



# Place-based study: Caboolture

Queensland  
**Family & Child**  
Commission





## Acknowledgements

This study would not have been possible without the generous sharing of time, experience and data from participants and organisations.

The Queensland Family and Child Commission thanks the Caboolture place-based study participants for their contribution to the study, and their ongoing commitment to supporting Queensland's children, young people and their families.

It is important to note that this study was qualitative in nature, and as such the findings reflect the views and perceptions of participants.

## Contact details

For enquiries or further information about this report please contact us at:

Queensland Family and Child Commission  
Level 22, 53 Albert Street  
PO Box 15217, Brisbane City East QLD 4002  
Email: [evaluation@qfcc.qld.gov.au](mailto:evaluation@qfcc.qld.gov.au)  
[www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au)

# Executive Summary



## Purpose

This place-based study was designed to examine the capability of the workforce in Caboolture in responding to the complex needs of clients. The study explored:

- local partnerships
- specialised training and professional development offered
- promising approaches to building capacity and capability
- how training and support for staff contributes to positive outcomes for clients.



## Setting

- This place-based study was set within the Caboolture Child Safety Service Centre catchment, which is part of the Moreton Region of Child Safety Services.
- Caboolture is an urban centre north of Brisbane.
- Clients accessing family support services in Caboolture typically present with multiple and complex needs.

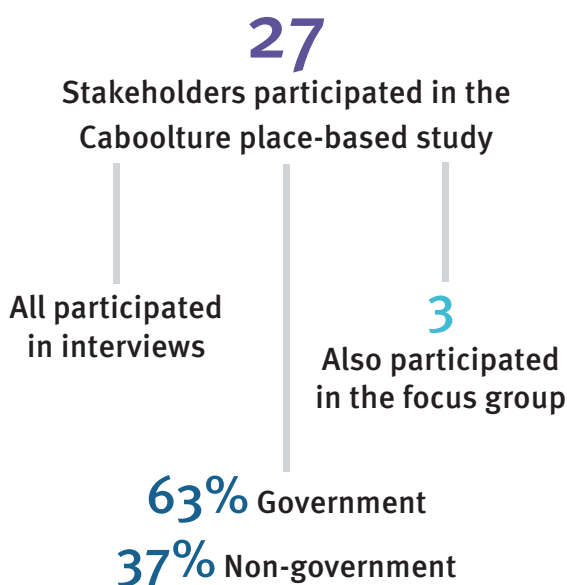


## Method

- A desktop review of literature, service documentation and Child Safety Services data was undertaken.
- Local stakeholders helped us identify the target population in Caboolture.
- We visited the Caboolture to conduct interviews between May and June 2019.
- We ran interviews with local stakeholders from:
  - local and regional governance groups
  - government agencies
  - non-government organisations
  - Aboriginal and Torres Strait Islander Community-Controlled Organisations.
- We conducted a follow-up focus group with key stakeholders to test findings and explore information gaps, in July 2019.



## Sample





## Key findings

### Supporting Factors

#### Service provision

- Frontline practice is client-centred, flexible and non-judgemental.
- The local area offers a broad range of services. The introduction of early intervention services enables the provision of support to vulnerable families who may not have previously met the criteria for statutory services.
- Services receive a large number of self-referrals to secondary support services.

#### Workforce support and development

- Programs and supports are proactively provided to staff to assist them with managing their wellbeing and reduce burnout.
- There is a demonstrated commitment to providing staff with development opportunities.
- Development priorities are often determined in response to clients' presenting issues and emerging community issues.
- Development is offered across organisations which fosters relationship building with other service providers.

#### Culture, collaboration and partnerships

- A sector-wide commitment to working together to meet the needs of families has been supported by local leaders and has provided an authorising environment.
- Services work collaboratively, including co-locating with one another, to facilitate holistic and wrap-around support for families. This supports effective transitions and referrals between services.
- Multi-agency networks and collectives have supported relationship building and information sharing.

### Barriers

- Most services were operating 'at capacity' meaning some families are placed on waitlists.
- Many local practitioners have high workloads which can limit their capacity to participate in learning and development opportunities.

### Opportunities

- Consider current information sharing processes, as these relate to referrals between services, and identify ways of strengthening these.
- Consider capability-building opportunities such as co-locating staff in different services and agencies.

### Promising Practice: Safe & Together Implementation

The rollout of the Safe & Together framework has:

- led to improved local practices in responding to families experiencing domestic and family violence.
- led to more consistent, community-wide responses to domestic and family violence incidents.
- been a catalyst for strengthening local partnerships and fostering local collaboration.



## Contents

1	Introduction .....	1
1.1	Purpose of place-based studies .....	1
1.2	National policy context .....	1
1.3	The Queensland reform environment .....	2
1.4	Caboolture-based initiatives and services .....	3
2	Method .....	4
3	Context .....	5
3.1	Setting .....	5
3.2	Selected socio-economic and demographic characteristics of Caboolture .....	6
3.3	Child Safety Services data about Caboolture families .....	7
4	Findings .....	9
4.1	The local family support service system .....	9
4.2	Building workforce capacity .....	11
4.3	Culture, collaboration and partnerships .....	13
4.4	Promising Practice: Implementation of Safe & Together .....	16
5	Summary .....	19
5.1	Key findings .....	19
5.2	Recommended next steps .....	19
6	References .....	21
	Appendix A: Consultation Guide .....	23
	Glossary .....	24



## List of Figures

Figure 3-1: Map of Department of Child Safety, Youth and Women Moreton Region .....	5
Figure 3-2: Prevalence of family risk factors in Caboolture CSSC catchment and all of Queensland households (year ending 30 June 2018) .....	7
Figure 3-3: Percentage of parents experiencing 0-5 risk factors in substantiated households in Caboolture CSSC catchment (year ending 30 June 2018) .....	8
Figure 5-1: Key findings of the Caboolture place-based study.....	20



# 1 Introduction

## 1.1 Purpose of place-based studies

The Queensland Family and Child Commission (QFCC) conducts place-based studies across Queensland to build a narrative of the local-level outcomes being achieved within the child and family reform environment.

This place-based study was conducted as a stand-alone study and no attempts will be made to generalise or compare findings to other locations.

Overall, the place-based studies contribute to measuring the strategic objectives of the *Supporting Families, Changing Futures* reform program.<sup>1</sup> Each place-based study provides a deep dive qualitative account into one of seven strategic reform objectives with a narrowed focus to a key topic area.

### 1.1.1 This study

The focus of the current study was a key topic within Strategic Objective 6—Delivering quality services to Queensland children and families through a capable, motivated workforce and client-focussed organisations: **The workforce is responsive to the needs of clients.**

This qualitative, place-based study was designed to explore the perceptions of stakeholders based within the Caboolture Child Safety Service Centre catchment of the Moreton Bay region of the Department of Child Safety, Youth and Women.

This report provides the perceptions of a subset of key local stakeholders in relation to this topic, and is not a comprehensive overview of the state of the child protection and family support system in Caboolture.

Consistent with our other place-based studies, stakeholders discussed how issues experienced at their local (service system) level linked to broader service system structures and processes, and the influence this has had on achieving outcomes for families.

It is therefore important to understand the policy context and reform environment in which we are operating at the national and state level that may impact on how the

workforce can be responsive to the needs of clients, described in sections 1.2 and 1.3 of this chapter.

### 1.1.2 Structure of this report

This section describes the background to this study in terms of the reform environment, policy setting and local context.

Section 2 of this report describes the study methods, while Section 3 describes the context in which the study was undertaken, drawing on population data, Child Safety Services data and information about Caboolture families from study participants.

Section 4 describes the findings of the study by key topics:

- The local family support service system
- Providing support and development opportunities to build local workforce capacity
- Culture, collaboration and partnerships
- Promising practice: Implementation of Safe & Together.

Section 5 summarises the report and recommended next steps.

The consultation guide and a glossary are included in the Appendix.

## 1.2 National policy context

In 2009, the Council of Australian Governments released the *National Framework for Protecting Australia's Children 2009–2020*. This document outlines a unified national approach to protecting Australian children and young people. It promotes shared responsibility across society, including all levels of government as well as communities, businesses and families.<sup>2</sup>

The Framework includes two supporting outcomes relevant to workforce capacity and capability:

- Supporting Outcome 2—‘children and families access adequate support to promote safety and intervene early’
- Supporting Outcome 3—‘risk factors for child abuse and neglect are addressed’.

<sup>1</sup> Department of Child Safety, Youth and Women (2018). *Embedding and Strengthening the Reforms*.

<sup>2</sup> Commonwealth Government (2009). *National Framework for Protecting Australia's Children 2009–2020*.



Identified strategies to address these outcomes included:

- implementing an integrated approach to service design, planning and delivery
- developing information sharing protocols across all levels of government and between government and non-government organisations
- increasing the capacity and capability of services to respond to the needs of vulnerable children and families.

## 1.3 The Queensland reform environment

### 1.3.1 The Queensland Child Protection Commission of Inquiry

In 2013, The *Queensland Child Protection Commission of Inquiry* (QCPCOI) undertook a review of Queensland's child protection system. Its final report dedicated a chapter to the subject of the child protection workforce.

The QCPCOI identified a need for a holistic service system response to the multiple, complex and often inter-related issues faced by clients of child protection services.<sup>3</sup> In particular, the report emphasised the importance of inter-agency collaboration for effectively delivering contemporary human services.<sup>4</sup>

The report outlined recommendations focussed on building the capacity, capability and positive culture of the child protection and family support workforce. Recommendations included the development of a workforce and development strategy (Recommendation 10.7) which would consider shared practice frameworks across family support, child protection and out-of-home care services, and opportunities for the delivery of joint training and workplace learning.

### 1.3.2 Supporting Families Changing Futures and the Strengthening our Sector Strategy

Following acceptance of the QCPCOI recommendations and commencement of the Queensland child protection

reform program, *Supporting Families Changing Futures*, the Queensland Government tasked the Queensland Family and Child Commission with leading the development of a sector wide workforce planning and development strategy focussed on increasing collaboration and building capacity across the child and family support system (Recommendation 10.7).

The QCPCOI recommended a process of cultural change to develop a positive culture in the practice of child protection for government and the community.<sup>5</sup> This was addressed in the Queensland Family and Child Commission's *Strengthening Our Sector Strategy 2016-2019* which aimed to improve the way the sector works with children and young people.

The Strategy promoted shared responsibility and collaborative partnerships to shift practice culture from one of blame and risk aversion to a positive and supportive culture, where everyone, including families and communities, works together and shares responsibility for delivering outcomes for children, young people and families.<sup>6</sup>

### 1.3.3 Not Now, Not Ever: Putting an end to domestic and family violence in Queensland

In 2014, the Queensland Government tasked its *Special Taskforce on Domestic and Family Violence in Queensland* with examining domestic and family violence support systems and making recommendations on how the system could be improved. The Taskforce's report made 140 recommendations around preventing future incidents of domestic and family violence.<sup>7</sup>

Many domestic and family violence sector recommendations also apply to the child protection and family support sector as the two sectors are intrinsically interconnected. It is acknowledged that not all families experiencing domestic and family violence are known to the child protection system and similarly that not all families known to the child protection system experience domestic and family violence. Nevertheless, there is some overlap and many services operate across both sectors.

<sup>3</sup> Queensland Child Protection Commission of Inquiry (2013). *Taking Responsibility: A Roadmap for Queensland Child Protection: Final Report*, p. 152

<sup>4</sup> *ibid.* p. 154

<sup>5</sup> *ibid.* p. 436

<sup>6</sup> Queensland Government (2016). *Strengthening our Sector: A strategy for working together for a responsive sustainable service system across the child and family support sector: 2016-19*, p. 7

<sup>7</sup> Queensland Government (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*.





## 1.4 Caboolture-based initiatives and services

There are multiple programs and initiatives currently operating in Caboolture which are relevant to this study.

### 1.4.1 Child protection and family support services

There are a range of services in Caboolture that work with clients across the child protection and family support systems. There has been large and ongoing investment (as part of statewide reforms to the system) in support services in an effort to provide the right support at the right time for families.

### 1.4.2 Domestic and family violence initiatives

Following the release of the *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* report,<sup>8</sup> the Caboolture service system undertook significant positive steps towards addressing domestic and family violence. It has been a trial site for multiple cross-sector programs and initiatives intended to provide holistic and integrated responses to improve the safety of domestic and family violence victims and their children while holding perpetrators accountable for their violence.

This has included the development and introduction of:

- **A High Risk Team.** A core component of Queensland's integrated service response approach, the High Risk Teams typically consist of officers from relevant agencies with a role in keeping victims safe and holding perpetrators accountable.
- **Walking with Dads program.** This program draws on David Mandel's *Safe & Together*<sup>9</sup> approach to equip those working in child protection with the tools to better address cases where harm is caused primarily by fathers who abuse their partners and children.
- **Australia's National Research Organisation for Women's Safety: Invisible Practices.** A cross-agency community of practice established to support quality practice in addressing domestic and family violence in child protection.

Beyond this, the Caboolture sector has employed various other approaches to support families experiencing domestic and family violence and has provided staff across multiple agencies with training in the Safe & Together Framework to bring a domestic violence-informed lens to child protection practice. More recently, this work has been extended to work with mental health and substance use through the Safe and Together Addressing Complexity (STACY) project.<sup>10</sup>

---

<sup>8</sup> Queensland Government (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*.


<sup>9</sup> The Safe & Together Model is an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic-violence informed.

<sup>10</sup> ANROWS (2019). *STACY – Safe & Together Addressing Complexity*.



## 2 Method

The approach to undertaking this study is described below.

Aspect of Method	Summary of approach
 Sample	<ul style="list-style-type: none"> <li>The target population was stakeholders involved in supporting children, young people and families who access child protection and family support services in Caboolture.</li> <li>Participants included members of the Regional Child, Youth and Family Committee (RCYFC) and representatives from state government and non-government organisations.</li> <li>A total of 27 stakeholders (63% government, 37% non-government) participated in semi-structured interviews. Three of these stakeholders also participated in a follow-up focus group.</li> </ul>
 Recruitment and procedure	<ul style="list-style-type: none"> <li>RCYFC members and the RCYFC Secretariat provided guidance and support in identifying and connecting with the target population. The QFCC contacted relevant stakeholders to invite them to participate.</li> <li>The QFCC participated in a local cultural awareness training prior to commencing the study.</li> <li>Data collection occurred between May and July 2019.</li> <li>We supplemented primary data with a desktop analysis of relevant administrative documents and available location-specific data.</li> </ul>
 Materials	<ul style="list-style-type: none"> <li>Two methods for collecting primary data were used: semi-structured interviews and a focus group.</li> <li>An interview guide containing seven questions (complemented by a series of sub-questions) was used to guide the semi-structured interviews (see Appendix A).</li> <li>Not all questions were asked of all participants. The semi-structured format allowed the discussions to be tailored depending on the perspective of the interviewee and their depth of knowledge of the topic.</li> <li>A follow-up focus group was undertaken with key stakeholders. The purpose of the focus group was to test findings, explore information gaps and discuss the commonalities and differences between stakeholders' views, while maintaining confidentiality. The focus group was interactive to allow participants to brainstorm about local issues and develop the next steps prior to presenting study findings to the RCYFC.</li> </ul>
 Analysis	<ul style="list-style-type: none"> <li>We analysed qualitative data from interviews using NVivo Pro 12 (qualitative coding software), using deductive thematic analysis to code and analyse themes in the data.</li> <li>The coding structure comprised conceptual categories reflecting the interview structure and the themes that emerged through the discussions.</li> <li>Data was organised, coded, analysed and interpreted by a minimum of two people to improve consistency and cross-check analysis.</li> </ul>
 Ethics and consent	<ul style="list-style-type: none"> <li>Ethical clearance was obtained from the Townsville Hospital and Health Service Human Research Ethics Committee LNR/2019/QTHS/51525.</li> <li>Participants were given a Participant Information Sheet and Consent Form outlining the process and potential risks. Prior to commencing data collection, signed, informed consent to participate and to have the interview or focus group recorded was obtained from all participants.</li> </ul>
 Limitations	<ul style="list-style-type: none"> <li>Not all invited stakeholders participated in the place-based study. Some declined the offer to participate, and some were unavailable.</li> <li>The place-based study did not involve direct consultation with families. Any outcomes reported for this cohort are based on the views of local stakeholders.</li> <li>By nature of the services provided by place-based study participants, findings largely relate to interventions for adult clients or whole families (children and parents). In most consultations, participants described their work in supporting the whole family primarily through building the skills and capability of parents to care for their children.</li> </ul>

## 3 Context

### 3.1 Setting

The scope of this place-based study was the Caboolture Child Safety Service Centre (CSSC) catchment. The Caboolture CSSC falls within Child Safety Services' Moreton Region (see Figure 3-1), an area of 6,460km<sup>2</sup> which also includes Brisbane.

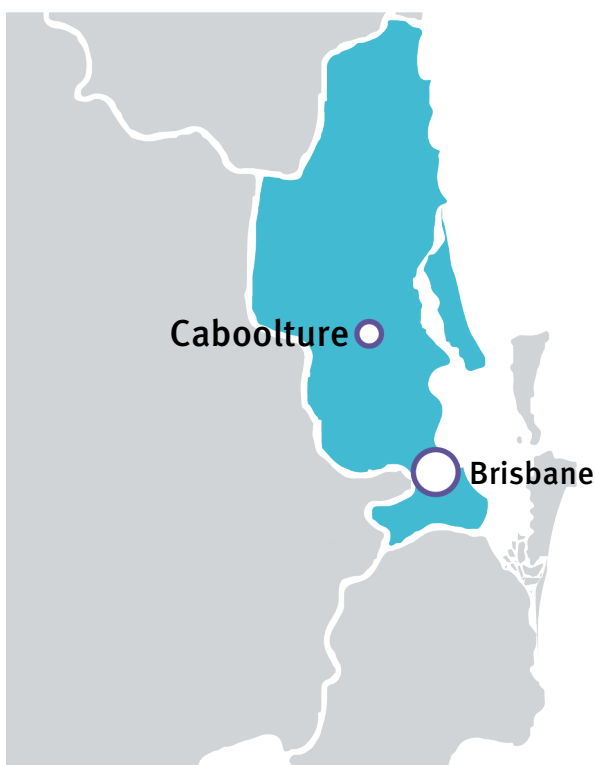


Figure 3-1: Map of Department of Child Safety, Youth and Women Moreton Region

While this study focussed on Caboolture, we acknowledge that the catchments of various child protection and family support services may not align. Stakeholders provide support to children, young people and families in Caboolture as well as surrounding areas. As such, the findings presented in section 4 may relate to service provision across the broader Moreton Bay area.

According to the Australian remoteness structure, Caboolture is classified as a major city.<sup>11</sup> The Caboolture traditional owners and custodians are the Kabi Kabi/Gubbi Gubbi people.

At the time of the 2016 Census, the resident population of Caboolture (SLA3) was 67,460. Of all residents, 4.8 per cent identified as Aboriginal and/or Torres Strait Islander, compared with 4.0 per cent for Queensland.<sup>12</sup>

Further socio-economic and demographic features of the area can be found in section 3.2. These statistics suggest that Caboolture is generally more disadvantaged compared with statistics for all of Queensland. The broader Moreton Bay Local Government Area is more similar to Queensland.

<sup>11</sup> Australian Bureau of Statistics (2018). *Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure*.

<sup>12</sup> Australian Bureau of Statistics (2017). *2016 Census QuickStats - Caboolture*.



### 3.2 Selected socio-economic and demographic characteristics of Caboolture

#### Housing and homelessness

Median rent for a three-bedroom house in Caboolture in 2019 was lower compared to the Queensland average of \$360 per week, whereas average rent in Moreton Bay was slightly higher than the state average.<sup>13</sup>

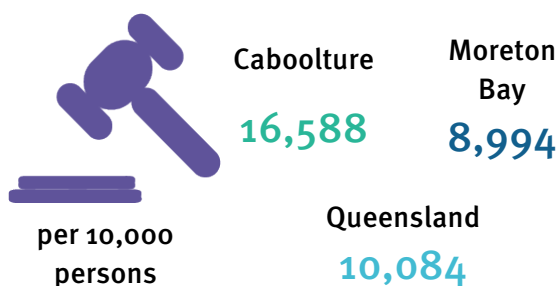


According to 2016 Census data, rates of homelessness in Caboolture were higher compared to the Queensland average of 45.6 per 10,000 persons. The rate of homelessness in Moreton Bay was lower than the state average.<sup>14</sup>



#### Crime

Rates of reported offences were higher in Caboolture compared to Queensland in 2017–18. Crime rates were lower in Moreton Bay compared to the state average.<sup>15</sup>



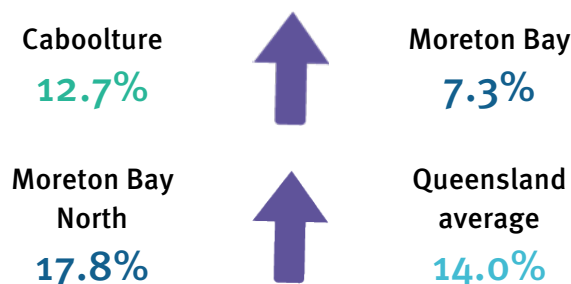
#### Income

According to the 2016 Census, the median total personal income for Moreton Bay and Caboolture residents was lower than the Queensland average of \$600 per week.<sup>16</sup>



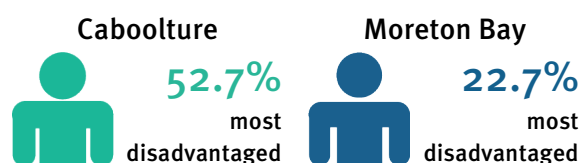
#### Unemployment

The unemployment rates in Caboolture and Moreton Bay were higher than the Queensland average of 6.1% in 2019.<sup>17</sup> The youth unemployment rate in Moreton Bay North (which includes Caboolture) was also higher than the Queensland average.<sup>18</sup>



#### Disadvantage

Based on 2016 Census data, higher percentages of Moreton Bay and Caboolture residents were in the most disadvantaged Socio-Economic Indexes for Areas (SEIFA) quintile compared to 20% across Queensland.<sup>19</sup>



<sup>13</sup> Queensland Government Statistician's Office (2019). *Queensland Regional Profiles – Caboolture and Moreton Bay*.

<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

<sup>18</sup> Queensland Government Statistician's Office (2019). *Regional youth unemployment, October 2019*.

<sup>19</sup> Queensland Government Statistician's Office (2019). *Queensland Regional Profiles – Caboolture and Moreton Bay*.

### 3.3 Child Safety Services data about Caboolture families

It is important to note that child harm or neglect only occurs in a small number of families. Across the whole of the Moreton Region (which includes Brisbane), 2,405 children and young people aged 0–17 years were subject to a Child Protection Order as at 30 June 2019. This equates to 5.6 per 1,000 children, which is lower than the Queensland rate of 8.8 per 1,000 children.<sup>20</sup>

Child Safety Services collects information on a range of family risk factors for child abuse and neglect among families known to the tertiary child protection system.

Figure 3-2 presents Child Safety Services' data about the prevalence of family risk factors in Caboolture households where there was an investigation and assessment completed in the year ending 30 June 2018,<sup>21</sup> and data for all of Queensland.<sup>22</sup>

While the top three family risk factors for Caboolture were the same as those for all of Queensland, the proportion of Caboolture households where mental health and a parent being abused as a child were identified as risk factors was 11 percentage points higher than the state average. The proportion of Caboolture households where criminal history was identified as a risk factor was six percentage points lower than the state average.

The family risk factors most commonly identified in Caboolture were:

- a prior history of notifications (71%)
- drug and alcohol abuse (59%)
- mental health (55%)
- parent abused as a child (47%)
- domestic violence (38%)
- criminal history (37%).

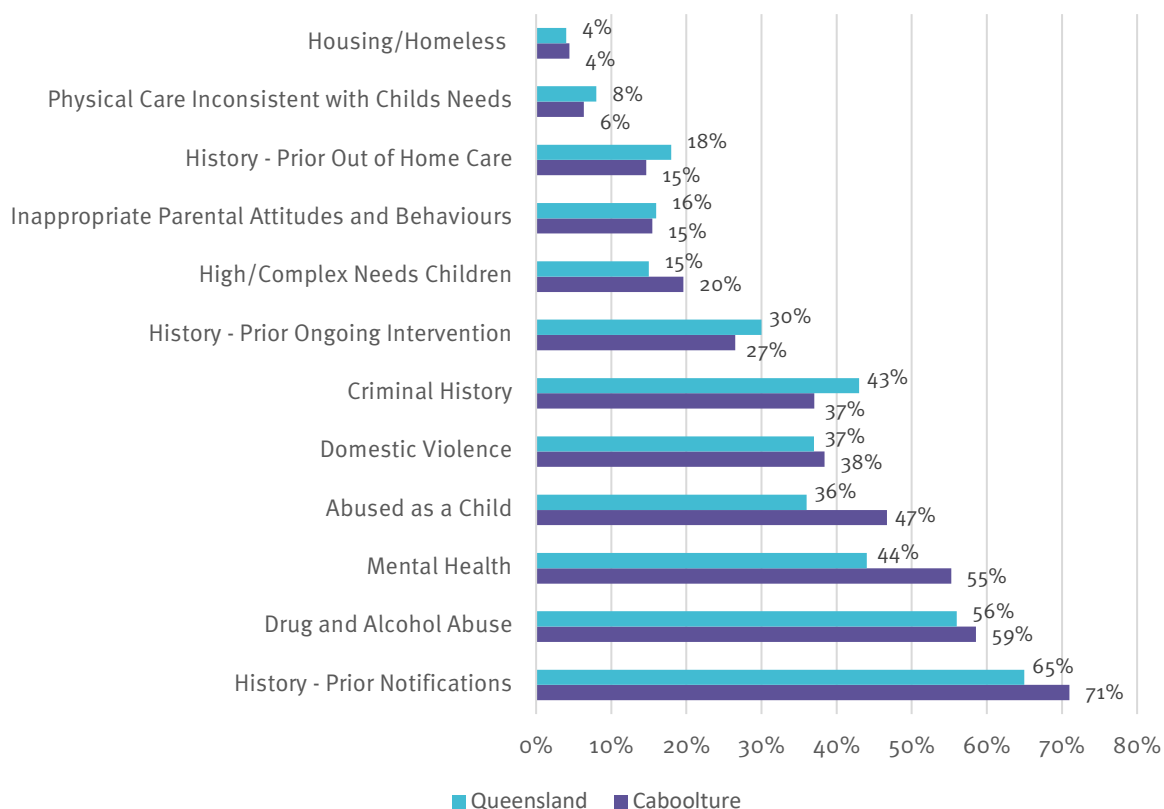


Figure 3-2: Prevalence of family risk factors in Caboolture CSSC catchment and all of Queensland households (year ending 30 June 2018)

<sup>20</sup> Department of Child Safety, Youth and Women (2019). *Our performance*.

<sup>21</sup> Department of Child Safety, Youth and Women (2019). *Family risk factors: Unpublished data*.

<sup>22</sup> Department of Child Safety, Youth and Women (2019). *Our performance*.



Child Safety Services also reports on the number of risk factors in substantiated households. This measure includes the five risk factors deemed to be most indicative of risk of harm to children and young people in the household, which are:

- domestic and family violence
- drug and alcohol use
- intergenerational experience of abuse or neglect
- mental illness
- criminal history.

In 2017–18, two-thirds of families (66%) in substantiated households in the Caboolture CSSC catchment presented with three or more risk factors (see Figure 3-3),<sup>23</sup> which was 10 percentage points higher than the Queensland average.<sup>24</sup> This means that Caboolture families often present with multiple issues.

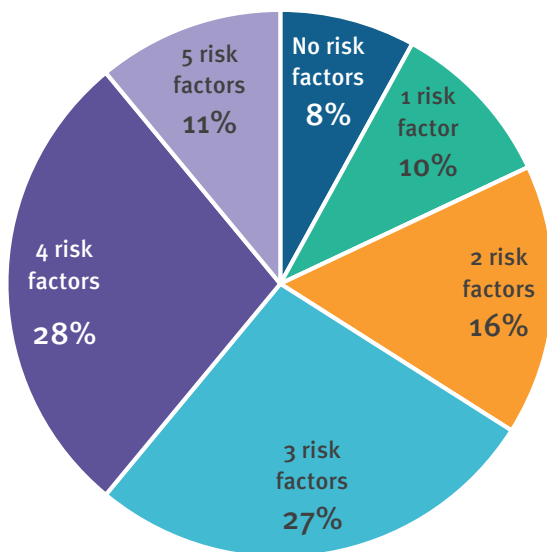


Figure 3-3: Percentage of parents experiencing 0-5 risk factors in substantiated households in Caboolture CSSC catchment (year ending 30 June 2018)

Research demonstrates a strong link between parental risk factors, such as domestic and family violence, alcohol and drug use and mental health, and involvement with the tertiary child protection system.

Parents experiencing these issues are often situated within a wider context of exclusion and social disadvantage, including housing instability, poverty, low education and social isolation.<sup>25</sup>

It is important to emphasise that not all families experiencing parental risk factors harm or neglect their children. Similarly, child harm or neglect can occur in families that do not experience any commonly associated risk factors.

Consistent with the data from Child Safety Services, multiple stakeholders who participated in this study described Caboolture as an area of high social need.

They reported that they frequently worked with clients who had experienced domestic and family violence, alcohol and drug use, mental health, trauma or homelessness.

These issues were described as complex and often inter-related, with multiple service providers frequently working with the same clients.

This place-based study focussed on the strengths of local service providers to respond to the potentially complex and multiple needs experienced by their clients and supports to strengthen their ability to care for their children. It did not directly explore the association between multiple and complex issues and risk of child harm or neglect.

<sup>23</sup> Department of Child Safety, Youth and Women (2019). Family risk factors: Unpublished data.

<sup>24</sup> Department of Child Safety, Youth and Women (2019). *Our performance*.

<sup>25</sup> Child Family Community Australia (CFCA) (2017). *Risk and protective factors for child abuse and neglect*.

## 4 Findings

Participants described the characteristics of the services they provided, their experiences of professional development and support, their local networks, and how their networks enabled them to be more responsive to the needs of their clients.

Their reports identified a range of features of the child protection and family support system workforce that are facilitating positive outcomes for families in the Caboolture area. While most feedback received related to strengths of the local system, some barriers and challenges were also reported.

Key findings are described for the following themes:

- The local service system (section 4.1).
- Providing support and development opportunities to build local workforce capacity (section 4.2).
- Culture, collaboration and partnerships (section 4.3).
- Promising practice: Implementation of Safe & Together (section 4.4).

Each sub-section commences with a summary of key findings, before the study findings are described in greater detail with illustrative quotes from participants.

### 4.1 The local family support service system

Australian and international research indicates that effective support services need to be responsive to the needs of families. Many elements of effective service delivery have been identified in the research literature. These include:

- development of partnerships between professionals and parents
- targeting of goals seen by parents as important
- provision of non-stigmatising support.<sup>26</sup>

Evidence from our stakeholder consultations indicated the presence of many of these features in Caboolture local service delivery.

#### Key findings

##### Local facilitating factors

- Frontline practice is client-centred, flexible and non-judgemental.
- The local area offers a broad range of services. The introduction of early intervention services has enabled the provision of support to vulnerable families who may not have previously met the criteria for statutory services.
- Services receive a large number of self-referrals to secondary support services.

##### Local barriers

- Most services are operating 'at capacity' meaning some families are placed on waitlists.

#### 4.1.1 Support service factors facilitating improved outcomes

##### Frontline practice is client-centred, flexible and non-judgemental

Participants provided evidence of client-centred practices and described a range of ways in which interventions were tailored to the specific needs, preferences and situations of individual clients.

The nature of the service influenced the extent to which clients were able to contribute to planning their intervention. Participants highlighted the value they placed in involving clients in planning their own intervention. Understanding what was important to the clients and addressing these issues was considered paramount. One participant described using a client-identified goal (building parenting skills) to help shift clients' behaviours. More broadly, it was noted that better outcomes were achieved when a client was motivated to change and readily engaged a support service.

It was evident throughout the consultations that frontline practitioners sought to identify and respond to the underlying issues that may compromise parents' ability to care for their children, rather than solely focussing on the presenting needs. Participants shared anecdotes of efforts to support clients' basic needs, such as housing, food and emotional wellbeing. They also relayed stories of developing new initiatives or programs in response to local needs such as reading programs for children and

<sup>26</sup> Moore, McDonald, Sanjeevan, & Price (2012). *Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies*.





young people, school-based breakfast clubs, or the development of employment skills for vulnerable youth.

Although there was some variability across services, depending on their remit and capacity, participants highlighted the importance of flexibility in the format and length of service provision. They described ways in which this facilitated better outcomes for clients (for example, time to build relationships and rapport with clients to better investigate the root causes of behaviour).

“I think we’re seeing considerably better outcomes for families with a more flexible approach. We deliberately build a relationship so that people will stay connected and they tend to.” (P15)

Research suggests that listening to and connecting with clients, and delivering programs in a flexible and non-stigmatising manner, is paramount for successful client engagement.<sup>27</sup> The importance of establishing non-judgemental relationships with clients was a theme common across many of our consultations.

Participants expressed high regard for the quality and skill of the Caboolture workforce in responding to clients’ needs. In particular, the relational and client-centred approaches adopted by many practitioners was considered a strength of local services and was seen to facilitate families engagement with support services.

“What makes a difference to the people we work with is that we’re non-judgemental or there’s no hint of judgement and we consistently get that feedback on our quality audits.” (P15)

“I have so much respect for the people that I work with. Their skill in connecting with families... they’ll go out and a family says ‘no’ and they are so skilful in what they do they can leave that family feeling okay about that it’s fine for them to say no and they can come back. When they’re engaging with the families, they’ve just got this high level of skill that they can identify what’s happening for the family, what services and have the ability to help that family feel okay about not just asking for help, but receiving help.” (P1)

While the sector was seen to be adopting client-centred and non-judgemental approaches, participants acknowledged the criticality of keeping children safe.

“For some families we would gladly say ‘take them away’ because of the factors that are affecting the safety of those children and sometimes we believe they’re at real high-risk and therefore it’s the best option. We would never contemplate the removal of children unless we believed the risk is really, really high.” (P14).

### Broad range of services available

Across the participants we consulted, there was considerable variety in terms of the types of services they provided, ranging from early to tertiary intervention services. The breadth of child protection and family support services now available in the Caboolture area was cited as one of the strengths of the local system. The renewed focus on additional early intervention and secondary support services stemming from the QCPCOI has succeeded in supporting many families who may not have previously received support. Participants reported that the development of these services had provided an important alternative pathway for families.

“Once families sat on an intake without anything ever being done with them and now RIS [Regional Intake Service] can refer them to the FaCC [Family and Child Connect] and there’s someone reaching out to those families and I’ve seen some really effective engagement from some of those FaCC referrals. And then the same with referrals from elsewhere, the IFS [Intensive Family Support], and no doubt if they didn’t have that opportunity to work they would have potentially more than likely entered the tertiary system.” (P11)

These services had been well received by participants who pointed to the large number of self-referrals into secondary support services.

“So this is working. When you get families self-referring, it’s doing what it’s meant to do. People are seeking help before things escalate and it’s too big for them to manage.” (P1)

“We love the referrals. We love the people that are actually reaching out themselves because they’re ready. They’re ready to at least try and make some changes.” (P12)

<sup>27</sup> Cortis, Smyth, Wade, & Katz (2019). *Changing practice cultures in statutory child protection: Practitioners’ perspectives*.





#### 4.1.2 Support service factors that are barriers to improved outcomes

A commonly reported barrier for providing families with the right service at the right time was where services were operating at capacity and families were placed on waitlists. There were mixed responses regarding how services dealt with waitlists. In some cases, services were reportedly using active holding (that is, keeping in contact with families while they are on a waitlist) or **working to keep caseloads low** to cater for new clients. In other circumstances, services were using creative means to link clients into other services during this time.

## 4.2 Building workforce capacity

There is broad recognition that child protection and family support is challenging, demanding and complex work. Service providers routinely work with families experiencing trauma and psychological and emotional distress. There is strong evidence indicating that workers' daily exposure to these issues can lead to their own psychological distress, burnout and secondary traumatic stress. These effects can impact human services organisations through staff turnover and absenteeism but can also affect the workers' ability to work effectively with their clients.<sup>28</sup>

### Key findings

#### Local facilitating factors

- Programs and supports are proactively provided to staff to assist them with managing their wellbeing and reduce burnout.
- There is a demonstrated commitment to providing staff with development opportunities.
- Development priorities are often determined in response to clients' presenting issues and emerging community issues.
- Development is offered across organisations which fosters relationship building with other service providers.

#### Local barriers

- Many local practitioners have high workloads which can limit their capacity to participate in learning and development opportunities.

#### 4.2.1 Workforce factors facilitating improved outcomes

##### Proactive delivery of staff wellbeing support

While concerns for workforce capacity and turnover were only expressed in a few consultations, there was considerable evidence that service providers prioritised the wellbeing of their staff—from frontline practitioners to administrative staff—and had embedded proactive strategies to manage staff wellbeing and reduce burnout/turnover within their own organisations.

“There’s a lot of focus on self-care and making sure that we have the emotional capacity to meet the needs of our clients.” (P21)

“The impact that feeling unsuccessful can have on staff is one that I’m quite mindful of and that we have to be mindful of that when you’re asking staff members to keep trying when they feel like there’s nothing else that you can do or the parents have said ‘I don’t want to hear from you anymore.’ We’ve also tried to reflect on what we can do as a region to support staff wellbeing.” (P18)

“We are also rolling out a staff wellbeing program in every office and that’s really teaching them how to debrief, how to work together better, how to debrief each other, but there’s also one-on-one debriefs with a specialised psychologist and the reason that’s important is because what we see in a lot of our longer term staff is the lack of empathy and that’s through burnout.” (P3)

“The work is intense, so staff really need good boundaries, they need to be able to take care of themselves. They need to be quite self-sustaining and trust their own discernment of situations and so the workplace needs to be very supportive of staff being empowered to make decisions and even if they’re the wrong decisions to trust that the workplace will support them.” (P15)

One participant described how their staff had transferred the resilience and coping skills they had learned to their clients to support their wellbeing.

<sup>28</sup> Harker, Pidgeon, Klaassen & King (2016). *Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human services professionals.*



### Organisational commitment to staff development opportunities

The QCPCOI Final Report stated that families could not be supported, nor children protected, unless the workforce had the necessary skills, ability, knowledge and aptitude for the task.<sup>29</sup> Ongoing professional development assists to build the capacity of organisations; aims to improve the quality of services provided; and can assist with staff retention.<sup>30</sup> These are all factors associated with improved client outcomes.

Participants expressed high regard for the quality and skill of workers in the Caboolture service sector.

“There’s a level of comfort that clients feel with us, that is only because the staff do such a good job.” (P15)

Many participants reported that their organisations were committed to increasing the capability of frontline practitioners to respond to the multiple and complex needs of their clients through learning and development and upskilling opportunities. Self-driven learning and development were also occurring.

“There’s certainly been a shift in the capability of the sector to meet needs.” (P27)

Participants identified a range of diverse learning and development opportunities, including tools and training in specific skills or frameworks as well as the development of interpersonal skills. While the quantity and diversity of learning and development topics offered across the sector was well-received, those informed by David Mandel’s Safe & Together framework were particularly highly regarded (see section 4.4).

Participants described using information on client presenting issues, or more broadly emerging community issues, to guide their organisation’s learning and development priorities.

“Often it depends on the clients we’ve got at the moment that will trigger okay we need to revisit domestic violence training, or we need to revisit protective behaviours or how to manage suicide attempts. So, it’s driven by and I would say we’re conscious of being able to respond well to our clients.” (P15)

“People talk to their clients first about what families need, what we’re seeing as gaps, what we, as a professional, need. This is what they’ve come up with, the top rated.” (P22)

Where possible, organisations have made their learning and development opportunities available to different services. Multiple participants cited that this offered valuable opportunities to build relationships with other service providers and learn about alternative frameworks or tools they may be using. It was suggested that participating in shared development improved practitioners’ ability to respond to complex client needs and refer clients onto other services where needed.

### 4.2.2 Workforce barriers to improved outcomes

#### Workload and workforce wellbeing

In general, while services were supportive in allowing staff to participate in learning and development opportunities, funding and workload were sometimes noted to be barriers. This was apparent when discussing workload pressures associated with supporting clients with complex and multiple needs.

For example, the development of early intervention and prevention services had been well received by participants. However, the complexity of clients presenting to these services, who may have previously received a tertiary system response, has sparked concerns for the intensity of caseloads supported in these services. Participants commented that many services aren’t resourced to provide the level of support to clients that they would like to.

“But what we’re not also seeing is an increase in staffing. So that’s another thing that I think we need to monitor. The staff are amazing and I do worry sometimes that they just are constantly being pushed to meet the needs of families very quickly, because we can’t have waitlists.” (P1)

“It comes down to funding constraints a lot of the time. The capacity of a service to meet the client needs can be negatively affected when they’re really overrun with demand.” (P21)

While service providers are reportedly working together to manage workloads, there was concern that these may

<sup>29</sup> Queensland Child Protection Commission of Inquiry (2013). *Taking Responsibility: A Roadmap for Queensland Child Protection: Final Report*. pg. 317

<sup>30</sup> Curry, McCarragher & Dellmann-Jenkins (2005). *Training, transfer and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare*.



lead to burnout, particularly where staff may experience vicarious trauma as a result of the complexity of their clients.

## 4.3 Culture, collaboration and partnerships

Vulnerable families living in disadvantaged communities often face multiple and inter-connected problems which require responses from multiple services.<sup>31</sup> The research suggests that the most effective service responses involve the provision of ‘wrap-around’ services involving collaboration between multiple service providers. Such multi-layered support appears to deliver better outcomes for children and families.<sup>32</sup>

### Key findings

#### Local facilitating factors

- A sector-wide commitment to working together to meet the needs of families has been supported by local leaders and has provided an authorising environment.
- Services work collaboratively, including co-locating with one another, to facilitate holistic and wrap-around support for families. This supports effective transitions and referrals between services.
- Multi-agency networks and collectives have supported relationship building and information sharing.

Evidence from our consultations indicated the presence of high levels of collaboration and cooperation within the Caboolture service system.

### Commitment to working together underpinned by strong strategic leadership

This study found evidence of a strong commitment among service providers to work effectively together and remove any barriers resulting from a lack of familiarity with other services and sectors. Developing a shared understanding of issues experienced by clients was identified as critical for delivering joint service responses.

Local efforts to work together to respond to community issues have been enabled by a supportive authorising

environment, including community brokerage and the support of government departments.

“Without the authorising environment, it just becomes a local effort that's dependent on immediate and local resources and thoughts. But once you've got that strategic leadership weighing in and supporting it, you're growing and authorising an environment that allows a lot of people to really invest in their partnerships and share their resources and their ideas and really apply those in incremental ways to growing really good practice and that's when you start to see some good outcomes.” (P27)

At the local level, strong relationships existed between government and non-government service providers. Participants considered there to be a genuine commitment to working together with the intent of meeting the identified needs of families within Caboolture.

“All the agencies really work really well together, collaboratively.” (P2)

“We'll actually work together as a community response.” (P4)

Participants shared anecdotes of efforts to collectively design and deliver responses to widespread issues that span multiple sectors. While some efforts were proactive, such as community events to build awareness of available services and link families in early, participants primarily described efforts to address an identified community need.

“Usually it's identifying an issue or a particular area where there's a lot of disadvantage and then people seeking funding in order to do that.” (P21)

Participation in Safe & Together training appears to have been part of the catalyst to this commitment to working together (see section 4.4). The introduction of more recent programs has further promoted these partnerships.

“I think there's other things that come to play now where just having a catalyst like Invisible Practices or the STACY project to the High Risk Team in Caboolture have formed those relationships a bit more and got us thinking a bit more.” (P8)

<sup>31</sup> Bromfield, Lamont, Parker, & Horsfall, (2010). *Issues for the safety and wellbeing of children in families with multiple and complex problems*.

<sup>32</sup> McArthur & Thomson (2011). *Families' views on a coordinated family support system*.



### Interagency collaboration to facilitate holistic, wrap-around support for clients

Across the Caboolture child protection and family support sector, participants highlighted local efforts to provide wrap-around supports for clients that addressed multiple issues.

There was widespread acknowledgement that due to the complexity of families being supported in the area, often their needs could not just be met by one service.

In some cases, practitioners drew from their broader knowledge and skills to provide supports outside their current role—such as counselling or mental health first aid—to provide additional supports and tools for clients, even when this may involve operating outside of their funding scheme.

Participants also recognised the limits of their own service and where clients would benefit from working with other services.

*“We’re understanding each other’s roles and our limits to our services.” (P16)*

Participants cited strong appreciation and respect for the specialist skills of other services and agencies in providing various supports. They seek opportunities to work with other services where this would be beneficial to the client and help meet any unmet needs.

*“We’re not the experts in that area, so we would liaise with Child Safety or we would liaise with drug and alcohol intervention providers or mental health and things like that and link [clients] into those services and when there’s a high level of risk and complexity then we would try and coordinate a co-case management type of a model so that everyone is working off the same page for that particular individual or quite often we might be working with someone—Child Safety might be working with the child, mental health might be working with the mother or the father. So trying to make sure that we’re all at least aware of what others are doing under that same roof.” (P7)*

Where service gaps were identified, service providers were finding alternative pathways to support clients—including upskilling staff to provide a particular support, finding alternative services or referring out of Caboolture. Some capacity concerns were expressed around roles requiring specialist skillsets that weren’t available locally.

### Local relationships facilitate smooth client transitions between services

Participants reported that local leaders across services and the community sector are highly connected and working together to monitor and combat local issues. In part, this has stemmed from a recognition that many families are interacting with multiple sectors and services due to their multiple and complex needs.

*“It’s been quite a journey for Caboolture I suppose over a number of years around, where we’ve got to from here; but it started off with those connections in the community and everyone saying hey we’re dealing with the same clients really.” (P9)*

The longevity of the local workforce was seen to facilitate relationships between service providers.

*“I think originally if you look back... you’ve got a lot of people in the area who’ve been here a long time... so people know each other in the community.” (P9)*

These well-established relationships facilitated smooth transitions between services for clients. Participants cited a preference for warm referrals, in which one service provider facilitates a supported referral to another provider, often by personally introducing their clients or accompanying them on their first visit. In this way, relationships between services play a critical role, particularly for increasing clients’ awareness of the availability of supports and instilling a sense of trust for clients in a new service.

*“I think it’s always been good because you can introduce someone in that really relaxed atmosphere, no one’s wearing badges and stuff and then they’ve met someone, ‘I could talk with her.’ Or ‘I could talk with him.’ Here we see a lot of positives.” (P22)*

*“[Our clients can be] very uncomfortable about engaging with a new service and you can see them relax when the worker’s able to assure them, ‘Look, I know this person and she’s really great.’ So being able to assure someone that there is a relationship, connection there between the services, can help people to feel more comfortable accessing a new service. Otherwise that kind of cold referral kind of thing can be very daunting for them.” (P21)*

Importantly, services are better able to respond to new clients when referrals actively communicate information about that clients’ needs and supports already provided.

### Opportunity

Accurate and comprehensive information on a client was seen as important for facilitating a strong referral system. Participants commented that the ability to provide supports for families was enhanced when they were made aware of the clients' issues and needs, and the supports they were currently or had previously received. This means clients don't have to retell their experiences to multiple service providers. An opportunity exists for the RCYFC/service providers to identify ways of strengthening information sharing processes and referrals between services.



### Co-location to support local service collaboration

There is an emerging evidence base demonstrating the benefits of service co-location.<sup>33</sup> Co-location appears to provide benefits to families with complex needs who are accessing multiple services including reducing barriers to service access such as travel and providing smooth transitions between services.

Participants reported that co-location was occurring across sectors and organisations in the Caboolture area—between government services, between non-government services and across government and non-government services. For example, some service centres were hosting health professionals or specialists to facilitate the provision of multiple supports in the one location. Co-location had also been occurring through co-located staff—either employed in cross-agency positions or shadowing other services.

Feedback from participants indicated that local collaborative partnerships had been enhanced through co-location strategies. Participants listed multiple benefits of co-location including building strong, professional relationships, providing more holistic service responses for clients in one location, providing shared learning and development opportunities, and increasing awareness and appreciation of other services.

“They’ll actually join and go out with our staff so they can see what it looks like on the ground; because I think a lot of the other agencies don’t really understand what [we] do; and it sort of breaks down those barriers.” (P9)

In some cases, having co-located positions was reported to provide mentoring and live support to frontline practitioners when interacting with clients, to help improve practice. Participants shared anecdotes of this occurring for practitioners working with clients experiencing domestic and family violence or Aboriginal and/or Torres Strait Islander clients.

### Opportunity

Participants provided strong support for the information sharing and capability-building opportunities created through embedding staff across different services and agencies. Some participants commented that capacity and funding can sometimes present a barrier to more widespread use of this strategy. There is an opportunity for the RCYFC to discuss and consider current barriers for co-locating staff.



### Multi-agency networks and collectives support relationship building and information sharing

Strong partnerships exist across services and had been enhanced through multiple networks and collectives, some of which had been operating in the Caboolture area for many years. The membership of networks and collectives included different service providers depending on their focus and intention, with representation spanning the government and non-government sector and local community. Attendees are either management or frontline staff depending on the network's focus and competing organisational priorities.

Participants identified multiple benefits associated with networks and collectives including learning about sector-wide development opportunities and sharing tools for working with clients. Networks and collectives were seen as important ways of learning about the work of other local services and how to make appropriate referrals.

This was important in cases where providers had changed funding or no longer provided a certain service.

“They have services come to talk about services and what they provide and how you refer and stuff like that. So that's been really helpful.” (P21)

<sup>33</sup> Urbis (2014). *Co-location and other integration initiatives strategic evaluation*.





Networks and collectives were also identified as important forums for relationship building and facilitating linkages between services and agencies.

“Our staff are regularly involved in inter-agency meetings so that you can kind of make that quick connection and say this is the dilemma and what’s available because we can’t know everything that’s available.” (P18)

Participants also highlighted how some networks and collectives were purposefully designed to support information sharing and collaborative case coordination. These provided a mechanism for local service providers to collectively design interventions for individual clients who may be working with multiple services and to enable them to be linked into other services where needed.

“There are some families where there is a level of complexity or something quite unique where they take it to the Family Support Collective where there’s the Family and Child Connect, there’s the Intensive Family Support Services, including the Aboriginal Torres Strait Islander family support service and then all of the other secondary support services come together and talk through with the family’s consent. They agree for it to go to the Family Support Collective and we talk through, ‘Alright, well, what are our options here?’ and it is just amazing.” (P1)

In some cases, community representatives and elders also participate in case coordination networks and collectives, particularly where this concerned Aboriginal and/or Torres Strait Islander clients and efforts to keep children and young people connected to their community.

Consultations provided evidence that within the Caboolture local service system, ensuring clients’ best interests outweighed any competition between services.

“There is no competition. These people would all be vying for the same funding, but the moment they step in that room the focus is just on that family. It’s great.” (P1)

Participants shared a strong commitment to supporting and attending cross-agency networks and collectives. They described sharing responsibility for attending meetings among their staff, often based on interest in certain meetings or topics. Information and resources were then distributed with the rest of the service.

While networks and collectives were highly valued, some concerns were expressed about capacity issues where organisations may not have the staffing capacity to attend as much as they would like.

## 4.4 Promising Practice: Implementation of Safe & Together

Many participants identified a number of benefits from the Caboolture rollout of cross-agency learning and development in domestic and family violence-informed practice “Safe & Together”. Safe & Together training was provided to staff across several Caboolture-based organisations around four years ago. Safe & Together provides principles and practice frameworks for responding to domestic and family violence.

### Key findings

#### The rollout of the Safe & Together framework has:

- led to improved local practices in responding to families experiencing domestic and family violence.
- led to more consistent, community-wide responses to domestic and family violence incidents.
- been a catalyst for strengthening local partnerships and fostering local collaboration.

According to participants, implementation of the Safe & Together framework had a number of benefits relating to:

- improving service provision
- providing workforce development opportunities
- promoting collaboration and partnerships in the local area.

Safe & Together had been rolled out across all levels of organisations, from the strategic level to on the ground frontline practitioners. One participant commented that this had been beneficial for embedding practices in terms of creating an authorising environment for frontline practitioners to apply the knowledge and skills they had learnt through training.

### Improvements in local frontline practices in responding to families experiencing domestic and family violence

Participants felt that the Safe & Together rollout had addressed an identified local need for working with vulnerable children and young people when domestic



and family violence was involved. According to participants, this framework and associated tools, programs and approaches had reportedly resulted in improved practice for working with clients experiencing domestic and family violence.

“The idea for that project is to basically implement a different way of looking at family and domestic violence and just getting our workers to be able to recognise you know the indicators of domestic violence in the clients that we meet because it’s pretty much a common thing. Most of the families that we deal with there’s some level of family violence or we don’t usually just get one issue; most people come to us with multiple issues and usually you find somewhere there will be some domestic violence, past or current.” (P9)

“The sector is becoming increasingly well-known as a leader in the domestic violence-informed practice.” (P27)

Safe & Together has provided practitioners a set of strengths-based skills, principles and knowledge to apply to their day-to-day engagement with clients. Participants agreed that where this work had been embedded, clients were more likely to receive a holistic service response. In turn, these practices had been leading to better engagement and outcomes for clients.

“I can just actually see the difference with the one service centre that is trialling compared with the other so I’m a huge advocate for the Safe & Together model and how they work with families where there is domestic violence... the strength in that is that there will be more women willing to reach out and seek that sort of support instead of the worry consuming them that my child is going to be taken away.” (P12)

“I’m not sure how it is in other regions but in Caboolture anyway, as I said, we’ve been doing Safe & Together for more than four years now, so we’re just seeing the effect now.” (P14)

#### **Development of consistent, community-wide responses to domestic and family violence**

It was reported that many service providers had completed the Safe & Together training, and this has led to a community-wide shared understanding of responding to domestic and family violence. Participants reported that across the local service system, knowledge, language, frameworks and approaches were shared. This

has facilitated a shared understanding of different services’ roles and practices.

It has also enabled service providers to consider responses to domestic and family violence from the perspective of other organisations in the sector. In turn, this has enabled collaboration in the interest of engaging and supporting clients.

“If I put a child protection hat on, I can see how it works from this framework as opposed to my lens that I look through, but it also then means for Child Safety where they’re sitting, they’re going “we need to understand more about the perpetrator.” We can go that’s our framework and that’s our specialty, so we’re squarely in that quadrant that we can help you with or alternatively it might be working with the mother.” (P7)

“I think what we see is a far more collegiate approach where we’re all on the one page and I think it does. Because historically prior to that and particularly prior to Walking with Dads, the focus was on the child and the safety of the child, as it should be, but not necessarily understanding that Child Safety and us could partner to help the parent, be it male or female, make better choices and make better decisions around parenting and improve their parenting skills, so that has definitely improved.” (P7)

“It’s making sure that child protection workers can see what the impact of domestic and family violence on families is and identifying how they can partner with the woman or the victims or the non-abusive partner of the family. And we can see some of those changes happening when you have conversations with the child protection officers and we’re discussing families and how the language and the understanding of domestic and family violence is a lot better for those practitioners who have been not only attending the training but also had the opportunity to apply them and be guided [by the training].” (P14)

#### **Strengthening local partnerships and fostering local collaboration**

Throughout our consultations, it was apparent that strong partnerships and a commitment to working together had been established between the child protection and family support sector and domestic and family violence sector. The investment in integrated



service responses to domestic and family violence and child protection was seen to be the catalyst for this.

While participants acknowledged that historically there had been goodwill between services across these sectors to work together, the investment in the Safe & Together framework and associated processes and practices formalised this collaborative approach. Specifically, participants considered that this had provided the investment and authorising environment for collaboration, by offering practitioners a shared framework and common language to better understand each other and work together in the interest of clients.

“One of the things about this region is it has always been collaborative. There’s just been this focus on we need to work together to ensure that we’re able to do the work that we need to do as well as we can do it.” (P1)

“The other thing is I think that with Caboolture... because you had the family support sector and a domestic and family violence sector and a child safety sector recognising that we would like to work together, but one of the things that seems to get in the way all the time is we don’t understand each other and we’re potentially coming at things from very different perspectives yet we clearly all want the same outcome. I think when they did finally get the Safe & Together, it was a framework that helped them

all have a language and a way to work together whereas I don’t think that had existed, that wasn’t there before.” (P26)

Consistent with the improved capability of practices and understanding of each other’s frameworks, the level of collaboration that this has introduced is seen to be leading to better outcomes for clients.

“There’s anecdotal feedback that the collaboration and the work around domestic and family violence is really working to improve the outcomes for survivors of domestic and family violence. The feedback from the survivors of domestic and family violence in the Caboolture area is really reflecting that shifting practice and where the survivors, overwhelmingly women, are really feeding back their experience and feelings of feeling heard, with people in their corner and with a lot more safety. So they’re pretty good outcome measures.” (P27)

“If we’re involved in a partnership for a family, there’s always better outcomes.” (P8)

Many participants considered the Department of Child Safety, Youth and Women to have been a key driver for this improved practice.

There was a strong desire to engage further with this model and continue embedding these practices across the sector.





## 5 Summary

The focus of the current study was a key topic within Strategic Objective 6—Delivering quality services to Queensland children and families through a capable, motivated workforce and client-focussed organisations: The workforce is responsive to the needs of clients.

### 5.1 Key findings

Figure 5-1 summarises the key findings of the place-based study.

This study found evidence of a skilled workforce exercising high-quality practices. In reflecting on the multiple and complex issues faced by clients who present to the child protection and family support service system, participants described tailored, coordinated and holistic service provision to address clients' needs. Participants provided anecdotal evidence of these efforts when discussing their own frontline practice as well as cross-agency coordinated efforts to provide wrap-around

supports for clients. The local workforce also faces some barriers and some opportunities to improve outcomes were identified by participants.

The local implementation of the Safe & Together framework and associated practices provided a set of skills, principles, knowledge that have helped to develop a shared language across the Caboolture sector. It has provided the sector strengths-based practices to apply to their work with clients and has supported collaboration across multiple government and non-government services, in the interest of engaging and supporting clients.

### 5.2 Recommended next steps

The information in this report is intended to be used by local stakeholders to inform planning and decision making.

It is therefore recommended that this report be considered by the Regional Child, Youth and Family Committee.



Facilitating Factors		
<b>Service provision</b> <ul style="list-style-type: none"> <li>• Frontline practice is client-centred, flexible and non-judgemental.</li> <li>• The local area offers a broad range of services. The introduction of early intervention services enables the provision of support to vulnerable families who may not have previously met the criteria for statutory services.</li> <li>• Services receive a large number of self-referrals to secondary support services.</li> </ul>	<b>Workforce support and development</b> <ul style="list-style-type: none"> <li>• Programs and supports are proactively provided to staff to assist them with managing their wellbeing and reduce burnout.</li> <li>• There is a demonstrated commitment to providing staff with development opportunities.</li> <li>• Training priorities are often determined in response to clients' presenting issues and emerging community issues.</li> <li>• Training is offered across organisations which fosters relationship building with other service providers.</li> </ul>	<b>Culture, collaboration and partnerships</b> <ul style="list-style-type: none"> <li>• A sector-wide commitment to working together to meet the needs of families has been supported by local leaders and has provided an authorising environment.</li> <li>• Services work collaboratively, including co-locating with one another, to facilitate holistic and wraparound support for families. This supports effective transitions and referrals between services.</li> <li>• Multi-agency networks and collectives have supported relationship building and information sharing.</li> </ul>
Barriers		
<ul style="list-style-type: none"> <li>• Most services were operating 'at capacity' meaning some families are placed on waitlists.</li> <li>• Many local practitioners have high workloads which can limit their capacity to participate in training and development opportunities.</li> </ul>		
Opportunities		
<ul style="list-style-type: none"> <li>• Consider current information sharing processes, as these relate to referrals between services, and identify ways of strengthening these.</li> <li>• Consider capability-building opportunities such as co-locating staff in different services and agencies.</li> </ul>		
Promising Practice: Safe & Together Implementation		
<p>The rollout of the Safe &amp; Together framework has:</p> <ul style="list-style-type: none"> <li>• led to improved local practices in responding to families experiencing domestic and family violence.</li> <li>• led to more consistent, community-wide responses to domestic and family violence incidents.</li> <li>• been a catalyst for strengthening local partnerships and fostering local collaboration.</li> </ul>		

*Figure 5-1: Key findings of the Caboolture place-based study*



## 6 References

- Anrows (2019). STACY – Safe & Together Addressing Complexity. Retrieved from: <http://www.anrows.org.au/project/stacy-safe-and-together-addressing-complexity/>
- Australian Bureau of Statistics (2017). 2016 Census QuickStats - Caboolture. Retrieved from: [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/31302](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/31302)
- Australian Bureau of Statistics (2018). Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure. Retrieved from: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202016?OpenDocument>
- Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems, *Australian Institute of Family Studies* NCPC Issues Paper no. 33.
- Child Family Community Australia (CFCA). (2017). Risk and protective factors for child abuse and neglect. Retrieved from: <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>
- Commonwealth Government (2009). *National Framework for Protecting Australia's Children 2009–2020*. Retrieved from <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>
- Cortis, Smyth, Wade, & Katz (2019). Changing practice cultures in statutory child protection: Practitioners' perspectives. *Child and Family Social Work*, 24, 50–58.
- Curry, McCarragher & Dellmann-Jenkins (2005). Training, transfer and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review*, 27(8), 931–948.
- Department of Child Safety, Youth and Women (2018). *Embedding and Strengthening the Reforms*. Retrieved from: <https://www.qld.gov.au/about/newsroom/embedding-and-strengthening-child-and-family-reforms>
- Department of Child Safety, Youth and Women (2019). Our performance. Retrieved from: <https://www.csyw.qld.gov.au/child-family/our-performance>.
- Harker, R., Pidgeon, A.M., Klaassen, F., & King, S. (2016). Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human services professionals. *Work*, 54, 631–637.
- Leek, L., Seneque, D., & Ward, K. (2004). Parental drug and alcohol use as a contributing factor in care and protection applications 2003. Department for Community Development, Government of Western Australia, Perth.
- McArthur, M. & Thomson, L. (2011). Families' views on a coordinated family support system. *Family Matters*, 89. Retrieved from: <https://aifs.gov.au/publications/family-matters/issue-89/families-views-coordinated-family-support-service>
- McArthur, M., & Thomson, B. (2014). Getting more bang for your buck: What works best in professional development in the child, youth and family workforce. *Developing Practice: The Child, Youth and Family Work Journal*, 39, 41–53.
- Moore, T.G, McDonald, M., Sanjeevan, S., & Price, A. (2012). Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies. Parkville Victoria: Centre for Community Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital.
- Queensland Child Protection Commission of Inquiry (2013). Taking responsibility: A roadmap for Queensland child protection. Retrieved from: <http://www.childprotectioninquiry.qld.gov.au/publications/index.html>
- Queensland Government (2016). Strengthening our Sector: A strategy for working together for a responsive sustainable service system across the child and family support sector: 2016–19. Retrieved from: [https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/strengthening%20our%20sector/qfcc\\_strengthening\\_oursector\\_actionplan\\_2016\\_17\\_online\\_version\\_o.pdf](https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/strengthening%20our%20sector/qfcc_strengthening_oursector_actionplan_2016_17_online_version_o.pdf)



Queensland Government (2015). Not Now, Not Ever: Putting an end to domestic and family violence in Queensland. Retrieved from:  
<https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>

Queensland Government Statistician's Office (2019). Queensland Regional Profiles – Caboolture and Moreton Bay. Retrieved from:  
<https://statistics.qgso.qld.gov.au/qld-regional-profiles>

Queensland Government Statistician's Office (2019). Regional youth unemployment, October 2019. Retrieved from:  
<https://www.qgso.qld.gov.au/issues/3431/regional-youth-unemployment-201910.pdf>

Urbis (2014). Co-location and other integration initiatives strategic evaluation. Retrieved from:  
<https://www.education.vic.gov.au/Documents/about/research/colocation/Co-location%20and%20Integration%20Initiatives%20Strategic%20Evaluation.pdf>



# Appendix A: Consultation Guide

## Questions and sub-questions

1. Tell us about your role in the child protection and family support system.
2. Typically, what clients do you work with?
  - What issues do the clients you work with experience?
  - To what extent do clients have input (choice and control) into the supports they receive from your organisation?
  - What skills or knowledge are required to work with these clients?
3. To what extent are service providers working together to meet the specific needs of clients?
  - To what extent are knowledge, ideas and skills shared between organisations?
  - What formal or informal relationships do you use to support clients (i.e. referrals, mentoring)?
  - What factors facilitate positive working relationships between service providers in the interest of the client? What barriers exist?
4. Apart from business as usual training, what specialised training and development opportunities have been offered to frontline staff in your organisation to respond to the emergent needs of clients?
  - How are the skills learnt through training supported and reinforced in the workplace (i.e. supervision or mentoring)?
  - What opportunities exist for frontline staff to participate in cross-agency training and development?
5. How does your organisation ensure staff training and development reflects current issues affecting clients or potential clients?
  - What data or information is used to training and development?
  - Where is this information sourced from?
6. Have you seen any promising approaches to building the capacity and capability of the workforce in your region to respond to current issues facing children, young people and families?
7. How does training and support for frontline staff contribute to positive outcomes for clients?
  - What evidence is there to support this?
  - What other workforce factors facilitate improved outcomes for clients?



# Glossary

Term	Description
Abused as a child (Intergenerational experience of abuse or neglect) parental risk factor	The primary parent has a history of being abused or neglected as a child. Evidence of abuse includes credible statements by the primary parent or others. Information relating to the primary parent may also be obtained from departmental records, or from interstate or overseas child protection systems.
Child Protection Order/s	An order made by the Children's Court under the <i>Child Protection Act 1999</i> , when a child is considered in need of protection.
Child Safety Service Centre (CSSC)	Child Safety Service Centres are located in communities throughout Queensland. They provide support and a range of services to children, young people, families and carers to ensure children's safety and wellbeing and to prevent children from being harmed.
Criminal history parental risk factor	The primary parent has been charged or convicted of offences as either an adult or a juvenile.
Domestic violence parental risk factor	The household experienced two or more instances of domestic violence during the last 12 months. This includes all physical assaults and periods of intimidation, threats or harassment between parents or between one parent and another adult in the home.
Drug or alcohol problem parental risk factor	A parent had a drug and/or alcohol problem during the last 12 months, or at any other time prior. This includes instances where drug or alcohol abuse interfered with parent or family functioning, such as where family or marital relationship was disrupted, employment was affected, or the parent engaged in criminal activity in the last two years.
Family and Child Connect (FaCC)	Family and Child Connect (a non-government community-based intake and referral service) was established to provide an alternative pathway for referring concerns about children and their families (other than a referral to Child Safety Services). Families, community members and professionals can access Family and Child Connect to get information, advice and/or referral support to access services so that families experiencing vulnerability receive the support they need as early as possible and without the involvement of the tertiary child protection system.
High Risk Team	High risk teams are a core component of Queensland's integrated service response approach. These teams consist of officers from all agencies with a role in keeping victims safe and holding perpetrators to account—including police, health, corrections, housing and domestic violence services—collaborating to provide integrated, culturally appropriate safety responses to victims and their children who are at high risk of serious harm or lethality.
Intensive Family Support (IFS)	A consent-based support service provided by non-government community organisations that responds to families experiencing vulnerability with children and young people who are at high risk of involvement in the tertiary child protection system. Families may refer themselves or be referred to services directly from Child Safety Services, Family and Child Connect, other government agencies and non-government organisations with the consent of the family, or from prescribed entities and Regional Intake Services without the families' prior knowledge or consent.
Investigation and assessment	<p>The process of investigating a notification of alleged harm or risk of harm. It involves an investigation of the alleged harm and an assessment of the child's protective and safety needs. The outcome of an investigation and assessment may be:</p> <ul style="list-style-type: none"> <li>• Substantiated—child in need of protection</li> <li>• Substantiated—child not in need of protection</li> <li>• Unsubstantiated</li> <li>• No investigation and assessment outcome</li> <li>• No subject child (where it is determined the child does not exist or is not a member of the household being investigated).</li> </ul>



Term	Description
Mental illness parental risk factor	The primary parent had a mental health problem during the last 12 months, or at any other time prior. This includes diagnosed mental health disorders (as per the Diagnostic and Statistical Manual), or instances where the parent was repeatedly referred for psychological/mental health assessments, or recommended for treatment or hospitalisation by a psychiatrist or mental health authority.
Not Now, Not Ever	In 2014, the Queensland Government tasked its <i>Special Taskforce on Domestic and Family Violence in Queensland</i> with examining domestic and family violence support systems and making recommendations on how the system could be improved. The Taskforce's report <i>Not Now, Not Ever</i> made 140 recommendations around preventing future incidents of domestic and family violence
Out-of-home care	The provision of care outside the family home to children who are in need of protection or who require a safe placement while their protection and safety needs are assessed. Out-of-home care includes placement with kin, other home-based care or residential care services.
Queensland Child Protection Commission of Inquiry (QCPCOI)	The Queensland Child Protection Commission of Inquiry (QCPCOI) was established on 1 July 2012 to review Queensland's child protection system. The final report of the QCPCOI, <i>Taking responsibility: A roadmap for Queensland child protection</i> , was delivered to the Queensland Government on 1 July 2013. The QCPCOI report includes 121 recommendations, which form the Child Protection Reform Roadmap. They are the basis of the reform program, which is now referred to as <i>Supporting Families Changing Futures</i> .
Regional Child, Youth and Family Committee (RCYFC)	Regional Child, Youth and Family Committees determine regional priorities for implementing the <i>Supporting Families Changing Futures</i> reform program and the domestic and family violence reform agenda in line with statewide directions established by the Interdepartmental Committee and the former Child Protection Reform Leaders Group. They also play a key role in facilitating effective working relationships at regional and local levels. Nine committees have been established across the state.
Regional Intake Service (RIS)	Child Safety Services' Regional Intake Services receive information from community members, government and non-government agencies when there are concerns that a child is experiencing harm or is at risk of experiencing harm. Trained child protection workers discuss concerns and gather and record information that may be helpful in assessing the situation. They will then decide the best way of responding.
Safe & Together	The Safe & Together Model is an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence-informed. The Model can help improve competencies and cross-system collaboration. It derives its name from the concept that children are best served when services work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). The Model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children.
Safe & Together Addressing Complexity (STACY)	STACY is an action research project that draws upon the DFV-informed Safe & Together approach to child welfare and will build worker and organisational capacity in working with families at the intersection of Domestic and Family Violence, alcohol and/or drug problems and mental health.
Special Taskforce on Domestic and Family Violence in Queensland	In 2014, Queensland's Special Taskforce on Domestic and Family Violence was tasked with examining domestic and family violence support systems and making recommendations on how the system could be improved.
Strengthening our Sector Strategy	The Strengthening our Sector Strategy is a sector-wide workforce planning and development strategy focussed on increasing collaboration and building capacity across the child and family support system. It was developed as a result of a QCPCOI recommendation and has been led by the Queensland Family and Child Commission.



Term	Description
Substantiated—child in need of protection	The outcome of an investigation and assessment where it is assessed that the child or young person has suffered significant harm and/or there is unacceptable risk of significant harm and there is no parent able and willing to protect the child.
Substantiated—child not in need of protection	The outcome of an investigation and assessment where it is assessed that the child or young person has suffered significant harm, but there is no unacceptable risk of significant harm as the child has a parent able and willing to protect them.
Substantiated households	Substantiated households include families subject to a finalised investigation and assessment where the assessment outcome for any child in the household was substantiated.
Supporting Families Changing Futures	The QCPCOI report included 121 recommendations, which formed the Child Protection Reform Roadmap. They are the basis of Queensland's child protection reform program, which is now referred to as <i>Supporting Families Changing Futures</i> . This program has seven Strategic Objectives and aims to help families to protect and care for their children and ensure that children and young people in care prosper.
Tertiary (practice, system, services, sector)	Tertiary services are child protection services designed to respond to abuse and neglect in situations where children have been harmed or are in immediate danger of harm.
Unsubstantiated	The outcome of an investigation and assessment where it is assessed that there is no evidence that the child has experienced significant harm and there is no unacceptable risk of significant harm.





Queensland  
**Family & Child**  
Commission

[qfcc.qld.gov.au](http://qfcc.qld.gov.au)

