



## SPARK AND CANNON

### TRANSCRIPT OF PROCEEDINGS

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THE HONOURABLE TIMOTHY FRANCIS CARMODY SC, Commissioner

MS K McMILLAN SC, Counsel Assisting  
MR M COPLEY SC, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 1) 2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

BRISBANE

..DATE 13/08/2012

..DAY 3

WARNING: The publication of information or details likely to lead to the identification of persons in some proceedings is a criminal offence. This is so particularly in relation to the identification of children who are involved in criminal proceedings or proceedings for their protection under the *Child Protection Act 1999*, and complaints in criminal sexual offences, but is not limited to those categories. You may wish to seek legal advice before giving others access to the details of any person named in these proceedings.

COMMISSIONER: Good morning, Ms McMillan.

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MS MCMILLAN: Good morning, Mr Commissioner. I appear as counsel assisting today with Mr Haddrick as my junior.

COMMISSIONER: Thank you. Mr Hanger?

MR HANGER: I appear with my learned friend Mr Selfridge for the State of Queensland.

COMMISSIONER: Thank you. Any other appearances?

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MS EKANAYAKE: Ekanayake, initial J, solicitor employed at ATSILS for the Aboriginal and Torres Strait Islander Legal Service.

THE COMMISSIONER: Thank you. Good morning.

MS WOOD: Commissioner, my name is Wood, initial S.L, appearing for CMC, Crime and Misconduct Commission. Mr Burns will be attending today.

THE COMMISSIONER: Thank you.

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MR CAPPER: Thank you, Mr Commissioner. Capper, C-a-p-p-e-r, initial C. I'm a solicitor employed with the Commission for Children, Young People and Child Guardian.

THE COMMISSIONER: Thanks, Mr Capper. Yes, Ms McMillan?

MS MCMILLAN: Yes, may it please the commission. From the outset it is perhaps useful that counsel assisting set out in open hearing how we propose this commission fulfil the matters spelt out in the orders in council of 29 June 2012 providing recommendations on those matters as required under the order in council.

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Today is the first day of substantive hearings. It is useful, I think, to record the three vehicles through which this commission will receive evidence. The first way this commission will receive evidence is through interested persons or parties, providing either a submission or statements to the officers of the commission. The provision of submissions and statements will inform the commission's officers in research that is undertaken and the agitation of issues and aspects that should be of concern to the commission in considering a new roadmap, as is required by the order in council.

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Submissions and statements will be received by the commission both at the volition of interested persons or organisations and also the commission has and will identify, and continue to do so, persons and organisations who the officers of the commission believe may be in a position to assist the commission in considering matters that are properly within the commission's terms of reference.

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The second way in which evidence comes before the commission is through private hearings. Private hearings are formal hearings of the commission presided over by you, Mr Commissioner, which are held in private. There are a number of reasons why the commission may choose to formally convene a private hearing. Most obviously, in instances where a person who claims to be the victim of some type of abuse wishes to give evidence to the commission and where it is thought to be in the public interest that the person be allowed to give sworn evidence to the commission, then counsel assisting will propose to you to hold a private hearing.

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Where this occurs, counsel assisting will endeavour to ensure that in the event that we have some advance knowledge of the nature and substance of the evidence that the witness is likely to provide the commission at the private hearing, and where the evidence is likely to be adverse to the interests of any particular individual, organisation or party, those persons are identified and advised to allow them an opportunity to attend the private hearing for the purposes of cross-examining the witness or, if they are not already a party authorised to appear before the commission, to alert them to their opportunity to make an application for authority or leave to appear.

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On occasions, private hearings may be utilised where the witness is under the age of 18 or where counsel assisting have submitted to you that a private hearing should be used as a necessary precursor to a public hearing in order to give the commission a greater understanding of the nature and substance of a particular witness's evidence so that the evidence is to be confined to that which is relevant to the commission's terms of reference. Private hearings will also allow the commission to receive evidence and then alert again persons or organisations that their interests might be adversely affected by the nature of the evidence and thereby give them an opportunity to be heard.

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The third matter in which the commission formally receives evidence is through the public hearing process such as we are having today. First and foremost, the public hearings are opportunities for counsel assisting and the parties to formally admit into evidence relevant material. That is done through two ways, the calling of witnesses to give oral testimony or the admission of written testimonial evidence through exhibits.

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From the outset it is important for me to publicly advise the commission that the public hearing process will not be utilised to receive all evidence. It would simply be impossible. The purpose of the public hearing is to allow parties to test and question the veracity of the evidence the commission is receiving, therefore it is proposed that counsel assisting will only call as witnesses in public hearings those persons who counsel assisting believe may be able to give the greatest assistance to the commission in undertaking its task set out in the terms of reference.

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Whilst this is inquisitorial process, counsel assisting submit that in controlling the public hearings, Mr Commissioner, that you would require all parties, including counsel assisting, to stay focused upon the proper putting of questions and propositions to witnesses and inviting them to answer the question or comment upon the proposition. The examination of witnesses in public hearings is not an opportunity to give evidence from the bar table or for general statements of opinion from the bar table. Witnesses usually provide statements before they are called and in most cases those statements should form the evidence-in-chief of that witness. Some of the witness statements are very lengthy. For instance, our first witness, Mr Brad Swan, his statement is some 163 plus attachments in length.

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If a party believes that a person should be called as a witness they should direct that request to counsel assisting pursuant to the procedural guidelines which are on the commission's website. If counsel assisting are not minded to request the commissioner to issue a summons to attend the hearing of any particular person and those parties are minded to persist with their request, they are entitled to either write to you, Mr Commissioner, formally applying for a summons to be issued, or may make an oral application to that effect in an open hearing of the commission. For the benefit of all parties, the basis upon which the party believes that the proposed witness should be called should be clearly identified in the application, and in particular which terms of reference that the party says the proposed witness is relevant to.

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As I submitted earlier, some evidence will be received by the commission in submission form and there will be no need to call the author of the submission or an individual from the organisation to orally supplement the contents of the submission. As a general rule, all submissions received by the commission will be treated as public submissions and will be placed up on the commission's website verbatim. It is for the individuals or organisations that make a submission to clearly identify if their submission or part thereof is confidential and should not be published on the commission's website.

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Parties who make a submission should be aware that the publication of a submission on the commission's website does not result in the author being considered as a witness pursuant to the Commissions of Inquiry Act 1950 and therefore the immunities and protections associated with having given evidence to the commission by being a witness before the commission do not attach to the authors of those submissions.

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As a corollary to that, it is important that parties and the media are aware that under section 16 of the Commissions of Inquiry Act, you, Mr Commissioner, can make a non-publication order ordering that any evidence given

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before the commission or the contents of any book, document, writing or records produced to the inquiry shall not be published. Applications to you to make such an order should be again either made at a formal hearing of the commission or can be made on the papers by writing to you at the commission's offices making application for the exercise of this power. An application for a non-publication order should set out with particularity that evidence or documentation which the applicant says should be subject to a non-publication order and the proposed time-frame and duration for the order.

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Members of the media who are reporting on the proceedings of the commission should, if they are in any doubt as to whether a matter is covered by a non-publication order, contact counsel assisting for guidance on whether and to what extent a non-publication order has been made or is likely to be applied for by counsel assisting.

More generally, it's useful that counsel assisting identify now that the commission proposes to sit in various localities around the State of Queensland in public hearings. The localities and dates are identified on the hearings schedule page of the commission's website. For example, the next set of sittings after these three weeks are proposed to be held in Aurukun from 3 to 6 September and then from 10 to 13 September in Cairns. It is anticipated these hearings will, amongst other things, extensively consider evidence in relation to Aboriginal and Torres Strait Island children and Queensland's child protection system. It is important to note that the hearings schedule may change at the commission's discretion at any time and parties are encouraged to resort to the website often.

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It is perhaps also useful that counsel assisting advise the parties as to the arrangements in place in respect to transcripts and exhibits. Whilst there is no general right or duty to make transcripts available, it is anticipated that transcripts of public hearings will be generally placed on the commission's website where possibly by the end of the week in which the hearing was held. The same applies for exhibits.

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Media outlets that wish to obtain a copy of an exhibit or a portion of the transcript earlier should make contact with the commission's office to see if that is possible. It won't always be possible.

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Also, to avoid any unnecessary confusion this is a commission of inquiry, a Royal Commission, in common parlance. It is an inquisitorial body, not an adversarial body. There is no need for witnesses to not be present when evidence is given by other witnesses. All witnesses and potential witnesses are free to come and go from the public hearings as they so choose, subject to the terms of any summons that's been issued in your name, Mr Commissioner.

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Before I make a short opening in relation to the evidence to be received today it would be useful to again record some aspects or issues that officers of the commission have identified as being relevant to the terms of reference and considered by you, Mr Commissioner, in relation to your final recommendations.

The first issue that I identify as being relevant to the commission's terms of reference is the State of Queensland's law regarding mandatory reporting requirements in relation to allegations of suspicions of abuse of children. A comparative summary of the mandatory recording scheme in Australia is appendix 12 to volume 3 of the 2012 Cummins Report in the Victorian system at pages 676 to 678 and I intend to tender that in a moment, that report.

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It is noted that the Northern Territory has the broadest mandatory reporting coverage. Any person with reasonable grounds to suspect abuse or neglect is mandated to report. In Queensland section 148 of the Child Protection Act requires child safety officers to report suspected physical, sexual, emotional, psychological abuse and neglect.

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The Public Health Act compels doctors and nurses to report actual or risks of harm they come across in professional settings and the Children's Commissioner has to notify any child in need of statutory protection under section 10 of the Child Protection Act, that is, a child who suffered or is at risk, unacceptable risk, of suffering harm and who has no parent willing and able to protect them. Teachers have recently been added to the list of professionals mandated to report.

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The main justification for mandatory reports is philosophical. It acknowledges children have a basic right to safety and community protection by entrenching them in positive law as a corresponding adult duty. Its primary policy basis is to bring one of society's traditional taboo subjects out into the open so it can be redressed instead of being secreted away. In other words, it elevates the interests of child safety above the adult right to privacy.

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Improving disclosure and reporting rates of both intra and extra-familial child sexual and other forms of abuse is also widely recognised as a key requirement for better target of police and Child Protection Agency responses to the problem. Effectively, pre-emptive and remedial actions depends on trustworthy and timely reporting from victims, supports and those in the regulated employment sector such as teachers. However, the jury is still out, so to speak, on the relative merits of mandatory versus voluntary reporting in the child protection setting due to lack of data. Over-reporting is attributed to one while the other is blamed for under-reporting.

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Enforcing compliance is also problematic. There is serious doubt, for instance, about the extent to which section 67ZA of the Family Law Act is complied with by Magellan judges and court staff. Broad-based mandatory reporting puts added assessment and investigative resourcing pressures on a reactive notification-based system already under stress. The quality of reports is variable due to definitional and interpretational issues and knowledge gaps.

Another issue that has been identified as being relevant to the commission's terms of reference is the lack of uniformity and inconsistency across mandated reporting categories and diversity of grounds and notification. Additionally, and perhaps most controversially, the officers of the commission have identified that there is an issue and perhaps a case for extending the mandated notifiers in Queensland to include the clergy and other organised religious bodies or organisations.

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Compulsory notification provisions covering members of non-government organisations, providers of sporting or recreational services and ministers of religion are presently unique to South Australia. Anecdotally the Queensland department currently intervenes in cases of alleged or suspected extra-familial child sex abuse only where there are indications that the relationship between the perpetrator and the parent or parents or carer impairs protective instincts or capacities.

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However, misplaced trust, disbelief and denial are obvious risk factors in a religious affiliation context because of the historical moral and spiritual authority of clerics. Alleged cover-ups and secrecy involving offending within church schools and facilities are also being regularly highlighted in the media.

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In November 2000 the joint QCC-QPS published the Project Axis report. The report found that reporting requirements of suspected or alleged child sexual abuse in church communities and complaint-handling procedures lacked uniformity and strict adherence. Axis recommended consideration of external controls to improve the response and accountability of church institutions when faced with allegations of child sexual abuses and suggested a role for the Children's Commission as guardian of child rights and

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interests.

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Against this background, do the Department of Communities under and/or the Children's Commissioner currently monitor or have any say about the formal policies and practices that are there in non-government schools and churches to remedy the deficiencies in complaint-handling? How is compliance regulated and enforced? How is noncompliance dealt with? What external and internal mechanisms are in place for reviewing, standardising and improving them?

The commission would benefit from submissions from the leadership of the organised churches within the Queensland community as to the issues that I have just identified and the commission will be writing to the leaders of Queensland's faith-based communities to invite them to make submissions on the issues that I have just identified and related issues.

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In respect of the mandatory-reporting issue, officers of the commission will ask those stakeholders to make submissions which consider the wisdom of following the Northern Territory or Tasmanian practices in this regard or not. The commission would also benefit from receiving statements from members of the community if they have any information that may assist the commission in considering the issues that I have just identified.

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I now turn to the evidence that you are likely to hear but before that I wish to tender a number of relevant reports and reports of inquiries held into issues of child protection and child abuse. The first report I tender, Mr Commissioner, is the Commission of Inquiry into the Abuse of Children in Queensland Institutions 1999 known as the Ford Inquiry, a report of the Commission of Inquiry into Abuse of Children in Queensland Institutions.

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COMMISSIONER: That will be exhibit 2.

ADMITTED AND MARKED: "EXHIBIT 2"

MS McMILLAN: Thank you. The second document is the Crime and Misconduct Commission Protecting Children and Inquiry of Abuse of Children in Foster Care, Crime and Misconduct Commission Brisbane 2004.

COMMISSIONER: Exhibit 3.

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ADMITTED AND MARKED: "EXHIBIT 3"

MS McMILLAN: Crime and Misconduct Commission 2007, Reforming Child Protection in Queensland, a review of the implementation of recommendations contained in the CMC's protecting children report.

COMMISSIONER: That will be exhibit 4.

ADMITTED AND MARKED: "EXHIBIT 4"

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MS McMILLAN: Protecting Victoria's Vulnerable Children Inquiry 2012 known as the Cummins Inquiry Report of Protecting Victoria's Vulnerable Children Inquiry. There are three volumes to that.

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COMMISSIONER: That will be exhibit 5.

ADMITTED AND MARKED: "EXHIBIT 5"

MS McMILLAN: The Special Commission of Inquiry into Child Protection Services in New South Wales 2008 known as the Wood Inquiry Report of the Special Commission of Inquiry into Child Protection Services in New South Wales. Again there are three volumes.

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COMMISSIONER: Those three volumes together will be exhibit 6.

ADMITTED AND MARKED: "EXHIBIT 6"

MS McMILLAN: Thank you. The Northern Territory Government 2010, Growing Them Strong Together, Promoting the Safety and Wellbeing of the Northern Territory's Children, Report of the Board of Inquiry into the Child Protection System in the Northern Territory. There are two volumes.

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COMMISSIONER: They will be exhibit 7.

ADMITTED AND MARKED: "EXHIBIT 7"

MS McMILLAN: The department of Education 2010, the Munro Review of Child Protection, the final report, Department For Education London.

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COMMISSIONER: That one will be exhibit 8.

ADMITTED AND MARKED: "EXHIBIT 8"

MS McMILLAN: Thank you, Mr Commissioner. I should note at this juncture that those lengthy reports will not be scanned and on the commission web site. There will be a hyperlink identified where those interested can follow that through and read the full text of those various reports.

COMMISSIONER: Thank you.

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MS McMILLAN: The first witness today - - -

MR HANGER: Before my learned friend proceeds, may I add an administrative matter?

COMMISSIONER: Yes.

MR HANGER: You issued a summons to give written information to a lady Margaret Allison, the chief executive and director-general. She's on leave. That summons is

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returnable by Tuesday. She's on leave until Thursday morning. Could we extend that until next Monday which would be the 20th? 1

MS McMILLAN: Yes, no difficulty.

COMMISSIONER: Yes, we will extend it to close of business on the 20th.

MR HANGER: Thank you.

COMMISSIONER: If there is a problem with that, just contact us. 10

MR HANGER: Thank you.

COMMISSIONER: Thank you. I think there is another one coming, Mr Hanger, anyway.

MR HANGER: Thank you.

MS McMILLAN: The first witness that the commission will hear from is Mr Bradley Swan who is the executive director of Child Safety Services within the Department of Communities, Child Safety and Disability Services. Mr Swan has provided a voluminous statement to the commission. It's anticipated that Mr Swan will do two things today in the witness box. First he will take the commission through in some detail how the child safety system works in Queensland in a general way, identifying with a degree of particularity the way in which the department's tertiary child protection functions are exercised and by whom. 20

Secondly, counsel assisting will examine Mr Swan on key aspects of his evidence, particularly in relation to a handful of issues that Mr Swan is most likely to be of great assistance to the commission, for example, the demand pressures upon the department. He is currently the principal departmental official in the Department of Communities, Child Safety and Disability Services charged with the strategic leadership of the department's performances of the child safety functions and he has been for some time. I call Mr Swan. 30

COMMISSIONER: Thank you. Before Mr Swan takes the stand I will stand down for a couple of minutes.

THE COMMISSION ADJOURNED AT 10.24 AM 40

THE COMMISSION RESUMED AT 10.26 AM

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**SWAN, BRADLEY** sworn:

ASSOCIATE: For recording purposes, please state your full name, your occupation and your business address?  
---Bradley Swan, executive director, Child Safety Services, Department of Communities, Child Safety and Disability Services, 119 George Street, Brisbane.

Please be seated.

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COMMISSIONER: Thank you, Mr Swan. Thanks for your time today.

MS McMILLAN: Mr Swan, have you prepared a very detailed statement, some 163 pages, not including attachments for today's hearing?---Yes.

Would you have a look at this document please? Mr Swan, would you look at that document? Is that a copy of your statement and attachments?---Yes, it is.

Mr Commissioner, it's a copy, but I have no difficulty with tendering a copy of it.

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COMMISSIONER: Thank you.

MS McMILLAN: Thank you. I tender that.

COMMISSIONER: So it will be exhibit 9?

MS McMILLAN: Yes, I believe so. Thank you.

ADMITTED AND MARKED: "EXHIBIT 9"

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COMMISSIONER: Mr Swan, do you have a copy for reference?  
---Yes, I do. Yes. Can I make one minor correction to the statement?

Yes, of course?---Just point 427 - - -

Just wait till I get the exhibit and I'll amend it by hand.

MS McMILLAN: Point 427, did you say?---Yes, yes.

Yes?---It reads, "For the period April 2011 to March 2012, child safety officers had an amiable separation rate of 15.98 per cent. That's correct.

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Yes?---The next sentence says, "This is an improvement on retention rates." The word "retention" should be separation.

Is that the only correction?---Yes.

All right. Mr Swan, can I just ask you on that paragraph, when you say in your "separation rate" does that mean child

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safety officers leaving the employ of the department?--- 1  
That's right. Yes.

Thank you. Mr Swan, can I firstly ask you about your experience and qualification. You state you are the executive director of Child Safety Services in the Department of Communities, Child Safety Services and Disability Services?

---That's correct.

Would you mind if I just referred to it as the department for brevity please?---No, that's fine. 10

You hold a bachelor of business in public administration? ---Yes.

And you hold the position, as you say; currently, prior to that, you held the position of deputy director-general of that department in its former, shall we say, guise, from August 2009. Is that correct?---The former department was a broader department; the Department of Communities.

What did it include that it now does not?---It included housing, services, Youth Justice Services, Sport and Recreation Services, Aboriginal and Torres Strait Islander Services. 20

Mr Swan, when did those sectors that are no longer covered cease to be under, if I can put it this way, the umbrella of the department?---Yes, I don't know the exact date, but following the election of the Newman government, the government changes came into being which then formed the new department of the Communities, Child Safety and Disability Services and the transition period commenced at that point in time for those other areas to be moved to other departments within government. 30

Can you just outline please where they have gone to? Youth Justice, that has gone to Justice and Attorney-General. Is that correct?---Youth Justice has gone to Justice and Attorney-General. Housing has gone to Public Works and Housing.

Yes?---Sport and Recreation Services, I think, has gone - I don't know the full name of the department, but it's National Parks and Sport and Recreation Services and Aboriginal and Torres Strait Islander has formed a department in its own right with Multicultural Affairs Queensland. 40

Thank you. In terms further of your experience, in terms of your current role, could you explain perhaps in short form what your responsibilities are?---My responsibilities include the policy and program direction for Child Safety Services within Queensland.

Do you work with Commonwealth and other state government agencies?---Part of that role does include working with the

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Commonwealth and other state government agencies, refer to the national framework for protecting Australia's children, which is a national document setting out a strategic direction for child protection in Queensland and I work with those other agencies on implementing various aspects of that framework. I also work with other government departments within Queensland, across the very aspects of child protection services, there would be a number of agencies: education, health, disability services within the same department, Queensland Police Service, to name some of those, on further child protection policy and directions within Queensland.

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Do you also have contact with peak industry bodies?---Yes, we do. I've outlined in my statement, we have a partnership forum that meets regularly with the peak industry bodies in Queensland in the child protection area and I also have quarterly meetings with each of the four peak organisations within Queensland.

Do you have responsibility for operations, regions and corporate executive services also for the department?---No, I don't.

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You don't?---No.

Who has that responsibility?---Within the department, the regional executive directors now report directly to the director-general and there's a small unit called - I think it's Regional Service Delivery Operations that have a coordination role of some of the advice that would come through from regions and there's a separate deputy director-general for corporate and executive services within the department.

COMMISSIONER: Excuse, Ms McMillan, I just have two questions.

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MS McMILLAN: Yes.

COMMISSIONER: The disabilities, does that cover adult and child disabilities?---Yes, it does. It's a separate section within the department.

Right?---There will be - - -

Sorry?---There will be some children with disabilities also witness the child protection system.

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Yes. We'll come to them. The other question I had, what were the four peak bodies you meet with quarterly?---The PeakCare, Foster Care Queensland, CREATE and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak.

When you say these are peak bodies, how are they selected as the peak representative body for the areas of concern? ---They're recognised and they're funded by the department

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to perform their various roles.

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Okay. Thank you.

MS McMILLAN: Thank you.

Prior to your current position, you were assistant director-general Disability Services from July 2008 to August 2009. Is that correct?---Correct.

All right. Prior to that you were seconded to the Department of Child Safety, which was then a stand-alone, if I can put it, wasn't it, department - - -?---That's correct.

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- - - from August 2007 to July 2008 and you acted as director-general of the Department of Child Safety for three months and deputy director-general for also a further three months. Correct?---That's correct. Yes.

And then you led a major project for six months to further analyse the achievements in the child protection system since the CMC report. Is that correct?---That's correct.

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Was that both reports for 2004 and 2007 reports?---It took a stock take of what was actually happening within the child protection system at that point in time. It was an internal report for government and it really looked at what was happening within the data, both in terms of intake and notifications, the numbers of children entering out of home care and also some of the other factors like staff turnover and caseload rates within the department and drew some conclusions at that point, which I say in my statement that it really needed to try and move the system away from a focus on tertiary child protection to more of a balanced focus on both secondary and tertiary intervention.

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Indeed, really, from perusing your statement, that seems to be one of the greatest challenges, does it not, for the department, is moving from what, it seems, fairly much a tertiary based service to that which incorporates in fact primary, to some extent secondary and tertiary. Correct? ---The department, yes, has had a focus on - as a standalone department had a focus on tertiary child protection services and at that time the Department of Communities was responsible for secondary services and other government departments, education, health, et cetera, and also some services within the Department of Communities also seen as the universal service system, so, you know, child care, early education, kindergarten, early learning centres within the Department of Education. Some of the more universally available health services as part of the health service would also be seen as universal provision. The challenge, yes, is about how to re-orient a system and get more of a balance across both the secondary and tertiary child protection systems.

COMMISSIONER: Sorry, could I just interrupt again? It's called Child Safety Services?---Yes.

What are the services that it provides?---What are the services? At the moment my responsibilities do include both the tertiary child safety services, so the whole system for receiving matters reported to Child Safety Services, the process for screening those and recording them as child concern reports or as notifications, the investigation of those notifications, and then the decisions that would follow in relation to children and young people that may need to be kept safe. I also - - -

When you say "kept safe", you mean by removal?---By removal, yes, or the options that we currently have would be to work in conjunction with the parents through a parental agreement, if the parents were willing to work with the department, or if the parents are not willing to work with the department then it could be by seeking a child protection order.

All right, that's tertiary, so that's a reactive - that's reactive to notification. Is that right?---That's right, yes.

So what are the other services?---We also since the work that I did in 2008 have a trial on the south-east called the Helping Out Families trial where we were trying to - following a fair amount of research and looking particularly at the Victorian system and the New South Wales system, trying to re-orient the system away and enable a more extensive secondary service system to be put in place that would assist families rather than - that may be being re-reported to Child Safety Services. We also have other - - -

Sorry, can I just interrupt you there so I can understand the system as well as you do? You call that Helping Out

Families a secondary service?---Yes.

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All right. Is it a targeted service?---It's gone through some iterations since it was first implemented within Queensland. When it was first implemented in Queensland it was set up that it could only receive referrals from Child Safety Services. So as I've outlined in my statement, there was some concern within various aspects of government of children falling between the cracks and a concern that children should still be reported to Child Safety Services and being recorded within our database and then referred out. So when it was first established in Queensland it was set up that it could only receive referrals from Child Safety Services.

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So internal referrals?---Yes, that's right.

When was it first set up?---There were two pilots commenced in October 2010 and in - Beenleigh, Eagleby, Nerang as one site and Logan as the second site, and the third site commenced on the Gold Coast in January 2011.

All right, so would you say is that the only secondary service that the Child - - -?---No, we also have a referral for active intervention services. There's 10 or 11 of those services across the state. I can get the exact figure for you. There's also - we've funded Aboriginal and Torres Strait Island family support services and we fund 11 of those services across the state to approximately \$10 million, and we also have a number of what we call targeted family support services across Queensland in the community.

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When was the ATSI service set up?---I can't recall the exact date.

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Just ballpark?---It was within the last two to three years where we did some work with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak and also a taskforce that was established to look at the over-representation issue and a view that came forward there that we needed to have more of an emphasis on family support services to support families early in the piece rather than letting them escalate into child protection.

All right, so are they the secondary services?---They're secondary services, yes.

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Any other services other than the tertiary and secondary services you've mentioned?---The department under the communities umbrella of the department also funds a number of other neighbourhood centres and some counselling services throughout the state that would be seen as more universal. I did have a statement - one of the attachments here does list the full range of services. If I can actually refer to that I can - - -

I'll find it, Mr Swan, I'm sure?---There's a full range - a

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list of the services and the budget for all of the services that are under the child safety, both secondary and tertiary. 1

Excellent, thank you. All right. Now, the last question I have for you is you use the term "preventative services" and "early intervention services". Which services you currently provide would you say fall into either of those categories?

---I would say the secondary services do fall into the prevention and early intervention category. They are working with probably families that are more vulnerable and most at risk of possibly, if they don't get the support, the children within that family, escalating into the tertiary child protection system. So they do work as a prevention or early intervention to try and support families early and work on the issues that they might be facing that could cause them to be reported to Child Safety Services down the track. 10

The public health experience and similar preventative approaches have the difficulty compared with the "scalps on belts" approach of not being very visible and being hard to measure. What have you got in place to measure the success of your preventative services?---Yes, within the Helping Out Families trial we've put in place some arrangements to try and get a lot better data from those. So in the trial we've had some very early data. It's a little bit hard to say whether it will flow through, but the initial data from those families who did receive a service, and for the first six to nine months there was about 27 families who had actually completed their case plan with the service, and those families were 50 per cent less likely to be re-reported to Child Safety Services than those families who hadn't engaged with the Helping Out Families trial. 20

How many are involved in the Helping Out Families - - - 30

MS MCMILLAN: Could Mr Swan just speak up? There are others having difficulties hearing, and I must say, it's a bit difficult over this side of the table.

COMMISSIONER: Yes, that doesn't amplify, that microphone, it just records?---Sorry. I don't have the exact figures. We could provide the figures for you, but it would be in the low thousands that have been referred from Child Safety Services to the non-government organisations. 40

Finally from me, of those few thousand who were involved the trial, how many of them were respondents to that survey you just mentioned?---I said the data that I quoted was very early data. We're just doing some further work at the moment, taking the next nine months of clients and I haven't - that's not finished but we would have that before the commission of inquiry has completed that we could provide that to look at whether that's still successful in terms of the interventions providing assistance to those families. 50

We're also monitoring the south-east in comparison to the rest of the state in terms of notifications that are being recorded and then children in out-of-home care and again some of the earlier data showed that the increase in notifications in the south-east had declined slightly compared to the rest of the state. Again we'll have some further snapshots down the track.

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All right. What I'm more interested in rather than the outcome, because that's a matter of interpretation - I would be more interested in knowing what performance indicators or success criteria you apply to measure the success of a program. Can you help me with that?--- Certainly across the referral for active intervention services, the Helping Out Families and our Aboriginal and Torres Strait Islander Families Support Services, all called secondary services, we measure both the referrals that are coming out from Child Safety Services to make sure that we know that referrals are going out to those services. We then also measure their intake so the referrals that they receive from us, also the referrals that they may receive from police, health and education sources or other non-government organisations and in some cases also self-referrals and then we measure the number that the service are trying to engage with to encourage them to take up the service and the number that the service has currently engaged and has formulated a case plan with that family to work through the issues that may be presenting and then also whether or not they have then completed their case plan goals.

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Right, okay. Is that written down somewhere?---I'm not sure. It certainly would be part of our documentation that we would have.

Okay, thank you. Sorry to interrupt for so long.

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MS McMILLAN: No; no, thank you, Mr Commissioner.

So just so I understand, the performance indicators are really in terms of whether and what referrals are being made by others such as the police and education so that means: are they coming to the notice, those families, those sorts of organisations that obviously we've heard have to mandatorily report issues of suspected abuse? Correct?---Yes.

And then also whether families are self-referring. Is that correct?---Yes.

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And also whether a family is following through on a case plan that is, I take it, drafted between the family involved a child safety officer. Is that right?---It would be the family involved and the non-government organisation themselves so there's not - - -

So it's an NGO?---Yes.

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And what sort of government - non-government organisations are those?---The three that are involved in the Helping Out Families trial are the Benevolent Society, the Act For Kids and UnitingCare Queensland, I think they're now called. It used to be Lifeline. It's now UnitingCare Queensland. Some of the other secondary services across the state also include Anglicare, the Red Cross, et cetera.

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Now, Mr Swan, I take it it's been costed how much, for instance, the Helping Out Families initiative. Is that costed per child or per family?---We measure both the families that are engaged and also the numbers of children within each of those families and we anticipate a caseload that each service would have, given the dollars that they would have, and that caseload would generally be for the family.

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So, Mr Swan, in terms of costing - I'll come to this in more detail later. In terms of how much it costs to have a child in out-of-home care, can you assist us with us? Ballpark figures are fine either in foster care or residential care?

---In terms of the cost of care?

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Yes?---A foster-care allowance is roughly - the based foster-care allowance is about \$10,000 per year. There are some higher allowances for foster carers that could be - high supports need allowances if they have a more complex young person placed on that allowance and I think the allowances is scaled and can go up to 20,000 or possibly 30,000 per annum. We also fund intensive foster care - intensive foster care services where we provide a range of additional supports by the non-government organisation to that particular foster care where they have - may have a child with very complex to extreme needs and the cost - overall cost of that is approximately \$90,000 per annum.

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Per child?---Per child, yes.

If that child needs specific - - -?---Yes.

So what, an instance might be a child who has got what, some significant disabilities?---It could be a child with some significant disabilities. It could be a child that's faced extreme trauma within their home environment and may be facing severe mental health or other psychological issues that might need some intensive work with that particular young person.

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What about residential care? How much does it cost on average per child to have a child in residential care?--- Again I can get the exact figures, but on average it would be approximately 200,000 per child in a residential - - -

COMMISSIONER: It would be cheaper to send them to Churchill Terrace, wouldn't it?---Yes, a residential generally requires - would have, you know, four children placed within a residential house and would generally

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require two staff 24/seven to be working within that. 1

I have seen figures in 2010 and 2011 that the real expenditure per placement a night that we pay in Queensland is \$137.50. Is that correct?---I don't know what you're referring to there.

It's a comparative table of how much it costs to place a child for a night in each state. Do you see that?---Is this coming from the report on government services?

It comes from my researchers, but I don't know where they get it from. Does the figure mean anything to you?---Yes, the report on government services takes the total amount of money that we would be spending on out-of-home care services and dividing by the total number of children in out-of-home care and also the number of nights. 10

So is \$137.50 about right?---That's the national figure that's reported.

For Queensland?---Based on the methodology that they use for that calculation. 20

And are you happy with that methodology?---In terms of the national comparisons it's sort of very, very difficult to undertake to look at the national comparisons because even though there's supposed to be national consistency, there are some differences between the states and territories in what they include and don't include and report but, yes.

So if you divide the overall figure by the number in care, you get \$137.50 and if you multiply it by the number in care, you get about 32,000,000. Is that right?---No, our cost would be a lot higher than 32,000,000. 30

What would it be?---I haven't got it on the top of my head.

How much higher than 32,000,000 do you think it would be?--  
-It would be significantly higher.

Double?---No, a lot higher than that. Just in terms of -  
again if I can refer to the table that I provided - - -

MS McMILLAN: Mr Commissioner, just while that's being found, that document is from the Report on Government Services 2012, the Productivity Commission. 40

COMMISSIONER: I gathered Mr Swan had seen it before.

MS McMILLAN: Yes?---Yes.

MR HANGER: I have told Mr Swan that if there are questions that he can't answer, he can - - -

COMMISSIONER: Take them on notice.

MR HANGER: Yes, take them on notice and give him time to

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get back to them.

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COMMISSIONER: Yes, absolutely?---Yes, I mean, we would - in terms of placement services we would spend - this would include funding of non-government organisations to also support foster carers and also we would spend about approximately \$280,000,000.

On placing kids overnight?---Yes, so that would include out-of-home care services, foster and kinship, intensive foster care, residential care, therapeutic residential care, our safe houses that we would have in the remote communities and also some young people who are supported in independent living.

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So you would have the break-up of all that there on your chart, would you?---Yes.

Okay; and how many children are we spending that much money on at the moment?---The figure as at - children living away from home as at 30 June 2011 was 8063.

Does that include education or is that just board?---No, that's the departmental costs - sorry, that would be - sorry, could you repeat the question?

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That would be just the cost of placement. It wouldn't include such things as education?---No.

So it would almost be cheaper to send some of them to a boarding school, wouldn't it, and get them educated at the same time as placement?---I don't think I can comment.

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Yes, thank you, commissioner.

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The Helping Out Families initiative you, I imagine, have undertaken some costing of that, have you?---We've done - the modelling when we originally developed the proposal, we looked at the numbers of families that were being reported to Child Safety Services and the numbers that we would anticipate that would need that type of service in order to try and prevent the escalation into the tertiary system and we then modelled that across the state and then the pilot in the south-east was the modelling based on those numbers of families that we would anticipate to be receiving a services.

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Yes. But in terms of costing, have you costed or the department costed what this initiative per family or per child, more importantly, has been to the department?---The budget that was allocated was \$15 million and that was based on four elements of the costings: one was establishing a family support alliance, which was trying to - initially, when we developed the model it was about trying to develop a community based intake, but as the model was first introduced, as I said previously, that was restricted to receiving referrals from Child Safety Services only.

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Yes?---That was costed then on the numbers that we anticipated that they would be trying to engage with then to seek consent for them to work with an intensive family support service; very, very similar to the Child First Arrangement in Victoria. The second element was the Intensive Family Support Service and, again, I could get the numbers for you. I don't have them on the top of my head - - -

That's all right?--- - - - but it was costed on a number of families that we anticipated would need to receive a service witness that location based on the numbers of reports that we were receiving and based on what would be an average cost per family that would need to receive a service. An average cost of those types of services is generally around \$10,000 per family. The third element of that trial was also enhancing Domestic and Family Violence Services, so there was a further investment within those Domestic and Family Violence Services within those three locations because that was a significant element of matters being reported to Child Safety Services and the fourth element was a health home visiting program through Queensland Health to ensure that all new mums with new bubs received a number of contacts within the first three years and if they needed more intensive support, they received a higher number of contacts within the first 12 months.

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Is that last element like what you used to be the community nurses, the health nurses, that were available, certainly throughout Brisbane, in suburban areas?---Yes. My understanding, it's similar to that, but providing that, yes, nurses that would make contact with new mums in the

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first three years and do some home visits and provide information and support through the child development and nutrition and sleeping patterns and other things like that.

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Mr Swan, I accept that obviously this is more, as you say, a secondary type intervention or assistance, isn't it, rather than the tertiary, which is obviously something like out-of-home care, is it not?---Sorry?

What I'm coming to is have you done any costing as to whether it's more cost effective financially to put money into that secondary sort of tier, that is the Helping Out Families, as opposed to the cost of keeping, effectively, children in out-of-home care?---Not in terms of the comparisons, but certainly the research and the reports that you referred to earlier in your opening statement have all referred to the benefits in terms of trying to support families earlier and trying to work those families and address their issues that may be presenting to try and stop that escalation into the tertiary child protection system and, yes, if you can work with a family through a secondary service and keep those children and young people out of out-of-home care, there are certainly benefits for the family and certainly benefits financially.

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And, no doubt, benefits for the child, too?---That's right.

In terms of how our child protection system functions, would you look at please - this is figure 1, number 8 on our list, which I think has been put up on the screen now. Perhaps if it could just be scrolled down, Mr Court Officer.

Mr Swan, could you have a look at that. I think you've been provided with a copy of this diagram. Now, if I tell you that this has been adapted from - well, it's been called the Cummins Report and it attempts to diagrammatically show the child protection system in Queensland. If we could just walk through that. On the left-hand side you have reporters or notifiers and I'm correct in saying, am I not, that the notifiers are obviously in majority from government bodies, such as police, education, health on the one hand. Correct? ---I think it's about 60 or 70 per cent of matters that are reported to Child Safety Services that come from those three agencies.

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Yes. Then "other" you have obviously members of the public who are notifiers as well. What sort of percentage are they of intake that you - - - ?---There would be community members, non-government organisations and also our own staff.

Yes?---I don't have the rest of those figures in my head, but it's certainly on our performance web site.

All right, thank you. Those are the sources of intakes

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that you receive, are they not?---Yes.

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In this larger circle, is it correct that, if you like, the middle is the department - the largest circle there - and around it are various entities that have contact with the department, correct, and they interrelate with the department? For instance, you go on to talk in your statement later about scan teams. Just for the benefit of those who are not familiar with what a scan team is, could you just give a definition of that?---A scan team is a multi-agency team that comes together to look at very complex issues for a young person who may be in care, but is presenting with some very complex issues that may require a multi-agency response to assist in working with that young person, so it could include, particularly, medical professionals that might be able to provide some specific advice around the medical needs of a young person and if it's an Aboriginal and Torres Strait Islander young person, it would also include the recognised entity.

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All right. The circle down below is out-of-home care. That's obviously arrived at if it's been a decision taken either by court order or the chief executive officer to place a child out of home. Correct? Here we have the Placement Services Unit. That's the unit that, shall I say, organises or directs that, correct, within the department?---That's right. Yes.

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What you have making up out-of-home care, you have kinship carers. Correct? That relates to Aboriginal and Torres Strait Islander children, particularly, does it not?---It relates to any child that's in care. Yes.

All right. Foster carers - - -?---Yes.

- - - residential care providers and then transition placements. What are transition placements?---Sorry. I might say we'd also have intensive foster carers there, which I talked about before and transitional placements are when we don't have what we would call grant funded places, so the number of children requiring out-of-home care exceeds either the number of placements that we currently have or the capacity within the placements that we currently have. So we might have a large sibling group, an example, nine children, not able to find foster care urgently or immediately or kin carer and we might place in a transitional placement for a period of time until we can then find more appropriate placements for that family. We might also have a very, very complex young person with some complex needs that we don't currently have a place within one of our residentials or our therapeutic residentials and we can't find foster care that would be able to support that young person and we might set up a specific arrangement for that young person.

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So, Mr Swan, this is different from what you talk about in transitioning a child out of care. This is different. This is, if you like, a temporary placement?---The

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intention is that it is a short term or temporary placement  
for those young people in trying to find more permanent  
long term stable accommodation. A number of people do stay  
in those arrangements short term, but unfortunately there  
are a number of young people, due to their very, very  
complex needs, that are in those arrangements for a longer  
period of time.

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I see, all right. Evolved services, that's not actually an out of home care, is it?---No, evolved services are specific teams within disability services and also within mental health, or Queensland Health, that provide both either therapeutic or behavioural support to either young children in care or to families that may be at risk of entering care. 1

All right, so we should take that out of that box?---Yes.

Then, of course, out of home care includes youth detention. Correct?---We do have - I wouldn't say - it's not one of our placements that we would seek. 10

No?---But there are some young people who for other circumstances might currently either be on a child protection order but unfortunately in youth detention or placed within a mental health unit or within a hospital at that particular point in time.

Yes?---So it's not really one of our placement types, but we do record where all young people are placed and that comes up as one of the categories of recording where they are currently accommodated. 20

COMMISSIONER: But do you have any involvement in their care and protection while they're there?---The child safety officers, yes, would still - they would still have a responsibility for having a case plan. If the young person was in detention and then looking at moving out of detention we would be working with the detention centre around the transition back out into what other form accommodation might be. We would probably also try and support their family contact with them whilst they're in detention. 30

MS MCMILLAN: In terms of mental health units, how closely do the child safety officers work with those, the personnel in mental health units?---They would have a responsibility to know the young person and their current arrangements. It would probably be more appropriate for one of our regional staff to provide more detail about the level of contact that they would have.

COMMISSIONER: Can I just go back to the youth detention centres, for example? Does Child Safety Services in respect of children who are in detention who would otherwise be under the care and protection of the Child Safety Services actually look at the treatment of those children in detention?---I'm not quite sure. Within the child safety system the Children's Commission has community visitors that also visit those children in care and they have a particular focus on any issues that those children maybe experience. If one of our child safety officers visited a young person and an issue arose then they would certainly have a responsibility to raise that. 40

So you would say at any one time in respect of, for

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example, a child in detention, you would be satisfied that they're being properly cared for and protected in that institution?---The youth justice system provides the level of care within the youth detention system.

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Not the department, and you don't monitor it?---We don't have any external monitoring of that, if that's what you mean.

Thank you?---There is a system within the Department of Communities that does do monitoring of the youth detention centres and auditing of those.

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But the children's welfare is what I'm concerned about. Do they monitor their welfare in detention?---I'd have to get some more detail on what they actually looked at.

MS MCMILLAN: Likewise, whilst they're a patient at a mental health unit how much is their welfare monitored, again, by departmental officers?---We'd certainly be wanting to know about the young person, know about their treatment, particularly if there was then any planning for them to be released from the mental health unit or to transition back out into the community. We'd be working very, very closely with the mental health unit about that transition.

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So release, but what about treatment whilst they're in there, for instance, consent issues to certain types of treatment?

---If that was required - if we were their guardian and that was required then certainly we would be involved in any decision-making.

All right, just in terms then back at this diagram, if we could just go up slightly, other satellites, if I can put it, around the department, you've got "Recognised entities". Correct?---Yes.

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Who are they?---Recognised entities are Aboriginal and Torres Strait Islander controlled organisations that we fund. We fund 11 throughout the state and their role is to provide advice in decision-making at all points within the child protection system.

All right, and Children's Court, we'll come back to that in a moment. Obviously if a court order is sought that is the court that makes those orders. Correct?---Yes.

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Now, off to the right there's a diagram, a balloon and a box below, "Regulation and Oversight". Would you agree that they are in Queensland the relevant reporters and monitors in relation to both regulation and oversight of the department? You have the child death review. Correct?---The first - yes, the child death review is an internal process that we undertake to then provide a report to the child death case review committee which is also listed there.

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These are children who were in care at the time that they died. Correct?---No, not necessarily. No, the legislation provides for a child death review to be undertaken on any child that may be known to the department in the previous three years. That's not the same in all states and territories. In some other jurisdictions that is only 12 months. So it could be a child that may have been reported to us once and that we screened that as a child concern report, we didn't take any further action, but because that child is known to us, under the legislation we're required to undertake a child death review.

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"Matters of concern review unit." Can you tell us what that is?---The matters of concern review unit, it's really an internal unit. It provides advice to child safety officers within the regions when they might be undertaking a matter that's reported against a carer. So if we have a matter that's reported to us against a carer or a residential care worker then we record that as a matter of concern. So this unit provides particular advice to the regional staff that might be undertaking that investigation into that matter of concern and they may provide support and undertake some of the very complex investigations.

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Relating to that carer?---Yes.

Commission for Children and Young People and Child Guardian. In global terms the commission's role so far as the department is concerned is an oversight role, is it not?

---Yes.

Can you just elaborate on that for those who are perhaps not quite familiar with that role?---I think the Children's Commission has an oversight role. They undertake a number of reviews and reports each year that are published. They are also responsible for the community visitor program that has people visiting children in care generally monthly, or in some cases it might be a little bit longer than monthly, and they would raise any matters back with the department in relation to those children that they're visiting.

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Child death case review committee, we've just spoken about. The Queensland Civil and Administrative Tribunal, that, you've said in your statement, again, in global terms it reviews, does it not, certain decisions made, such as the amount of contact a parent may have with a child in care and various other review mechanisms. Is that correct?--- There are a number of reviewable decisions within the legislation and, yes, if a person is aggrieved then they can take a case to the Queensland Civil and Administration Tribunal and have that decision reviewed.

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Queensland Ombudsman, that's, I take it, for complaints made in relation to the department. Crime and Misconduct Commission and the Council of Australian Government's National Standards for Out of Home Care?---I'm not quite -

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I don't think that that's a regulation or an oversight. The out of home care standards are a set of standards that we have agreed to and that we provide information to be included within a national report against those standards.

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Right, okay. Well, if we then leave that out of that box, are there any other regulation and oversight bodies or entities that you can name in relation to the department?--  
-I'm not quite sure the Crime and Misconduct Commission - it did undertake the review and the report, but in terms of an ongoing role it's probably in relation to what might be, you know, staffing misconduct or matters - but I'm not quite sure that it has specific - an ongoing role.

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An oversight of the department. You're saying certain officers' conduct. Anything further that you can name in relation to regulation oversight?---Not at first glance at that, no.

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COMMISSIONER: Just before you go on, please, you know the organisation or the department changed its name and its makeup since the election this year. Is that right?---Yes.

Has that affected the policies, programs, practices or priorities, that change?---Certainly the area that I look after, Child Safety Services, is still there and responsible for the policy and programs for Child Safety Services and the secondary services.

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And it's the same policy that was in place before the change this year?---At this point in time, yes. The government did make a number of election commitments leading up to the election which, as we would normally do, would be working on some of those particular issues and providing options for government. So, for example, one of the issues that they did look at was transition from care and wanting to have a stronger emphasis on transition from care and we would through a normal policy process be looking at options in relation to that to present back to government.

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Is that a work in progress?---Yes.

How much progress have you made on that one so far?---We've done the early work and we've been having a look at what's been happening elsewhere.

Right. So is that in a document of some sort, a working document?---Not at this point, no; not at this point, no.

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All right. How would you be able to share that with the commission, do you think, because that is one of our areas of interest?---Certainly as it progresses we would be more than comfortable to provide some of the options that we would be exploring within that.

So how would you do that?---I'm not quite sure of the process here, but I could either, you know, provide a further statement or the government could provide some information.

I would be interested in knowing just what areas you're looking at in that and anything that you're looking at currently?---Yes.

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It doesn't have to be completed obviously?---I mean, we certainly had a look at the legislation in other jurisdictions and how that compares to here. I've got a document that does describe the legislation in other jurisdictions and also - - -

But you can get that from the national framework 2011

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report, can't you?---The 2011 report.

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Yes, they do that. They do comparison - - -?---When they looked at the, yes, consistency and national principles in transition from care.

That's why they were set up by - - -?---Yes.

MS McMILLAN: Yes, thank you.

In relation to this issue you have just been discussing with the commissioner, did that information or information relating to it appear in the brief to the incoming minister?---Sorry?

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Did the information you've just been describing and the ambits of your investigation appear in a brief to the incoming minister and the advice for implementation?---I'm not sure. I'd have to check. We certainly provided a brief on transition from care. I believe that would have included the current arrangements within the state. I'm not sure it explored the options. I'll have to check.

Thank you. Perhaps would you check later and advise the commission of the result of your inquiries?

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COMMISSIONER: I'm going to butt in again, I'm sorry. Paragraph 12 of your executive summary which I think is on page 3 of your report - of your statement, sorry, you say - and I'm assuming that you're stating the departmental policy view or outlook, "The caring for children and supporting to reach their potential is the responsibility of the child's family and the parents are responsible for protecting their children and keeping them safe." That's a statement of what?

---It's embedded within the legislation in terms of the role of families and the department then - the role or responsibility is to intervene, you know, when it's believed that children are not safe.

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You say then that "Currently the role of Child Safety Services is focused on intervening only when parents have failed to protect a child and are unable to do so" - sorry, "or are unable to do so". So what you have got there is you intervene when you have got what, a bad parent or no parent who's capable and willing to look after their child?---The act describes a parent who's unwilling or unable to care or protect their child.

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And you make the decision as to whether they are able. Is that right?---Our decision-making framework supports our child safety officers to make a decision and then they need to include that material in their affidavits and present that to court for the court to make a decision.

As to whether they're unwilling, is that something they can tell you and say, "Look, I'm unwilling to look after this child any more"?---It really comes down to part of the

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investigative processes that are undertaken by child safety officers in looking at a parent's strengths and needs as part of that process in terms of them making a judgment around - a professional judgment around whether a parent is unwilling or unable. 1

Conversely, can you tell me this in respect of disabled children: is it the department's experience that a parent or parents have said, "Look, we'd love to care and protect our disabled child but we're not able to do so any more"? Can you take him or her under the protection of the department?---Yes, there are certainly some families that suffer extreme stress and pressure by caring for a disabled young person. We have a protocol between ourselves and Disability Services that requires Disability Services to try and work as much as they can with that family to provide support to the family to prevent the family relinquishing their child. 10

Do you provide respite?---If the child is not within the child protection system, that's the responsibility of Disability Services and, yes, Disability Services does provide respite both in home and out of home. They can under the current policy provide, you know, respite up to 50 per cent of a week and also provide other behavioural and therapeutic supports to the family and young person. 20

How would a child or a young person who was disabled get into the child protection system as opposed to the disability system?---A child or a young person could come in by a normal process where there's been a report to Child Safety Services about a concern about a parent's lack of parenting skills for that particular young person. The parents could have alcohol or drug problems or facing domestic violence like any other child and that would be assessed through the normal process so the child with a disability could enter Child Safety Services because of child safety concerns. There are also a small group of parents that then do - sort of are at risk of relinquishment of their child because they may have reached a point where they are willing but simply unable to continue to care for their child or young person. 30

So how many disabled children or young people are there currently in the child protection system?---In terms of - it's not something that we keep a record of in terms of on our database. We keep a lot of data but that's one that we don't. We would anticipate that it would be slightly higher than the general population at about roughly 20 per cent of the general population. There are a very small - - - 40

Sorry, Mr Swan, I'm not very good at figures. Can you just tell me how many there are ballpark in the system; not percentages, how many heads there are?---How many?

Heads; how many children?---Total children with the child protection - - -



Disabled children or young - - -?---I haven't got a figure for you.

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Do you have any idea of the figure?---I haven't got a figure that I could provide.

So, say, a 16-year-old - are you saying that there are some 16-year-old or maybe in the order of that age disabled children who are in the protection system rather than the disabled system because their parents are willing but not able?---There are a small number of children in the child protection system because their parents have been no longer able to care for them in the home and, yes, we've taken a child protection order over those young people.

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Does Disability contribute to the cost of looking after that child?---Disability's responsibility is to try and provide support prior to entering care so their responsibility is to provide family support or respite services to the family or young person before care to try and provide as much support as possible to support the family to continue to care for their child or young person.

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If it does reach the stage under the current arrangements that the parent is unwilling or unable to continue to care and the child is relinquished into care then we would then take a child protection order over that child. I think there are - - -

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Is the short answer to my question no?---Sorry?

Is the short answer to my question no?---Can you repeat the question, sorry? Yes, I don't - - -

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My simple question was: does disabilities - - - ?---No.

- - - offset the cost to protection of looking after a disabled child who's in the child protection system because the parent is not willing or able to look after him or her? ---The disability could provide some additional respite to support a young child with a disability under a child protection order.

But do they contribute to the cost of looking after that child in protection?---They don't contribute to the out-of-home care cost of looking after that child.

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Do you think they should from their budget instead of your budget?---At the end of the day, it's a cost to government and - - -

Sure?--- - - - we have been doing a lot of work to sort of look at the various options around those children and young people, but at the end of the day it's a cost to government.

I see. So because it comes out of the same pocket, it doesn't really matter which compartment it comes out of?--- No, that's - no, the current arrangements are if the child is under Disability Services then Disability Services provides the funding for that. If the child is in care, then Child Safety Services provides the - - -

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Regardless of the reason they're in care?---At the moment, yes.

All right. Also in paragraph 2, you say, "Currently the role of Child Safety Services is in focused on," usually we use terms like that to suggest that we're in the process of maybe reviewing that current role. Is that what I'm supposed to make from that? Currently as opposed to in the past or possibly in the future.

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MS McMILLAN: Paragraph 12?---You said paragraph 2.

COMMISSIONER: 12. I beg your pardon.

MS McMILLAN: 12.

COMMISSIONER: 12. 12 on page 3. Do you see that second

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sentence?---Yes. I mean, it means as the role is currently described. 1

All right. According to policies and priorities within the department, it that where it should stay?---We've been doing a lot of work, as I've outlined before, to try and shift the system away from a focus just on a tertiary system and trying to rebalance the system on to more of a focus on both secondary and tertiary supports for young people, so into the future for Helping Out Families trial is a first attempt at trying to rebalance that system. 10

Then why have you done that?---Sorry?

Why? Why?---Why?

Yes?---As I said, the work that I did back in 2008 within the department really had a look at what was happening within the child safety system in Queensland and I suppose the summary of that was that there had been, since 2003, for the numbers of matters being reported to Child Safety Services was just continuing to increase. The numbers of children entering out-of-home care was continuing to increase. The projections, if that trend continued, I think we're showing that we would have hit by 2012, 108,000 reports to Child Safety Services and some 9000 children in out-of-home care and so it was at that point in time saying: you need to do something different to try and reorient the system away from just a focus on reporting and - - - 20

All right. So the department itself has identified that unless it stops doing more of the same, the upward trend in notifications and children in care is going to continue. Is that right? So what is the - what are you trying to achieve? I know all the commentators - and I'm assuming the peak bodies have advised you that you should prevent and early intervene as well. Is that right?---Yes. 30

Is that why you've gone down that track?---It was based both on the research that we did looking at the trends, based on international research, I think the international research, it's very hard to draw the conclusions from the research any specific outcomes, but the research generally says that you're better off supporting early.

Well, I just want to tease it out?---Yes. 40

Sorry to be a nuisance, but what you know is that what you're doing at the moment is not bringing down notifications or out-of-care placements. Right? That's what you know. Okay. You don't know what will, do you?---Well, why we got the pilot up of the Helping Out Families is based on what happens in other jurisdictions and also internationally, the research is showing if you can intervene early you can prevent that re-escalation into care and particularly when you draw the comparison between ourselves and Victoria that has - Victoria has had a much 50

stronger focus on secondary intervention services for a long period of time and with their mandatory reporters being required to make a decision early about whether or not it's significant enough to report to Child Safety or not and, if not, then to refer more directly to the non-government organisations so those families get support early. The research does show that the families are more likely to engage with a non-government organisation if it's not come through Child Safety Services.

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As long as it's not welfare?---Sorry?

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As long as it's not the welfare?---Yes; and, therefore, Victoria also has a slightly lower rate of children in out-of-home care compared to Queensland, so I supposed based on the assumptions that they've got a stronger secondary system, that they put more of an effort into trying to have mandatory reporters make a pre-decision and trying to put more of an emphasis on secondary support services, that it appears to be having an impact on their matters reported and also the children in out-of-home care.

As you say, Victoria has been doing that for a long time. When did the department first notice the trending downwards on the Victorian approach compared to the tertiary intervention model?---I'm not sure. I mean, I can only talk about my experience when I came and was seconded into the Department of Child Safety Services for that 12-month period and the project that I undertook at that point in time.

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When was that again?---2007-08, the middle of August 2007 to July 2008.

Was it apparent to you then that Victoria was doing something different and it seemed to be producing better outcomes than the tertiary intervention in Queensland?---It was certainly a model to be looked at and it was certainly - the work that we undertook following my period in Child Safety Services, I returned to Disability Services and then when the Department of Communities was formed, I came back across into Child Safety Services and at that point in time resumed the focus on having a look at that to try and see what we could do about getting something different up within Queensland.

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What had happened to the focus while you were back at disabilities?---I'm not sure of the work that was undertaken within that period of time. They certainly - -

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You could tell, couldn't you, when you came back?---Sorry?

You could tell what advances had been made when you came back and you?---They'd certainly undertaken some work. They'd undertaken some further research. They'd explored some various options, particularly around trying to get services more in schools; that it hadn't gone at that point

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in time to government for decisions.

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So at the moment we're operating on the basis that it looks like what's being done in Victoria and elsewhere by way of prevention and early interventions producing better outcomes there, at least, we hopefully can reflect the same benefits by adapting their approach to the Queensland context, but we really don't know because we haven't measured anything yet because we haven't done much in that way of prevention and early intervention. Is that fair?--- I'm not quite sure if the last point is right. I think when you look sort of nationally and internationally, there's a lot of effort going into trying to redirect systems towards prevention and early intervention. We certainly have done a lot of work here in terms of developing up the model, getting the Helping Out Families trial, at least, in place in South-East Queensland. We've been doing a lot of monitoring of that trial and how it's going.

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Yes, but when did the trial start?---It started in late 2010.

Okay?---And for families normally engaged with those services, sometimes six to 12 months. They're very complex families in many cases. There's usually alcohol and drug issues or domestic violence issues or mental health issues or combinations of those - - -

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I know, that's why they're in the system, but what I'm saying is, you don't really know whether these early interventions or preventative programs work by reference to performance indicators or longitudinal studies that show, "Yes, we're going to use them because we know they're successful." You're hoping they're successful, really, aren't you?---There's a lot of research around the world. Some of it draws on different factors, some of it draws on the cost benefit analysis. It's all - some of it refers to if you spend a dollar now you can save, you know, \$17 down the track, but it's all - it's a little bit difficult to pull all the research together and say, "This works internationally," although the emphasis internationally is to say, yes, a focus on prevention and early intervention is better than trying to - than allowing young people to enter into the tertiary system.

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The department is department is working on the basis of the theory that that's correct?---We're at the moment working on the basis of the fact that we've put in place the trial. We're trying to collect as much data as we can from that trial to measure the difference that it might be making, particularly in relation to the south-east compared to the rest of the state.

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Is that comparing apples with apples, like comparing what's happening with the rest of the state with what's happening in the south-east corner?---You're just pointing to the same thing that's the problem with research internationally around this particular issue, that very little of it is very definitive about the difference that it actually makes. So what we're doing is the south-east - child protection reports are spread right across the state. There are pockets where there are areas where there are a higher number of reports than others, but generally, you know, the numbers across the state, there's areas right across the state that are high and areas where we get high numbers of reports. So it would be reasonable to look at a difference between the south-east corner - - -

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It's the reasons for the reports that are the same in both places?---They could, generally, yes.

That would be the only worthwhile reason for comparing the two, wouldn't it?---If the reasons for the report - - -

If the numbers were the same and the reasons behind the numbers were pretty much the same?---I think generally across the state we've got high numbers of reports. We've got the presenting factors of parents in terms of alcohol and drug abuse or domestic and family violence or mental health issues or a parent being - one or more parents being incarcerated or a parent being abused as a child themselves, would be typical across the state. In some areas there might be a greater emphasis on one of those factors than others.

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MS MCMILLAN: The pockets of higher reports, what are

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those? Can you tell us what are the pockets? You say that there are pockets within Queensland that you get higher numbers of reports. What are generally those areas?---Off the top of my head, certainly the south-east is a high area. Inala, Goodna, Forest Lake is a high area, Ipswich, Toowoomba and surrounds, Caboolture, Deception Bay, Maryborough, Rockhampton, Townsville, Cairns. That would be off the top of my head the ones that would jump out.

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All right, and do you have any view as to why they're high in those areas?---Some of them - generally if you match that with data around socio-economic status there's also a fairly low socio-economic status in some of those locations.

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Now, Mr Swan, in your statement from paragraphs 16 to 21 you report on some statistics and you write a table with the number of intakes in Queensland between 2003-4 to 2010-11. That's table number 1 of attachment 3 to your statement. Have you got that there? Now, I see that intakes in 2003-4 were 44,000-odd rising to 112,000-odd in 2010-11. Correct?---Yes.

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So it's basically almost tripled in the last eight years, correct, seven to eight years?---That's correct, yes.

You also indicate at paragraph 18 of your statement that in 2010-11 emotional harm and neglect comprised 72.2 per cent of substantiated harm?---Sorry, can you repeat that - - -

72.2 per cent?---Can you repeat the - - -

Paragraph 18, page 4. Do you have that there?---Yes.

Compared to 21.5 per cent for physical harm and 6.3 per cent for sexual harm. Now, just pausing there, is that also, that statistic, consistent particularly in relation to children who are identified as Aboriginal and Torres Strait Islander, the same sort of ratio of harm?---I don't - off the top of my head I couldn't answer that question.

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All right. Would it be fair - - -?---I suppose the point there was, along the lines of the previous questioning, that there's a lot of matters that are being reported to Child Safety Services that don't necessarily need to be reported to Child Safety Services, they should be referred to a non-government organisation or support.

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All right, well, we'll come back to that. You then go on to talk about Queensland has the highest number - at paragraph 19 - of court orders made in Australia, with 7123 orders made in 2010-11. Now, you then go on to say an analysis of children on child protection orders indicates children are staying in out of home care for longer periods. So in terms of that, the orders that you're speaking of are both temporary and longer term orders. Correct?---That's the total number of orders that we would

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seek through a court, yes. 1

Yes, so they're temporary assessment orders, court assessment orders?---Court assessment orders - - -

Extension of those orders?---Yes.

Interim custody orders?---Adjournments, yes.

Adjournments?---And we would have short-term orders.

Then long-term custody, or long-term supervision orders, and long-term guardianship orders. Correct?---Long - I'm just not - the terminology of long-term supervisory orders - - - 10

Well, longer than two years?--- - - - there, we would normally have - a supervisory order would generally be for a shorter period of time, yes.

Right, but they incorporate the whole gamut of orders?---Yes.

So it can be in relation to the same child that you would have a number of orders comprised in that 7000-odd number. Correct?---Yes. 20

Right, okay. So what I'm saying is those 7123 orders don't mean that there's 7123 children in respect of those orders. Correct?---No, but it is one of the issues that we have been looking at in relation to the requirement to seek orders and particularly the work of our child safety officers in terms of ensuring that appropriate materials are prepared, or affidavits are prepared, so that we can try and reduce the numbers of adjournments and short-term orders that are required. 30

All right, well, I'll ask you a bit about that in a little while. Mr Swan, in terms of what underpins the practice of the child safety officers and those who supervise them is the Child Safety Practice Manual. Is that correct?---Yes.

Would you have a look at this? Mr Swan, is that the manual? Just have a look at it?---It's the manual and some of the supporting documentation.

Yes, all right. I tender that, Mr Commissioner. 40

COMMISSIONER: As exhibit what number, Ms McMillan?

MS MCMILLAN: 9 - no, 10.

COMMISSIONER: I'm getting conflicting numbers here. I'll make it 10.

MS MCMILLAN: 10. Thank you.

COMMISSIONER: Exhibit 10.



13082012 10/RMO(BRIS) (Carmody CMR)

ADMITTED AND MARKED: "EXHIBIT 10"

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COMMISSIONER: Just before you go on, sorry, paragraph 22 of your statement, Mr Swan - this will happen from time to time because while you're being asked questions I'm thinking. You see that you've said that the budget jumped from 182.2 in 2003-2004 to 733 in 2011-2012. That's an increase of over 300 per cent?---That's correct.

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Can you tell me what percentage of that 733,000,000 is dedicated to prevention programs?---Not off the top of my head but I'm happy to look at that - - -

Would you on notice?--- - - - and provide a figure.

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And likewise while we're looking at that, could you tell me how much of that 733,000,000 is dedicated to Aboriginal and Torres Strait Islander representation? I'll tell you why? ---Yes.

Because the figures I'm hearing is 45,000,000?---For?

The last one?---Dedicated in relation to we would fund recognised entities, Aboriginal and Torres Strait Islander Family Support Services. We'd fund a number of Aboriginal and Torres Strait Islander placement services responsible for finding foster and kinship carers and we would also have the safe-house funding within that. On top of that all mainstream organisations are also required to provide either culturally appropriate placements or care and quite a number of Aboriginal and Torres Strait Islander carers would also be supported through mainstream organisations.

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Yes, I understand that. I know it's not always fair to focus on the dollar, but what I'm hearing just so you can address it is that of the 733,000,000 about 6 per cent, \$45,000,000, is directed towards Aboriginal and Torres Strait Islander out-of-home care, reducing that figure. Now, if you keep that in mind for the moment, 40 per cent of the out-of-care child population would be Aboriginal and Torres Strait Islander. Is that right? Of the 8000, is nearly half of them Aboriginal and Torres Strait Islander?--I think it's about 38 or 37 per cent or something like that.

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Okay; and Aboriginal and Torres Strait Islander kids represent 6 per cent of the overall population aged between zero and 18. Is that right?---I'd have to check but - - -

Sound about right?---Sounds about right.

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So what I'm looking for, bearing in mind all those figures, is to see how much money of the money available is being targeted to what seems to be the most chronic problem. Do you get what I mean?---I think the figure that you quoted is really the amount of funding that we would dedicate towards Aboriginal and Torres Strait Islander controlled organisations that would be funded for specific purposes. For example, we fund 10 foster and kinship care placement services to provide foster and kinship care places. I

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think I've also made in my report back further that, you know, of those organisations we fund them to find 600 places and, as at the end of the March, there was approximately 300 vacancies within those organisations, so highlighting the difficulty and the complexity of finding Aboriginal and Torres Strait Islander carers. In terms of, you know, the overall budget all of our services that we fund also have a responsibility in terms of either caring for or providing services for Aboriginal and Torres Strait Islander people's engaged within the child protection system.

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Yes, I understand that. Sometimes you can't find the hidden dollar that's actually put towards that, but we can only do the best we can when we're dealing with figures and budgets?  
---Yes.

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Somehow we have to identify, "That's a big problem"?---Yes.

Usually big problems require the most amount of money spent on them to solve them, don't they?---Yes. The issue sort of comes really in sort of all parts of the child protection system, doesn't it, in terms of looking at the issues of Aboriginal and Torres Strait Islander overrepresentation at the intake stage and then the notification stage and then in out-of-home care. So everybody involved in the child protection system is aware of the overrepresentation and the significant issues. I also outlined in my report that there was an Aboriginal and Torres Strait Islander taskforce that was convened a couple of years ago by the department to look at the issue of overrepresentation and to provide a report to the department on a range of strategies to look at addressing that overrepresentation. The department received that report and then following that worked with a working group to develop what we called a blueprint which was really just the first-stage implementation of that report.

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The public - they look at it this way, don't they: they say, "Okay. From what we hear early intervention and prevention programs, if they're effective, work twice as well as a tertiary intervention focus," and then they would say, "Are we spending twice as much money on early intervention and prevention than on tertiary intervention?" That's how they judge it. It would sort of make sense too, wouldn't it?---Certainly we have been trying to shift the focus towards prevention and early intervention over the last four years.

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What I'm looking for is how much money you have actually shifted towards that; not just how much focus but how much money. Yes, Mr Hanger?

MR HANGER: You asked him and he has agreed to take a question on notice there.

COMMISSIONER: Yes.

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MR HANGER: I just want to get it clear as to what the question is because I think the point you are making is that 6 per cent of the 733,000,000 is a very small percentage to spend on Aboriginal and Torres Strait Islander's youth and he said - - -

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COMMISSIONER: If that's all it is.

MR HANGER: Yes, if that's all it is. I think he said, "I think the 6 per cent is by way of direct funding to Aboriginal organisations," and I presume therefore implicit in his answer is that there is a lot of other funding from that - - -

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COMMISSIONER: I gathered that's what he was saying.

MR HANGER: And so I think you're asking, if it's possible, for really what percentage of that 733,000,000 is spent to help Aboriginal youth.

COMMISSIONER: Sure, yes, and broken up, like, dedicated - - -

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MR HANGER: Yes, the best he can do there.

COMMISSIONER: - - - indirect, hidden with other universal services or secondary targeted services. However you want to break it up is fine. I just want to know - - -

MR HANGER: I just wanted to work out what homework he had to do.

COMMISSIONER: Yes.

MR HANGER: You're clear on that?---Yes.

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Thank you.

COMMISSIONER: Yes, the total figure you reckon that the department is spending on early intervention and prevention and on Aboriginal and Torres Strait Islander. They will be overlapping presumably because while they have got specific needs, they are also going to benefit from early intervention and prevention programs, aren't they, just like all the other kids in the system?---Yes.

MS McMILLAN: Thank you.

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The ATSI taskforce report - when was that prepared, as best you can, Mr Swan?---Between two and three years ago.

And who produced that?---The taskforce produced the report. We actually engaged a contractor to work with the taskforce to produce the report to government.

Who chaired the report?---I chaired the taskforce.

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All right; and was it given to a minister, the responsible minister?---It was given to the department.

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Sorry?---It was given to the department.

All right. Do you know whether any action occurred subsequent to it being produced and tendered to the department?---Yes, certainly, as I mentioned just previously, we then worked with a working group to develop what we called a blueprint for implementation which was taking the first-year initiatives from that report and undertaking work to implement the first-year initiatives. We're currently in the process at the moment of looking then at what are the next set of initiatives from that report.

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And have you - - -?---It's a publicly available report.

Right; and is there any feedback in terms of how effective that first stage has been?---The first stage - I suppose it has essentially looked at our own policies and procedures. It's looked at - the Queensland Aboriginal and Torres Strait Islander Child Protection Peak developed a manual for recognised entities which has been supported by the department and also it's also looked at the court work and some issues that were arising in court work.

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Now, just go back to the Child Safety Protection Manual - Practice Manual, I should say. That is underpinned from paragraph 257, page 63, Mr Commissioner, so that it provides procedural guidelines for departmental staff across the child protection continuum alongside a range of policies, procedures, practice papers and other resources. Correct?---Yes.

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Now, in terms of that manual, am I correct in understanding that is in fact a shorter iteration than it has been in the past?---My understanding, yes, in the times before my time in the department it was a bit more voluminous than that.

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So you've been there since 2009, about mid 2009?---I think I returned, yes, 2009. Yes.

Yes. To what level are departmental officers meant to have or required to have a good knowledge of that manual? Does that devolve right down to the child safety officers, the case workers?---It's predominantly for frontline staff and depending on the role that frontline staff have, they really only need to know various sections of that manual. So, for example, if you're an officer working on receiving calls, then the intake chapter, the first chapter, is really what you need to be aware of in terms of receiving calls and screening, et cetera.

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Right?---If you are then responsible for investigations, then the second chapter on investigations.

Is there within the department clarity about what parts of the manual frontline staff, in particular, are meant to be familiar with?---Clarity? Yes.

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Well, in the sense of saying, "Someone who's working in intake is meant to be familiar with chapter 1," is there clarity that frontline staff know what they should be familiar with in terms of the - - - ?---My understanding is that there would be.

All right. Okay. Thank you. Now, in terms of the procedure through the system, could the witness please see on the screen what's number 9 on our list, which is figure 2. Yes, thank you.

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Mr Swan, it's up on the screen as well. This is this document with the three boxes. The left-hand one has "intake", the middle one "investigation and assessment" and then the pink and red one has "ongoing intervention". Now, this is extracted, is it not, from the child protection manual - - -?

---Yes.

- - - the document that I showed you five minutes or so ago? Now, just take us through. An initial contact either by a member of the public or a non-government organisation or, say, a member of the Police Force is through the intake, isn't it? That's the first interface, if you like, with the department?

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---The initial contact, yes, is through the intake. Yes.

All right. In terms from there is it correct that as you've identified in your statement, whilst you have - we've indicated about 112,000 intakes in the 2010-11 year, there were, of course, a great deal less that were actually merited, so to speak, investigation. Correct?---Yes.

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There was about 20-something thousand that would have been termed a notification where it would warrant the department to have an investigation into the matter because we believed it was serious enough for us to look at that.

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All right. Can you just assist us. The department in Queensland investigates 100 per cent of its notifications, is that correct, or aims to?---Yes.

That is not the practice in other states, to your knowledge, is it? Correct?---That's not the practice in all other states. It's also - different states and territories also call notifications different things. For example, we get 112,000 reports and do our initial screening and I think this year we ended up with just over 20,000 notifications. If you actually look at the data for somewhere like Victoria, they've already had police, health and education make a pre-decision, so quite a large number of matters have not come to their child safety department. Then when they get the matters, they call them all notifications, so that their notifications are about 40,000 compared to our 20,000. So Victoria then does a further screening of their notifications then to go, "Well, a number of those are not serious enough for us. We'll refer them to the non-government organisation," and they get down a number that they don't action and a number that they decide to investigate, which is a smaller matter, I think about 14,000, in Victoria, whereas it's a different system in Queensland and the way it has been is that all matters were reported, or are still reported, to Child Safety Services in the majority and we do a screening down to notifications.

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All right?---Yes. I think I also termed in there that we are currently looking at those notifications and whether we can introduce a differential response similar to other jurisdictions.

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Mr Swan, are you aware of whether there has been some analysis of what's driving the increased number of intakes in Queensland since 2003-04?---Certainly in terms of the increase in matters being reported, the majority of those matters are coming from police, health and education as our major reporters and so police have a policy in place to report all matters in relation to domestic and family violence, so there's a large number of matters that are reported to the department in relation to that.

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Sorry, can I just ask you to pause there. Do you mean that if the police are called, for instance, out on a domestic violence issue, if there are children in the household, that is raised as a flag, if you like, with the department automatically?---If there are children of the couple then it's raised with a flag with the department automatically. Yes; and so - - -

That occurs regardless of any other features, so it's not, for instance, the police have made an assessment that the

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children may be vulnerable and may be in fact at risk of harm, it's an automatic referral, if you like. Is that correct?---Yes. 1

All right. Okay. In terms of given that ongoing rise in intake, as we said, almost tripled in the last seven to eight years, I take it it must have had some capacity on the department in their ability to meet its benchmarks in responding to the number of matters that are referred or intake - - -?---Certainly for the department, it's certainly meant that, yes, we've had to dedicate, resources to be able to receive those numbers of matters that are being reported. We went through a process again a couple of years ago where we looked at the intake system and we moved from a system where we had an intake officer in every Child Safety Services centre to a regional intake system so we now have seven around the state, one in each region that are responsible for receiving intake and that was really about trying to get consistency in decision-making and learning from each other in practice rather than having isolated officers that were in each Child Safety Service Centre - - - 10

And how long - I'm sorry, I didn't mean to cut you off. How long have these regional officers been in place?--- Regional intake? 20

Yes, regional intake officers?---I can't recall the exact date, but it would be a couple of years.

All right. Has that had any dent, so to speak, in numbers? ---No, it was intended really to get greater consistency in decision-making.

All right?---What we did do then in the south-east, as I mentioned before in the Helping Out Families trial, was that we originally developed a model similar based on Victoria around the Child First model where we were wanting to get a dual reporting pathway and have our partners make a decision to either refer to Child Safety or refer to a non-government organisation, depending on certain criteria. There were some quite different views across government at that point in time and a concern about children falling between the cracks and also a concern that all matters needed to be recorded on our integrated client management system database, which led to the model being amended so that in the beginning of that trial all matters were still reported to Child Safety Services and we would screen - and those matters that were child concerned reports or matters that were unsubstantiated, we would refer out to the family support alliance that was established within that location, so slightly different to the Child First model in Victoria. As time went on in that trial, concerns were raised about people having to be referred to Child Safety Services to get a service so that they'd have to be referred to us for us to screen and then refer out. 30 40



Yes?---So we loosened up on the model to enable police, health and education to make referrals directly to the Intensive Family Support Service, and then also last year we developed what we're calling a reporter's guide, which was modelled on the reporter's guide that was introduced in New South Wales. So in New South Wales, following the Wood Inquiry, they developed a guide for their mandatory reporters which takes them through a series of questions to assist them to make a decision about is it serious enough to report to Child Safety Services or can it be reported directly to a non-government organisation? That's implemented in New South Wales. Based on the advice there, it is having a significant impact in reducing the numbers of reports to Child Safety Services in New South Wales. We've made it available within the south-east corner within the Helping out Families trial, but it's not mandated for use at this point in time.

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Right, so as I understand it, what you're really describing is self-filtering, if you like, by entities such as the Queensland police force?---Self-filtering based on some - - -

Merit based - - -

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COMMISSIONER: Any criteria?--- - - - decision trees that have been tested to assist them to make appropriate decisions.

MS MCMILLAN: As I understand, you've just said that there is some of that going on in the south-east corner already. Correct?---Yes.

Do you have any figures or would you be able to locate any figures in terms of how much is occurring in terms of from an entity such as the Queensland police force round to - it's not Families First, but I think - Helping Out Families?---We've certainly got figures recorded within a database. The last figures I can recall it had been used about 500 times and roughly 50 per cent of those matters didn't reach the threshold for reporting to Child Safety Services, but that's not a large uptake.

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No. Is there any, to your knowledge, work going on within the department to try to increase that uptake?---Certainly what we're doing is asking our regional executive directors and regional directors to try and encourage use of it across the state by health and education officers.

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COMMISSIONER: Would you like to see that mandatory?---I think that's a significant matter that needs to be looked at through this commission of inquiry. It certainly is used extensively within New South Wales, and certainly within Victoria they don't have the same guide but they certainly have a set of criteria that health, education and police need to turn their mind to before they make a report either to Child Safety or to the community based intake, which is the Child FIRST non-government organisation.

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So what you need is you need a standard criteria for the filter and the people pulling the levers need to be experienced in interpreting what those criteria are to apply them in practice so you don't have kids falling through the gap and you don't have inconsistencies, don't you?---Well, certainly in New South Wales it was implemented and they established what they call child wellbeing units within each of the three departments to provide advice and assistance to officers in the field using the guide to assist them in that early part. My understanding is in police, those officers are still being used a fair bit, but in the other two departments, as they've got used to the guide, they're not quite relying on those officers as much.

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It's just a matter of sound decision-making - sound discretionary decision-making practices, isn't it?---Yes.

MS MCMILLAN: All right. In terms of you would be familiar, I imagine, with the Commission for Children and Young People's report, the Queensland Child Guardian Key Outcome Indicators Update for the years 2008 to 2011. If you're not, I want to put some specific figures to you and I'm happy to show you, if you would like, but in terms of investigation and assessment performance measures, in terms of investigation and assessments by the department commenced within the required time-frame, they sit for those years 2008-9, 2009-10 and 2010-11 at around the 30 per cent rate. Does that accord with your knowledge?---I can't recall the figures.

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All right. I'm happy to show you that. Mr Swan, have you seen those figures before?---I am aware of the commission's report and, yes, I have seen it.

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Yes?---It is an indicator that we monitor very regularly.

I take it that for 30 per cent within the required time-frame - what do you understand the required time-frame to be?---Following the screening of a notification our officers are also required to identify a priority response time-frame, and that is either a 24-hour, five-day or a 10-day response time-frame, and certainly the emphasis within our child safety officers is certainly focusing on the 24-hour priority response time-frames and then the five-day and then the 10-day. So the data for the 24 and the five and the 10 is different and this is an average overall.

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Okay, and the investigation assessments finalised within 60 days, that sits, we see, between 54 and 56 per cent, so about half of them. What's the 60 days? What sort of benchmark is that?---The benchmark is an internal benchmark about what we would anticipate would be a time-frame to be able to complete an investigation. Again, this is monitored regularly. There are a range of reasons, though, why investigations are not completed within that 60-day

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time-frame. The policy in Queensland is that if we get another matter reported when we have an open investigation then we don't call it another notification, we wrap it into that investigation. So we might have almost completed and then we've got another matter reported. We would need to investigate that before we finalise so that could delay the completion of the investigation. There would also be sometimes difficulties in locating parents; parents may have moved, and a number of factors in terms of getting assessments. That could impact on those time-frames

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All right. Well, the assessment commenced within - I tender that document, Mr Commissioner.

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COMMISSIONER: Exhibit 11.

ADMITTED AND MARKED: "EXHIBIT 11"

MS MCMILLAN: The assessments within the required time-frame, the 30 per cent, I take it the 24-hour, 48-hour and I think what you said, five days - or was it seven days?---No, 24, five-day and 10-day.

I take it that is aligned with the priority of the information or notification. Correct?---Absolutely, yes.

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So in terms then of just going through that figure that was up there a moment ago, the investigation and assessment, in terms of that intake and how it's assessed, is it correct that a matter is either recorded then as a child concern report or as a notification? Is that correct?---So at the intake stage, you're talking about?

Yes?---The matter is recorded as a child concern report or a notification, yes.

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Yes, and in terms of - what is a child concern report?---A child concern report is a matter that's been reported. It's because it's been reported that we're needing to record that; we're required to under the act, and it's been screened that it's not significant enough for the department to warrant an investigation, in that through the initial information that's been provided the belief is that we don't believe the child has been harmed or at significant risk of harm.

COMMISSIONER: So somebody else, not the department, is concerned about that child?---That's right. It could be - examples before, it could be a domestic and family violence matter that's reported but the children were staying at grandma's for the night so didn't witness or see the incident, it could be a school that's concerned about parental conflict that might be impacting on a child's educational participation, that sort of - - -

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Yes, but the term "concern" is that it's somebody else's concern, not the department's concern, that is being recorded?---Yes, they've been concerned enough to ring

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Child Safety Services.

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Yes, exactly.

MS MCMILLAN: Is there any further follow-up of those reports?---In terms of intake?

Yes?---The practice - - -

Or action?---No, the practice generally had been to simply record them within the integrated client management system. Within the Helping Out Families trial within the south-east what we do do with those is a further screening of those to identify - particularly where it might be a young person under four years of age or particularly where there might be domestic and family violence within the family and we do some further screening to refer them to the family support alliance within that trial location.

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So these families are already though involved with the Helping Out Families initiative?---Not already. 1

These are new referrals?---In the south-east in that trial area certainly as matters were reported to Child Safety Services what we wanted to do was identify families that didn't meet the threshold for child safety to undertake an investigation but the family were still under stress and needed some support in some way and that we could refer them out to the non-government organisations for assistance.

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The increase in intakes that we've just gone through - what impact, if any, is it having on the ability of frontline staff to complete assessments and identify children at risk?---It certainly is - the increase in numbers is certainly a burden on the department to be able to make sure that we can respond to those matters being reported, that each call can take up to four hours by the time the matter has been received and screened appropriately and the decision taken then by a team leader, so that it certainly adds a burden in terms of screening those matters.

Do you see any correlation between that and the figures I just showed you in terms of that 30 per cent-off of investigations and assessments within the required time frame?---The way that we've structured the department is that the intake is operated through the regional intake services that are specifically allocated for that function and then there's an investigation and assessment team generally within each Child Safety Service centre so they are two discrete functions. However, in looking at the overall resources of the department, it's constantly a decision about how do you balance between the resources required for intake versus investigation assessment versus children who may be on orders.

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COMMISSIONER: Sorry, Mr Swan, can I direct you to page 48 of your statement? I'm starting at paragraph 184. You make the point there that QPS, that is, Queensland Police Service, referrals have increased by 67.2 per cent in the last two years. Right?---Yes.

Compared with increases across Queensland health and education of about half that figure?---That's right, yes.

Can you tell me what explains the discrepancy?---As I mentioned before, certainly the increase or the reporting of domestic and family violence matters - - -

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The QPS policy, is that?---QPS policy, yes.

Right; and then you have said that 84 per cent of the 67.2 per cent from QPS don't meet the threshold?---That's correct.

So does it cost you money to find that out?---Sorry, this is the analysis that we've done of the intake that we do

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fairly regularly.

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So does it cost the protection bucket of money to work out that 84 per cent of the QPS referrals don't meet the statutory threshold?---Certainly it's a cost to Child Safety Services of having to then screen large amounts of matters that come into Child Safety Services, yes.

So that if QPS did better screening, there would be less work and less cost for you?---I think QPS - it would also then be, you know, a resource on the QPS frontline staff in terms of having to do that, yes.

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But again it's a cost to government is your point?---Yes.

Then you say, "The majority of reports to child protection are increasingly relating to family and parental capacity as opposed to physical harm." Is that what you're noticing?---So with that large increase in what has been child-concern reports, yes, there's a large of proportion of those that would be in relation to parental capacity, stress, parenting skills, other, you know, alcohol and drug issues that might be impacting on their parental capacity to care for their children or mental health issues and such.

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So if you're looking at 100 per cent of the underlying reason for an intake, in 2010 and 2011 sexual harm was 6.3 per cent of that 100 per cent. Is that right?---Yes.

They're substantiated harms, so 6.3 out of 100 was for sex-related harm?---Yes.

Right. Physical harm was 21.5 per cent and the balance of 72.2 was substantiated harm of emotional or neglect categories?---Emotional or neglect, yes.

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Is that a change from previous years?---I don't think it's a significant change. Certainly the data is relatively consistent in terms of proportions between those four harm types.

Is that right? Consistently that's been the break-up over what, the last 10 - - -?---We can certainly go back and get the breakdown for you over numbers of years but - - -

No, that's not necessary. You telling me will be good enough?---It's relatively consistent. I think there's probably been a slight increase in what would be the neglect categorisation over time mainly due to what would be those factors that I talked about before around the parental, you know, alcohol or drug abuse or mental health issues which are then impacting on their ability to care for a child which is then substantiated as neglect.

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All right. So even though 84 per cent of the highest category of mandatory reported don't meet the threshold, you say in paragraph 187, "Queensland still has the highest

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number of child protection orders being made in the country with 7123 orders being made 2010-2011"?---That's the number of orders, not necessarily child protection orders, which I think was raised before which does include temporary assessment orders, court assessment orders. It could include supervisory orders. It can also include adjournments within court where there might be short-term orders for a short period of time where another short-term order might be required. So it's certainly, I think, an issue within Queensland in terms of the number of orders and interaction between child safety and the courts in relation to either the department's preparation for court or some of the legislative requirements around having to have a family group meeting before a court order can be made and sometimes the delays in having a family group meeting which means that we need to go for another short-term order in order for a family group meeting to be held before a longer-term order can be given.

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Okay, but nonetheless you say - these are your words - there are high numbers of children admitted to child protection orders. So while they may be of a different type, they're all within the generic of child protection orders?---Yes.

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Is that right?---Yes.

I'm just going to change topics now. You say at 188, "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 frontline staff to be procedural and compliance driven and risk averse in their decision-making." Could you explain that a little more?---It's certainly one of the issues that's raised from time to time, particularly, you know, the intense focus around the time of the CMC report and thereafter did cause - you know, frontline child safety officers were very concerned. The focus that was put on them in their work does cause a bit of a risk aversion within their decision-making. Also, when there might be significant child death matters, you know, that come up transcript. Also, going back in the history of the Children's Commission and the child death reviews, there was a feeling of staff that the focus was on them and what they did and punitive in nature. That was their feeling. We've worked intensely with the Children's Commission to relook at the whole child death review process to make it more of a learning, what we can learn from the incident, and how child safety frontline officers can learn from that rather than being a process that might be perceived to be punitive.

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So just with paragraph 188 where you say, "May cause  
frontline staff to be procedural and compliance driven,"  
would you be able to change that to "has caused"? Would  
that be fair?---I don't think I'd have any data or anything  
that would be able to back that up for you - - -

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But you've identified it yourself?---Sorry?

You've identified it yourself enough to work I think  
heavily with the Children's Commission for the - - -?---  
It's certainly a belief that we hold within the department  
that it may have caused that risk aversion within  
decision-making.

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All right?---But certainly I think in talking to frontline  
staff that many of them would say the same.

Yes. I'm just trying to work out whether it's a real  
problem or only as a possibly. You see, the word "may"  
suggests that anything may happen?---Yes.

I'm looking at what has happened, you see?---Yes.

I just want to clarify - - -?---It was certainly enough of  
a concern for us around the child death review process that  
we did work with the Children's Commission to review the  
whole process to make it more of a learning process rather  
than  
a - - -

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Okay. If you have to make a hard judgment call, make it;  
don't make the call that says, "Let's remove just in case."  
Is that fair? The easier decision to make is to remove a  
child, isn't it, because that's by the law?---I suppose the  
issue about the risk aversion, if there's a lot of factors  
that might be there within the particular case then there  
may be a tendency because of those multiple factors that it  
may be safer to remove a child rather than to leave them in  
the family home.

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Better safe than sorry?---Could be, yes.

Yes. So when you say "procedural and compliance driven" is  
that the difference between doing the thing right, that's  
by the book, as opposed to doing the right thing that's  
actually helping the kids?---The process for child  
protection is to use an officer's professional judgment and  
that's supported by a suite of tools that help them, guide  
them, through the risk factors, the parental risk factors  
and to provide additional information to support their  
decision-making. The focus on the system as being  
perceived that they might utilise the tools in a way that  
doesn't combine as much with their professional judgment or  
their professional judgment might override it because of  
the risk aversion within it.

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I see. What's the department doing about that?---We're  
constantly looking at advice or resource materials to

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frontline officers. We emphasise constantly the issue about utilising professional judgment within their role; that the tools are there as a guide for staff to utilise in a system in their decision-making, but it's a combination of the tools with their professional judgment that makes the decision.

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At the end of the day, it's a human process?---It is.

You don't want it to be rule bound?---No.

You want it to be discretionary based. Is that right?--- Yes. We want professional officers to use their professional judgment, supported by information that's been collected and risk assessment tools that have been utilised and validated.

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So that leads me to my next question about who's using those tools at the moment. Can you give me an idea of where you recruit from and how difficult it is to retain those professional people making those judgments?---Yes. Our frontline child safety officers now can hold a range of qualifications and I - - -

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Could you just restrict yourself to what they do hold currently with the department?---They can hold - I haven't got the data in terms of the frontline staff and what specific qualifications they have, but for recruitment they can have a social work degree, a bachelor of education, a bachelor's degree of various sorts within the Health Services and also within the criminology area or they can hold a four-year bachelor degree and undertake further training within Child Safety Services.

Do you have figures as to who has got what?---No.

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Could you get them?---We'd have to do a survey of all of our staff to do that.

Could you do that?---We could - - -

How many frontline staff have you got?---In terms of child safety officers, I think there is about 900.

Okay. You should be able to find out where they all came from, shouldn't you, easily enough to see what qualifications they've got?---We'd have to undertake a survey of their staff and ask them.

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Can you also while you're doing that survey be able to tell me how long the various degree holders, by what category, tend to stay - those that tend to stay, outlast the others, how long they stay for? Could you do that? Would you be able to say, "Look, we can only keep social workers - they keep out of university at 25 and they're gone by 28"?--- We'd have to, yes, do an analysis of that for you.

That would be one sort of analysis you would want to be

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doing for yourself, wouldn't it?---What we know, as I've put in my submission here, is that we've had sort of a range of strategies over the last number of years to try and stabilise our workforce. First of all, we did broaden the qualifications for people to be able to become child safety officers and, again, you know, teachers that have been in front of a classroom for 20 years who no longer want to do that can be very good child safety officers and working with children in long term care, as well as ex-policemen that have been, you know, at the frontline can be very good in our investigation teams, so we - - -

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They can be good in the care and share welfare bracket?--- So we broadened the qualifications. We also introduced a progression scheme from the PO2 to the PO3 officers to enable child safety officers to progress on a competency based arrangement so they didn't need to see out the full - I think it's seven years as a PO2 before they could become a PO3 and we also had a group of child safety support officers, so these are generally mature aged women, many of them were indigenous, that we put through six years of training through a certificate course, a graduate diploma and then a vocational graduate certificate to enable them to become a child safety officer as one of the strategies and we took about 20 officers through that particular program of which, I think it was about, 15 are now currently employed as child safety officers.

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You know we can be qualified in a number of different ways. We can have degrees from universities or we can have one from life itself, can't we? What about experienced mums and dads whose kids have left home who haven't got a degree because mum has spent most of her time rearing her family, they would have an insight into the needs of children? Could they get a job as a child protection officer?---Not as a child safety officers, but they could certainly get a job as a child safety support officer within our Child Safety Service centres.

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Is that because they don't have the degree, the bit of paper?---There is a minimum requirement for a four-year bachelor degree, yes, or that we've put them through training or that they've undertaken an equivalent training.

Who came up with that rule, do you know?---It's a topic that's sort of very debatable, I suppose, around the country and internationally in terms of the qualifications. There are some people that hold the view that only social workers should be child safety officers. Queensland - when we did that work in terms of broadening the qualifications - did broaden it to a broader group of people and then provided them with the support to be able to become a child safety officer. That's not supported by all within the sector and there are varying views around that particular issue.

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Do you have any criteria around life experience, like the Police Service used to, anyway, like, you know, you've got

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to have worked in the pub for two years or something? As well as being a student, you've got to actually have some experience in life?---No. 1

In England, according to Eileen Munro, anyway, they're looking at working locally with what they call lay people, presumably, they're non-qualified, non-professionals who can do a professional job. Is that something worthwhile having a look at?---Certainly in terms of our child safety support officers, we don't have any qualification requirements for those. They do work with child safety officers and they do undertake some of the work with either children and/or their families or carers. 10

Do they make the critical decisions?---They can't make statutory decisions. The statutory decisions are the responsibility of the child safety officer.

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So what we're looking for is someone who's not risk averse and who's got a tertiary qualification of at least four years' study, is that right, at the moment who wants to stay in child protection?---Certainly over the last couple of years there may be other factors impacting on that such as the global financial crisis, et cetera, but there has been certainly a stabilisation of the workforce in Queensland. I don't know whether it's all due to the range of initiatives that we've put in place or whether there are other factors impacting on that as well, but certainly we don't have the significant vacancy rate that we would have a number of years ago.

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Do we know how many - are there more kids studying social work at universities these days that there used to be?---I don't know.

Is that a dying - - -?---I don't know the numbers. It's certainly a qualification that's still available and certainly we have a relationship with a number of the lecturers that are undertaking the social work degrees within the universities or teaching the social work degrees within the universities.

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In one of the other studies that have come out, particularly "Every Child Matters" they suggest that you should have co-located multiple agency interdisciplinary teams?---Yes.

Is that something that you've thought of?---We have the two elements within our system. We have the scan teams that were referred to before which are really where we bring together people - cross-agency people that may need to be brought together around a particular child - it's fairly similar - and we also have the evolved services so we fund both Disability Services and Queensland Mental Health to provide therapeutic and behavioural support services for children in care or children at risk of entering care and they provide - they include multidisciplinary teams that then work with our child safety officers.

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How would they contribute, the multidisciplinary teams? Would they help formulate a proper plan?---Yes, so, for example, I'll give - an example that I might be a little bit familiar with might be a young person with a disability that has entered care truly because of a child safety matter. There might be some issues, severe autism. There might be some issues in their behaviour and working with a foster carer that they might be placed with. So the multidisciplinary team - the disability evolved team would be out. They'd undertake a full assessment of the young person, the carer, their needs, and then they would work on a case plan which they could then implement with the support of the carer in terms of looking at behaviours and strategies that would work in terms of trying to de-escalate the behaviours of that young person.

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I understand education in Queensland has a single unique identifier number for children. Are you aware of that?---I believe so. 1

Could that idea be spread across the system so that every child would - I don't want to get too far down the Australia Card track, but so you could identify child 164 and that child and its needs, his or her needs, would be known to everybody who needs to know by reference to the same number so you can say, "Okay. The child's got a health plan in place, hasn't got an education plan and needs to go to the dentist." Would that help in that?---It certainly would be a significant IT investment that would be needed to be able to do something like that. We do record those children with child health passports that are commenced. Education do record children in out-of-home care with education support plans. We do do data matching with Child Safety - with Education periodically to look at the educational outcomes of children in care so we can do some data - - - 10

But you don't use the same unique identifier?---We don't use the same unique identifier. 20

Maybe that's an area that - IT development is an area where you spend a dollar today, you save 70 tomorrow?---Yes, the departments would use significantly different systems at this point in time.

No doubt we will get to that. Sorry.

MS McMILLAN: In relation to workload issues, how do you define a frontline worker in the department?---There's a definition that's now been adopted by the Public Service Commission. I can't understand it, but generally a frontline worker is those officers that are at the frontline working directly with clients and it would include some support positions to those frontline workers. 30

COMMISSIONER: So a frontline worker is a frontline worker?  
---A frontline worker is a frontline worker.

MS McMILLAN: So anyone who has contact with the public, so to speak?---Generally our child safety officers, child safety support officers, our family group meetings coordinators, our team leaders, our senior practitioners that are all having contact with clients from day to day would be frontline. 40

I imagine personnel in intake centres as well - would they be regarded as frontline staff?---Yes.

All right. So what strategies are in place to ensure that they can do their jobs effectively with juggling caseloads, administrative tasks with resources available? Does the department invest in being able to adequately carry out their responsibilities?---Yes, certainly in terms of 50

officers there's certainly a role. Every Child Safety Service centre has a senior practitioner that is responsible for providing advice to frontline workers in various aspects of casework, et cetera. Each Child Safety Service centre is structure with a manager and then a number of team leaders so each Child Safety Service centre is generally a three or a four team so there would be three or four team leaders who would then be supervising a small number of officers that would be undertaking that frontline work as well. Also it would be part of their responsibility to ensure that staff are reminded of various practices that they would need to undertake in various parts of the job. We also have a practice advice line centrally where they can ring up and if they've got particular issues and want some more detail around particular aspects of a matter that they might be dealing with, they can ring up the practice improvement unit and advice be provided. We also undertake work looking at the various reports, et cetera, that come out from either the Children's Commission or child death reviews or our own work and looking at practice issues that continually come up within those and undertake some work through the practice improvement usually through the managers or the senior practitioners which would be about reinforcing practice.

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All right. Are you aware that a CMC recommendation was that frontline child protection staff have a caseload of 15?---That was a recommendation within the CMC report as being the ideal caseload.

Has the department ever achieved that, to your knowledge? ---The department has not achieved that. We constantly monitor the caseload. The caseload has continually come down since that CMC report. I think back in the days of the CMC report it was over 30 per child safety officer. The current number is approximately 20.

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Right; and is that the best it's been since the CMC report? ---Yes.

So I take it the department has internally taken active steps to ensure this, has it?---There has been active steps taken over time to continue to get additional resources for extra child safety officers to continually reduce the caseload, yes.

What is the target ratio that, to your knowledge, the department is intending to reach for caseloads?---The CMC report was the ideal caseload. We constantly look at that. At the moment, as I said, it is about one to 20 and we would need to go through the usual processes each year, the budget processes, to get additional resources to reduce that caseload further.

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You say in your statement that - I'm paraphrasing you - the highest demand timewise on staff is preparation and involvement in court matters. Correct?---Yes.

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Given that and given the number of court orders there are,  
are there any initiatives being utilised by the department  
to address that and how much time is spent by case officers  
in preparation and involvement in court proceedings?---  
Sorry, have you got the reference number there at all of  
that or - - -

In your statement?---Yes.

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Yes, 190 in fact, "But participating in court proceedings is the most time consuming and intensive part of a child safety officer's job," page 49?---Yes. I just had somewhere else in here where I outlined in more detail the project that we had undertaken. I'll just try and find it. See at coordinators 402 to 405 refers to - so we undertook a workload analysis project in 2008 where we were really trying to get a better understanding of the workload of child safety officers and where they were spending most of their time and out of that project it did come out that court work was surprisingly the most significant part of their work. It was higher than case work. So we then undertook a detailed analysis of the court work to identify the reasons why that was taking up so much of their time and then implemented a range of strategies to try and improve the court process and 405 outlines a number of those strategies that were introduced in terms of trying to get a better quality of the court material to be able to ensure that the matters weren't adjourned and that they needed to be considered again at a later stage. The other issue that's driving it is the one that you referred to before in terms of the matters that - the number of orders that we seek, which is in relation to court assessment orders and temporary assessment orders, et cetera, and it's a matter that we're now, you know, starting to look into a bit more detail at and, again, in looking across different jurisdictions that do have lower numbers of orders, some of the legislation - and, again, for example, in Victoria, the legislation there places a much greater emphasis on working with the family first rather than an order and they've got a system that's set up differently to enable them to do that with the investment within Child First and the non-government sector so that in Victoria they have to have much more of an emphasis on working with the family to address the issues rather than what had been in Queensland, I suppose, the tertiary response and the seeking of an order.

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The fact that the most work intensive or labour intensive for your case child safety officers is court work as opposed to case work, that would tend to suggest the answer to some extent wouldn't it - - -?---Yes.

- - - that you're spending a lot more time in procedural matters and court than you are in terms of - I don't mean you personally - departmental child safety officers involved in actually doing case work. Correct?---It's certainly an issue that we've identified, yes, and we've put in place a range of strategies to try and improve the quality of the work and to reduce that burden, but also what we were trying to do was shift away from a focus on tertiary to more of a balanced secondary tertiary - would also assist in that.

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All right. Indeed, in terms of the initiatives in 405 that you've outlined, do you have any data yet as to whether this is having any success?---I don't have any data. No.

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COMMISSIONER: Could I ask you back on the prevention, early intervention issue, in recommendation 4, I think, of the Forde report was to increase funding to the then Families Department, I think it was, up to the national average. It got an injection of \$103 million to do that. The commissioner said, "The additional resources should focus on the prevention of child abuse through supporting at risk families, respite care, parenting programs and other early intervention and preventative programs for high risk families." That was in 2000. Can you tell me whether the 103 million extra funding to do those things was spent in that way?---I'd have to go back to the budgets of those days to find out how much was spent on what, but there was certainly - following the Forde report, there was a number of family support services that were funded following that report.

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You know when we were having a discussion before, it appeared to me, anyway, I might be wrong, I'll have to have a look at the transcript, but it appeared to me that early intervention and prevention was rather a new discovery for the department and based on what was being done overseas and in Victoria when we only had to look back to 1999 the Forde Inquiry report to see how important at least she thought prevention and early intervention was?---No, I wouldn't say that. Certainly, the focus in Queensland since the CMC report was around developing the tertiary child protection system, so the CMC report focused fairly heavily on the tertiary child protection system, the approval of carers, the regulation of care, a lot of recommendations about recording, being able to record through a client management system and improvement in the quality of care for children and young people in care and, in fact, I think one of the recommendations of the CMC was also about increasing the range of placement options which you referred to earlier in terms of residential care in that at that point in time Queensland had a much lower proportion of our out-of-home care placements - were residential care in comparison to other states and territories. So certainly the focus since the CMC had been on building a tertiary child protection system in Queensland and the CMC report, I think, then referred to the Department of Communities or other departments as being responsible for secondary and universal. I would, from my point of view, say that there hadn't been the focus in that period 03-04 onwards on those secondary and universal services.

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No, I do understand your point. My point, rather, though was that if the 103 million - some might argue - was spent on what Leneen Forde said it should be spent on, you might not have needed the CMC report in 2004?---Yes. I'd have to go back to the budgets of those days and find out, but there were a number of recommendations from the Forde Inquiry that spanned, you know, quite a breadth of areas and so the 103 was the total funding that was provided.

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But, again, if you could just have a look at this - this

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was her back in 1999 saying, "This is what you should be spending your money on"?---It's been a point that's come out in the literature and the research internationally for many, many years.

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Well, exactly. That's really the question. How come it's taken us so long, what, to 2010 when we have implemented, what is it, Learning Families or something Program, the pilot?---Helping Out Families.

We're still on a pilot? The other thing I wanted to ask, I got the impression again - correct me if I'm wrong - that you thought the CMC report focus on tertiary rather than secondary was a mistake?---No. I didn't say it was a mistake. Certainly, there were a number of issues in the child protection system at that point in time that was the cause of the CMC report. What I did say is that the recommendations and the directions since that report has been on building the tertiary child protection system in Queensland.

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Which we've currently got?---Yes.

And now we're looking - even though we've known since at least 1999 from Leneen Forde, now we're moving back away from the tertiary intervention to more preventative and early intervention strategies, are we?---I think government makes decisions at various points in time in terms of the allocation of the budget and where the resources are spent.

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Government acts on advice from those people it pays to know what the best programs are, doesn't it?---And there would be many times when advice will have been taken up from various departments about the need to expend in early intervention or prevention services.

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Well, anyway, your advice to government at the moment would be you've got to move away from the CMC tertiary intervention focus model back towards Leneen Forde's more preventative early intervention model because that's not only what she says, it's reflected in all the international studies and the studies in the other states and territories of the country?  
---Certainly from our point of view, we would support that.

MS McMILLAN: Mr Commissioner, is that a convenient time?

COMMISSIONER: I don't know.

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MS McMILLAN: I'm moving to another topic.

COMMISSIONER: Do you want to - - -

MS McMILLAN: Yes, sir.

COMMISSIONER: I'm sorry, too, Mr Swan, you've been there a long time and I didn't give you a break. I apologise for that.

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MR HANGER: This is an inquiry and not adversarial.

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COMMISSIONER: Yes.

MR HANGER: I intend to regard myself as free to talk to any of my client's witnesses at any time, like during adjournments and so on.

COMMISSIONER: Oh, yes, absolute. Whatever helps, Mr Hanger, whatever helps.

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MR HANGER: Yes, quite so.

COMMISSIONER: All right, 2.15. Is that okay?

THE COMMISSION ADJOURNED AT 12.57 PM

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THE COMMISSION RESUMED AT 2.17 PM

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COMMISSIONER: Thank you. Yes, Ms McMillan?

MS MCMILLAN: Yes, thank you.

Mr Swan, over the luncheon adjournment did you undertake some further inquiry, I think specifically in relation to the funding issue post CMC report?---Post the Ford report, yes, I did, so I can at this stage say that the report response provided \$100 million over four years, which was 10 million new funding in 99-2000, plus another 10 in 2000-2001, bringing it to 20, plus another 10 in 2001-02, bringing the funding to 30, plus another 10 in 02-03, bringing it to \$40 million. There was also \$1 million allocated per year over three years to the Ford Foundation, which was the \$103 million over four years, not a total of \$103 million in total. That funding was provided for both early intervention and prevention strategies but also to looking after children in care. So it covered both prevention and early intervention and we're looking for getting the further breakdown of that. There was then a further future directions initiative in 02-03 which allocated a further \$32 million to a range of initiatives which included prevention and early intervention focus. A number of those services - - -

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MS MCMILLAN: Sorry, which year was that, Mr Swan?---In 2002-03. A number of services were then funded as pilots and some extended as trials, and I can get a further breakdown of those. The final investment of future directions in 04-05 was \$10 million - was allocated to the specialist counselling services for families and children, 1.5 million, and \$8.5 million for the referral for active intervention services which I've referred to a couple of times. The Child Safety then has expanded its family support over the period 04-05 to 2012-13 for family intervention services from 6.5 million in 04-05 to \$20 million in 12-13. So these services provide family support to families who would be working - who have been reported to Child Safety Services, but working with the department on an intervention with parental agreement. In 2010 half of the funding for the recognised entities was then allocated to Aboriginal and Torres Strait Islander family support services. At that time it was \$8.5 million, which has since risen to \$10.1 million. In addition, 12 family intervention workers were funded through the 10 indigenous safe houses at approximately \$1.2 million per annum.

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All right, thank you.

COMMISSIONER: Thanks, Mr Swan.

MS MCMILLAN: So in terms then of feeding that in really to the figures that I asked you about, so there was, it sounds like, at least some injection of funds on early intervention issues, 2004, was it, 2003-04, you said?---

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Some over that period of 99 through the implementation of the Ford and a further injection in 03-04. 1

Can I just ask you - perhaps if we could just bring up that flow chart from the child safety manual. That's up on the screen at the moment, Mr Swan. I think you - I see you've got one there. In terms there of just travelling through, the intake, we've dealt with that. In terms of the investigation and assessment, now, in terms of what is the threshold as you understand it that the department regards as a child being in need of protection?---That the child has been harmed or is at significant risk of harm. 10

So the statutory definition within the act, all right. Now, can I ask you, the children not in need of protection, what occurs with children, for instance, who there might be a number of - intakes, I should say, but none of them reach the threshold for it to be a notification and therefore investigated? What occurs? Is anything done about that in terms of follow-up for those children?---At the moment in Queensland in all of the state except the south-east the majority of child concern reports would be simply recorded on the system and if there were a number of matters reported over time then the cumulative nature of them could be taken into consideration in the next event in deciding whether or not the matter reached a threshold for intervention or not. 20

Can you say, is that taken into account? Is that something that, for instance, features either in the manual or practice papers and guidelines?---Certainly in relation to cumulative harm it features throughout the information that's provided to child safety officers, yes.

So that if each and of themselves none of the intakes are indicative of harm or risk of harm that would reach a threshold you say that there is sufficient there to guide frontline staff as to the cumulative nature of the harm? ---Yes. It would depend on the next matter that was reported and what it was and if it was a little bit more serious then the cumulative nature of the numbers of reports could be taken into account. 30

Could be, all right. I take it it might be a little different - sorry?---I was just going to say, in the south-east area - - -

Yes, I was about to ask you about that?--- - - - where we have the Helping out Families trial I mentioned before, we are looking at all of those matters, child concern reports and the matters of unsubstantiated or substantiated not in need of protection and doing a further screening of those to refer them to the family support alliances in the Helping Out Families trial. 40

Can I ask you, in terms of repeat, if I can say, intakes - it seems an awkward word - referrals, or contacts made, say by members of the public, does the department have any data

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on the fact that a number of them may be in fact repeat notifications or referrals - and I mean by that, as I understand it there is no follow-up or feedback given to a notifier, is there?---There's information provided back to professional notifiers.

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What about in terms of members of the community? Is there any feedback to them?---I'd have to check that for you.

Because is it something the department has looked at, that if there's no feedback to community members who notify that they may in fact continue to notify, or however you want to make it - contact, or make referrals, because in effect they're not receiving any information back?---I'd have to - my director of child protection development would be better able to answer that question.

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All right, thank you. Now, I think you said before lunch, my understanding was, that post CMC; the 2004 report I understood you were referring to, you said that the recommendations had really been targeted on the tertiary services of the department. Is that correct?---Yes.

And correct me if I'm wrong, this is what the resources, if you like, largely the department has directed to the tertiary - - -?---Well, at that time, as you will recall it, the CMC report recommended the establishment of a separate department of child safety.

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Yes?---So in that, that department's sole focus was on the tertiary child protection system and developing the tertiary child protection system.

All right. Mr Swan, can I just read out to you a recommendation from the 2004 report, page 340, recommendation 514? I'll just read it to you but I'm happy if you want to see a copy of it: "The Department of Families or some other agency separate from the DCS retain responsibility for delivering prevention and early intervention services, including services for all children and for programs targeting communities or families identified as vulnerable." Now, I take it that that wouldn't come as any news to you, that recommendation?---No.

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Indeed, in the 2007 recommendations there that - recommendation 514 as it's picked up at page 16 in that report, "The Department of Families retain responsibility for delivering prevention and early intervention services, including services for all children and for programs targeting communities or families identified as vulnerable. Status: implemented," and it then went on to give details of progress made by the Department of Communities. So certainly it would seem as at 2004 and onwards that was a recommendation, was it not, emanating from the CMC report?---Yes.

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But is it fair to say that it's really only been

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particularly with this Helping Out Families initiative that there's been that, shall I say, diverge - or some focus given to secondary services?---No, as I said just before in the figures that I just provided, there was \$8.5 million provided in the last tranche of that funding which was directed for referral for active intervention services, so that was a significant investment in early intervention or prevention services that funds 10 or 11 services across the state. At the same - over the period of time, the Department of Child Safety had also expanded its focus on family intervention services, also seen as high-end intensive family support services to work with families rather than taking a child out of home care and that - yes, and then we'd also turn some further direction to it through the Helping Out Families.

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I see?---And, sorry, we had also redirected at the time \$8.5 million from the recognised entity funding to Aboriginal and Torres Strait Islander Family Support Services to fund indigenous controlled organisations to provide intensive family support services to Aboriginal and Torres Strait Islander families that were being reported -  
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Mr Swan, just going back to the framework overview, if a child is in need of protection then a decision is made, I take it, after an investigation and assessment either whether the child remains at home, and you have there whether it's an intervention with parental agreement, that's known as an IPA, is it? I think it's referred to in your statement - - -?

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---Yes.

- - - or a child protection order and then, of course, an alternative, it seems, a child placed away from home, so out-of-home care. Correct?---Yes. A child could be placed away from home under both an intervention with parental agreement or on an order.

Right. It's ordinarily the case, though, it's usually pursuant to an order, isn't it, rather than an IPA?  
---Predominantly.

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Yes. In terms of where the Victorian model, if I can put it - Families First, is it?---Child First.

Child First? I'm getting confused with the political party. In terms of that, at what of: (a) putting those resources in, is that in pre-the investigation and assessment? Where do you say this model becomes?---There's two points at which they differ from the system that's currently in place in most of Queensland. They have their police, health and education - are required to make a decision at the first point and that decision is based on: do they believe the child is harmed or at significant risk of harm and there's some criteria they use and if the answer to that is yes, they report to Child Safety. If the answer to that is no then they refer to the community based intake within the Child First arrangement. So they, therefore, at that first point in time get fewer matters reported to Child Safety Services within Victoria. The second stages in the matters that they class as notifications - and remember I mentioned before that they have a broader number that they turn notifications than Queensland does, so they record about 40,000 to 50,000 notifications compared to just over 20,000 in Queensland. With those notifications, then they do some screening of those and refer a number of those directly out to the Child First again for intervention through the non-government organisation rather than going into a statutory investigation.

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So as I understand your evidence, you're saying second limb, if you like, that the Victorian system differs from

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ours is that there obviously is some assessment, I take it, because they would need to know what sort of harm it was and also target the resources. Correct?---Yes. They would have to take some - - -

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But they don't carry - - -?--- - - - form of screening of the notifications to determine level of risk and then make decisions around what action they would take, which could include referring directly to a non-government organisation rather than undertaking an investigation.

Whereas here but for the Helping Out Families, if the decision is made that it's a child in need of protection, there is immediately an investigation and assessment?---No. Sorry, it's before that. If the decision is made that it's a notification that the concerns are serious enough for us to undertake an investigation - - -

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Yes?--- - - - then we would undertake the investigation. Once we've undertaken the investigation, we would determine whether or not it's substantiated and the child is either in need of protection or not in need of protection or whether that's unsubstantiated.

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Thank you. In terms of assessing whether it's a notification or not, is one of the perhaps difficulties for a child safety officer is, if you like, they have a duality in their role, do they not? On one hand, they're seeking to investigate whether the harm is substantiated, but at the same time they understand they're to try to work with the family, aren't they, in terms of trying to secure an outcome that would protect the child or children?---Yeah. Part of their work in that investigation stage could be looking, yes, to try and see whether or not they can then - if it's going to be substantiated that they might be able to, you know, work through the family with an intervention with parental agreement or that they could work with the family through a supervisory order.

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I take it that, no doubt, the department, to your knowledge, must have evaluated that at some stage because it would seem difficult in one sense for a family to be aware that a child safety officer is investigating the issue of harm, but also asking for a level of trust on the other hand to work with them in a therapeutic sense. Correct?---Yes, it depends on the approach that's taken by the investigation officer and I have been out, you know, on an investigation with one of our child safety officers to experience what occurs there and the approach taken, even though it's an investigation and they are going in to try and gather enough information about whether or not the child has been harmed or not, they are still working with the family to look at - in doing that process, they're working with the family to understand what's occurring in that family, what supports the family might have through other family members that could provide protective support to the child or young person in that family, looking at what other services the family might already been

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receiving, you know, through ranges of services. If it's a young child, they might be looking if the child is in child care or in kindergarten programs. So they do do a range of that, so it is a balance about getting that between the investigation and working with the family.

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I take it now with the change in the workforce qualifications and skills for child safety officers that you outlined before lunch, do you think that impacts at all on the ability of child safety staff to work with families because you've clearly got a variable degree of educational background, experience, et cetera, that perhaps you didn't have prior to 2008?---Yeah. I couldn't answer whether it's had an impact, but certainly our child safety officers that do the investigations are provided with a range of training upon entering and becoming a child safety officer with - -

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What sort of training is that? How long does that go?--- When the child safety officer is first recruited, they need to - they're not able to undertake statutory decisions until they've undertaken the mandatory training, which is for a period of, I think it's four weeks, as the first part of their entering into becoming a child safety officer and then over a period of 12 months, they have some further training as well as on the job training through their team leader and senior practitioner.

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COMMISSIONER: I just want to ask some questions about that if I could.

MS McMILLAN: Yes.

COMMISSIONER: Is there a training manual?---There's a training program - manual or not - I'm not quite sure of the terminology, but there's definitely a training program that all Child Safety Services officers undertake upon becoming a child safety officer which includes a mandatory period of training as well as on the job training.

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Who conducts that?---It's conducted by our learning and development area. So the first period of that is offsite and in a block period and then the remainder of that is conducted on the job by the team leaders and senior practitioners.

What about professional development, you know, internal professional development over the years, apart from their basic training?---There's been, you know, managers' forums, senior prac forums to provide information. We generally try and use senior pracs in terms of senior practitioners in terms of providing on the job training, as we identify issues that might come up from time to time that might be identified through some of the reports that we receive, that that would then be filtered out through the practice improvement area - out through the senior pracs to do some reinforcement or reminder.

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Is there a career path for people who want to stay in the field as opposed to if you want to do a desk job?---As I mentioned before, we did do - generally, a child safety enters as what we call P02, professional officer 2, category. We've put in place arrangements for them to be able to progress to a P03, frontline officer, with being competency based assessment after a number of years. There are a small number of then P04 officers, the next level, also undertaking direct frontline work across the state and then, generally, the senior practitioner is a P05, senior practitioner, and team leaders are generally P05 level.

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And are they in the field?---Yes. They're in the Child Safety Service centres. Yes.

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What does a P05 earn a year just in the ballpark?---I think 1  
it would be about 90 or 95 or something.

And is that the top level of remuneration?---And then a  
manager - there's a manager of every centre Child Safety  
Service centre that is on top of that.

Is that a field job?---Yes, it's based in the Child Safety  
Service centre; yes.

Yes, but does that mean they go out and actually do the 10  
investigations or not?---They would - they don't - they  
might on occasions - a lot of times when we go out on  
investigations we might have two officers going out,  
depending on the degree of harm that might be assessed or  
how safe it might be assessed to go out. Sometimes those  
officers could go out as a second, but they would  
definitely be providing support to frontline staff in  
working with the cases and particularly complex cases.

Okay?---And they would interact within the Child Safety  
Service centre with a lot of families that may come and  
visit. 20

What about cultural competence? How is that trained and  
updated in the department?---It's a core part of child  
safety officer training and part of that program of  
training so it's a core part in terms of cultural  
competency as part of that and also we fund 11 recognised  
entities throughout the state to provide advice at all  
points within the decision-making of Child Safety Services  
and we also have a dedicated identified child safety  
support officer - I would believe would be in most Child  
Safety Service centres which is an identified Aboriginal  
and Torres Strait Islander position. 30

What about other cultures?---What about other cultures?  
Yes, certainly at the local level Child Safety Service  
centres need - officers need to be familiar with their  
particular community. They need to be aware of the makeup  
of that community and engage with that community. I've  
recently just been meeting with members of the African  
community looking at, you know, some of the issues  
impacting on that community and the interaction with Child  
Safety Services and we've just -it would've been early in  
the year - gone out in the African community around the  
Moorooka-Yeronga area, brought together a number of people  
from the community where we sat down and - staff from my 40  
area sat down with them and talked about child safety and  
what it means and what it means in Australia versus their  
own culture, so that was really sort of developing both the  
understanding of the African community of child safety  
issues here and what is regarded as safe parenting and it  
also for our staff also developed their understanding of  
the African community. So those types of interactions go  
on across the state all the time.

Okay. Is there any method of measuring the cultural 50

competency of a child safety officer?---No, not that I'm aware. 1

What about linguistic diversity?---Not that I'm aware of; not in terms of measuring to be able to report.

Measuring to see if they really are culturally competent or not?---Yes, not in terms of being able to measure or report; no.

Your paramountcy principle is in 5A of the act and the main purpose for administering the act is - the safety, wellbeing and best interests of a child are paramount. We all know the welfare principle. There's no definition in the act of "best interests", is there? No, there isn't?--- I don't know. 10

Is there any definition of "best interests" in your manual? ---I don't know. I'd have to get advice from my director of child protection development.

It's a bit hard to work out what the best interests of children are without a checklist. Do you agree?---It's something that's built into - it's really emphasised within the training of our child safety officers in terms of that being the paramount principle - - - 20

Yes, but what does it look like in real life? Do you tell them what it looks like when they come across it so they can recognise it?---I'd be happy to get further information from my child protection development area on that.

See, Family Court judges actually get told what it looks like in the act. They have got a checklist of things to look for. Do you think that would be helpful?---It possibly would be. As I said, I'd have to check on what we actually have within the manual on it. 30

Okay. I want to just go to another topic now. I want to ask you this question because it seems to me to be a pivotal one: you have got decision-makers and they have got discretions and they have got rules and often your decision-makers in the field are faced with making a least-worst option choice, aren't they, that is, none of their alternatives are ideal?

---They're generally faced with sort of very, very difficult situations where they need to gather, you know, enough information and use the tools that might be available to support their decision and make a judgment, yes. 40

Yes, and they have to make a judgment that's in the overall best interests of the particular child?---That's right, yes.

Yes, and sometimes there might be evenly balanced unattractive alternatives?---They would need to make their decision on whether or not they believe that the child has

been harmed or not or at significant risk of harm and then the course of action from that and so, yes, that could be decisions between can they work with the family and support this child or young person within the family home given, you know, the family circumstances or would it be in the best interests of that child to remove the child from that family home in the first instance for a short period of time where they can do some intensive work with the family and usually - all initial case plans usually the goal is reunification with the family in most cases. There would be some cases where that would not be possible but certainly they should be looking at reunification.

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So the removal or non-removal choice is best-interest based?

---It would be based on the professional judgment of the officer, yes.

Yes, because you would recognise that there's a risk in removal as well as not, isn't there?---Yes.

And sometimes removal might do more harm than good?---Yes, it depends - it really depends on the family circumstance or the household circumstance and whether or not they believe that the child is safe to remain within that household or that family at that point in time and what the presenting issues are in the family which could be quite significant in some circumstances around alcohol and drug misuse or - - -

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And manageable in others?---It could be and there are many cases where they do make the decision to either enter into an intervention with parental agreement with that family and try and work with that family.

So really what they're doing in this best-interests assessment is assessing risk between acceptable and unacceptable levels?---They're assessing harm and then risk, yes.

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They're managing the risk that might exist to see whether or not it can be managed in home or has to be out of home?--Yes.

And in that they're asking themselves also as well as risk what levels of harm are there. Do they ever ask themselves, "What does this child need"?---Certainly the child's needs and strengths are certainly part of the assessment in looking at that and certainly part of their decision-making.

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Because in the act it seems to recognise that safety is something quite different to wellbeing?---Yes, they certainly need to make a decision on whether or not the child is safe within that household and then they're also looking at the child's wellbeing.

So safety is one factor, agreed?---Safety - - -

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Safety is one factor in the best-interests solution?---Yes. 1

But your department is called Child Safety Services, isn't it?---The department's gone through, yes, various - - -

But that's what it's called now?--- - - - names over the time of the Department of Child safety, yes.

And "protection" is defined to include care under the act, isn't it, in the dictionary, schedule 3?---Protection? 10

"Protection" includes care?---I'd have to - - -

You would have to look at the act?---Yes.

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I guess my point is that the legislation that you administer seems to draw a distinction between protection and care on the one hand and safety and wellbeing on the other, and I'm wondering do the field officers do the same in their decision making? I suppose only if they know what the Act says?---Certainly within the framework, there certainly are the assessment process that they go through is certainly looking at, you know, the protection of the child and looking at whether or not that child has been harmed or not, and the tools that they use also look at the strength and needs of the family, and also the strengths and needs of the child in terms of, you know, making decisions then around the course of action and also the best interest and the wellbeing of the child.

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Sometimes the best interest solution is the least worst option?---The best interest, I'm not quite sure that I could say "the least worst option", but - - -

The one that does least harm when you have got a choice of two that will both be damaging to some degree?---It could do but it depends on the judgment on whether or not they believe the child is safe within that family environment.

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But safety is a sort of immediate concern, isn't it?---Yes.

Best interest might be looking over a longer term, might have a longer view?---It does also impact on those first decisions as well in terms of what would be the best interest at that point in time.

Then you say you looked at, in most cases, reunification; is that based on an assumption that reunification, in most cases, is the most desirable objective?---It's one of the other, you know, paramount principles is the fact that - the belief that the families are responsible for bringing up their children and that we should be working wherever possible to work with the family to make sure that they've got the skills and ability to safely bring up their child or children, so - - -

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But we are dealing with people who have come to notice because they are having trouble with that?---That's right, yes. So if the child can safely remain at home or the parents are willing to work with the department, then certainly the intervention with the parental agreement is the option that we would take, if the child's been harmed or at significant risk of harm.

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There was once a position, a policy position or statutory position, that if, after you removed a child, the parents renounced parental responsibility by, for example, not going anywhere near the child for 12 months, then they lost parental rights and the child was adopted out, either to the foster parents or otherwise. Is that still the position, do you know?---We would, at the moment, do very few adoptions through the Child Safety. I can't recall any in the last period of time, but we can enter into a

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long-term guardianship arrangement with a family member or another significant adult within that young person's life, which could - - -

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That is a middle ground between the parents having no say and the parents having some say, but the foster parents having a bit of a certainty and a bit of authority. Is that right?---That's, that's right. They would have guardianship over that child or young person, and it's more really for permanency, you know, and stability for that child or young person as well.

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And, therefore, to have that, you have got to have some certainty of the foster parent, to know that the natural mum and dad are not going to come out of the woodwork unexpectedly, for example?---Yes. Although, certainly, the mum and dad could still be around, might not have had much contact or would have had limited contact, and if they did come out and wanted to have a lot more contact, then we would need to work with the parents and the - with the family - - -

No, I was talking about the situation where the parents - not only are they not able and willing at a particular point in time, but after removal they actually abdicate the parental responsibilities in respect of that child by not having any more to do with the child or the foster family after a period of time. Do you have a policy to deal with that sort of situation?---There would be some circumstances where that would certainly be the case. We'd be looking at the, you know, permanency arrangements for that child or young person. We would certainly be, as part of our practice, encouraging contact with family, parents, siblings, grandparents, uncles and aunties.

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Yes, but just, you failed to do that, there is no contact is my situation?---If there's no contact?

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Yes. They have stopped having contact for more than 12 months?---Then we could for that child or young person look at long-term guardianship arrangements to another person to provide stability.

What other options would you have (indistinct)?---They could remain on long-term guardianship to the chief executive of the department.

Are there children like that?---There would be some children. I'd have to go through, but I would have no doubt there may be some children within the system that may still be on long-term guardianship to the chief executive that would have minimal contact with their family.

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When you say "long-term guardianship", how long is long-term?---It's generally until they're 18 years of age.

You do not know how many are on long-term at the moment? ---It's within the data, I think. I can certainly get it

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for you, in terms of the numbers.

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Is long-term - - -?---We have about 700 or 800 who are on long-term guardianship to another, so - who would either be a family member or a foster carer within the numbers that are on long-term guardianship.

So a non-parent?---Sorry?

A non-parent?---A non-parent, yes.

You said adoption is not an option that you look at here?--  
-It is an option that we can look at. It is a very significant decision to make an adoption order for a young person that may have come into care. Adoption severs the rights, the parental rights and responsibilities, and also with their siblings, you know, severs that relationship with their siblings.

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Sorry, how does it do that?---Sorry?

How does it do that?---It puts an adoption order and the adopted parents become the parents.

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Yes?---The others are still the biological parents, but it severs the legal relationship - - -

That is right?--- - - - with the - - -

It is only the legal relationship?---A legal relationship, yes. They can still have contact.

With their siblings, particularly?---Yes, they can, yes, but it severs that legal relationship with them. Most or a fair proportion of young children in care, certainly a large majority still have contact with their family whilst they're in care, and that contact's at varying levels, but they certainly do have contact with their parents and with their siblings, and many, upon exiting care, you know, continue that relationship with their parents and/or their siblings, so adoption is a significant decision to be taken at that point.

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Do you have anyone in long-term guardianship for more than five years?---I would imagine - I'd have to check the figures, but yes, I would imagine so, yes.

Well, something has happened in terms of parental contact, has it not, if that child is still at risk or cannot be reunited with the family after five years - - -?---Yes.

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- - - there is some real breakdown in that family, is there not?---There's probably some presenting issues in that family. There may still be contact with that family, but it may not be safe for that child to return home, so there could be a mother with a very significant mental health issue that prevents her from continuing to care for the child and that there's no other family member, so there are

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a lot of varying and different circumstances.

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Would the best interest solution for that particular child be to stay in long-term foster care or other form of guardianship?---The decision, you'd have to look at the particular case and look at all the circumstances of that particular case before making a decision, but it's certainly one option to explore whether or not there are kin or family members who would be prepared to be long-term guardian for that person or whether there was a foster carer who would also be prepared to do that.

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But is the approach to keep the long-term guardianship going rather than break the cycle, break in?---Certainly if there was a case where the child could be safely returned home and reunified then we would - - -

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No, this child can't be. That's what I'm saying. Is this child who can't be reunited with his or her household doomed, really, to long-term guardianship until they're 18? Is that the option?---I wouldn't say "doomed", but certainly - - -

Well, what would you say, Mr Swan?--- - - - long-term guardianship that - we would be looking at providing a quality out of home care arrangement for that young person which would look at stability for that young person than being on a long-term guardianship order.

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What would the option be?---It would either be on a long-term guardianship order to the chief executive officer, placed with a foster carer or with kin or another out of home care arrangement or if there was a suitable other person that was prepared to take on that responsibility then we would certainly look at that, but there would be some children in care on long-term arrangements to the chief executive that may not have family members that would be prepared to do that and they may not be in a foster care arrangements or we may not have been able to find a foster carer that would also be prepared to undertake that arrangement.

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Thank you. Now, in paragraph 192 you say - this is on page 49, "The number of Aboriginal and Torres Strait Islander children notified has increased by nearly 155 per cent since 2003-2004 and at the same time the number of non-indigenous children notified has decreased by almost 40 per cent." Then at paragraph 207 on page 52 you say, "The growth in the number of children in out of home care as a result of child protection intervention has meant 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 end of June 2006, outstripping the number of Aboriginal and Torres Strait Islander carers, which has only grown by 11 per cent by comparison." Does the funding allocation reflect those figures currently?--- The funding allocation reflects the number of children that we have in out of home care, so if there's an Aboriginal or Torres Strait Islander child in care then the funding is allocated to support that particular child in care.

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Yes, but if you've got 40 per cent of those in care being Aboriginal and Torres Strait Islanders and if you've got notifications in respect of Aboriginal and Torres Strait Islander children increasing by 155 per cent since 2004, my question is is that where the money is being focused on, Aboriginal and Torres Strait Islander notifications being brought down to an acceptable level, or a national average, and likewise, the Aboriginal and Torres Strait Islander population in out of home care being - - -?---It's

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certainly why we redirected part of our funding for recognised entities 1

to the Aboriginal and Torres Strait Islander family support services to provide indigenous controlled organisations that could work intensively with those families being reported to Child Safety Services and to try and work with them on addressing those issues and presenting factors to try and stop those families on escalating further into the child protection system.

When was that redirection?---It was about two years ago. There's also been the safe houses that have been funded in the indigenous remote communities to provide a safe place for young people in those communities so that they don't need to be removed from the community. 10

Of the Aboriginal and Torres Strait Islander population in Queensland is it true that it's 75 per cent urban and the balance regional and rural - and remote?---I don't know the exact split, but it's true that the over-representation is not just from the rural communities. Again, when you look at the data from Child Safety Services centre you can go across the state and again there would be places where there would be significantly further over-representation. So around the Logan, Beenleigh, Eagleby, Nerang, around the Inala, Goodna, Forest Lake, Ipswich, Toowoomba, Caboolture, Deception Bay, probably Rockhampton, Townsville and also the Cairns far north region, which does include - both north Queensland and far north Queensland do include the remote communities. 20

All right. Well, I've got the - - -?---Yes, it's not just a remote community issue, it is both and urban and regional issue. 30

Yes. I got those figures from paragraph 193 of your statement. You say, "75 per cent of Aboriginal and Torres Strait Islander Queenslanders live in urban and coastal centres"?---Yes.

"Disadvantage is especially visible in remote regions." What do you mean by that?---Certainly within those remote regions and some of the work that's been undertaken in the government strategy around closing the gap, certainly within those regions the issue around housing, employment, you know, health outcomes, educational outcomes, is sort of underpinning a lot of the family stress issues which cause families to be reported to us. 40

I suppose you wouldn't be in a position to tell me how much of the money that is spent on Aboriginal and Torres Strait Islander notification reduction and demand side reduction is split up between urban and coastal areas and remote and regional areas?---At the moment, as I said, what we've been doing in relation to the report demand reduction has been trialling the Helping Out Families trial within the south-east region, and we've also been - are now starting 50

on trying to work with our partners across the state on the use of the guide across the state, so that, as it gets picked up across the state, will impact on all areas across the state.

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All right, thanks, Mr Swan.

MS MCMILLAN: Yes, thank you. Mr Swan, just following on from some of the questions that the commissioner asked you, in terms - going back up to your overview, in terms of the decisions made, and there's three identified there, child and family safely reunited, long-term out of home care and adoption, when is - is there a time at which along that continuum of orders that it's decided that reunification should not be attempted, or continued to be attempted?--- Yes, usually the first order, the short-term order, is usually up to two years, and within that period of time it is working with the family to address the issues that may have been presenting.

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Yes?---Within that period of time is the time-frame to make those decisions. The practice manual provides some guidance about contact and how long a young person may have been out of home care, around then whether or not another short-term order or a long-term order should be sought.

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All right. Well, if one at the end of that time, either a short or a long-term order, is there a point at which a decision is made that future reunification attempts should not be undertaken, and if so when?---It's usually at that period of time if they're looking at then - would make a decision, which would then determine whether or not they would seek a long-term order for that child.

If a long-term order is in place does that necessarily mean that the department will not continue to try to reunify the family?---No, if the family circumstances change at some point down the track and the family are having regular contact with the young person and would like to seek to have the child returned to their care, then we would certainly look at that at that point in time.

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In terms of certainty for children under long-term orders, what consideration is there given to that in terms of giving them some certainty about (1) their placement and (2) those other decisions that necessarily come within the guardianship issue?---Sorry, I'm not quite - in terms of?

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Is anything factored into - for the child knowing with some certainty if there's a long term order on foot, presumably, for custody and guardianship, the certainty for them, that is at a time when reunification, for instance, isn't on the cards and knowing with some certainty that they might be able to, for instance, continue in a placement?---It's certainly about permanent - - -

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I take it some thought is given to that in terms of trying to address a child's best interests, isn't it?---Yes. It's certainly about permanent stability for the young person and permanency planning; certainly if they are in a very stable foster care arrangement or kinship care arrangement then that we would be seeking to continue in that arrangement and, really, the minimal number of placements a young person has is really in the best interests of that child and so, yes, they're certainly part of the decision-making around the long term guardianship order.

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So as I understand it, if at the end of two years, which is the short term order, if reunification is not able to be implemented at that stage, the department looks at a long term order - - -?---That's right. Yes.

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- - - either custody or custody and guardianship. Correct?---Yes. Generally a long term order is custody and guardianship. Yes.

Right. You then at that time try to continue the placement, if at all possible, is that right, with that foster carer on - - -?---Yes.

- - - the assumption, of course, he is suitable?---Yes.

But adoption is the third option, from your evidence earlier, I take it that's really not an option that's utilised very often?---It is an option and it is considered, particularly with younger babies and particularly if there is no parent that - the parent is not wanting to have contact with that young baby. It's certainly an option that we would consider at that point in time.

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All right. Okay. Now, can I just ask you, at paragraph 107 and 108 of your statement, you say, "Of the 8371 children subject to child protection orders as at 30 June 2011, 4068 were subject to short term orders and 4303 were subject to long term orders." You say, "The number of children subject to short term orders decreased," it seems by a small amount, some 4.1 per cent, "as at June 2010 to 4068 as at 30 June 2011, but over the last five years a number of children subject to long term orders increased by 83.4 per cent"?---Can you just repeat the paras again please?

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107, 108, page 25. Mr Swan, that seems a huge, one would think, increase in the number of children in long term orders, would it not, 83.4 per cent, almost 100 per cent

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increase, children subject to long term orders?---It's certainly reflective of the arrangement that's in place that children entering care, if they're not able to be safely reunified then we do look at, you know, permanency planning for that young person.

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Can you assist us to what you understand is behind the increase of some 83.4 per cent?---It goes along with the increase in the numbers of children that have entered out-of-home care over that period of time. As you've seen from the data, unfortunately, the number of children entering out-of-home care has also increased, you know, significantly over that period of time and so one of the issues here is that those children, particularly coming into care, if it's not safe to reunify with their family and then we're looking at the options for that young person, then long term guardianship certainly provides the stability for that young person for the foreseeable future.

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COMMISSIONER: Mr Swan, they're going in at an increasing number of rates and they're staying longer?---Yes.

If you look at the total number in out-of-home care, it's 8300?---Yes.

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Of that, 4300 as at 30 June 2001, are long term. They're under long term orders?---Yes.

That's more than half?---Yes.

MS McMILLAN: Long term means anything over two years. Is that correct?---Yes, it's generally - at that point in time it would generally be through till 18 years of age.

So if there are more children going out-of-home care and you say that that - as I understand what you're referring - correlates with the increase in long term orders, what does that tend to indicate, that the harm is more significant that the department is assessing or what is it that you draw from those figures?---Well, it certainly indicates that we've got some very complex families that we're working with and that it's - as much as that, we put what effort we can into working with those particular families then the judgment that's made is that it's not safe for those young children to return home or they have parents that are unwilling or unable to protect them at that particular point in time.

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Yes.

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COMMISSIONER: That would remain the case until they're 18?---As I said before, if the family's, for some reason, circumstances changed and they continued to maintain contact and increased their contact and expressed an interest in the young person returning to live with them and the young person also saw that as their desire then we would certainly work with them to look and see if whether or not we could do that.

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Can you tell me how old the youngest person on a long term order is?---I'd have to check the database, but there would be young children on long term orders.

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Yes. Would you be able to tell me how many of them were under 10?---We would be able to through the system, yes, but not off the top of my head.

Would you also be able to tell me when you do interrogate your database, how long the longest long term order in the last five years has been?---The longest long term order?

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Yes. That is the longest long term child in the department's care in out-of-home care?---Yes.

Thank you.

MS McMILLAN: Thank you.

So, Mr Swan, in relation to that, if you say you've got complex families, these figures have increased in a space of four years, it seems. One wouldn't expect, would one, to see great changes or trends in that time?---The figures presented here and the numbers of children, unfortunately, entering out-of-home care is not an issue just to Queensland.

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No, no?---If you looked at these issues in other jurisdictions and internationally, every child protection system is, you know, facing the same particular issues.

COMMISSIONER: Yes, but, no, the point is they've gone up by 83 per cent in four years. So what's driving that, do you think, apart from the complexity of the families - - - ?---It would be the complexity of families and the fact that decisions have been made that it is not safe or that the parents are unwilling or unable to protect that child and therefore the out-of-home care system or the placement in out-of-home care has been the decision that's been taken for that.

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Okay. Given that's the decision that's been made - - -?---And the courts - that information has then been taken to a court, who has also then issued an order, which is a long term order for that child.

Is any policy or program being targeted at the drivers, the causes and the contributing factors that make that family so complex that children can't return after two years when reunification, you've already said is your underlying philosophy, is - - -?---It's certainly why we put a significant investment into the family intervention services to try and work as much as we can with those families in that early period under intervention with parental agreement or on those short term orders to try and work with the family to address those issues, those presenting issues.

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When you say "presenting issues" - sorry - I don't understand. What's that?---So in my statement here, I've got another diagram - statistics that provide information about the parents and the risk factors and so - I'll just try and find it for you.

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Do you mean domestic violence or alcohol or unemployment or poverty or homelessness or something like that?---Yes, yes.

That's what I mean. If they're the cause - - -?---Yes.

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- - - the contributing factors to making this family complex and the inability of the child to return safely and be reared by their parents in safety at home is chronic, not only it's acute, now it's become chronic, what is happening to the symptoms? How are you treating the underlying causes of that complexity?---So it's certainly part of - as I said, in the early stage we've increased the funding that we provided for the family intervention services, which are non-government organisations which are funded then to work alongside the department to work with these families on the presenting issues. A case plan would be developed with that family which would require the family to either undertake certain things or receive referrals to specialist services that could provide them with assistance or support to address the issues that may be presenting and that would be constantly reviewed and monitored in terms of working with that particular family over the period of either the intervention with parental agreement or the short term order.

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Work on the basis of the assumption that you're doing the best you can with what you have got. The fact of the matter is you don't come into the equation until harm has been done or at the very significant risk of being done. You come in, as you have said yourself, at the tertiary intervention level. It's all over the by the time you get involved, isn't it?---And that's why we've been trying to re-orient the system. What we've been trying to do is try and shift the balance across away from just that focus on tertiary and try and get families into getting support earlier rather than letting them escalate into the child protection system.

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I would like to know is: how are you doing that and how is it going for you?---I've outlined before that what we've done is there's been an investment within the family intervention services over the last period of time. We've funded the referral for active intervention services. We've redirected funding from recognised entities to the Aboriginal and Torres Strait Islander family support services. We've initiated the Helping Out Families trial in the south-east and the work that we did around that Helping Out Families trial was modelled on the fact that you needed to have a significant investment within that catchment - within that area to be able to work with a sufficient number of families that have been reported to Child Safety Services to be able to make a difference within that area. So when we were looking at funding that pilot and we received funding from government for that, the decision at that point was taken to put it all in the one area so that we can have a significant investment and try and work with the families in that area to make a difference rather than spreading it out across the state where you may not have had a significant impact and that's certainly what we're trying to test in the evaluation of it.

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Okay. Admittedly it would be hard for a tertiary intervention agency like yourself reactive to be the lead in preventative strategies because you're triggered by a notification. What focus is there though that you're contributing to in the provision of targeted universal services to your client base, that is, before they get at too much risk that you have got to intervene and remove, how are you helping currently to prevent by the provision of government services of one kind or another, preferably those that are actually needed, to prevent that child from ever getting into a situation of such exposure to risk or the actual infliction of harm that you don't have to intervene at a tertiary level? What are you doing on that front?---Under the former Department of Communities the department had the responsibility for both the tertiary and the secondary which was where the work that we undertook to try and look at the system and re-orient the system and currently within the Department of Communities and Child Safety and Disability Services also the department has responsibility for both the secondary and the tertiary. We've been doing a lot of work over the years with other

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government agencies that are responsible for those universal provisions. Part of our Helping Out Families was working with health. They also have the program about expanding the health home visiting program to try and get new mums that might be at risk in those early years additional support within those first three years to provide information and support and advice around their child's development and parenting. We've also been working with education around the roll-out of early years centres that are now being - that are rolled out across the state and there's some Commonwealth funding that's also provided within that. The Department of Education has also been looking at making the pre-prep year more universally available across the state so with funding from the Commonwealth and the state that they have been - and we've been working with them about the rolling out of the pre-prep year and access to early childhood education for all those prior to prep which is a significant part in the development of a young person.

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So is that a recognition within the department that prevention or pre-emption is actually a demand reduction strategy that works?---I think it would be a recognition across the board that prevention and early intervention is better if you can provide the sufficient degree and levels of it that's required rather than having a family escalate into child protection.

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Yes, but it's only better because it's an effective demand reduction strategy, isn't it?---If it works, yes, depending on the family their circumstances. Some families will require a higher level of support than just what the universal services can provide and there needs to be the appropriate services there that can also provide that higher level of support for some of those families as well.

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I know you're in a difficult position because you're employed by government, but just on a philosophical, ideological level for the moment, would it be better if it was possible to co-locate all these services under one - not necessarily a mega-department. I know that has got its own downsides, but I suppose the idea isn't so much the bureaucracy that administers it, what it's called or how big it is or big its budget is. It's giving the families who need support the support they need when they need it and giving the children who are in need the help that they need when they need it so that you need to be able to plug in at all relevant times to the services that they need. If they need a health service, you can plug into it. If they need an education service, you can plug into that. If they need maternal and child welfare, you can plug into that. If they need better parenting skills, you can plug into that. How do you do that?---It's certainly part of what we're expecting the non-government organisations to do. Particularly the Helping Out Families trial is really to be a lead case manager for those families and really tap into the other services that those families may require. How much you co-locate or put together the services I think

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really depends on the types of services and the level of intensity of the service. So, for example, within the schools and really the universal services in that early family support it is appropriate to be co-located, you know, around educational settings and school settings, but families are less likely to then voluntarily receive intensive support services for some of their issues when it's in a more universal type of setting. So then there's a need for more intensive services that may be not quite so central as part of what would be a more universal provision of services.

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So your target the service to the family?---Yes; yes, families are also, as I mentioned before, less likely to engage with services if they've actually been reported up through Child Safety Services in the first instance, but what we are finding in the south-east corner is those families that may have been approached because they've been reported to Child Safety and in the first instance refused are now starting to come back to the service themselves and self-referring back to the service because they realise that they've got some issues and they need some assistance.

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I hate to use this metaphor, but just imagine that the family system, the child system, is a car. You have got a distributor cap. I used to anyway. It had leads running off it. You need a distributor for all these services?---Yes.

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You're a tertiary intervention agency by definition and certainly by practice. Are you the right agency to be responsible for the preventative and the early intervention programs that are necessary in conjunction with your tertiary roles or is there some other - - -?---I certainly believe - from a personal point of view here I certainly believe that the co-location of the intensive secondary services with the tertiary certainly makes it easier to be able to try and get a better balance and a focus on secondary services to try and prevent families from escalating up into the tertiary child protection service. I think that separation in the days of the Department of Child Safety Services when it was a stand-alone department the focus was purely on the tertiary at that point in time. I think in terms of the universal services that's really the role and responsibility of other agencies to make sure that they've got that universal provision and that they're providing the appropriate level of support through those universal services.

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So the current set of arrangements is an enhancement on the previous stand-alone safety-centric approach following on the CMC to a broader, at least secondary and targeted intervention, if not a primary one?---Certainly there would be people that would have different views on this matter, but certainly in the days of the former Department of Communities and the now department where the secondary tertiary is together it's much, much easier to have a holistic view of the secondary and tertiary services and

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try and shift the balance.

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Except your preventative point of your weapon is not going to be as sharp as it would be if - because again even as a secondary agency you're still a bit further down the track that really, truly at the front end, aren't you?---Yes.

You might be in the middle?---We're not truly at the front end, although there are some services through communities that fund neighbourhood centres and some family support services that are considered more universal type or primary type of services that are also funded through the department and, as I said, they're also the responsibility of other departments such as education, training or health in providing some of those more universal services.

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So you're shifting your focus and your target, I suppose, from the back to the middle?---Yes.

And then hoping everybody at the front is doing their bit as well?---Certainly we would, yes, be working with those other agencies around what they're doing at that primary or universal end.

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Because how well they're going at the front end is going to determine how busy you're going to be at the middle?---It has an impact on it, yes.

MS McMILLAN: Thank you.

With longer-term orders, can I just ask you how often is it your understanding that the department would review a case plan for a child?---A case plan should be reviewed every six months.

COMMISSIONER: Can I just stand down for a short period?

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MS McMILLAN: Yes, sure.

COMMISSIONER: I won't be long, sorry.

THE COMMISSION ADJOURNED AT 3.29 PM

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THE COMMISSION RESUMED AT 3.31 PM

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COMMISSIONER: Thank you. Yes, Ms McMillan?

MS MCMILLAN: Yes, thank you.

Mr Swan, so you said every six months case plans need to be reviewed. Is that part of the manual?---Yes, it certainly is, and it's certainly data that we monitor.

Right, and I note that the Queensland child guardian report in 2011 indicated that only 20 per cent of children in out of home care - sorry, 20 per cent of children in out of home care did not have a case plan. Were you aware of that figure?---It's data that we constantly monitor in terms of children that would have a case plan. Is that a current case plan or a case plan?

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A case plan?---A case plan.

Yes?---Yes, there are a number of reasons, you know, why a child may not have a case plan. Particularly if they have first entered care then there might be a period of time before a case plan would be developed for that child or young person.

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So is that figure - do you know more up to date than the 2011 report what it's likely to be at?---Not off the top of my head, but we can certainly provide that data to you.

But that would be something of concern, if one in five children don't have a case plan, wouldn't it?---It's certainly something that's monitored very closely with regions, with an emphasis on ensuring that all children have a case plan, and a current case plan.

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Now, apparently - is it case that children in out of home care are reported as having a much lower performance on the NAPLAN report. Is that your understanding?---On the national education outcomes, the NAPLAN report?

Yes?---Yes.

Is the department taking any action along obviously with the Department of Education to address this?---Yes. We provide the Department of Education with funding to support the implementation of education support plans. Every child or young person in care in education is also required to have an education support plan in place. That plan is developed cooperatively between the child safety officer, the school and generally the foster carers and puts in place specific arrangements for that child.

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Is this part of their overall case plan or is this a separate document?---The education support plan is separate.

Separate, but that should exist for each child in out of

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home care?---Of school age.

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Of school age. Yes, of course, I'm sorry, one would assume that. All right. Can I just ask you just a couple of brief questions on secondary services? From what you've outlined in this Helping Out Families, that's in the south-east region of Queensland. Is there a capacity at the moment to deliver those secondary services other than in metropolitan Brisbane area, so for instance regional and remote areas?---There are intensive family support services across the state, in many locations across the state, although not to the same level or intensity as in the three trial sites in south-east Queensland.

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In terms of Aboriginal and Torres Strait Islander children, in terms of - you've set out in your statement the numbers of indigenous children. At pages 46 and 47 you have the Aboriginal and Torres Strait Islander children known to the Child Safety Services. Three years ago it was one in 4.6 and as I understand it, if it continues on current figures it will be one in 1.6, so more than one in two children?--- This is a result of that large number of reports that the department receives every year from 115,000 matters that are reported to Child Safety Services every year, yes.

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So do you have an understanding through obviously the department what are the main drivers for this increase, and in fact significant number, of Aboriginal and Torres Strait Islander children being known to the department?---Yes, the driver is the large numbers of reports, and particularly the large numbers of Aboriginal and Torres Strait Islander families who are reported to the department through that initial intake phase that are all recorded within the database. I said in my statement, a number of years ago when we were trying to look at the Helping Out Families we were wanting to introduce a dual reporting pathway within Queensland similar to Victoria and the Child FIRST, but there were quite different views across government at that point in time and concern about children falling between the cracks and a view that reporting to Child Safety Services should continue at that point in time. The large numbers of reports results in this large number of children or young people being known to the department.

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Sorry, I'm not quite - - -?---As in "being known" means they have been reported at one point or time in the 18 years of a young person.

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Sorry, but in terms of those figures, one in 4.6 to one in 1.6 over a period from 2007-8 projected out to 2012-13, so a period of five years?---Yes.

Now, you say that's because of the increased numbers of reports being made, but do you understand or have an understanding from the department's information provided and perhaps any work done as to why there has been such a significant increase in numbers reported in that five-year period?---We've talked about that previously in terms of

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the highest numbers of reporters are police, health and education. The largest numbers of increases of reports have come from those three sources for various reasons and so that's what has been guiding the numbers known to the department.

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So you're saying, as I understand it, in effect, for instance, police being called out to a domestic violence issue and a flag - I'm calling it a flag, but what, an intake?---And a subsequent report to Child Safety Services means that that family, mum and dad and every child in that household, would be recorded on our system.

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COMMISSIONER: Sorry, I'm not quite with you. As I understood it before, we established that the number of ATSI kids being notified has gone up 155 per cent since 2004 while the non-indigenous counterparts have decreased by 40 per cent. They're the same mandatory reporters, aren't they?---The same mandatory reporters?

Yes, for both indigenous and non-indigenous?---Yes.

Referrals from the Queensland police was 67 per cent of your mandatory reporting figure, but of that 84 per cent didn't meet the threshold?---That's right.

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Well, so how can - and likewise, your other mandatory reporters were education and health and 79 and 73 per cent respectively didn't meet the threshold. So when most of your notifications aren't meeting threshold, how can that be the explanation for - - -?---They're not - - -

- - - the increase in the out of home care figures?---No, my understanding of what we were talking about is the graphs on pages 46 and 47, which is showing the number of children known to the department. So the number of children known to the department is every child that's reported to the department, not those that meet the threshold for notification. So every phone call we receive - - -

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I understand, but the question you were asked is what's driving the increase in notifications, wasn't it, or is that the one you should have asked?

MS MCMILLAN: What I think I was asking this witness about was, "Why are there so many children known to you?" and his answer was, as I understood it, the mandatory reporting and the flags raised.

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COMMISSIONER: Well, that would make sense.

MS MCMILLAN: Yes. What are the percentage, though, of indigenous children in care at this time, do you know?---It's in the data.

COMMISSIONER: 4000 - 4300.

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MS MCMILLAN: Which is - - -?---Children living away from home, 3052 of the 8063. 1

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So not quite half of the children in care are indigenous and so therefore, given the relevant percentage in population, they're still vastly over-represented in children in out-of-home care. Correct?---Yes. 1

Right. Do you have an understanding about why that is so high?---The over-representation?

Yes. In out-of-home care?---It's a couple of factors. It's driven by the numbers of reports that we're receiving and then certainly the assessment of those reports resulting in a higher likelihood of substantiated harm for an Aboriginal and Torres Strait Islander child. 10

All right. Now, you'd be well aware of the indigenous child placement principle. Is it correct that - just describe to the commission what you understand that to be?--The indigenous child placement principle has - - -

Yes?--- - - - a hierarchy where making a decision about placing an Aboriginal and Torres Strait Islander child in out-of-home care, our officers need to have regard to that hierarchy. The first point would be to be able to try and locate kin and to try and place that Aboriginal and Torres Strait Islander child with kin. If kin was not able to be located, then it would be another community member. I think, thirdly, would be then an Aboriginal and Torres Strait Islander person and then it would go on to a culturally appropriate placement or a foster carer that could provide culturally appropriate connections for that young person. 20

So what is known as preferred placement as opposed to a non-preferred placement?---Sorry, not - - -

What is termed a preferred placement as opposed to a non-preferred placement?---I'm not quite sure of the terminology, but certainly a preferred placement would certainly be with kin or, secondly, with a community member or, thirdly, with another Aboriginal and Torres Strait Islander person. 30

You're aware, aren't you, that for instance there's figures kept nationally about that issue of placement and Queensland is about 52.5 per cent preferred placement, whereas, say, New South Wales, 82.4 per cent are preferred placement. Are you aware of those figures? I'll show you?---I'll need to have a look at that. 40

The source is the Commission for Children and Young People and Child Guardian 2011?---Yes. It's referred to as, "The percentage of Aboriginal and Torres Strait Islander children placed with kin, other indigenous carers or an indigenous residential care service," which is the preferred placement.

Yes?---Yes.

Does that accord with your understanding that Queensland are 52.5 per cent preferred as opposed to 47.5 non-preferred placements?---In terms - yes. 1

That would seem - if one looks down at the bottom - Australia 69.2 per cent is preferred placement. In terms of that, it's just a shade over half being the preferred placement, isn't it, assuming these figures are correct?---Yes.

Is the department aware of those sorts of figures?---Yes, we're aware of those figures. Yes. 10

I take it obviously you would want to undertake some action to address that?---Yes. It's a continual focus of the department in trying to ensure that those children placed in care are placed in accordance with the principle and in culturally appropriate placements. The issue for Queensland - there's a number of demographic factors that impact on that. I think we have the second highest Aboriginal and Torres Strait Islander population of any state and territory. We also have a much younger population than the adult population. The difficulty in finding carers is significant in Queensland. As I mentioned earlier and I've made in my statement there, we also fund a number of Aboriginal and Torres Strait Islander non-government organisations to find placements, indigenous foster and kin carers, and we've done those to provide a little over 600 places and as at the end of March, there were 300 vacancies within those placements. The difficulty in finding Aboriginal and Torres Strait Islander carers is an immense task for us. Yes. 20

I imagine it is correct that the remote locations of a number of the communities probably cause some difficulties, do they, as well?---The remote locations does cause difficulties - - - 30

And also, I suppose - - -?---We did introduce the safe houses in 11 remote communities in order to try and provide a safe place for - a culturally appropriate place for young people that might be subject to either an investigation or a short term order or an intervention with parental agreement.

Yes. I was going to ask you, safe houses are really a temporary measure, aren't they? They're really a short term placement, the safe houses?---They're a placement within the community so that we don't have to remove the child or children from that community; to provide a place still within the community that we can then work within the community to try and either reunify the child or young person or find an appropriate placement within that community. 40

So there's only 11 of them, you said, over a number of locales, so that would obviously be a shorter term, up to two years, if you're trying to address those issues,

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wouldn't it?---Yes. It's generally shorter than that. 1  
Yes.

All right, thank you. In terms of the staff that you recruit, is it correct that the targets are set at 4.4 per cent of the staff being Aboriginal and/or Torres Strait Islander descent? Is that correct? Are you able to assist us with that or is that not within your knowledge?--  
-Certainly the department keeps records of the number of Aboriginal and Torres Strait Islander staff and a proposition that is targeted. I think that's correct. 10  
Child Safety Services, to my understanding, has a higher proposition of Aboriginal and Torres Strait Islander staff, but we can again provide those figures for you.

All right. In terms also, again with indigenous issues, the structured decision-making tools are, as I understand, contained in the manual, correct, and are underpinned by guidelines and procedures and other specific documents referable to the manual. Is it correct that there is some concern being raised by stakeholders as to whether they're appropriate or transferable to children of Aboriginal or Torres Strait Islander descent?---It was certainly one of the issues that was raised within the taskforce report that had been referred to earlier and we've done a fair bit of work in looking at those tools to look at the appropriateness of those tools and have made some minor adjustments to some of them. 20

I see?---Yes.

Now, in terms of - I'm talking about generally young people transitioning out of the system, that is reaching the age of 18, and I'm broadening this out to all children not necessarily children of Aboriginal and Torres Strait Islander descent - is it correct that the area of transition for care received a stronger national focus in recent years?---It's certainly one of the focus areas of the national framework for protecting Australia's children. There's been some national work that's been undertaken there and developed; some national principles for transition from care planning that states and territories have then reviewed their processes and Queensland is consistent with those national principles. 30

All right. One understands that the Queensland government made an election commitment to increase support for young people transitioning from care up to 21 years of age. Are you aware through the department what that support may well involve?---No. We're just doing some early work on that at the moment and looking at arrangements in other jurisdictions with a view to coming back to government on that. 40

All right. Likewise, there was a national partnership agreement on homelessness, is there not, which has a priority target to reduce the number of young people leaving care and going into homelessness?---Yes. 1

And the department has utilised funding got from the Australian Government, is that correct, under that program to implement the Youth Housing and Reintegration Service? ---That's right.

Is that to achieve young people at risk of homelessness can be supported up to the age of 25 years. Is that correct? ---I think that group supports children up - young people and children up to the age of 20. 10

In terms of its effectiveness, is it the case that most young people after leaving care are not likely to recontact Child Safety for assistance?---No. I mean, there is - we certainly, with the current arrangements, we certainly can - we wouldn't keep an order in place but we certainly can open a support service case for a young person to continue to support them. This happens quite regularly where there might be a young person who turns 18 when they're in their final year of school, so we will open a support service case where we continue to provide support to that young person, and if they're in a foster care arrangement, continue to provide the foster care payments until that young person has completed their 12 years of schooling. 20

Does that happen for every child who's aged - - -?---Not for every child, no.

But I take it there should be, shouldn't there, in terms of if they're under a long-term order - - -?---The long-term order would go through until they're 18, generally. 30

But there should be, shouldn't there, for each of them, as part of their case plan, some provision for transitioning out of the Child Safety - - -?---Certainly. The transition from care planning should commence when the young person's 15 and start to talk to the young person about their views and their aspirations, and what they would like to do post when they turn 18, and that would progress each year as part of their case plan, the transition from care planning is part of the case plan, and that would be reviewed every six months.

So for each child after the age of 15 who's in long-term either custody or custody and guardianship of the chief executive, there should be a plan for them to transition out of it?---For every child that's in care at that point in time, there would be a plan, yes. 40

Just excuse me.

COMMISSIONER: Just while Ms McMillan's a bit distracted there, would it be fair to draw the conclusion that one of the explanations for increase in Aboriginal and Torres

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Strait Islander children under long-term orders and any other kind of care, would be dropping reunification rates?--Certainly would be the case that the work may have been undertaken and a decision that the reunification was not possible at that point in time would then result in the decision that a child would collect the information to go to court to seek a long-term order.

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Of the 4000 or the 3000-odd Aboriginal and Torres Strait Islander kids currently in out of home care, do you know how many are there because of failed reunification attempts?---No, but they would either be on a long-term order, but either at that early point in time it was deemed that it was unsafe to return to their home and that could have been taken there may not have been a reunification attempt earlier, but in most cases there should have been, but the majority would result that a reunification decision has been taken that it was not possible.

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So obviously we only want to reunify if it is safe?---Safe, yes.

But if we did more successfully reunify, there would be less of a problem with transiting out of the system at 18 because they would not be until then?---That's right.

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One of the ways to improve reunification rates, it seems to me, is by targeting the barriers to reunification that you have mentioned in paragraph 208 on page 53 of your statement?---Yes.

Do you agree with that?---Yes.

Is the Child Safety Services department the one to be doing that?---Certainly some of that, certainly if the Department of Communities is responsible for domestic and family violence services, so from the range of domestic and family violence services across the state. We'd also be responsible for the intensive family support services, but we work more closely with Queensland Health and the non-government sector around parents that may have a mental illness or drug, or alcohol services that may be provided across the state.

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This may be over simplistic, but of all the children in out of home care, we know 40 per cent of them are indigenous and the others are not indigenous, would it be fair to say that all of them have parents who have either drug and alcohol problems, mental health problems, or problems with going in and out of prisons, or there is chronic family violence?---So the table I've provided on .195 on page 50 shows the proportion of those risk factors and that one is within substantiated households, and it shows the variation between Aboriginal and Torres Strait Islander families and other households, so it shows a very high proportion, over 60 per cent of parents that may have been reported to us that we've been working through with on substantiated households, so they would be with children in care that we

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would need to be working with those parents on returning home. Over 60 per cent have an alcohol or drug problem. 30 per cent have a parent with a criminal history. 35 per cent have a parent who was abused as a child. 15 or so per cent, a parent with a diagnosed mental illness. And over about 40, 43, 44 per cent of domestic violence within the last year.

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What appears to me to be happening is we have increased notifications?---We have increased - - -

Or increased substantiations?---Increased reports to us.

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Increased reports and increase in substantiations?---I think we have actually reduced numbers of what we call notifications. It's where we investigate and also reduce substantiations, but because of the point that you're making before about children probably entering care younger and staying longer because of the attempts for reunification have not worked, then we're getting an increase in the number of children in out of home care.

That is going to stay either solid or keep increasing unless we do something about the underlying drivers that you have mentioned in your draft at page 50 and in paragraph 280 - - -?---Exactly right.

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- - - of your report?---Exactly right, and that's why we were doing the Helping Out Families.

If you can give me a short paper on how we achieve that by tomorrow, that would be excellent. Thank you?---More than happy to provide support there.

All right. The only other thing I will ask you about before we run out of time, is Family Court interventions by the department. It would seem to me that when families break up or parents separate and divorce, that's a perfect early intervention intersection between the federal and the state systems. Do you agree with that (indistinct) anyway, there seems to be a reluctance on the part of the department to intervene as a party in Family Law disputes, and there seems no longer - although, some trial judges once thought they could force parental responsibility onto another willing department, the Full Court seems to have said that we cannot. Why is the department traditionally reluctant to intervene at this junction?---I suppose when the department was focused on tertiary, for the department to intervene, we had to make a determination that there was no parent willing or able. Usually in Family Law matters, there are one or both parents that are willing or able to support or, you know, to protect their child. What they need is a different type of service or support. They really need an early family support or counselling support, or relationship support to help them work through the issues. Parental conflict, though, does then become one of the matters of which numbers of reports are reported to Child Safety Services.

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Not a question of being liable for costs or anything like that?---No. It was that definition of, you know, a parent willing or able.

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Fair enough. That's all I have for you, thanks very much, Mr Swan, but, Ms McMillan, before you finish completely, were you going to - the strategic plan, have we got that, the department's strategic plan? Has it been tendered? Will it be?

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MS MCMILLAN: Yes, it will be.

COMMISSIONER: Also the various diagrams and statistical tables, et cetera, and figures that are - will they be tendered?

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MS MCMILLAN: I'm just about to round out to tender a number of documents, Mr Commissioner, thank you.

COMMISSIONER: All right, thank you.

MS MCMILLAN: Would you have a look at these two documents, please, Mr Swan? Mr Swan, do you see there the first document? Is that the taskforce you chaired?---Yes, it is.

Could you just read the title into the record, please?  
---"Together keeping our children safe and well. A comprehensive plan for promoting the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people and reducing their over-representation within Queensland's child protection system."

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Thank you, and the second document, is that the departmental response to that taskforce report?---The second document, the blueprint for implementation strategy, was the departmental response after working in conjunction with the working group to develop a first plan for implementing the first year initiatives within the taskforce report.

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The second report, who is the author - the second document, who is the author of that blueprint?---The author of the document is the department, but we did author that in conjunction with a working group that was established.

I tender each of those. Perhaps they should be separate exhibits, Mr Commissioner.

COMMISSIONER: All right. The blueprint will be exhibit 12.

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ADMITTED AND MARKED: "EXHIBIT 12"

COMMISSIONER: The "Together keeping our children safe and well" document will be exhibit 13.

ADMITTED AND MARKED: "EXHIBIT 13"

MS MCMILLAN: Thank you. Lastly, these are a bundle of documents not already tendered before that I've taken Mr Swan to today. I'll get copies for the other parties.

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COMMISSIONER: How will I describe that in the record? A bundle of pieces of paper?

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MS MCMILLAN: Yes.

COMMISSIONER: Can you get an index for me tomorrow?

MS MCMILLAN: Yes, I will.

COMMISSIONER: Thanks.

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MS MCMILLAN: Perhaps if I could just hold over then that tender and they will be described.

COMMISSIONER: All right.

MS MCMILLAN: Yes, we'll do that. Yes, thank you. I have nothing further then with Mr Swan, thank you.

COMMISSIONER: Thanks, Ms McMillan. Mr Hanger?

MR HANGER: I'd like to examine a little bit further your secondary responses, if I might, getting down to a grass roots level for a simple fellow like me. Helping Out Families you refer to?---Yes.

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Now, tell us what that is, how it works at the coalface? ---Helping Out Families is a suite of four different activities that we fund. The first part of that is a family support alliance which is a funded non-government organisation that has been set up to receive matters referred from Child Safety Services to then work with families that have been referred to them to try and seek engagement from those families to receive some support to help them with the issues and why they were reported to Child Safety Services.

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Okay, so there was - just stop. There was a report. Child Safety Services say, "This isn't serious enough to go into any tertiary segment?---Yes.

So you think you can help this family out and so they are sent to what you called an alliance which is government funded?---It's a non-government organisation, government funded, yes.

Wholly government funded or partially government funded? ---It would be solely government funded.

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Who are we going to find in that organisation? Social workers, police, teachers, what?---Yes, generally people - social workers or people from a human services background, or other people experienced in child protection matters.

Full-time employees?---Generally. It could be part-time employees, but yes.

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They will just work with these families on effective parenting and - - -?---The family support alliance is a very first, short process to - some of these - many of these families will have been referred to us from the alliance without consent, so the family may not have even known they're reported to us and then that we've referred them to the family support alliance.

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Yes?---So their role is to knock on the door, talk to them about the report and the issues and offer - try and work with them about getting their consent to then be referred to the next level of service, to be referred to a family support service.

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All right. Well, you have to knock on the door, say, "Look, are there some problems here? We've heard you've got a few difficulties. Can we help?" All right, so they say, "Yes, we'd love some help"?---Yes. They then would be referred - an assessment would be undertaken and they would be referred to the intensive family support service.

That's still within this alliance you're talking about?---It's still - it's within the same non-government organisation. It's really just a different function, yes

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All right, and what sort of help are they going to get there? Are they going to be given some money to tide them over until next month or are they going to be given some counselling about how to raise children, or what?--The intensive family support service would work with the family, undertake a very thorough assessment, identify a range of issues. They could provide counselling, they do have some brokerage dollars that they can use to support family - - -

Brokerage dollars?---Brokerage dollars, an amount of money that they have that they can use flexibly to support the family. So, for example, they might not be able to put food on the table that day so they could be assisted to be able to provide some food for the family at that point in time. It could be used to also pay for assistance from either, you know, going to a general - a doctor or another medical professional if they haven't got the funds to be able to do that. They could also then - that service would work with them intensely on those issues and if they needed to they may also be able to help those families in accessing other specialist services. So they could identify that budget management might be a big issue for them and they could put them in touch with someone like Lifeline who could provide them with some financial counselling. They could also work with them about going to one of the alcohol or drug services or ensuring that they get into a mental health service. They would work with the family intensely on those particular matters.

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What about parent effectiveness training, would they send them to that?---Yes, positive parenting is part of the family support services, so it could also be about that,

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yes, positive parenting skills. 1

All right?---Household management, getting breakfast - - -

How to run budgets for the house and so on?---Running budgets, getting breakfast for kids, making sure they've got lunch when they go to school, tidying up, some of those types of things as well.

Things like that, okay. I think you mentioned these services are run at Beenleigh and Nerang and Gold Coast at the moment. Is that - - -?---Beenleigh, Eagleby, Nerang is sort of one site together, Logan is the second site and the Gold Coast is the third site, yes. 10

Okay?---We also fund domestic and family violence services.

Wait on, wait on?---Sorry.

Don't get ahead of me. I think you mentioned three or four things you were going to - - -?---Four.

Yes, okay, so let's deal with the second one?---The second one was the intensive family support services, yes. The third one was domestic and family violence services. So we also enhance the capacity of the domestic and family violence services in those locations due to the large numbers of families that were presenting with domestic and family violence issues. 20

How do you actually deal with that? Again, the same kind of office that we have called Helping Out Families?---Yes, so the family support alliance would engage with them. They would get them into the family support service who then - if domestic and family violence would work with them, and also work with the domestic and family violence service about issues they may have been having. So that could include the male partner undertaking perpetrator programs or it could include assisting the female partner identify a safe premise or putting in place safety upgrades within their current premise. 30

One to one counselling as well, or not?---Generally, yes. 40

Any group work, sending the men along to group sessions? ---Some of the services might do that, and certainly about - peer support is sort of part of some of the support that they can provide.

Any others then under this Helping Out Families?---Health home visiting. The health home visiting was the fourth element that we saw as essential in terms of particularly

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the number of young babies that were being reported to the department up to about three - you know, young ones up to three or four years old, and so the health home visiting was seen as an essential element of that to provide a number of home visits for all new mums within that location and we provide up to six home visits over the first - or six contacts over the first three years.

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Just stop there. So that is an unsought service. Nobody tells you, "This baby's not being fed properly," or anything like that. This is just in those suburbs you go in and say, "Can we help you about being a mum"?---It's what we see as one of the universal provisions that's required to assist all new mums that have - - -

All new mums?---Yes, so all new mums with a baby born within those locations are then offered those six contacts or home visits within the first three years and those families that would be identified within the first visit or whilst they're in hospital to be at risk can receive up to 15 or so contacts or visits within the first 12 months.

Now, what would prompt them to be at risk in that context that would not put them into the next category of being a significant risk?---Yes, to be at risk it could be that they might be having trouble with the baby's sleeping which is causing stress, which is causing their tiredness and overreaction when the baby does cry, which could then be a report to Child Safety Services by a concerned neighbour or somebody where they might be hearing, you know, screaming or something within that household. So if they're identified in the first visits of having those difficulties, then the health home visiting service would increase the numbers that they would have.

Thank you. So that really covers that kind of Helping Out Families service that you're offering to prevent something down the track?---Yes.

Mr Carmody asked you about measuring the effectiveness of that and I think you said it was what, 50 per cent less likely that they would come to your attention in a more sinister situation?---Yes, the early results - we'll have some further information in the not too distant future about the next nine-month period, but the early results were showing that those families who had worked intensively with the service and completed the case plan were 50 per cent less likely to be re-reported and so the numbers within child safety are also partly driven by those re-reporting - - -

And I take it the 50 per cent success rate was considered a good result?---Yes.

Is that right?---Yes.

You're pretty happy with that?---Yes.

Okay. Now, can I go onto another area that you were asked about, that is, the out-of-home care and the cost and so on? As I understand it, we've got homes for, say, teenagers who are not in foster care. I take it once you've got to be in out-of-home care, what's desirable for a start is foster care?---That's right, kinship care and then foster care.

Kinship care first and then foster care?---Yes. 1

Do you have enough foster parents?---No. There's always - - -

You don't have enough foster parents?---No. There's always a shortage of placements or availability of foster care.

I take it that's the same all over the state?---All over pretty well, yes, particularly even more pronounced within the Brisbane area where they have a lot more difficulty in finding foster carers and generally rely on, you know, the Logan and sort of Nerang area and that Pine Rivers, Caboolture, Deception Bay area for carers. 10

All right. So if we don't have a foster carer, then what's the next thing that we can do with a person who comes into the system?---Wherever possible we try and place the young person with a carer so we would - - -

We've passed that?---Yes.

We've passed kinship. We've passed foster care?---We would have intensive foster carers for more complex young people and we also - - - 20

Sorry, I'm going to stop you. You talk about more complex young people?---Yes.

These are people with behavioural problems for any number of reasons, be it abuse or autism or something else?---Yes, that's right.

All right. So these are the people who need a lot of help? ---Yes. 30

Where do you put those?---It would be in intensive foster care or we have residentialials and we also have four therapeutic residentialials throughout the state.

Stop there. Intensive foster care - that must require a saint to look after them or very dedicated person?---It requires a very dedicated person and it requires more support around that foster carer from a non-government organisation.

You mentioned that they get that support?---Yes. 40

Yes, all right. Now, the next level you said is? ---Residential care.

And what's that?---That's where we would fund a non-government organisation to provide accommodation in a house within the community for generally four - up to four young people that would have staff that would be rostered on 24-seven.

How many staff for a week?---They would generally have

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two staff rostered on at any point in time.

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Three eight-hour shifts in a day?---Some of them operate on 12-hour shifts and some of them do operate on - they might have one person on a night sleepover so they might have a person that would do an eight-hour shift and then an eight-hour sleepover.

A sleepover, I presume, gets paid at a lower rate, does it? ---That's right, yes.

But did I understand you correctly that you have two people on all the time?---Mostly; some of them may only have one on a sleepover but there would generally be, yes; mostly there would be two.

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So to look after four people we have effectively six people more or less all the time seven days a week, I presume?---I think it works out that they need to roster the 24-7. Over the week they generally need about 10 employees to cover the roster.

That's for four young people?---Yes.

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And those are not high-needs people. These are just unfortunate young people that - - -?---No, they would generally be those with complex needs, yes.

And for those who are in foster care in this - sorry, not in foster care but out-of-home care where they don't have high needs they're still living in these houses with four people, are they?---Sorry, those that would be?

Well, I think the last answer you gave where you talk about 10 people it was for people with high needs?---Yes.

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What about the people who don't have high needs but are living in homes?---In residential accommodation?

Yes?---Yes, generally we have what we call transitional placements and those transitional placements are where we either have difficulties in the placement capacity within the system at that point in time so we might not have enough foster carers or a carer for that child, we might have a large sibling group that we can't find a carer that might take, you know, six or nine children or we might have a young person with extreme complex behaviours and we would specifically fund an arrangement for that young person on a transitional basis while we're sorting more permanent longer-term arrangements.

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COMMISSIONER: Excuse me, Mr Hanger, may I ask - how much does it cost those residential arrangements where you have the complex needs or high needs? How much does that cost a year?---It's generally around approximately 800,000 per year for one house.

For one house. How many houses are there?---I think we

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have about - I think we've got about 300 young people placed in those residential accommodation across the state, but I can get the exact figures for you, so there's around 60 or 70 houses across the state.

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With a maximum of four children in them?---Yes.

I'm a bit slow. How much does that work out at?---It's about 200,000 per child.

And how many children are having this spent on them?  
---Sorry?

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How many children are there?---In - - -

Having 200,000 - - -?---In residential accommodation - it's in the data here. In residential care services we had about 600 as at the end of June 2011.

Is that 600 by 200,000?---In residential care services, yes. I'll check the figures, but yes.

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MR HANGER: The commissioner asked you I think before lunch and I think it might have been a question which you took on notice - I can't remember the detail, but I'm just wondering if you are able to answer it or not. The point that he was asking about related to 6 per cent from being spent - 6 per cent of 733 million is the figure I wrote - going towards Aboriginal and Torres Strait Islander's care and it seemed a very small amount compared to the number in care. Do you want to elaborate on that if you are able to?---I think that 6 per cent referred to what we would provide to dedicated Aboriginal and Torres Strait Islander organisations to provide services to children in care, so within that we fund recognised entities or Aboriginal and Torres Strait Islander controlled organisations. We fund 11 Aboriginal and Torres Strait Islander Family Support Services.

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Sorry. This is included in the 6 per cent?---Yes.

Yes?---Yes; that are dedicated Aboriginal and Torres Strait Islander controlled organisations. We fund 10 placement services organisations.

Within the 6 per cent?---Yes.

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I want to know what's within and what's without the 6 per cent?---Yes. So they're all within. So the within the six would be the specific funding for Aboriginal and Torres Strait Islander controlled organisations. Across the remainder of the services is all the organisations that we fund provide services to Aboriginal and Torres Strait Islander children and all of the placement services that we fund would need to also try and seek Aboriginal and Torres Strait Islander carers and all of our residential services would also provide care for Aboriginal and Torres Strait Islander children who may be in those residential services.

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So for a simple fellow like me, the Aboriginal and Torres Strait Islander - the services provided to them would be a per head, roughly, percentage of all the money available to your department plus a 6 per cent loading on top of that. Like, theoretically, each child - take six from 100 and you get 94 - would get, theoretically, any percentage of the 94 per cent and then there's the 6 per cent Aboriginal loading on top. Is that roughly right?---Certainly the proposition of children, Aboriginal and Torres Strait Islander children, reported or investigated or in out-of-home care, the proposition of the budgets would be providing services to the Aboriginal and Torres Strait Islander children or families for that particular type of function that's undertaken by the department. The 6 per cent then provides specification dedicated services by those indigenous controlled organisations.

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I mean, I think the problem that the commissioner had was whether it was substantially under-funded per Aboriginal child?---Certainly, the Aboriginal and Torres Strait Islander children - certainly would get the proposition of

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the budget that would be for the proposition of children represented in the system at that point in time, but we do, as I said, need to work with those organisations about, you know, developing the capacity of those services to be able to provide the types of services that are required. So, for example, if the services were able to provide more Aboriginal and Torres Strait Islander carers then we would certainly be looking at providing more funding to be able to support organisations to find and support Aboriginal and Torres Strait Islander carers, but our current data is showing that currently we still have some spare capacity within those services in terms of the numbers of carers that they're able to find and support. Similarly, with our Aboriginal and Torres Strait Islander Family Support Services.

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COMMISSIONER: What we do know is that by 2016 Queensland will have the biggest indigenous population in the country? ---Yes, I believe so.

And they're the ones entering our system at a faster rate and staying longer?---Yes.

So, really, my question was is that additional 6 per cent enough to halt that trend?---No, I mean, what we would like to do is to be able to work with organisations, indigenous controlled organisations, and really develop and expand their capacity. One of the discussions we've had with (indistinct) around the Aboriginal and Torres Strait Islander Family Support Services was that we redirected some of the recognised entity funding and then we wanted those services to really get up to capacity in terms of providing support to Aboriginal and Torres Strait Islander families. So we've taken a period of time now to get the numbers of people engaging with those services up and the data that presents in the submission here is that at this point in time we still need to do some further work with those services around working intensely with families that are presenting because they do - from the data showing still tend to be working with the lower end of families that might be presenting. Now, that could be because the families are refusing to engage with the service.

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With the universal service?---With the secondary service when they go out and say, you know, "You've been reported to Child Safety Services. Can we support you?" large numbers of those families are refusing to engage.

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Well, it's a bit of a stigma, I suppose, isn't it?---Yes.

So you would be better off saying - instead of saying, "Hi. I'm from the government. I'm here to help," you would be better off saying, "I'm from a voluntary organisation. Do you need any help"?---That's who it is. It's not the government that's going out. It is the non-government organisation that's going out and still there are large numbers of families that are not engaging.

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They're resistant, why, because - do you know why?---Some of the reasons were provided within here from the data that we collect. So some of the reasons were, "Family did not consent," was a large, "No response. They'd moved out of the area." "The family had commenced but then disengaged partway through," so that lack of engagement seems to be an issue.

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This is sort of a little tangential, I know, but does the department experience many false starts with reunification, that is, does it look like they're back on - getting back together, are intact, but then, you know, the alcohol problem actually wasn't beaten in that time or it still needs a bit more time?---There would certainly be cases where a child may have been reunified and then a report back to Child Safety Services and then some short time frame after that may occur.

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Yes.

MR HANGER: More problems, you mean?---Yes.

Yes. The reunification has broken down?---Yes.

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COMMISSIONER: Either more of the same or different?---It could be either. Yes.

MR HANGER: Can I, before we adjourn, just ask you about paragraph 33? You talk there about the staff within the department. There are 997 child safety officers. Now, those are the people at the frontline that go out to the homes, knock on the door and say, "Have you got some problems?" Is that right?---They're spread across receiving the matters reported, the intake, undertaking investigations and also undertaking case work with children that may be in care.

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Now, those people, as I understand just from hearsay, can burn out quite quickly because of the stress of the work?---It is a very stressful role.

It's very stressful work. Yes?---We have done a lot of work in terms of looking at the turnover and implementing a range of strategies to try and reduce that turnover and the ones that I described before about broadening the poles, about progression and a couple of those strategies, professional supervision is another one that they - while we have a number of team leaders and senior practitioner within our service centres to provide that professional supervision - - -

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I'm going to come to those. So then the next one we've got is child safety support officers?---Yes.

Now, are they older child safety officers that debrief the younger ones or what do they do?---No. They're support, so they're usually a lower level. They're generally a para-professional workforce, unqualified, and they work

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with the child safety officers, generally with children in care, so they might work with them on facilitating family contact or facilitating, you know, medical appointments for the young person or undertaking other duties in conjunction with the child safety officers.

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Okay. So it's really support people - - -?---Support, yes.

- - - and then we have family group meeting conveners as a mediator, so to speak?---Yes. As part of the legislation, we need to have a family group meeting for every child entering care as part of the process and provide that plan then to court before we get an order.

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COMMISSIONER: Does the meeting include agreeing not to meet?---Well, sometimes some of the difficulties in why we have adjournments or matters - a number of short term orders in that, some families don't want to participate and there's also an issue regarding support for families or separate - - -

So is there any point mandating that if it's not practical? ---It's currently mandated.

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I know?---Yes. The issue I suppose to look at is whether or not it's required for the court to make an order or not or whether it's something that can occur post - - -

Do you have a preference?---Sorry?

Do you have a preference?---In talking to the frontline staff, I think there is a difficulty in having to have that and have that occur before an order can be granted.

It's a pre-requisite for an order?---Yes.

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Because if you were smart, you could put it off from day to day, if you were one of the participants who it was necessary to - - -?---Yes. I mean, we'd want to - - -

MR HANGER: I had the impression this morning that from the Victorian system, they have these case conferences, or whatever you call them, before you could go to court, but you thought that was a good idea?---The Victorian legislation is a little bit different to the Queensland legislation in that there's a much stronger emphasis within the Victorian legislation on working with the families first and, hence, what's been the development of the Child First system and the extensive non-government organisation network within that state compared to what we have here in Queensland at this point in time. So there is a much greater emphasis on working with families and to get a court order in most cases, you've got to prove that you've worked with the family and it hasn't worked, whereas that's quite different to the system here.

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Mr Commissioner - - -

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COMMISSIONER: And Cummins recommended (indistinct) transformation of that system, didn't he? 1

MR HANGER: I did say to my clients that they get a chance to say the way things should be after these initial hearings. You know, the idea today was to sort of give an overview, but I think down the track we'll ask for what they think should happen. I think that's the way we - - -

COMMISSIONER: So you want me to butt out, Mr Hanger?

MR HANGER: No, not at all; not at all. It's all of great interest. Is that a convenient time? 10

COMMISSIONER: Yes, certainly. Yes, thanks. Very instructive, Mr Swan. Now, I'm sorry you're going to have to come back again tomorrow. Can I get some estimates of how long you think you'll be, Mr Hanger, for Mr Swan?

MR HANGER: Another three-quarters of an hour.

COMMISSIONER: Okay. Without interruptions? Mr Burns?

MR HANGER: With or without. 20

COMMISSIONER: Mr Burns?

MR BURNS: Not long, if at all.

COMMISSIONER: Excellent. Okay. Mr Capper?

MR CAPPER: Not long, if at all.

COMMISSIONER: Not long?

MS EKANAYAKE: About 45 minutes. 30

COMMISSIONER: Okay. There you go. There you have it, Mr Swan. Sleep easy. See you tomorrow.

WITNESS WITHDREW

THE COMMISSION ADJOURNED AT 4.33 PM  
UNTIL TUESDAY 14 AUGUST 2012

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