being received. It is noted that the amendments to the *Family Law Act 1975* that expanded the definition of family violence came into operation in July 2012 and this may account for the increase in notices.

390. The number of subpoenas received from Family Courts are as follows:

- 2010–11 — 1134 (overall total of subpoenas served on Child Safety — 1357)
- 2011–12 — 1180 (overall total of subpoenas served on Child Safety — 1472).

## COURTS AND TRIBUNALS

391. Orders under the *Child Protection Act 1999* are made by the Children's Court on application of an authorised officer. A number of other pieces of legislation and tribunals monitors the delivery of child protection services in Queensland.

### *Child Protection Act 1999 (CPA)*

392. Chapters 2 and 3 set out the procedures for application for orders in the Childrens Court at the various stages of Child Protection continuum from investigation and assessment to the final hearing and making of a child protection order. It also sets out the types of orders the Childrens Court can make and the matters it must consider.

393. The CPA also provides for the appeal of certain decisions of the Childrens Court — for example, the making of child protection order or court assessment order.

394. Chapter 2A regulates the conduct of applications made to the Queensland Civil and Administration Tribunal (QCAT) to review certain decisions made under CPA, for example: the decision in whose care to place a child, restricting contact between a parent and their child, decisions relating to the licensing of out-of-home care services, and decisions regarding the approval of foster and kinship carers.

395. Chapter 7A deals with child deaths and requires the review of the department's involvement with a child who dies and within 3 years before their death, department took action in relation to them or became aware of harm or alleged harm in relation to them. A report of the review must be provided to the Child Death Case Review Committee (CDCRC). This is not the same in all other jurisdictions.

### ***Commission for Children and Young People and Child Guardian Act 2000***

396. The commission monitors and reviews the department's systems, policies and practices under Chapter 3 of the Act. If the commission commences monitoring activities that result in a report, the commissioner may decide to release the report publicly by requesting the Minister for Child Safety to table the report in Parliament.

397. Chapter 6 provides for the establishment and functions of the CDCRC. The CDCRC acts as an independent body responsible for reviewing the original review of a child death that has taken place under the *Child Protection Act 1999*.

### ***Coroners Act 2003***

398. If a child who is the subject of a child protection order dies, the death is reportable to the State Coroner and the department's Review Report must be provided to the Coroner. The State Coroner then determines whether the circumstances of the death require review by way of an inquest.

### ***Children's Court Act 1992 and Children's Court Rules 1997***

399. The *Children's Court Act 1992* establishes the Children's Court of Queensland and provides for its constitution and the appointment of judicial officers. It also provides for the Court's procedure to be governed by the Children's Court Rules.

## ***Queensland Civil and Administrative Tribunal Act 2009***

400. The *Queensland Civil and Administrative Tribunal Act 2009* sets out QCAT's jurisdiction and procedures to be followed. It does not contain specific provisions relating to child protection matters but does require QCAT to do everything reasonably practicable to communicate its decision to a child involved in proceedings.

401. The number of new applications to QCAT in relation to child protection matters are as follows:

- 2010–11 — 119
- 2011–12 — 147.

### **Court coordinators**

402. In January 2005 the department began to recruit court coordinators to represent the chief executive in court matters by advising and consulting with other Child Safety officers and promoting a high standard of service to children in relation to Childrens Court matters and QCAT. Court coordinators are now located across the state. Training is provided annually to ensure all court coordinators are aware of policy and legislative developments relevant to their work.

403. The department's Court Services Unit coordinates the representation of the Director-General in Childrens Court and QCAT matters involving children and young people. Its functions include:

- representing the Director-General in child protection matters
- managing contested child protection matters and coordinating Crown Law representation
- managing inter-country requests in child protection matters and represent the State Central Authority under the Hague Convention Child Protection Convention
- providing advice to departmental staff in relation court and tribunal processes.

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404. The Workload Analysis Project (2008) identified that seeking court orders was a workload pressure point for child safety officers. A more detailed analysis of factors affecting the time to seek a court order was undertaken with the following findings:

- wide variation in court processes across regions
- inexperience with court process affects time taken to seek an order
- procedures templates and tools were developed locally
- limited availability of support — for example, court coordinators
- limited training available
- lack of tool kits for court work
- staff turnover increases time spent of evidence gathering and court processes.

405. The Court Work Project was implemented statewide in June 2011 to improve the department's court practices and the time taken to seek court orders. The initiatives include:

- introducing a court process map and guide
- establishing a consultation panel
- improving quality assurance processes
- re-aligning court outcome tasks to administrative roles
- including court coordinators in management team meetings
- developing various products to assist officers, such as:
  - tip sheets to explain the rules of evidence
  - example affidavits
  - quick reference to key legislation
  - summary of the court system
  - a checklist for child safety officers prompting tasks before filing an application
  - a checklist of procedures and timeframes for contested child protection matters
  - a guide to seeking a child protection order.

## Child protection and the criminal justice system

406. The *Child Protection Act 1999* (the Act) is focused on the protection of children where they have been harmed or are at risk of harm and do not have a parent willing or able to protect them. As such, matters of abuse of children outside the family context where a parent is willing and able to protect a child are outside the parameters of the Act.

407. As per the main principle of the Act (section 5A), the safety, wellbeing and best interests of a child are paramount. Actions taken under the Act are based on an assessment of a broad range of issues related to the harm or risk of harm to, and safety of the child rather than the actions of the parent. This supports a child-focused approach rather than an approach of blame toward the parent.

408. Sections 194, 194A and 194B provide protections for children who are victims of crime or who give evidence in criminal proceedings. These provisions ensure identifying information cannot be published unless it is authorised by the Act or enabled by a direction of the court.

409. Police play a critical role in the administration of the Act. Police officers are authorised to administer certain sections of the Act including the following:

- Police are authorised under the *Child Protection Act 1999* (CPA 1999) for the purposes of investigation of allegations of harm to a child, including making application for and assessments under a temporary assessment order (sections 16–21, 25). Police are also core members of the Suspected Child Abuse and Neglect teams.
- Confidentiality provisions allow for the sharing of information gained under the (CPA 1999) with and use of this information by Police (section 188A) to the extent necessary to perform their duties.

410. Staff engaged by the department, licensed non-government organisations and care providers are required to have suitability screenings which include criminal, domestic violence and traffic history check. Chapter 4 of the *Child Protection Act 1999* and Part 3 of the *Child Protection Regulation 2011* provides for the screening of carers and

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licensees, assessment of suitability and restrictions on granting applications. Part 7 of the *Child Protection Regulation 2011* defines a suitable person.

411. To protect children subject to child protection interventions there are a range of offences and penalties under the *Child Protection Act 1999* related to the ability of officers to undertake their duties, compliance with order and the maintenance of custody and guardianship of a child (sections 160-168). In addition the Act includes penalties for breaching confidentiality provisions regarding the use of a child and families' information and provisions for the protection of the identity of a child as being in care (sections 186,187,188,189).

#### *Interface with Youth Justice*

412. Children and young people in contact with the child protection system may also be subject to an order under the *Youth Justice Act 1992*.
413. Section 189A of the *Child Protection Act 1999* provides for the provision of information about a person's affairs to offices of the department (youth justice) for the purposes of the administration of the *Youth Justice Act 1992*.
414. To assist staff to coordinate case planning and provision of services with requirements under a youth justice order, Chapter 5 of the Child Safety Practice Manual includes a section 'What if a child is subject to YJ orders' and a practice paper on youth justice provides guidance to staff.
415. Both Youth Justice and Child Protection use a common case management information system (Integrated Client Management System – ICMS).

*Interface with the Criminal Justice System*

416. Section 14(2) of the *Child Protection Act 1999* requires departmental officers who reasonably believe alleged harm to a child may involve the commission of a criminal offence relating to the child, to give details of the alleged harm to the police.
417. Information is provided to the department under the *Justice and other Information Disclosure Act 2008* regarding children and their families to inform child protection interventions.
418. Actions to protect a child may be taken on the basis of reasonable belief of harm to a child. As such a person not convicted of criminal matter may still be subject to child protection intervention into their family or declined approval as a licensee or carer on the basis of not being a suitable person to care for a child.
419. Staff of the department and children may be required to provide evidence in a criminal matter.
420. The Child Safety Practice Manual (CSPM) provides procedures and guidelines for the reporting of criminal matters to the police with a requirement that where a criminal offence may have been committed the investigation is to occur jointly with police. The CSPM also outlines the management of providing information to parents regarding the allegations where a criminal offence may have been committed and this would effect a police investigation.
421. Information about criminal matters relating to children and parents subject to child protection intervention is provided to the department through the Integrated Justice Information Strategy. This information informs assessments of child protection allegations and case planning for children in care. The CSPM provides guidelines in relation to the consideration and management of information received under this strategy.

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422. 2010–11 data indicates that 192 children subject to a finalised child protection order for more than 12 months were admitted to a supervised youth justice order. As at June 2011 69 per cent of children and young people in the youth justice system were known to the child protection system.

*Determining harm and reporting suspected criminal offences*

423. The Child Safety Practice Manual and structured decision making tools provide procedures and tool for the assessment of harm to children.

424. To assist staff to consider if matters should be reported to police practice papers are available as part of the Child Safety Practice Manual. These practice papers include a *Schedule of Offences under the Criminal Code, that relate to the Child Protection Act 1999, section 14(2)* and *Explaining harm and criminal offences*.

*Determining licensee or carer suitability*

425. In consideration of the suitability of licensees, carers or guardians procedures, policies and a practice resource are available, including the Out-of-Home Care Services Licensing Manual (Section 3.2.9), a practice resource *Serious criminal offences*, and fact sheets for carers regarding Blue Cards and suitability.

**FRONT-LINE STAFF**

426. Under Chapter 5 of the *Child Protection Act 1999*, the chief executive has the authority to appoint authorised officers. The chief executive may delegate the chief executive's powers to an appropriately qualified officer or employee of the department. These delegations enable child safety officers to fulfil their statutory responsibilities.

427. For the period April 2011 to March 2012, child safety officers had an annual separation rate of 15.98 per cent. This is an improvement on retention rates over recent years as shown below:

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- 17.51 per cent (April 2010 – March 2011)
- 28.5 per cent (April 2009 - March 2010)
- 30.31 per cent (October 2008-September 2009) – first combined Department of Communities report.

428. The range of strategies implemented to retain staff along with a range of other external factors appears to have had some impact on the stabilisation of the current child safety officer workforce.

429. As at 15 July 2012, there were 1576 staff classified as front-line in child safety services.

This included:

- 997 child safety officers, including 36 at the After Hours Service Centre
- 183 child safety support officers
- 41 family group meeting convenors
- 54 senior practitioners
- 9 principal child safety officers
- 18 Suspected Child Abuse and Neglect (SCAN) team coordinators
- 208 team leaders.

430. The work of child safety officers is becoming increasingly complex. This complexity, coupled with the specialised nature of child protection work and high case loads, makes both attraction and retention of skilled front-line staff an ongoing challenge.

431. Since the CMC Inquiry, the department has implemented a range of initiatives to attract, recruit and retain front-line staff.

### *Expansion of Qualifications*

432. In November 2008, following consultation across the department and external stakeholders, the department expanded the range of qualifications accepted for entry into child safety officer positions. Currently, as a minimum entry requirement, child safety

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officers must hold a bachelor level qualification, of at least three years full-time study or pro-rata part time, from an accredited Australian tertiary institution. The qualification can be in any of the following fields:

- applied social sciences and behavioural sciences including psychology, counselling, family work, human services, community welfare, and family, child and youth studies
- criminology and criminal justice
- education, limited to early childhood, primary and secondary teaching
- health science
- justice and legal studies, including policing and law
- nursing, including general paediatrics and mental health
- occupational therapy
- social work
- social sciences including anthropology, sociology and community studies.

433. Applicants who hold a bachelor degree (or equivalent) in a field other than those listed above, and who have a Graduate Certificate in Human Services (Child Protection) also meet the mandatory qualification requirements.

434. A Bachelor of Arts degree may meet the mandatory qualification requirement if the graduate has completed a minimum of six subjects related to the human services, psychology or behavioural science.

*Improved recruitment of child safety officers*

435. The Department of Communities developed its centralised child safety officer recruitment process as a direct result of the CMC recommendations. The model was subsequently reviewed in 2009 and now includes a 'continuous applicant pool' and enhanced screening and interview processes, including an occupational behaviour questionnaire to assess work styles, work preferences, attitudes and motivations. The recruitment team also includes one professional officer who must hold one of the accepted child safety officer qualifications.

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## *Training*

436. Child safety officer entry level training is mandatory for all new child safety officers and takes one year to complete. It is benchmarked against the Vocational Graduate Certificate in Community Services Practice (statutory child protection). This is a national qualification under the Australian Quality Training Framework. The training aims to build a competent child protection workforce, equipped with nationally recognised standards in child protection practice. Child safety officers may be granted exemptions from parts of the program because of their current knowledge and experience in child protection or previous training.
437. More than 80 advanced practice modules covering issues such as domestic violence, mental health, drug and alcohol, cultural diversity and suicide prevention are available online for child safety officers, team leaders and senior practitioners.
438. Foundation studies in culture (Indigenous engagement) is a component of child safety officer entry level training. This provides staff with an understanding of the social, historical and cultural factors that impact on Aboriginal and Torres Strait Islander children and families.

## *Child safety officer progression program*

439. From 1 October 2008 the department implemented an accelerated progression program to facilitate the progression of experienced child safety officers from PO2 to PO3 level. Since this time 686 child safety officers have progressed to PO3 level through this program.
440. The objective of the Accelerated Progression for PO2 Child Safety Staff Policy is to provide a progression opportunity to those employees who are at PO2 (increment level 4 and above) and who satisfy certain skills to progress to PO3. It was developed both as a retention strategy and to recognise the complexities and challenges faced by this occupation group, and the level of skill and capability required to meet those challenges.

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*Career development for child safety support officers*

441. Child safety support officers are not required to attend child safety officer training as they do not undertake statutory duties. Training is made available to child safety support officers through the Certificate IV in Child, Youth and Family Intervention (Child Protection) and the Diploma of Child, Youth and Family Intervention (Child Protection).
442. However, in May 2010, the department commenced a pilot for child safety support officers to child safety officer career pathway. This required child safety support officers to complete a Certificate IV in Protective Care and a Diploma in Community Services (Protective Care) in order to participate in a Vocational Graduate Certificate (Statutory Child Protection).
443. The drivers for the use of a vocational education and training pathway for child safety support officers was the difficulty in attracting and retaining qualified staff to child safety officer roles, particularly in rural and remote locations and the under-representation of Aboriginal and Torres Strait Islanders as Child Safety Officer. The VET pathway created career progression pathways for Aboriginal and/or Torres Strait Islander staff and staff in rural and remote areas.
444. In October 2010, the Department convened a review panel which included representations from Workforce Council Qld, PeakCare Queensland, Australian Association of Social Workers, Qld Aboriginal and Torres Strait Islander Child Protection Peak, Child Protection Working Action Group, Australian Centre of Child Protection, representatives from QUT and Griffith Universities, Commission for Children and Young People and Child Guardian and members of the department.
445. As a result of the review panel meeting, it was determined the child safety support officer to child safety officer pathway was a potentially appropriate and acceptable strategy to address the issues of attraction and retention. A research evaluation project was then developed with Griffith University to formally assess the child safety support officer to child safety officer pilot process.

446. Currently, 15 officers from this program are working as child safety officers.

*Support and supervision of child safety officers*

447. Each child safety service centre has a manager, team leader and senior practitioner who provide leadership in the delivery of high quality child protection services.

448. The manager ensures the implementation of quality business, practice systems and standards, and leads the ongoing development and management of staff.

449. The senior practitioner supports and monitors the quality of the child protection services provided to children, their families and the community. The senior practitioner provides mentoring and develops the practice skills and knowledge of child protection staff.

450. The team leader leads and supervises a team of child safety officers in the delivery of front-line child protection services to children, their families and communities. The team leader provides professional supervision to staff involved in child protection service delivery and ensures that the child protection services delivered, comply with legislation, delegations, policies, procedures and quality standards.

451. The other roles that assist and support child safety officers in the provision of high-quality child protection services, include child safety support officers, family group meeting convenors, court coordinators, SCAN team coordinators, business support officers and administrative staff.

452. All permanent, temporary, part-time and casual child safety officers have scheduled, planned and regular supervision with their supervisor. The purpose of supervision is to ensure accountable decision making and safe outcomes for children. It also ensures that legislative, policy, procedural and practice standards are met and staff are developed, supported and monitored in their child protection service delivery role. Supervision provides a forum for staff to reflect on the content, process and progress of their work.

453. A pilot program of seven PO4 principal child safety officers was introduced in 2009. The role of the principal child safety officer is to mentor and support child safety officers and manage a caseload of the more complex clients. This position also provides a career progression opportunity for experienced child safety officers.
454. The department has also introduced a range of psychological support and wellbeing programs to support its front-line staff. These include psychosocial education sessions, critical incident support, a resiliency toolkit and a peer support program.

*Rural and remote incentives scheme*

455. The Rural and Remote Incentives Scheme was introduced in 2006 to attract and retain front-line staff in rural communities by providing financial incentives to eligible employees. This was reviewed following the 2009 machinery-of-government changes to the department to ensure consistency across the service areas.
456. The objective of the Remote and Regional Locations Incentive Scheme Policy is to provide incentives to eligible employees appointed in remote and regional locations as a means to enhance both attraction and retention to these service centres.

**OVER-REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN**

457. Aboriginal and Torres Strait Islander people experience significant levels of disadvantage. The level of disadvantage presents major challenges for all services including child protection where multiple risk factors can lead to significant child protection concerns.
458. Departmental funds have been invested in Aboriginal and Torres Strait Islander community controlled organisations, including those which provide prevention and early intervention services. However, for many services, their capacity and strength is in a developmental phase which requires additional support at the organisational level in

order for services to build the skills of their staff, and the capability of the organisation and the services provided.

459. Providing culturally appropriate care is a particular challenge, as all services, internal and external, mainstream and Aboriginal and Torres Strait Islander community controlled, struggle to attract carers in the numbers required in order to meet the Child Placement Principle. While numbers do continue to grow, this is not at a level that matches the demand for placements. This is particularly impacted by demographics. The Aboriginal and Torres Strait Islander population is young, which then limits the pool of potential carers. While historical distrust of child protection authorities does impact on peoples' willingness to become a carer within the child protection system, Aboriginal and Torres Strait Islander adults undertake the formal caring role at a rate that is approximately five times greater than the non-Indigenous population.

460. The Department of Communities, Child Safety and Disability Services recognises the importance of preserving and enhancing Aboriginal and Torres Strait Islander children's sense of identity by maintaining their connections with family, community and culture. Child Safety Services also understands the significance of extended family, kinship arrangements, culture and community in raising children and is committed to ensuring that Aboriginal and Torres Strait Islander children who require statutory child protection intervention are, whenever possible, safely maintained in the care of their family and community.

### **Requirements and principles of the *Child Protection Act 1999***

461. The *Child Protection Act 1999* includes principles specific to the protection of Aboriginal and Torres Strait Islander children (section 5C) that provide for the including development and maintain connection with family, culture, traditions, language and community; and the consideration of the long-term effect of a decision on this connection and the child's identity.

462. The *Child Protection Act 1999* requires that Aboriginal and Torres Strait Islander children and their families and communities receive services from Child safety that meet the cultural and identity needs of Aboriginal and Torres Strait Islander children, and reflect the unique needs of Aboriginal and Torres Strait Islander families, stemming from their history as Indigenous Australians (Child Protection Bill 1998, clause 6, explanatory notes).
463. While the main principle of the Act (section 5A) that the safety, wellbeing and best interests of the child are paramount relates to all children, as do the general principles (section 5B) for ensuring that safety, well-being and best interests, there are additional principles (section 5C) for Aboriginal and Torres Strait Islander children which establish that the child should be allowed to develop and maintain a connection with family, culture traditions language and community , and in making decisions, the long-term effect of that decision on the child's identity and connection with family and community should be taken into account.
464. The Act requires the participation of recognised entities in significant decisions about Aboriginal and Torres Strait Islander children and families under section 6. A recognised entity is an entity recognised under the Act whose members include Aboriginal and Torres Strait Islander people and which provide services to Aboriginal and Torres Strait Islander people.
465. The Act also enshrines the Child Placement Principle (section 83) which outlines the proper consideration (in order of priority) of placement of Aboriginal and Torres Strait Islander children with their family, a member of their community or language group, a member of a compatible community or language group, or another Aboriginal and Torres Strait Islander person. Ongoing contact with between a child and members of their community or language group is also required under section 88 of the Act.

## Policies and procedures

466. Further guidance in relation to these provisions is outlined in the attached Child Safety practice resource *Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities*.

467. The Child Safety Practice Manual outlines requirements for responding to all children and families in the context of child protection, with specific guidance as to additional requirements for Aboriginal and Torres Strait Islander children and families.

468. Key provisions outline:

- requirements for participation of recognised entities in significant decisions, and consultation in relation to all other decisions
- supporting the family to safely care for the child at home through the provision of services to assist them to do so
- placement in accordance with the Child Placement Principle when the child is unable to remain at home
- reunification as the primary case plan goal for the child
- timely permanency decisions and care arrangements when the child can't be reunified
- the participation of the child, parents, family, elders and community members in case planning
- as an essential element of the case plan, a cultural support plan which details how the child's cultural identity and connection to family and community will be nurtured and maintained, including preparation for the child's transition from care.

469. Manual procedures are supported by policy statements, practice papers and practice resources which provide further guidance for staff.

470. Matters relevant to the Child Placement Principle include the policy statement *Aboriginal and Torres Strait Islander Child Placement Principle* and the practice

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resources, *The Child Placement Principle* and the *Child Placement Principle prompt sheet*.

471. Matters relevant to case planning include the policy statement *Case planning* and the practice resources *Developing a cultural support plan for an Aboriginal and Torres Strait Islander child* and the case work audit tool.
472. Matters relevant to working with Aboriginal and Torres Strait Islander children families and communities include the policy statement *Working with Aboriginal and Torres Strait Islander children families and communities*, the practice paper, *Working with Aboriginal and Torres Strait Islander people* and the practice resource *Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities*.
473. Matters relevant to working with the recognised entity include the practice resource *Working with the recognised entity*.
474. Matters relevant to unborn children include the policy and the practice resource.
475. Policies specific to providing services to Aboriginal and Torres Strait Islander children and families include policy number 609 *The Child Placement Principle* and number 610 *Working with Aboriginal and Torres Strait Islander children families and communities*.
476. Part 10 of the Child Safety Practice Manual provides guidelines for Decision Making about Aboriginal and Torres Strait Islander children (10.1) and Referral to and Aboriginal and Torres Strait Islander Family Support Service (10.16).
477. Part 3.2.6 of the Child Safety Practice Manual provides guidelines for the preparation of cultural support plans which are required for all Aboriginal and Torres Strait Islander children as part of the case planning process. The cultural support plan aims to keep children connected to their culture, families and communities regardless of their placement.

478. The Child Safety Practice Manual includes the practice papers *Working with Aboriginal and Torres Strait Islander People* and *Working with recognised entities*.

### *Trends*

479. Trends in relation to over-representation are being faced by all jurisdictions throughout Australia.

480. Queensland currently has the second largest number of Aboriginal and Torres Strait Islander children in Australia, after New South Wales, with Queensland projected to have the largest total Aboriginal and Torres Strait Islander population by 2016.

481. Aboriginal and Torres Strait Islander children are over-represented at all stages of Queensland's child protection system. While Aboriginal and Torres Strait Islander children represent 6.5 per cent of all young people in Queensland, data for 2010–11 show they account for:

- 25.6 per cent of children notified (4953 of 19,353)
- 29.1 per cent of children substantiated (1731 of 5,941)
- 37.6 per cent of children subject to child protection orders (3147 of 8,371)
- 37.8 per cent of children living away from home (3052 of 8063).

482. There is continuing growth in the number of Aboriginal and Torres Strait Islander children known to Child Safety growing from 1 in 4.6 in 2007–08 to 1 in 2.5 in 2010–11. This compares with 1 in 7.3 in 2007–08 and 1 in 5.4 in 2010–11 for the general population.

483. Growth has occurred in the over-representation of Aboriginal and Torres Strait Islander children across all stages of the tertiary child protection system as follows:

- Between 2003–04 and 2010–11 there was a 155 per cent growth in the number of Aboriginal and Torres Strait Islander children notified and a 45 per cent growth in the number of Aboriginal and Torres Strait Islander children substantiated as

compared to a decrease of 38 per cent and 64 per cent respectively for non-Indigenous children.

- Between 30 June 2004 and 30 June 2011 there was a 178 per cent growth in the number of children subject to child protection orders and a 197 per cent growth in the number children in out-of-home care for Aboriginal and Torres Strait Islander children as compared to a 39 per cent and 38 per cent growth respectively for non-Indigenous children.

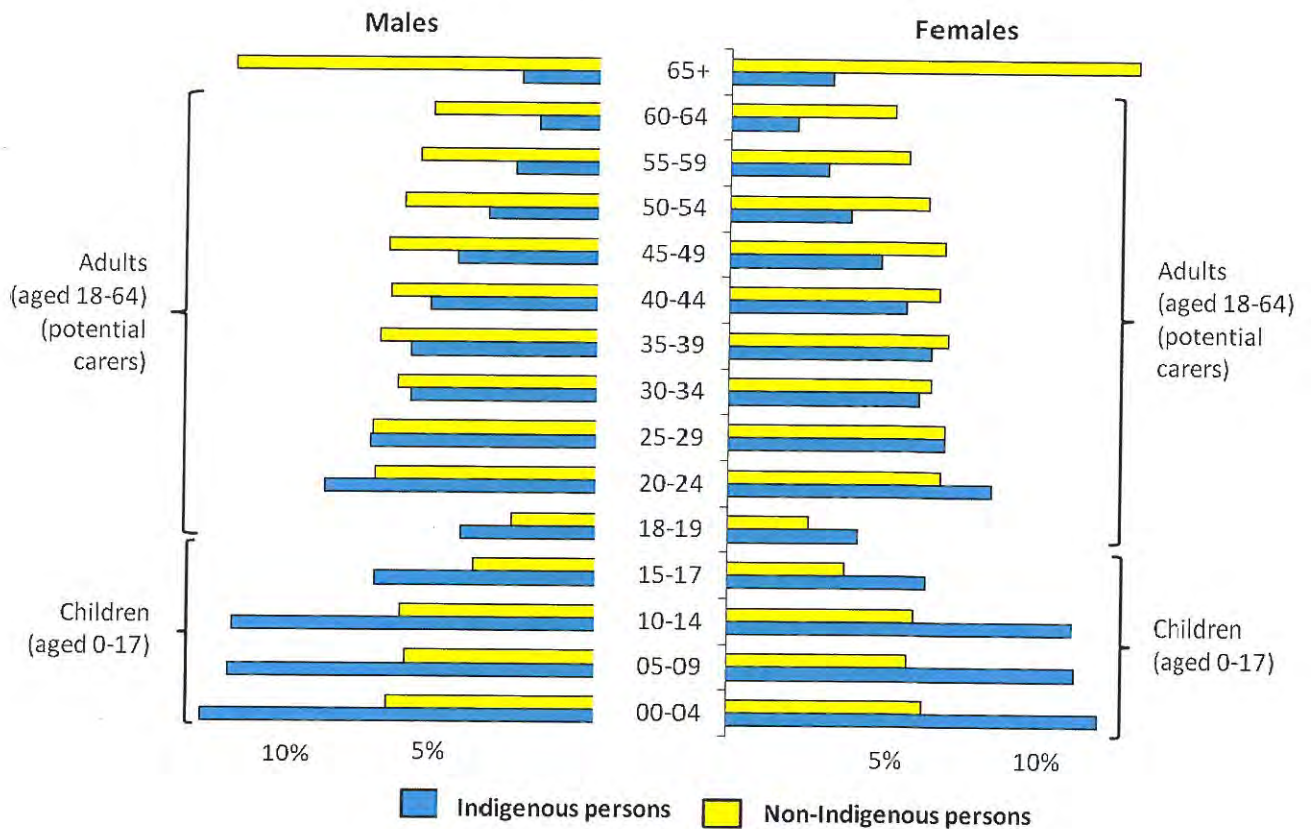
484. As at 30 June 2011, the number of Aboriginal and Torres Strait Islander carer families was 578, and the proportion of Aboriginal and Torres Strait Islander children placed in accordance with the Child Placement Principle was 52.5 per cent. This is a decrease of 1.3 percentage points since 30 June 2010 (53.8 per cent), and 10.9 percentage points since 2004 (63.4 per cent).

485. This decrease may reflect that demand for placements exceeds the availability of Aboriginal and Torres Strait Islander carers. Over the period June 2004 to June 2011 the number of Aboriginal and Torres Strait Islander children placed in out-of-home care rose by 197 per cent. Over the same period, the number of Aboriginal and Torres Strait Islander carer families increased by 56.2 per cent.

486. In addition Aboriginal and Torres Strait Islander people are often reluctant to seek to become carers or may more frequently be deemed unsuitable to be carers due to the stringent suitability checks which include screening of domestic violence and criminal histories.

487. The profile of the population means that Aboriginal and Torres Strait Islander adults are approximately five times more likely to be carers than non-Indigenous adults.

### Population profile - Age structure



488. Children aged 0-17 represent 43.6% of the total Aboriginal and Torres Strait Islander population, while adults aged 18-64 (the potential carer population) represents 53.4% of the total Aboriginal and Torres Strait Islander population.

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489. In comparison, non-Indigenous children represent 23.4% of the total non-Indigenous population, while adults aged 18-64 represent 63.7% of the total non-Indigenous population.

### *Reforms*

490. Recognised entities were established across the state as part of the implementation of the Act. Recognised entities are funded by Child Safety. Recognised entity services are funded to actively participate in decisions made by Child Safety Services regarding Aboriginal and Torres Strait Islander children and young people throughout each phase of the statutory child protection system. The model for recognised entities was revised in 2010 following consultation with relevant agencies and peak bodies.

491. The Queensland Aboriginal and Torres Strait Islander Child Safety Task Force was established in October 2009 with representatives from non-government and government sectors to respond to the over-representation of Aboriginal and Torres Strait Islander children in care. The taskforce submitted the document *Together keeping our children safe and well: our comprehensive plan* for the department's consideration in August 2010. In response, the document *Blueprint for implementation strategy: Reducing the over-representation of Aboriginal and Torres Strait Islander children in Queensland's child protection system* was developed. The blueprint recognises that responding to this vulnerable group is a shared responsibility and identified actions are grouped under the key priority areas:

- sharing a common vision and commitment
- providing the right services at the right time
- ensuring the existence and application of sound legislation, policy, practice and procedures
- building a robust network of Aboriginal and Torres Strait Islander service providers.

492. The blueprint is a collaborative action plan developed on an annual basis in partnership between the department, the Queensland Aboriginal and Torres Strait Islander Child

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Protection Peak (QATSICPP) PeakCare, CREATE and the Queensland Council of Social services (QCOSS).

493. The department is also a member of the QATSICPP-led Aboriginal and Torres Strait Islander Placements Working party — a collaborative government non-government sub-working group, which reports to the Child Protection Partnerships Forum and is responsible for identifying actions to improve the placement service system for Aboriginal and Torres Strait Islander children.
494. In 2004–05 the department grant funded \$5.8 million per annum to non-government organisations to deliver Aboriginal and Torres Strait Islander child protection, placement and support services. In 2011–12 this grant funding has increased to \$37.6 million per annum.
495. In 2011–12, Child Safety Services administered approved grant funding in excess of \$4.5 million for Aboriginal and Torres Strait Islander community controlled organisations to deliver ten foster and kinship care services to provide 681 places for Aboriginal and Torres Strait Islander children and young people, under 18 years of age, in need of protection and requiring out-of-home care across the state.
496. However, as at March 2012, regionally advised occupancy was only 366 places out of 681 places — that is, only 53.7 per cent of funded places were occupied.
497. All services consistently report difficulties in recruiting new Aboriginal and Torres Strait Islander carers despite protracted efforts.
498. Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS) are primarily early intervention services which work with families to help reduce the risk and number of children who need to be removed from their home and their families. Referrals to these services are primarily from the department but can also be made by Queensland Health, the Department of Education, Training and Employment and the Commonwealth-funded Aboriginal and Islander Medical Services. Referrals are

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predominately for non-statutory clients although approximately 10 per cent of referrals are subject to intervention where the ATSIFSS service is engaged for either family preservation or reunification.

499. In 2011–12, funding of \$10.1 million was allocated to 11 services community-managed services. A total of 2126 families had been supported or in contact with the program during 2011–12. This includes 4857 individual parent and child family members.

500. The figure of 2126 families represents 81 per cent of the aggregated service agreement target number of families (which is 2625 in a full year). While this number is prima facie reasonable for this relatively new cohort of services, the performance data indicates that only 22 per cent of the target for more complex families was achieved (133 out of 597 families). This indicates a trend towards working with less complex clients. Further work needs to occur to work with these organisations to develop capacity and address this issue.

501. The following table outlines the performance of Aboriginal and Torres Strait Islander Intensive Family Support Services.

|                                                     | Org 1      | Org 2      | Org 3      | Org 4     | Org 5      | Org 6      | Org 7      | Org 8      | Org 9      | Org 10     | Org 11     | Statewide   |
|-----------------------------------------------------|------------|------------|------------|-----------|------------|------------|------------|------------|------------|------------|------------|-------------|
| <b>NET CASES CLOSED METHOD</b>                      |            |            |            |           |            |            |            |            |            |            |            |             |
| Total Cases Closed (CSIS Item 37)                   | 218        | 153        | 428        | 12        | 138        | 106        | 132        | 25         | 173        | 75         | 244        | 1,704       |
| Current Cases at End June 2012 (CSIS Item 42)       | 43         | 75         | 96         | 37        | 47         | 59         | 174        | 105        | 77         | 42         | 276        | 1,031       |
| Less: No. of cases at start of period (CSIS Item 1) | 58         | 73         | 81         | 10        | 26         | 16         | 80         | 28         | 99         | 7          | 131        | 609         |
| <b>Total</b>                                        | <b>203</b> | <b>155</b> | <b>443</b> | <b>39</b> | <b>159</b> | <b>149</b> | <b>226</b> | <b>102</b> | <b>151</b> | <b>110</b> | <b>389</b> | <b>2126</b> |

|                                                                                   |            |            |            |          |           |           |           |           |            |           |            |             |
|-----------------------------------------------------------------------------------|------------|------------|------------|----------|-----------|-----------|-----------|-----------|------------|-----------|------------|-------------|
| Total Early Exit Cases (CSIS Item 37)                                             | 152        | 139        | 382        | 12       | 103       | 89        | 119       | 22        | 170        | 70        | 226        | 1,454       |
| <b>Significant early exit closure reasons:</b>                                    |            |            |            |          |           |           |           |           |            |           |            |             |
| Family did not consent                                                            | 40         | 29         | 135        | 2        | 19        | 47        | 36        | 2         | 23         | 9         | 53         | 395         |
| No response                                                                       | 47         | 30         | 79         | 1        | 23        | 5         | 11        | 1         | 51         | 6         | 33         | 287         |
| Moved out of area                                                                 | 12         | 8          | 29         | 3        | 9         | 14        | 28        | 8         | 31         | 13        | 47         | 202         |
| Other reason not specified                                                        | 24         | 9          | 64         | 1        | 9         | 5         | 5         | 4         | 5          | 9         | 22         | 157         |
| Family disengaged                                                                 | 7          | 11         | 12         | 1        | 8         | 12        | 10        | 10        | 23         | 5         | 20         | 109         |
| IFS not required                                                                  |            | 14         |            |          | 20        | 1         | 2         | 2         | 4          | 8         | 13         | 64          |
| Inappropriate Referral                                                            | 8          | 14         | 6          |          | 3         | 1         | 4         |           | 6          | 5         | 5          | 52          |
| <b>Total</b>                                                                      | <b>138</b> | <b>115</b> | <b>325</b> | <b>8</b> | <b>91</b> | <b>85</b> | <b>96</b> | <b>17</b> | <b>143</b> | <b>55</b> | <b>183</b> | <b>1266</b> |
| Significant Reasons as Percentage of Total Early Exit Cases Closed (CSIS Item 37) | 91%        | 83%        | 92%        | 67%      | 88%       | 96%       | 81%       | 77%       | 84%        | 79%       | 85%        | 87%         |

|                                                                                                                                                                                                                                                                                                                                            |     |      |      |     |     |     |     |     |     |     |     |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Target Families p.a. per Service Agreement                                                                                                                                                                                                                                                                                                 | 228 | 154  | 283  | 60  | 182 | 182 | 312 | 169 | 242 | 198 | 615 | 2,625 |
| Percentage Target Achieved                                                                                                                                                                                                                                                                                                                 | 89% | 101% | 157% | 65% | 87% | 82% | 72% | 60% | 62% | 56% | 63% | 81%   |
| <i>Service Agreement targets were intentionally set at a fairly high level because it tried to take account of an anticipated high level of refusals. This is why the target number in the &lt;=10 hours category is quite high. Only two services achieved the target with 6 of the 11 services being under 75% of the annual target.</i> |     |      |      |     |     |     |     |     |     |     |     |       |

**SERVICE AGREEMENT TARGET SPLIT UP**

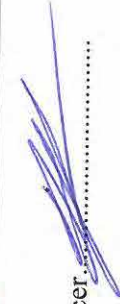
|                                 |     |    |     |    |     |     |     |    |     |     |     |       |
|---------------------------------|-----|----|-----|----|-----|-----|-----|----|-----|-----|-----|-------|
| Families <= 10 hours            | 128 | 87 | 159 | 34 | 102 | 102 | 175 | 95 | 136 | 111 | 346 | 1,475 |
| Families <= 40 hours            | 48  | 32 | 60  | 13 | 38  | 38  | 66  | 35 | 51  | 42  | 130 | 553   |
| Families <= 100 hours           | 32  | 22 | 40  | 8  | 26  | 26  | 44  | 24 | 34  | 28  | 86  | 370   |
| Families (Statutory) <= 150 hrs | 20  | 13 | 24  | 5  | 16  | 16  | 27  | 15 | 21  | 17  | 53  | 227   |

*The main 'output' required of the ATSISS is 'hours' and across 11 Services totals 107,920 output hours. This reflects the product of their target number of families and the upper limit of output hours per family.*

**ACTUALS BASED ON CASES CLOSED**

|                      |     |     |     |    |    |    |    |    |     |    |     |       |
|----------------------|-----|-----|-----|----|----|----|----|----|-----|----|-----|-------|
| Actuals <= 10 hours  | 121 | 101 | 366 | 11 | 86 | 82 | 94 | 16 | 101 | 41 | 206 | 1,225 |
| Actuals <= 40 hours  | 68  | 21  | 56  | 1  | 41 | 22 | 29 | 4  | 43  | 24 | 37  | 346   |
| Actuals <= 100 hours | 22  | 22  | 6   |    | 9  | 2  | 8  | 5  | 28  | 9  | 1   | 112   |
| Actuals <= 150 hours | 7   | 9   |     |    | 2  |    | 1  |    | 1   | 1  |     | 21    |

*The actual level of Output Hours recorded in CSIS is well below the Service Agreement target hours. However, CSIS cannot be considered a reliable record of true 'output' hours: it is designed as a record of 'families' so it should not be assumed that every service is well below its Output Hours target. CSIS does not explicitly encourage the recording of output hours on 'attributable time' spent on behalf of a client. However, what this data shows is that there is a very low number of clients who receive over 40 hours of support. The Service Agreement target for the two highest categories require 370 in the 40-100 hours category and 227 in the up to 150 hours category, a combined total of 597 families in this 'highly complex' cohort. The actual data shows only 112 plus 21 families respectively (a total of 133 or 22%) received this intensive level of support. This suggests that services are trending towards supporting less complex client families.*

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| RAI Throughput Method                                                          |    |    |    |    |    |    |     |    |    |    |     |      |
|--------------------------------------------------------------------------------|----|----|----|----|----|----|-----|----|----|----|-----|------|
| Number of families yet to engage as at end June 2012 (CSIS Item 16)            | 17 | 30 | 53 | 29 | 21 | 37 | 84  | 65 | 23 | 31 | 163 | 553  |
| Number of families engaged with the service as at end June 2012 (CSIS Item 18) | 37 | 46 | 45 | 8  | 31 | 26 | 96  | 4  | 56 | 11 | 117 | 477  |
| Total                                                                          | 54 | 76 | 98 | 37 | 52 | 63 | 180 | 69 | 79 | 42 | 280 | 1030 |

|                                                                                                                                                                                                                                                                                                                                                     |     |     |     |      |     |     |      |     |     |     |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|------|-----|-----|------|-----|-----|-----|-----|------|
| Target Families p.a. x 50%                                                                                                                                                                                                                                                                                                                          | 114 | 77  | 142 | 30   | 91  | 91  | 156  | 85  | 121 | 99  | 308 | 1313 |
| Percentage Target Achieved                                                                                                                                                                                                                                                                                                                          | 47% | 99% | 69% | 123% | 57% | 69% | 115% | 82% | 65% | 42% | 91% | 78%  |
| <i>This measure is about workload and throughput. It uses the assumption that the elapsed time for most engagements is around six months hence the comparison with 50% of the annual Service Agreement target. The statewide average is 78% suggesting that there is still capacity in the system to be concurrently working with more clients.</i> |     |     |     |      |     |     |      |     |     |     |     |      |

#### FULL CASE CLOSURES %

|                                                                   |     |     |     |    |     |     |     |    |     |    |     |       |
|-------------------------------------------------------------------|-----|-----|-----|----|-----|-----|-----|----|-----|----|-----|-------|
| Family Intervention Completed                                     | 50  | 10  | 51  |    | 29  | 12  | 9   | 2  |     | 3  | 9   | 175   |
| Family Intervention Partially Completed                           | 16  | 4   | 25  |    | 6   | 5   | 4   | 1  | 3   | 2  | 9   | 75    |
| Total Full Case Closures (CSIS Item 37)                           | 66  | 14  | 76  | -  | 35  | 17  | 13  | 3  | 3   | 5  | 18  | 250   |
| Total Early Exit Closures (CSIS Item 37)                          | 152 | 139 | 352 | 12 | 103 | 89  | 119 | 22 | 170 | 70 | 226 | 1,454 |
| Total Closures                                                    | 218 | 153 | 428 | 12 | 138 | 106 | 132 | 25 | 173 | 75 | 244 | 1,704 |
| Referred to Other Service                                         |     |     | 1   |    | 3   |     | 6   |    |     | 2  | 4   | 16    |
| Referred to Disability Service                                    |     |     |     |    |     |     |     |    |     | 1  |     | 1     |
| Referred to DV Service                                            |     |     |     |    |     |     |     |    |     | 1  |     | 1     |
| Referred to Health Home Visiting                                  |     |     |     |    |     |     |     |    | 1   |    |     | 1     |
| Referred to Mental Health Service                                 |     |     |     |    |     |     |     |    |     |    |     | 1     |
| Total Referrals to Other Services included in Early Exit Closures | -   | -   | 1   | -  | 3   | -   | 6   | -  | 1   | 4  | 4   | 19    |

|                                                                            |     |    |     |    |     |     |     |     |    |     |    |     |
|----------------------------------------------------------------------------|-----|----|-----|----|-----|-----|-----|-----|----|-----|----|-----|
| Full Case Closures plus Referrals to Other Services as % of Total Closures | 30% | 9% | 18% | 0% | 28% | 16% | 14% | 12% | 2% | 12% | 9% | 16% |
|----------------------------------------------------------------------------|-----|----|-----|----|-----|-----|-----|-----|----|-----|----|-----|

*Full Case Closures including Referrals to Other Services are very low. This may indicate a tendency towards not closing cases. Notwithstanding that the number and proportion of 'early exits' is very high, the department believes that some benefits can still be considered to have been transferred to a family simply by the offer of family support from an Indigenous service.*

#### Observations:

All case closures (1,704) represents 80% of our total (2,126) of families supported in 2011-12

Of the 1,704 closed cases, 250 (14.6%) were either the intervention completed (175 – 70% of 250) or partially completed (75 – 30% of 250);

1,454 cases were early exits representing 85.3% of all case closures. Of this figure, the significant reason for closure were:

- 395 (23.1% all case closures) family did not consent
- 287 (16.8% all case closures) no response
- 202 (11.8% all case closures) moved out of area
- 157 (9.2% all case closures) other reason not specified
- 109 (6.4% all case closures) family disengaged
- 64 (3.8% all case closures) IFS not required
- 52 (3% all case closures) inappropriate referral

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502. Indigenous safe houses deliver a supervised residential care service providing placements for children and young people aged 0–17 years and a related family intervention service providing practical supports to families, and parenting interventions during supervised contact consistent with case plan goals. Ten safe houses have been established across Cape York, the Gulf and Torres Strait since 2009, providing 60 placements with a further safe house yet to be established. The rollout of Indigenous Safe Houses is continuing.

503. Safe Havens which provide family support, counselling, youth work, community patrols, brokerage and emergency care funds have been established in Cherbourg, Palm Island and Mornington Island.

504. The department is also a member of the CCYPCG'S recently established cross-sector working party established to identify strategies to overcome barriers in the recruitment of Aboriginal and Torres Strait Islander carers arising from Blue Card-related issues.

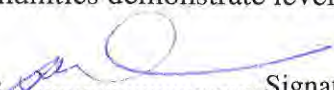
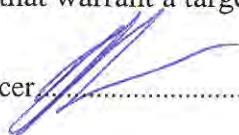
*Directions and options for the future*

505. Aboriginal and Torres Strait Islander people and communities will continue to require intensive levels of service provision at primary, secondary and tertiary levels, with collaboration and partnerships across all levels of government.

506. The effectiveness of those services will be significantly enhanced when their design and delivery is able to respond to the unique cultural needs of the community and its members.

507. Maintaining a focus on strengthening prevention and early intervention responses, particularly when delivered by Aboriginal and Torres Strait Islander community controlled services, is critical in order to reduce the entry of Aboriginal and Torres Strait Islander children to the child protection system.

508. The flexibility to provide place-based responses will also be required, as particular communities demonstrate levels of need that warrant a targeted intervention.

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509. The engagement of Aboriginal and Torres Strait Islander communities is central to all service provision, and strategies need to incorporate capacity building towards community acceptance of responsibility for the protection of children.

## **OUT-OF-HOME CARE**

510. Under the *Child Protection Act 1999* (the Act), children have a right to be protected from harm (section 5B[a]). The Act also states that the child's family has the primary responsibility for the child's upbringing, protection and development (section 5B[b]), and that the preferred way of ensuring a child's safety and wellbeing is through supporting the family (section 5B[c]). However, where a child does not have a parent who is able and willing to protect the child, the state is responsible for protecting the child (section 5B[d]).

511. The Queensland Government, through the Department of Communities, Child Safety and Disability Services, provides out-of-home care for children who cannot remain at home due to harm or an unacceptable risk of being harmed. The department places children in out-of-home care under the authority of the Act, section 82.

512. If a child is removed from his or her family, the Act requires the department to give consideration to placing the child, as a first option in the care of kin (section 5B[h]) and with his or her siblings, to the extent that it is possible (section 5B[i]).

513. When placing an Aboriginal or Torres Strait Islander child in out-of-home care, the Act requires the department to give proper consideration to placing the child, in order of priority, with: a member of the child's family; a member of the child's community or language group; another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group; or another Aboriginal person or Torres Strait Islander (section 83[4]). This is referred to as the Child Placement Principle.

514. When making a decision about placing an Aboriginal or Torres Strait Islander child, the department must provide a recognised entity with an opportunity to participate in the decision-making process (*Child Protection Act 1999*, section 6).
515. The provision of out-of-home care is bound by the standards of care set out in the Act (section 122) and to the Charter of Rights for a Child in Care (*Child Protection Act 1999*, Schedule 1).

### **Placement matching for children requiring out-of-home care**

516. The department has comprehensive procedures for the placement of children in out-of-home care, which are contained in the Child Safety Practice Manual. This includes procedures for gathering information about a child, assessing the child's level of support needs, determining the appropriate placement type, approving a placement for the child, preparing the child for the placement, entering into a written agreement with the carer, and providing relevant information to the child's parents.
517. When a child is in need of protection, the department conducts a Child Strengths and Needs Assessment to assist in planning for the child's care and support. When a child requires placement in out-of-home care, the department uses the outcome of this assessment to determine the child's level of support needs, which is then considered in deciding the appropriate placement type for the child. There are four levels of support needs:
- a moderate level includes needs that are typical for most children in care as a result of the harm and trauma that they have experienced, and that can be managed through limit setting or other interventions
  - a high level includes needs that indicate serious emotional, medical or behavioural issues that require additional professional or specialist input
  - a complex level includes needs that significantly impact on the child's daily functioning, usually characterised by health conditions, disabilities or challenging behaviours

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- an extreme level includes needs that have a pervasive impact on the child's daily functioning, usually characterised by the presence of multiple, potentially life-threatening health or disability conditions, and extreme challenging behaviours that may necessitate a constant level of supervision and care.

518. A Child Protection Service System Improvement Project conducted in 2001 estimated that approximately 57 per cent of children in out-of-home care are considered to have a moderate level of support needs, 26 per cent have a high level, 13 per cent have a complex level, and 4 per cent have an extreme level.

519. Additional considerations in making a decision about the type of placement to provide a child, and where to place the child, include:

- the requirement to place Aboriginal and Torres Strait Islander children in accordance with the Child Placement Principle
- the requirement under the *Child Protection Act 1999*, section 5B, to consider placing children, as a first option, with kin
- the preference, prescribed in the *Child Protection Act 1999*, section 5B, to place siblings together, to the extent that it is possible
- existing relationships between siblings, including the roles and responsibilities that individual children have previously had within a sibling group, and any history of abuse within a sibling group
- the accessibility of services that the child needs
- continuity of attendance at a school
- proximity of family members and other persons of significance to the child, taking into account any safety issues and accessibility for continued family contact
- the child's age and physical and intellectual development
- the child's views about where he or she would like to be placed
- the parents' views about where and with whom the child should be placed
- the ability of the carer or care service to meet the identified needs of the child
- the length of placement required for the child

- the promotion of cultural and religious connections and continuity of cultural and religious practices.

520. The department provides a range of out-of-home care placement models to meet the diverse needs of children in care, including family-based placement models and non-family placement models, which are listed below.

### **Family-based placement options**

521. **Kinship care** is the placement of a child in the home of an approved kinship carer. The *Child Protection Act 1999* defines kin as any of the child's relatives who are persons of significance to the child or anyone else who is a person of significance to the child. Such a person, or persons, may be approved as a kinship carer under the *Child Protection Act 1999*, Division 3.

522. **Foster care** is the placement of a child in the home of an approved foster carer. A person, or persons, may be approved as a foster carer under the *Child Protection Act 1999*, Division 3. Children placed in foster care are typically assessed as having moderate and high levels of support needs.

523. **Intensive foster care** is the placement of a child in the home of an approved kinship or foster carer, or a provisionally approved carer, with the provision of intensive support to meet particular identified support needs of the child. The core program components of intensive foster care are a team-based approach to caring, an explicitly therapeutic focus, the conduct of intensive case management, and the provision of additional advanced training for carers. Intensive foster care is typically for children with complex and extreme levels of support needs.

524. **Specific response care** is the placement of a child in the home of an approved foster or kinship carer who is paid a salary or wage, in addition to regular carer reimbursements, to provide full-time therapeutic care. This model of care is for children assessed as having extreme levels of support needs.

## Non-family placement options

525. **Residential care** is provided by non-government organisations at premises that are owned or leased for the specific purpose of accommodating and caring for children subject to statutory intervention, with full-time care provided by direct-care workers, which may include rostered workers or live-in workers (such as houseparents). This model of care is typically for children aged 12 years or older who have been assessed as having high or complex levels of support needs.
526. **Therapeutic residential care** is a placement and support model in which children are placed with a residential care service and provided with intensive therapeutic care, in a therapeutic living environment, to facilitate recovery from the impacts of physical, psychological and emotional trauma resulting from their experiences of harm or risk of harm. This model of care is typically for children assessed as having with complex and extreme levels of support needs.
527. **Supported independent living** is the provision of accommodation and part-time direct care of children in premises owned or leased for the purpose. It is a placement option for children aged 15 to 17 years old who are transitioning to independent living.
528. **Safe house services** are available in some remote Aboriginal communities for children who are residing in or returning to the community. Safe House services comprise a residential care component, as well as a family intervention services component, which supports family reunification by working with the child and family to address safety concerns, develop protective factors, and promote healthy attachments; or supports transition to placement with kin, by working with the child, family and kin to promote attachment and prepare kinship carers for the placement.

## Delivery of out-of-home care placement services

529. The majority of out-of-home care placements across the range of family-based and non-family based models are coordinated and supported by non-government organisations

funded by the department, either through a grant (usually triennial) or on a fee-for-service basis.

530. The department continues to directly coordinate and support a limited number of foster and kinship care placements. This function is conducted in partnership between Child Safety Service Centres and regional Placement Services Units.
531. Since 1992, the department has been transferring the responsibility for the delivery (which encompasses recruitment, training, assessment, monitoring, support and respite) of foster and kinship care to the non-government (NGO) sector. In the main, the NGO sector delivers the vast majority of 'general' foster care while the department tends to deliver the majority of Kinship care. Currently (August 2012), about 67 per cent of foster and kinship care is delivered by NGOs and 33 per cent is delivered by the department. All intensive foster care is delivered by NGOs.
532. The department is progressing new contracting arrangements to streamline procurement and reporting and to move from grant funding to a stronger contract management approach. One feature of the new arrangements will be a reduction in the length and complexity of service agreements between the department and non-government organisations, and the development of 'head agreements' for organisations that have state-wide operations. These changes will be brought in progressively as contracts are renewed. The department is also working on proposed new funding laws to further simplify funding arrangements, and to provide consistency in funding practices through a single head of power.
533. Current departmental service agreements are provided at **Attachment 11**.

#### **Support for children in out-of-home care**

534. Placement in out-of-home care is not an end in itself, but rather a means to meeting the care, protection and development needs of children. In addition to the support provided to children as part of each of the above placement types, the department provides a range of supports to children in out-of-home care to address their needs in relation to physical

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health, emotional wellbeing, intellectual development, cultural identity, social relationships; including with their families of origin, education and employment, and general life skills. The range of supports provided to children in out-of-home care is listed in **Attachment 12(a)**.

#### *Trends in out-of-home care*

535. At 30 June 2011, the rate of children in out-of-home care was 7.0 per 1000 children, just below the Australian average of 7.3. The lowest rate in Australia was in Victoria, where 4.6 in every 1000 children were in out-of-home care, and the highest rate was in both the Northern Territory and New South Wales, both with 10.2 per 1000.

536. At 30 June 2011, in Queensland, as in other states, the rate of Aboriginal and Torres Strait Islander children in out-of-home care was significantly higher than non-Indigenous children, with 40.2 per 1000 Aboriginal and Torres Strait Islander children, compared with 4.6 per 1000 non-Indigenous children in out-of-home care. These rates are both below the national averages, which are 51.7 per 1000 Aboriginal and Torres Strait Islander children and 5.1 per 1000 non-Indigenous children. The highest rate for Aboriginal and Torres Strait Islander children in out-of-home care is in New South Wales, where 80.6 per 1000 Aboriginal and Torres Strait Islander children are in out-of-home care.

537. In Queensland, the rate of non-Indigenous children per 1000 has remained relatively stable since 30 June 2004, when it was 3.9 per 1000, while the rate for Aboriginal and Torres Strait Islander children has increased from 15.8 per 1000 to 40.2 per 1000 at 30 June 2011.

#### **Trends in expenditure on out-of-home care**

538. The increase in expenditure on out-of-home care in Queensland has been principally aimed at increasing the diversity of placement options and the placement capacity of the out-of-home care system. In 1999, Queensland was reported as having the lowest placement capacity per 1000 children on court orders in any Australian state. The

expansion of expenditure was also in response to recommendations of the 1999 Forde Inquiry Report to increase the child protection budget to meet and maintain per capita welfare spending at the national average (recommendation 4), and 2004 Crime and Misconduct Commission Inquiry Report that the Queensland Government investigate 'alternative funding models that would more adequately meet the true needs of children, families and carers' (recommendation 6.10).

539. Real recurrent expenditure per child in out-of-home care in Queensland at 30 June 2011 was \$48,600. The highest expenditure was in the Northern Territory, with \$75,395 per child in out-of-home care, and the lowest was in Tasmania, with \$40,517 per child in out-of-home care.

540. Actual gross expenditure on out-of-home care purchased from the non-government sector in 2011–12 amounted to approximately \$243 million. This included expenditure via grants and via fee-for-service (see **Attachment 12(b)**). In addition, the department expended more than \$94 million on carer allowances.

### **History of reform**

541. Following the 1999 Forde Inquiry, the Queensland Government effectively dismantled the remaining institutional care facilities — for example, the Forde Inquiry Report called for the closure of the Petford Training Farm residential care facility (also a recommendation of the 1998 Daffen Report), which the Queensland Government subsequently closed in March 1999.

542. In 2002, the Child Protection Service System Improvement Project mapped Queensland's out-of-home care system, and found an immense pressure on family-based care due to the low levels of non-family placement services. At 30 June 2001, there were 3011 children in out-of-home care in Queensland, of whom 2930 (97 per cent) were in family-based care (foster and kinship care) and 81 (3 per cent) were in non-family based care. By comparison, 9 per cent of children in out-of-home care across Australia were either in non-family based care, living independently, or in unknown living arrangements. In three states, more than 10 per cent of children in out-of-home care were

in non-family based care, including Victoria (12 per cent), Western Australia (10 per cent) and Tasmania (13 per cent):

543. The 2004 Crime and Misconduct Commission Inquiry Report heard there was, at that time, a dearth of placement options for children in out-of-home care, leaving significant numbers of children homeless, in emergency accommodation (including reports of children as young as 11 or 12 years old in crisis shelters), or left in risky situations. The report noted that there had been a decline in residential care options since the 1999 Forde Inquiry and that, consequently, some children who were not suited to family-based care were placed in inappropriate care environments, and that there was an avoidable increase in expensive individual funding packages. The report noted that there were 61 residential care facilities in Queensland in the 1970s, which was reduced to 20 by 2003.
544. The 2004 Crime and Misconduct Commission Inquiry Report recommended that a broad range of options, including foster care, residential care services, family group homes, therapeutic foster care, intensive support, and supported independent living all be provided to meet the diverse needs of children in out-of-home care.
545. Between 2003–04 and 2011–12, Child Safety Services dramatically increased the number of grant-funded places across all of the existing placement options and developed two new placement options in therapeutic residential care and safe houses. The number of grant-funded places in foster and kinship care increased by 3080; in intensive foster care by 564; residential care 329; supported independent living 97; therapeutic residential care 22; and safe houses 54 (see **Attachment 12(c & d)**).

### **Transitional placements**

546. Where the demand for placements exceeds the capacity of grant-funded placement services, the department funds placements on a fee-for-service basis through transitional placements. Fee-for-service placement arrangements provide individualised funding packages for children for whom no grant-funded placements are available.

547. While fee-for-service placement arrangements are used only in limited circumstances, (they currently only represent approximately 3.4 per cent of the total Living Away From Home cohort) they represent a substantial cost for the department. In 2011–12 there were 506 children approved for fee-for-service placement packages.

548. This occurs because the children/young people involved are typically those who have highly complex–extreme needs and cannot usually be safely placed in congregate care or family-based placements, which characterise general grant-funded places. Wherever possible, congregate care arrangements (at least two placements together) or intensive foster care is used but a small but expensive sub-cohort — 101 young people out of an estimated 8400 as at 30 June 2012 (1.19 per cent) — can only be safely maintained in single residential care placements. These placements are very expensive because the clients require 24/7 care over 365 days of the year, often with two workers and awake shifts for medical or safety reasons.

549. **Attachment 12(e)** provides case examples of children and young people in transitional placements.

### **Supply and demand of culturally appropriate placements for Aboriginal and Torres Strait Islander children**

550. The increasing number of children requiring out-of-home care to meet their care and protection needs is placing a growing strain on the out-of-home care system to meet the demand. The supply of Aboriginal and Torres Strait Islander carers is increasingly failing to meet the demand for culturally appropriate placements for Aboriginal and Torres Strait Islander children.

551. While the expansion and diversification of placement options since the 2004 Crime and Misconduct Commission Inquiry Report has endowed the department with a greater range of placement options for children in care, the growing demand for placements and struggle to recruit and retain foster carers has resulted in a number of children being placed in non-family placements due to capacity constraints, rather than ideal placement matches. For this reason, the number of children in non-family placements has grown

more rapidly (by 79.4 per cent, from 345 at 30 June 2007 to 619 at 30 June 2011) than the number of children in family-based placements (by 24.1 per cent, from 5627 at 30 June 2007 to 6983 at 30 June 2011).

552. **Attachment 12(f)** provides a summary of funded placement capacity as at 30 June 2012.

### **Regulation of care**

553. The regulation of care occurs under the authority of the *Child Protection Act 1999* and the associated Child Protection Regulation 2011. The regulation of care includes the approval of foster and kinship carers, the provisional approval of carers, and the licensing of care services.

554. The regulation of care aims to ensure that the legislated standards of care (*Child Protection Act 1999*, section 122) and Charter of Rights for a Child in Care (*Child Protection Act 1999*, Schedule 2) are met for children placed in out-of-home care.

### *Approval of foster and kinship carers*

555. The Act states that a person may only be approved as a foster or kinship carer if the person is 'a suitable person' to be approved as a foster or kinship carer (sections 135[1][a][i] and 135[1][b][ii])

556. The Regulation states that a person is suitable to be approved as a foster carer or kinship carer if the person: does not pose a risk to a child's safety; is able and willing to protect a child from harm; understands, and is committed to, the principles for administering the Act; and has completed any training reasonably required by the chief executive to ensure the person is able to care properly for a child (sections 22 and 23).

557. Under the Act, a certificate of approval as a foster or kinship carer may be held by an individual (section 132[1]) and two or more individuals may hold a certificate jointly (section 132[2]). Persons living in a spousal relationship may only hold a certificate jointly (section 132[3]).

558. The chief executive may grant a certificate of approval as a kinship carer for not more than one year from the date of initial approval (section 133[9][b] of the Act) and for not more than two years from the date of renewal of approval (section 134[9][b]). The chief executive may grant a certificate of approval as a foster carer for one year from the date of initial approval (section 133[9][a] of the Act) and for two years from the date of renewal of approval (section 134[9][a]).
559. A person may only be approved as a kinship carer if the applicant is kin to the child to whom the approval relates (section 135[1][b][i]). The Act defines kin as any of the child's relatives who are persons of significance to the child or anyone else who is a person of significance to the child (Schedule 3).
560. A person may only be approved as a foster or kinship carer if the applicant and all adult household members hold a current positive prescribed notice or current positive exemption notice (that is, a Blue Card or Exemption Card issued by the Commission for Children and Young People and Child Guardian) (sections 135[1][a][iii] and 135[1][b][iii]).
561. The Act gives further provisions for the amendment, suspension and cancellation of certificates of approval (sections 137–141).
562. The Child Safety Practice Manual also includes comprehensive procedures and practice resources in relation to the regulation of care. The procedures include:
- pre-application activities, including recording an expression of interest, distributing information kits and holding information sessions for interested parties, conducting initial interviews and household safety studies, and accepting applications for approval
  - assessment activities, including delivering pre-service training, facilitating personal history checks, conducting assessment interviews with the applicant and other household members, conducting referee and medical checks, where necessary, and completing an assessment report

- approval activities, including deciding to approve or refuse the application, or extending the timeframe to decide the outcome of the application, if necessary, and inviting a carer to apply for renewal of approval when their current approval is approaching its expiry
- monitoring and supporting activities, including negotiating support arrangements, completing foster carer agreements, monitoring and reviewing the ongoing quality of care provided, and delivering standard and advanced training.

563. The department has a rigorous process for assessing applicants for approval as foster and kinship carers, including:

- interviews with applicants and all other household members
- household safety checks
- personal history checks for applicants and all adult household members (child protection history in Queensland; domestic violence and traffic history, in some circumstances; and interstate and international checks, in some circumstances)
- Blue Card checks for suitability for working with children by the Commission for Children and Young People and Child Guardian
- medical and referee checks (at the discretion of the Child Safety Service Centre Manager)
- completion of a comprehensive assessment report recommending an outcome to the Child Safety Service Centre Manager.

564. Approval timeframes are at **Attachment 13**.

565. The department has reviewed and updated the initial and renewal foster carer assessment report templates and developed new user guides to assist assessors in completing assessment reports. The user guides provide case examples of good quality applicant and carer assessments.

566. The delegated officer for deciding the outcome of an application for approval as a foster or kinship carer is the Child Safety Service Centre Manager.

*Provisionally approved carers*

567. Where it is not possible or in the child's best interests to be placed in the care of a kinship carer, foster carer or a licensed care service, the department may place a child in the care of a provisionally approved care (*Child Protection Act 1999*, section 82[1][e]).
568. A person is suitable to be provisionally approved as a carer if the person does not pose a risk to the child's safety and is able and willing to protect the child from harm (*Child Protection Regulation 2011*, section 24).
569. The department may grant provisional approval only to a person who has applied for approval as a foster or kinship carer and where the application has not yet been decided.
570. Provisional approval may be granted for a period of up to 60 days from the day of issue (*Child Protection Act 1999*, section 136D[5]), with provision to extend the day of expiry by not more than 30 days (section 138B[4]).

*Licensing of care services*

571. An application for license of a care service may be made only by a corporation, not an individual (*Child Protection Act 1999*, section 125).
572. The department may grant a license where the directors of the corporation, the nominee for the license, the persons responsible for managing the care service, and the persons engaged in provision of care by the service are all suitable persons (*Child Protection Act 1999*, section 126). The requirements for suitability are outlined in the Regulation (sections 18-21).
573. In addition, for granting a license, the department must be satisfied that the applicant corporation will provide a standard of care that complies with the standards of care (*Child Protection Act 1999*, sections 122 and 126[e]), and that the methods for the selection, training and management of people engaged in providing the services are suitable (section 126[f]).

574. In deciding the outcome of an application for a license as a care service, the Regulation requires the department to obtain, from an independent person, a written evaluation of the care service provided by the applicant (section 4[2][a] and [b]). The Regulation also requires the department to give a copy of the evaluation to the applicant and a written invitation to respond to the evaluation (section 4[2][c]).

575. A license or its renewal may be granted for three years (*Child Protection Act 1999*, section 128).

576. The Act gives further provisions for the amendment, suspension and cancellation of licenses (sections 137–141).

577. The department has an Out-of-Home Care Services Licensing Manual to instruct departmental staff and care services is the procedures and guidelines for licensing of care services.

578. The licensing process is structured around the four legislative phases of application for a licence for a care service, assessment of the application, granting or refusing an application for a licence, monitoring of the conditions of the licence.

579. The key steps of the licensing process are:

- the completion the self-assessment workbook by the care service, which involves documenting evidence to demonstrate compliance with the eleven minimum service standards
- the submission of an application for a Child Protection Placement (Out-of-Home Care) Service Licence, which includes the completed self-assessment workbook
- referral by the department to an independent external assessor for an independent evaluation of the care service
- review of the application, service documentation, and independent evaluation by the department's Statewide Licensing Panel
- the department's final decision to granting or refuse the care service a licence

- ongoing monitoring of the service's compliance with the legislated standards of care (*Child Protection Act 1999*, section 122).

*Responding to concerns about quality of care*

580. In 2007 the department conducted a major review of the system and procedures for handling matters of concern. The review arose from concerns raised by foster carers regarding the processes for investigating and responding to matters of concern, requests from departmental staff for additional guidance in handling matters of concern, as well as the recent establishment of the Matters of Concern Review Unit.
581. The review aimed to enhanced the safety and wellbeing for children and young people in out-of-home care, improve the quality and consistency of practice in relation to matters of concern, and promote greater awareness of matters of concern processes for foster and kinship carers.
582. An outcome of the review was the introduction of a two-tiered response system, so that responses to matters of concern would be appropriate to the concerns raised. Lower level concerns were to be responded to as child placement concern reports, while serious concerns would be recorded as a matter of concern notification and investigated accordingly. In addition, carers were given greater opportunities have support an advocacy throughout investigations.
583. The department conducted training sessions for staff, non-government placement services, and foster and kinship carers throughout Queensland on the new matter of concern processes.
584. The Child Safety Practice Manual sets out the procedures for receiving and responding to concerns about the quality of care being provided by an approved carer or licensed care service ("matters of concern").

585. The outcome of a matter of concern regarding an approved carer may impact on the carer's ongoing approval as a carer and will be considered if the carer subsequently applies for renewal of approval as a carer.

*Reviewable decisions*

586. The decision to refuse an application for, or to renew, a certificate of approval as a foster or kinship carer (other than on Blue Card grounds) is a reviewable decision under Schedule 2 of the Act, and the applicant or carer may request review of the decision by the Queensland Civil and Administrative Tribunal.

587. The decision to refuse an application for, or to renew, a licence (other than on Blue Card grounds) is a reviewable decision under Schedule 2 of the Act, and the applicant or licensee may request review of the decision by the Queensland Civil and Administrative Tribunal.

588. The outcome of a matter of concern regarding a licensed care service may impact on the service's licence, and will be considered if the service subsequently applies for renewal of its licence as a care service.

Declared before me at Brisbane

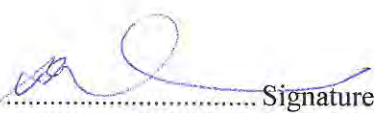
This tenth day of August 2012

  
Declarant

Witness signature  Signature of officer 

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Witness signature  Signature of officer 