

## **PART B NON-FINANCIAL PERFORMANCE**

### **4. Strategic Objective 1 – Support a high quality, evidence-based Queensland child protection and family support system**

In pursuing this objective, our key strategies are to:

- oversight, review and report on the performance of the child protection and family support systems in line with national standards
- influence and guide the sector on practice improvement through investment in best-practice research and access to child death data
- support the sector to develop consistent evaluation frameworks to measure the effectiveness of reforms.

#### **Key Initiatives for 2014-15**

##### **Oversighting and evaluating the child protection system**

The QFCC has functions requiring it to provide systemic oversight of the child protection system and to facilitate improved policies and practices through the conduct of evaluations and building the capacity of service providers to evaluate the efficacy of their own work. The *Family and Child Commission Act 2014* also specifically requires the QFCC to include in its Annual Report information on:

- Queensland's performance in relation to achieving state and national goals in relation to the child protection system, including Queensland's performance over time in comparison with other jurisdictions, and
- Queensland's progress in reducing the number of, and improving the outcomes for, Aboriginal and Torres Strait Island children and young people in the child protection system.

Detailed data and information is contained in Chapter 7 of this Report in relation to Queensland's performance in achieving state and national goals.

During 2014-15 work progressed on a number of key tasks in relation to the QFCC's oversight and evaluation responsibilities, including:

- developing an evaluation framework providing a high level strategy and principles for evaluation across the program of reforms
- in consultation with the responsible agencies, working towards mapping the planned evaluation that agencies will undertake over the first five years in relation to the Stronger Families reforms
- assisting the Stronger Families Enterprise Program Management Office in conducting workshops to confirm work package and domain program logics and identify key evaluation points
- establishing an Evaluation Community of Practice and providing high-level guidance for agencies responsible for evaluating the implementation of the Stronger Families reforms, including tutorials on evaluation methodology and templates to help achieve consistency across government in the evaluation of Stronger Families reforms, and

- reporting on the performance of the Queensland child protection system in line with the *National Framework for Protecting Australia's Children 2009-2020* – to inform this process, besides accessing existing available data and information, the QFCC is working to influence the development of outcome measures on some important areas of functioning of the child protection and family support systems for which, currently, there are no measures.

These are significant undertakings by the QFCC. They will be important in understanding the extent to which the Stronger Families reforms have been effective, with their major benefit being more evident over the long term but reliant on the governance mechanism responsible for the service systems (presently the Stronger Families Reform Leaders Group) to act on evaluation and oversight findings in key areas.

### **Three year rolling research program**

The QFCC has responsibility to build the evidence base for child protection practices by leading and facilitating, along with research institutions, practitioners and other stakeholders, a rolling three-year research schedule.

Work commenced on the development of a schedule of proposed research topics during the year, with a series of consultations with stakeholders, including practitioners across both the government and non-government sector, as well as research institutions. These consultations sought to establish the views from across the system, as to what are the gaps in current knowledge in relation to improving practice in child protection, and what are believed to be priority areas for research that would have practical application for the Queensland system in particular, and potentially improve outcomes for vulnerable children and young people.

The outcomes of these consultations are currently being collated and thematically grouped into key areas of inquiry, with associated research questions. The identified research gaps will then form the basis of a broad research agenda across the system. From this, a number of distinct projects of significant priority will be identified and developed in partnership with stakeholders, and a rolling three-year research program will be established, with some projects commencing from early 2016.

In particular, a priority research project – the *Creature Quest* trial – has been initiated to explore the practical application in different settings of a measure of social and emotional wellbeing for primary aged children, for potential use as a pre- and post-service delivery outcome measure.

### **QFCC brokered agreement for *Creature Quest* trial in Logan**

*Creature Quest* is an interactive game for tablets and computers that provides a valid, robust, and reliable measure of wellbeing for children in prevention programs, schools and communities. It was developed by Professor Ross Homel and Dr Kate Freiberg from Griffith University.

The QFCC has brokered an agreement between QFCC, DCCSDS, Department of Education and Training and Griffith University to conduct a trial in the Logan area in 2016. This will involve trialling the use of *Creature Quest* and associated material for its potential as an instrument for assessing the effectiveness of family support services provided by participating non-government organisations.

The QFCC provided research support to the project from February 2015 and June 2015 to assist with the development of the support tools and guidance documents that will accompany *Creature Quest*. The QFCC also provided funding to assist with technical upgrades to the game to make it more sophisticated, so that children can create an avatar identity through which to play the game, and to increase its compatibility with a range of platforms.

Preliminary meetings have occurred with Department of Education and Training and DCCSDS to explore ways to pilot the tools and progress their use in assessing the outcomes of family support services.

### **Policy submissions**

The QFCC has functions that require it to provide advice to relevant agencies about laws, policies, practices and services, with a view to upholding child rights and improving the delivery of services to children, young people and families. During the year the QFCC provided advice within policy contexts relating to a number of issues, as outlined below.

The QFCC provided a submission to the Australian Senate, Standing Committee on Community Affairs, References Committee: *Inquiry into the adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia*. The submission recommended long-term advocacy to secure appropriate services, support and accommodation options for young people with severe disabilities.

The QFCC was invited by the Family Law Council to provide a submission on *Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems*. The information contained in the QFCC response, and the responses of other organisations and individuals were compiled and provided to the Attorney-General, Senator the Hon. George Brandis QC. The QFCC submission recommended that the Family Law Council provide advice to Attorney-General Brandis which:

- seeks to ensure the best interests of children are routinely sought and applied as a determining factor in all decision making processes
- seeks to ensure legal representatives are sympathetic to and demonstrate understanding of the emotional impacts of family and child protection matters on children and young people
- considers the implications of implementing legislative and judicial amendment to the current model of Family Law Court and Children's Court roles
- promotes and advocates for adequately funded legal representation resources for families and children within the legal system, and
- ensures vulnerable families are provided with access to appropriate secondary services to address pre-existing risk factors identified in, or prior to, progressing a family law matter.

The QFCC provided a submission response to the Parliament of Australia, Finance and Public Administration References Committee regarding the Inquiry, *Access to legal assistance services - Aboriginal and Torres Strait Islander experience of law enforcement and justice services*. The submission recommended:

- the continuation of Commonwealth Government funding for legal assistance services for Aboriginal and Torres Strait Islander families, children and young people

- the References Committee note the findings and recommendations of the QCPCOI Report and consider their potential relevance to the terms of reference of its own inquiry, and
- the References Committee consider the potential for supplementary funding for legal representation in child protection matters.

### Annual Report on Child Deaths in Queensland

During the year the QFCC published the *Annual Report: Deaths of Queensland Children 2013-14*; the 10th Annual Report to be produced on child deaths in Queensland.

The table below shows the number and rate of child deaths in Queensland each reporting period since 2004–05. Over the ten year period of data collection by the QFCC and the predecessor Commission there have been some year to year fluctuations in child death rates, however, there has been a general reduction in the rates in the most recent years in comparison to first half of the decade.

**Table 3. Number and rate of child deaths by reporting period, 2004–2014**

Year	Number of deaths	Rate per 100,000
2004–05	481	49.6
2005–06	425	43.0
2006–07	509	51.6
2007–08	487	48.3
2008–09	520	50.5
2009–10	488	46.5
2010–11	465	43.8
2011–12	487	45.4
2012–13	448	41.1
2013–14	446	41.0

*Data source: Queensland Child Death Register (2004–2014)*

For the 446 children and young people whose deaths were registered in 2013–14, the following observations were made (these findings are generally similar to those found in previous reporting periods):

- 55.4% of the deaths were male and 44.4% were female
- diseases and morbid conditions accounted for the majority of deaths (76.9%)
- 16.4% of deaths were due to external causes – transport, drowning, suicide, fatal assault and neglect, or other non-intentional injury
- 66.8% of deaths were of infants under 1 year of age
- Aboriginal and Torres Strait Islander children accounted for 15.5% of deaths and died at around twice the rate of non-Indigenous children in Queensland, and
- children known to the child protection system died at a rate of 47.8 deaths per 100,000, compared with 41.0 deaths per 100,000 for all Queensland children.

## Supporting child death prevention efforts

The QFCC has maintained the strategy established by its predecessor Commission of providing access to data in the Queensland Child Death Register to support the development and implementation of child death prevention programs, policies and initiatives that require a solid and contemporary evidence base.

During the year we published the *Annual Report: Deaths of Queensland Children 2013-14*, which identified that 50 requests for access to the Child Death Register from external stakeholders were received, including the Queensland Injury Surveillance Unit, Department of Housing and Public Works, Royal Life Saving Society – Australia, Kidsafe QLD, the University of the Sunshine Coast Accident Research, Australian Institute of Suicide Research and Prevention, Office of the State Coroner, the Queensland Mental Health Commission, University of Queensland Centre for Clinical Research, the Australian Competition and Consumer Commission and the Centre for Accident Research and Road Safety Queensland (QUT).

**Table 4. Purpose of data request by type of data requested, 2013–14**

Type of data requested	Purpose of data request			Total
	Research	Public education/ reporting	Policy/ program development	
Drowning	3	11	1	15
Suicide	4	5	2	11
Transport	3	4	1	8
Diseases and morbid conditions	3	2	0	5
Accidental	0	2	1	3
All deaths	2	1	0	3
Interstate resident deaths	0	3	0	3
All external causes	2	0	0	2
Total	17	28	5	50

*Data source: Queensland Family and Child Commission (2013–14)*

In the year ahead the QFCC will be considering new ways to promote and increase awareness of child death and injury prevention issues to help ensure the safety of Queensland children. Access to comprehensive child death data is available at no cost to organisations or individuals conducting genuine research. Stakeholders wishing to access the Queensland Child Death Register to support their research, policy or program initiatives should email their request to [child.death@qfcc.qld.gov.au](mailto:child.death@qfcc.qld.gov.au).

## **5. Strategic Objective 2 – Strengthen partnerships and collaboration between government and non-government organisations to achieve better outcomes for children and families**

In pursuing this objective, our key strategies are to:

- build the capability of the child protection and family support system workforce in collaboration with government, non-government and academic sectors
- partner with non-government organisations to strengthen non-government organisations capacity and governance, and
- lead the development of sector-wide cultural change management.

### **Key Initiatives for 2014-15**

#### **Partnering to achieve better outcomes**

The QCPCOI Report offered detailed insights into what it considered to be the measures necessary to achieve better and more sustainable child protection and family support systems. It also provided direction on the way in which this should be achieved. In this regard, the QCPCOI Report placed a great deal of emphasis upon the concept of 'co-design'.

Adopting a co-design approach to Stronger Families initiatives has been important within government, where inter-agency co-operation can sometimes be lacking, but it has been critical in building stronger relationships with our customers and a joint commitment on approach with non-government peak bodies and their member organisations.

The QFCC does not view co-design purely as a process. From our perspective, particularly with our commitment to developing genuine partnerships, we consider it essential that co-design be viewed in the subjective. We acknowledge there is no one-size-fits-all when it comes to genuine engagement, particularly where vulnerable children, young people and their families are involved, and we are prepared to have our contribution to the Stronger Families reforms assessed by the way our stakeholders feel about their engagement with us. Ideally they will consider the opportunities we offer for their involvement meet their particular needs, that their contribution is treated genuinely and respectfully and that key decisions are not prejudged. Overall, we want our stakeholders to feel that the way in which we manage our relationships provides the best opportunity for genuine outcomes.

The QFCC created and responded to a number of opportunities to build linkages with stakeholders and involve them in our work this year. Highlights of this work are outlined below.

- The Acting Principal Commissioner participating as a member of the Stronger Families Reform Leaders Group.
- The Acting Principal Commissioner commencing as chair of the Stronger Families Workforce/Cultural Change Committee, which is one of four sub-committees of the Stronger Families Reform Leaders Group.
- Establishing an Evaluation Community of Practice to assist agencies build their capacity to evaluate the efficacy of their programs and service models.

- Hosting two workshops with 50 delegates from 37 different government and non-government agencies to inform the design concept of the Community Services Directory and establishing a Yammer account to provide an ongoing forum for updates and discussion.
- Conducting a collaborative forum attended by 49 participants representing 30 government and non-government organisations to inform the development of resources and information for the child protection sector.
- Engaging in a partnership with CREATE Foundation to host the Staying Connected forum. CREATE young consultants facilitated the group of 70 participants with a view to informing service delivery professionals about the experiences of young people in out-of-home-care.
- The Acting Principal Commissioner attending the Australian Children's Commissioners and Guardians (ACCG) meetings. The ACCG group is comprised of all Australian State and Territory Commissioners and Guardians and the National Children's Commissioner, who advocate for the safety, wellbeing and rights of children and young people. The meetings are held twice annually and allow ACCG members to discuss a range of priority issues which affect children and young people, particularly those who are most vulnerable. The Acting Principal Commissioner presented a paper on transitioning from care (an ACCG priority area), highlighting the work of CREATE and how the QCPCOI Report can re-energise the focus on transitioning from care.
- Partnering with Griffith University, the DCCSDS and the Department of Education and Training to undertake a trial in 2016 of an interactive computer game, Creature Quest, which assesses child social and emotional wellbeing for its potential as an outcome measure of the effectiveness of family support services.
- Hosting a Partners in Reform – Evaluation Leaders Forum, on 15 June 2015 to inform and guide the implementation and evaluation of the Stronger Families reforms in Queensland through providing critical insights from renowned researchers in child protection. Presentations were provided from Professor Ilan Katz on Learning from the NSW evaluation of *'Keep Them Safe'*, Adjunct Professor Rebecca Cassells on the Economic evaluation of the NSW *'Keep Them Safe'* initiative: a geographic approach, Professor Clare Tilbury, Repositioning prevention using performance indicators, and Dr Kate Freiberg on *Measuring wellbeing and functioning of children and parents*.

In the year ahead the QFCC will host the inaugural meeting of its Advisory Council. Establishing the Advisory Council, as recommended by the QCPCOI Report, will provide a formal avenue of guidance and advice for the Principal Commissioner and Commissioner on the role and services of the QFCC into the future.

In the year ahead the QFCC will also implement both an overarching Engagement Strategy and a targeted Aboriginal and Torres Strait Islander Engagement Strategy. These strategies will be important in helping define our commitment to, and desired relationship with key groups.

### **Cross-sector Workforce Planning and Development Strategy**

The QFCC is well advanced in the initial phase of collaborating with stakeholders on the development of the Cross-sector Workforce Planning and Development Strategy. Significant effort was applied during the year to working with stakeholders to more sharply define the needs and areas for potential action.

In all, 43 individual and group stakeholder sessions were conducted during the year to define the key areas for action and discuss possible strategies. Based on this early work, it is anticipated that the Cross-sector Workforce Planning and Development Strategy will include a range of workforce qualification standards, training and professional development initiatives that can be applied across all levels of the sector. There will also be some specific place-based initiatives, tailored to local workforce and client needs where more targeted solutions are required. It is intended that, over the medium to long term, the strategy will support the sector in meeting the service demands placed upon it.

The table below highlights the scope of this important work.

**Table 5: Phases of the Cross-sector Workforce Planning and Development Strategy**

Phase 1 – Discovery & Testing	
QFCC Identified	<b>Job Family Framework</b> – Profile the sector’s work by grouping roles that require similar qualifications, skills, or knowledge.
	<b>Workforce Profile</b> – Analyse characteristics to identify current and future workforce and capability requirements.
QPCOI Identified	<b>Shared Practice Framework</b> – Understand the intersection of new practice frameworks and build consistent practice language and methodologies across the sector.
	<b>Joint Training</b> – Training and development opportunities that encourage collaboration between service providers.
	<b>Workplace Learning</b> – Workplace learning initiatives to reduce professional isolation and fatigue, improve knowledge retention and transfer, and widen the skill base.
	<b>Career Pathways</b> – Options for career pathways to recognise transferability, highlight the agility of the workforce and help promote career progression opportunities.
	<b>Mandatory Qualifications</b> – Mandatory minimum qualifications to enhance the capability of the workforce and improve the consistency and quality of client experiences.
	<b>Training Framework</b> – Options to identify core training requirements and skill sets across job families.
	<b>Flexible Pathways</b> – Identify transitional opportunities between job families across the sector, and enable flexible alternatives to gaining skills and qualifications.
	<b>Tertiary Qualifications</b> – Understand the applicability, demand for and feasibility of child protection specific tertiary qualifications.

Phase 2 – Design & Development
Use findings from Phase 1 to inform the development of the Strategy.
Work with the sector to identify agreed priorities to transition the existing workforce to meet future needs.
Consider any emerging issues which may influence the direction of the Strategy.
Identify potential pilot locations or cohorts (e.g. Aboriginal and Torres Strait Islander workforce).
Work with the sector to finalise and agree on the Strategy.
Obtain endorsement from key stakeholders and sector leadership for the Strategy.
Phase 3 – Implementation
Cross sector Workforce Planning and Development Strategy <ul style="list-style-type: none"> <li>• Communication</li> <li>• Implementation</li> <li>• Performance measurement, monitoring and evaluation</li> </ul>
Collaborate with sector champions to build interest and trust, and empower sector leaders to implement initiatives.
Manage regular workforce profile analysis to inform future planning.

### Capacity Building and Governance Strategy

The QFCC has responsibility for leading the development of a Capacity Building and Governance Strategy for non-government agencies, especially those with limited resources.

QFCC has conducted initial scanning and targeted stakeholder engagement to build understanding about the wider context within which non-government organisations are working, to identify key learnings from the implementation of capacity-building strategies in other jurisdictions, and to develop internal knowledge and capability.

Initial findings confirmed the extent to which (state and federal) reform has impacted the child protection and family support services sector, but also highlighted efforts underway within government and the sector to build consensus around the desired outcomes from reforms and how the sector might respond. QFCC also noted the increasing focus on the need for longer term industry development to enable the sector to plan for, and respond to, new reform agendas.

The QFCC is in the process of obtaining agreement from relevant agencies and organisations that the following specific deliverables are required for the 2015-16 period:

- a sector steering group to provide advice and an authorising environment for the facilitation of the pilot processes be established (including roles, scope, potential partnerships and principles for effective capacity building)
- engagement with Regional Child and Family Committees and Local Level Alliances will be critical in developing the planned approach
- facilitate a sector-government stakeholder forum to design the detail of a pilot process - one for all non-government organisations involved in the reforms, and one for Aboriginal and Torres Strait Islander non-government organisations
- monitor and provide quality assurance advice to the pilot regions and the sector steering group about how well the pilot processes are aligning with principles of effective capacity building, and
- facilitate a process for assessing the pilot process and report key findings and recommendations to the sector steering group and child protection reform governance forums.

### **Strengthening the culture surrounding the delivery of child protection services**

Developing a more positive culture surrounding the delivery of child protection services was identified by the QCPCOI Report as a critical enabler to long term success. Responsibility for this recommendation was jointly allocated to the Stronger Families Reform Leaders Group and the QFCC.

To date the QFCC has worked with stakeholders in 30 collaborative forums as an initial phase of identifying the nature, strengths, weakness and gaps in the existing workforce culture, and stakeholder needs, roles and responsibilities.

This work has resulted in agreement that the following encompass the desired future culture of the sector:

- a proactive, positive and supportive culture that advocates taking responsibility
- a culture that includes appropriate risk taking
- a vibrant and inclusive learning culture in which there is support for child protection workers in using their professional judgement, recognition of good practice, opportunities for innovation, mentoring to strive for best practice
- a culture that learns from successes as well as failure
- a respectful relationship between government officers, non-government organisation staff, carers, parents, family, children and young people
- a more open and responsive approach that recognises shared government and non-government goal responsibility, emphasises areas of agreement and acts responsively to work through barriers
- a shared vision that promotes a culture of pride in excellence, and determination to improve practice and see better outcomes for children at all stages of the system, and
- a culture that develops the capacity of parents and families to take responsibility for protecting and caring for their children.

This work is in its early stages and a consistent and sustained effort will be required from all in coming years to develop and implement the most positive culture in the sector.

## 6. Strategic Objective 3 – Educate Queensland families and communities on their role in keeping children and young people safe in the home and inform them about the resources available to assist them

In pursuing this objective, our key strategies are to:

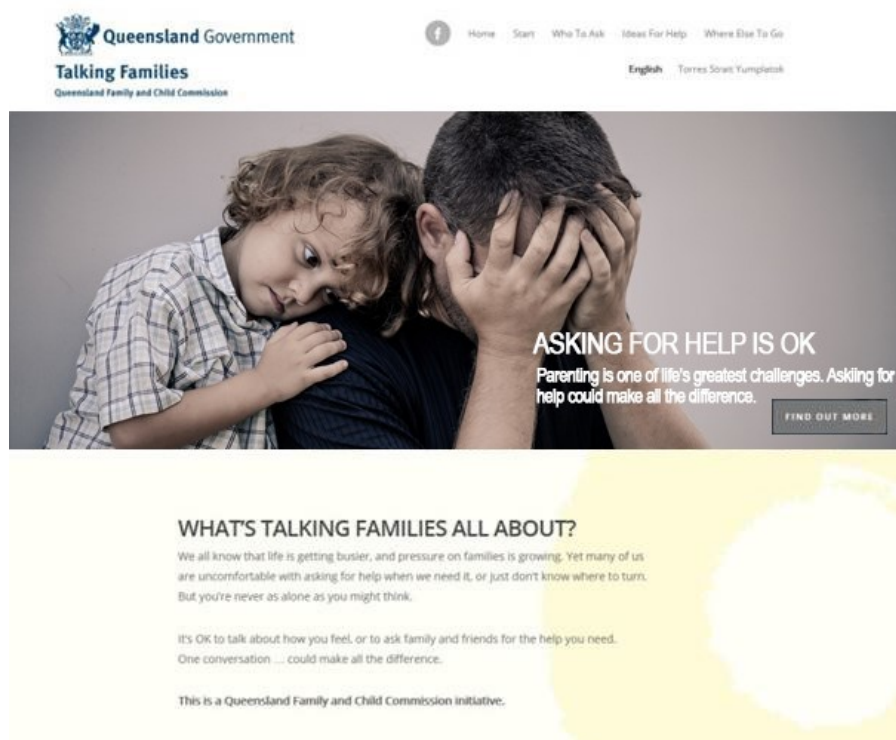
- encourage help-seeking behaviours among at-risk families and a shared responsibility for protecting children and young people
- generally enhance understanding of the child protection and family support systems in Queensland, and
- improve access to and awareness of services that meet the needs of Queensland families.

### Key Initiatives for 2014-15

#### Public communication strategy ('Talking Families')

The Talking Families campaign, which uses a social marketing approach, was launched on 2 November 2014 to both raise community awareness, and encourage positive shifts in attitude and behaviour around the role of families and communities, as compared with the state, in providing the best care and protection for children.

Figure 2: Example from Talking Families campaign



On 2 November 2014, the QFCC launched a six-week state-wide mass-media advertising campaign, encouraging parents and community to adopt help seeking, help accepting and help offering behaviours, and to direct more families to secondary support services.

Before the campaign went to air, baseline data captured by an independent research company found that more than half of Queensland parents had struggled to cope with parenting stress, more than 90 per cent of those struggling were not regularly asking for help and more than 10 per cent of all Queensland parents said at least weekly they felt difficulties were piling up so high they felt they could not overcome them.

Evaluation of the first six-week wave of advertising in the Talking Families campaign revealed good public awareness of the initiative and some indication of positive behavioural responses.

An independent campaign evaluation found statistically significant behaviour change among 'concerned family and friends', with this group more likely to offer and provide help to stressed parents after seeing the campaign.

Following the first wave of advertising, no behaviour change was observed in the 'parent' group, with subsequent waves of Talking Families seeking to address the barriers parents experience in asking for and accepting help.

**Table 6: Statistics from Talking Families campaign**

Channel	During 6 week campaign	Life of project (as at 30 June 2015)
Talking Families microsite visits	12,415	18,682
Facebook page followers	6,128	11,905

At the height of the campaign, the Talking Families Facebook page was connecting with more than 60,000 Queensland parents every day.

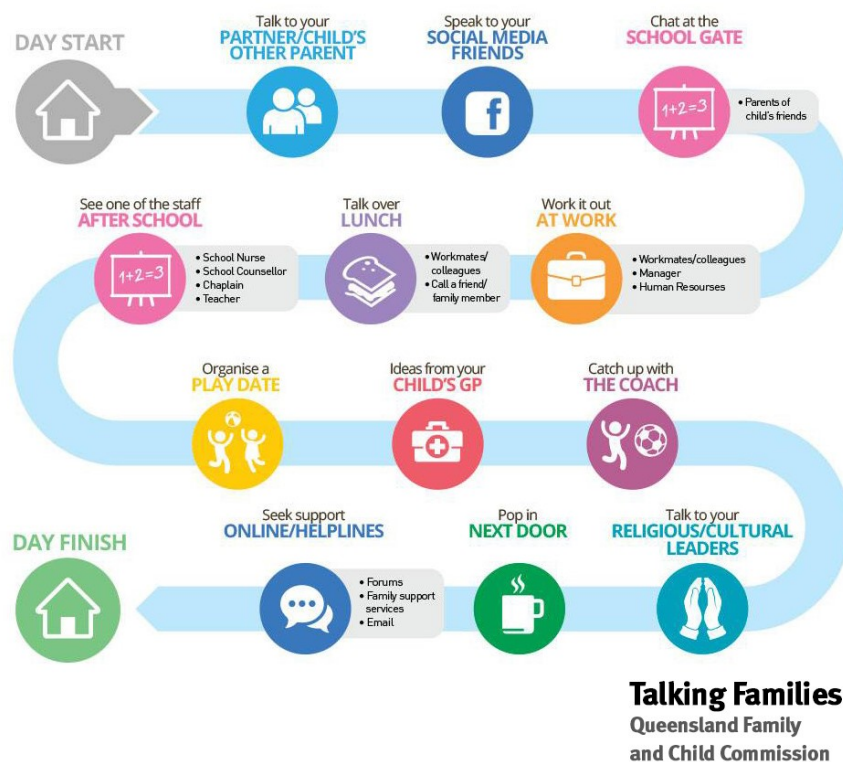
The engagement observed on particular parenting topics and Help Nights held on the Talking Families Facebook page are giving the QFCC qualitative insights to use as part of future phases of Talking Families.

**Figure 3: Example from Talking Families campaign**



Research for future phases of the public communication strategy will commence early in 2015-16 and may include a focus on reducing the stigma parents experience in asking for and accessing support services and supporting professionals who work in the child protection and family support system. Over the coming four years, the campaign will be built upon following evaluation and ongoing collaboration with our stakeholders to inform our approach.

**Figure 4: Infographic about different support options for parents in daily life**



## Development of resources to help children, young people and families understand and access supports

During the year the QFCC commenced work on two strategies to help children, young people and families better understand how the child protection system works and where they can go to get help when family functioning issues arise. The QFCC is leading a sector-wide collaborative approach to develop new resources and update and diversify current resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options.

In November 2014 the QFCC facilitated a roundtable attended by representatives from 30 government and non-government organisations to commence sector-wide involvement in improving resources and information available to support children and families. A comprehensive stocktake of existing resources has now been compiled. Specific working parties have been established to focus on the key areas of courts, complaints and child protection system as a whole. Each working party will be engaged in identifying resource gaps, developing plans for new and updated resources and supporting innovation and creativity across the sector. It is envisaged that sector-wide resources will be made available on a shared portal maintained by the QFCC.

During the year the QFCC also undertook an in-depth process to design the user interface and user experience for a Community Services Directory, which will enable children, young people and families to have easy access to support services, and provide professionals an overview of services available for referral and planning purposes. The Community Services Directory is intended to be the go-to site to enable children, young people and families to find the secondary support they need in their local community. The QFCC's technical specifications for the Directory are complete and in 2015-16 the QFCC will partner with the DCCSDS in the development and implementation phases of the project. The next phase of the project will involve consideration and selection of a platform upon which the QFCC solution can be built.

## **7. Queensland's performance in achieving state and national child protection goals**

One of the QFCC's functions under the *Family and Child Commission Act 2014* is to oversight Queensland's child protection system. It is important to note, however, that the QFCC's oversight role is intended to be different from the previous CCYPCG systemic monitoring role. The QCPCOI Report was explicit in identifying that the previous oversight undertaken by the CCYPCG was no longer appropriate, identifying that DCCSDS now '...has mature corporate governance and performance management arrangements'<sup>1</sup> and that '...There are also several whole-of-government bodies responsible for monitoring departmental performance'<sup>2</sup> and that '...excessive oversight can be counter-productive because it can create inefficiencies by diverting resources unduly from services towards compliance.'<sup>3</sup>

The QCPCOI Report also stated that '...it is time for each department to take responsibility for ensuring that it meets its legislative obligations using sound quality systems, backed up by independent, generalist oversight bodies including the Ombudsman, the Public Service Commission and Queensland Audit Office.'<sup>4</sup>

Given these observations that the QFCC's oversight function is not to be the detailed oversight function of the past, the QFCC is currently undertaking work with the assistance of its external stakeholders to determine what systemic oversight work will provide the most value to the family support and child protection sector. The QFCC is well positioned to use this as an opportunity to provide a new approach to oversight.

One element of the QFCC oversight role is to analyse national data as a means to assessing Queensland's performance relating to the child protection system. Section 40 of the *Family and Child Commission Act 2014* specifies that the QFCC is to include in the Annual Report information on:

- (a) Queensland's performance in relation to achieving state and national goals relating to the child protection system
- (b) Queensland's performance over time in comparison to other jurisdictions, and
- (c) Queensland's progress in reducing the number of, and improving the outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system.

The purpose of this section of the Annual Report is to detail Queensland's performance in relation to these three areas.

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<sup>1</sup> QCPCOI, *Taking Responsibility: A Roadmap for Queensland Child Protection Report*, 2013, p404.

<sup>2</sup> QCPCOI, *Taking Responsibility: A Roadmap for Queensland Child Protection Report*, 2013, p404.

<sup>3</sup> QCPCOI, *Taking Responsibility: A Roadmap for Queensland Child Protection Report*, 2013, p404.

<sup>4</sup> QCPCOI, *Taking Responsibility: A Roadmap for Queensland Child Protection Report*, 2013, p447.

## National goals

National goals relating to the child protection system are captured in the *National Framework for Protecting Australia's Children 2009-2020* (National Framework). The National Framework is a long term program of change that promotes a unified approach to achieving the goal 'Australia's Children and Young People are safe and well'.<sup>5</sup> The National Framework shifts the focus of 'protecting children' from a statutory response to abuse and neglect, to a more holistic view where the safety and wellbeing of children is the collective role and responsibility of families, communities and governments.

Australia's progress on the National Framework is measured through a series of outcomes and performance indicators to achieve the high-level goal. Six supporting outcomes focus on complementary areas, such as supports available to children and families, ensuring children who have been abused or neglected receive the support they need, and that Aboriginal and Torres Strait Islander children are safe and supported in their families and communities. A number of indicators are used to measure progress towards achieving the high-level goal and each of the supporting outcomes.<sup>6</sup>

There are eight indicators to measure progress towards the high-level goal that children are safe and well:

- substantiated child protection cases
- children in out-of-home care
- teenage births
- infants born of low birth weight
- child homicide
- early childhood development
- child social and emotional wellbeing, and
- family economic situation.

It is against the first six of these indicators for which Queensland's performance has been examined in relation to achieving national goals. Data for the indicators, sourced from a number of published sources, are brought together to present a picture of the safety and wellbeing of children in Queensland compared to children nationally. Data for two indicators—child social and emotional wellbeing and family economic situation—are currently unavailable for reporting on Queensland's performance and have not been included in this report.<sup>7</sup>

Given the various data sources involved, it should be noted that there are variations in the latest data available, reference periods and population figures.

## Substantiated child protection cases

Substantiated child protection cases are measured as the rate of children aged 0-17 years who were the subject of a child protection substantiation. Children who have been abused or neglected often have poor social, behavioural and health outcomes, both during childhood and later in life.<sup>8</sup>

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<sup>5</sup> Council of Australian Governments, 2009, *National Framework for Protecting Australia's Children*, p11.

<sup>6</sup> National Framework for Protecting Australia's Children, *Second Three Year Action Plan 2012-2015*, p39-41.

<sup>7</sup> Child social and emotional wellbeing is to be measured with proportion of children aged 8–17 years scoring 'of concern' on the *Strengths and Difficulties Questionnaire*. This indicator is currently pending the implementation of an Australian Bureau of Statistics data source and is not reportable. Family economic situation is measured as the proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances, as captured in the biannual Australian Bureau of Statistics *Survey of Income and Housing* (SIH). This data is published for Australia rather than individual states and territories. As a result, an analysis of Queensland performance is currently not available.

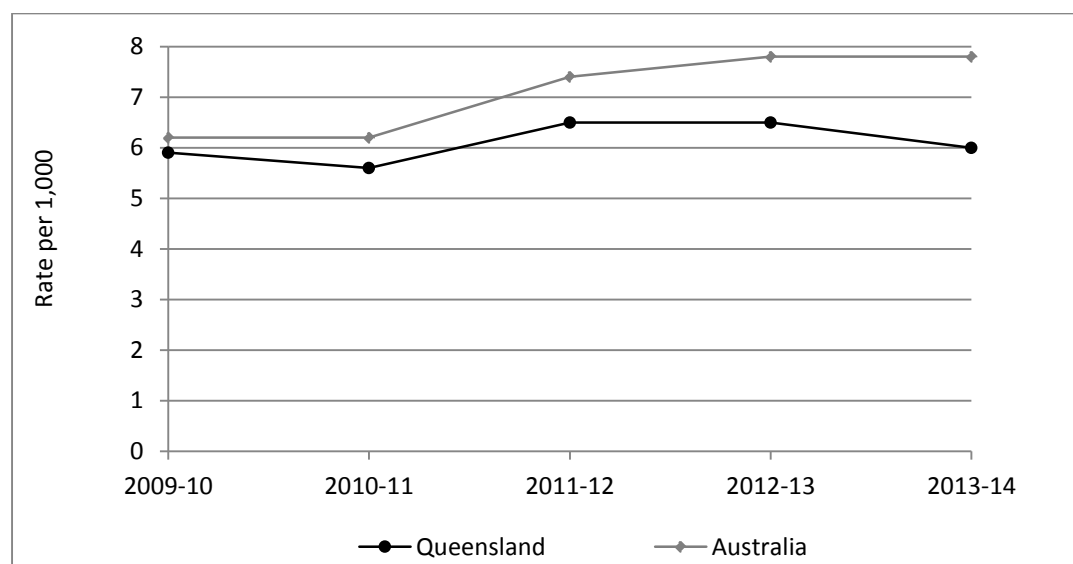
<sup>8</sup> Australian Institute of Health and Welfare, 2011, *Headline indicators for children's health, development and wellbeing*, 2011.

Administrative data on substantiations does not capture the prevalence of child abuse and neglect in the community. However, it does capture the incidence of cases that have been reported to state and territory departments responsible for child protection, and following an investigation, found that a child has been, is being, or is likely to be abused, neglect or otherwise harmed.<sup>9</sup>

While jurisdictions share similar legal definitions of harm and risk of harm there are subtle differences in policy and practice across states and territories. The breadth of these variations are not reflected in the combined national totals, which limits the comparability of substantiation figures and rates.

Substantiation data published by the Australian Institute for Health and Welfare (AIHW) is shown in Figure 5 below. In 2013-14, the national rate of substantiated child abuse and neglect was 7.8 per 1,000 children. Nationally, the rate of substantiated abuse has increased over the past five years, up from 6.2 in 2009-10. In comparison, the rate of Queensland children subject to a substantiation was lower than the national total at 6.0 per 1,000 children. After an increase, the rate of children substantiated in Queensland has returned to 2009-10 levels.<sup>10</sup>

**Figure 5: Children who were the subject of substantiation of notification of child abuse and neglect (rate per 1,000), Queensland and Australia 2009-10 to 2013-14**



Source: AIHW *Child Protection Australia*, data collections 2009-10 to 2013-14

Notes: Population data used by AIHW for this measure was based on 2011 Australian Bureau of Statistics (ABS) data. A child may be subject to more than 1 substantiation.

In Queensland, fewer children were the subject of multiple substantiations during the year. Nationally, 1 in 5 children with substantiated child abuse or neglect were the subject of multiple substantiations in 2013-14.<sup>11</sup> This compares to 1 in 10 Queensland children subject to multiple substantiations in 2013-14.<sup>12</sup>

<sup>9</sup> Annual Report to COAG, 2012-13.

<sup>10</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2013-14*, Table: A14.

<sup>11</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2013-14*, Table: 3.3.

<sup>12</sup> The rate data reflects a total number of 7,406 substantiations of notifications for 6,685 children. Table 3.2 (*Child Protection Australia 2013-14*).

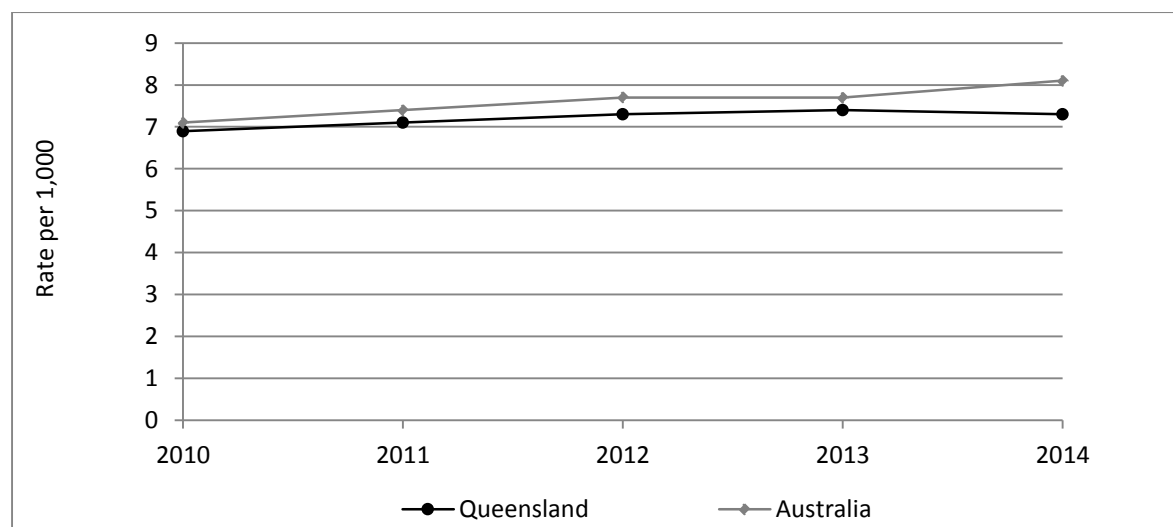
An increase (or decrease) in the rate of substantiation may be a result of external factors, rather than directly attributable to an increase (or decrease) of harm behaviours towards children. These external factors may include jurisdictional policy or practice changes or improvements in community understanding of abuse and how to report suspected harm.<sup>13</sup> Nevertheless, these data suggest that rates of substantiated abuse and neglect are lower in Queensland than in Australia overall. Interestingly, the difference in Queensland and national rates has grown each year for the past five years.

### Children in out-of-home care

While generally seen as a last resort intervention<sup>14</sup>, out-of-home care is provided across Australia as an alternative living arrangement for children unable to live with their parents. Children in out-of-home care are a particularly vulnerable and disadvantaged group, with many having experienced child abuse or neglect, while others may have suffered emotional trauma through the loss of one or both parents.<sup>15</sup>

As at 30 June 2014, there were 43,009 children in out-of-home care across Australia, representing a population rate of 8.1 per 1,000 children (aged 0-17 years). The national rate of children in out-of-home care has grown steadily over the past five years, up from 7.1 in 2010. In comparison, the Queensland rate is lower than the national rate, at 7.3 per 1,000 children in June 2014. While the rate of children in out-of-home care has also increased over the past five years, the increase has been much smaller, up from 6.9 in 2010. Overall, these data suggest that the rate of children in out-of-home care remains consistently lower than the national rate, albeit slightly.

**Figure 6: Children who were in out-of-home care as at 30 June (rate per 1,000), Queensland and Australia, 2010 to 2014**



Source: AIHW, *Child Protection Australia 2013-14*, Table 5.6

Notes: Australian rates are affected by data caveats applicable to each individual jurisdiction. Rates published by AIHW were calculated using 2011 ABS Census data. Rates may differ from previous *Child Protection Australia* reports due to retrospective data updates.

<sup>13</sup> Australian, state and territory governments, *Annual Report to the Council of Australian Government 2012-13, Protecting Children is Everyone's Business*, p19.

<sup>14</sup> Australian, state and territory governments, *Annual Report to the Council of Australian Government 2012-13, Protecting Children is Everyone's Business*, p20.

<sup>15</sup> Australian Institute of Health and Welfare, 2009, *A picture of Australia's children*.

## Teenage births

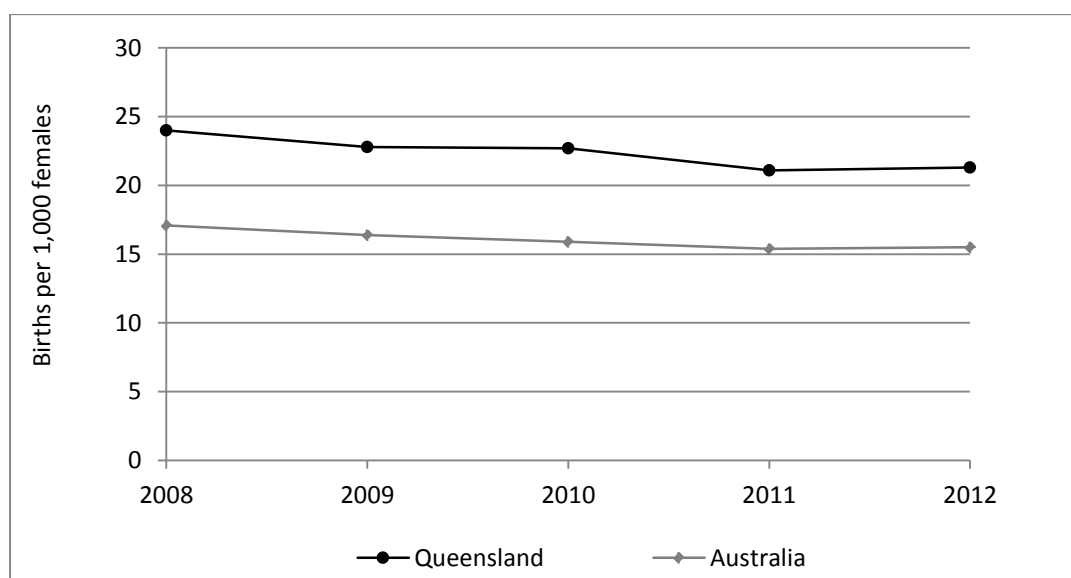
Teenage births can have significant short and long-term impacts, for both the mother and child. Babies born to teenage mothers have an increased risk of pre-term birth and low birth weight, as well as other complications associated with these risks.<sup>16</sup> Both the mother and child are also at greater risk of experiencing, over the longer term, poorer health, education and socioeconomic outcomes.<sup>17</sup>

When considered in the context of other factors associated with child safety and wellbeing, teenage birth rates can be an indicator of future education and career prospects for women. Young mothers are more likely to drop out of education and work in low-paid jobs with long-term consequences on family welfare.<sup>18</sup>

The number of teenage births is measured as the rate of live births to women aged less than 20 years of age.<sup>19</sup> The most recent AIHW data on teenage births is for 2012 and indicates a national teenage birth rate of 15.5 per 1,000 females. In comparison, the birth rate for teenage mothers in Queensland in 2012 was 21.3, well above the national rate of 15.5. The birth rate for Aboriginal and Torres Strait Islander teenage mothers was four times higher than non-Indigenous mothers both in Australia overall and in Queensland specifically in 2012.

In both Queensland and nationally, there has been a decline in the rate of teenage births over the past five years. Specifically, the Queensland rate has reduced from 24.0 in 2008 to 21.3 in 2012, while nationally the rate has decreased from 17.1 in 2008 to 15.5 in 2012.

**Figure 7: Age specific birth rate for women aged 15-19 years (births per 1000 females), Queensland and Australia, 2008 to 2012**



Source: AIHW, *Children's Headline Indicators*, updated June 2015

Notes: Live births to mothers under 15 are included in the numerator. Data based on mother's place of usual residence. Excludes non-residents and records where state of usual residence was not stated, except in totals for Australia. Victoria provided provisional data in 2009, 2010 and 2012. The rates of 'total teenage birth' were recalculated in November 2014 by AIHW using estimates of Australia's resident population data (based on the ABS 2011 Census). AIHW utilises AIHW National Perinatal Data for number calculations.

<sup>16</sup> Australian Institute of Health and Welfare, *Child Health Risk Factors*, <http://www.aihw.gov.au/child-health/risk-factors/>, accessed 30/07/2015.

<sup>17</sup> Australian Institute of Health and Welfare, updated 2015, *Children's Headline Indicators*, <http://www.aihw.gov.au/chi/>, accessed 30/07/2015.

<sup>18</sup> Organisation for Economic Co-operation and Development, 2014, *Fertility Indicators - Share of births outside marriage and teenage births*, [http://www.oecd.org/els/family/SF2\\_4\\_Births\\_outside\\_marriage\\_and\\_teenage\\_births.pdf](http://www.oecd.org/els/family/SF2_4_Births_outside_marriage_and_teenage_births.pdf), accessed 30/07/2015

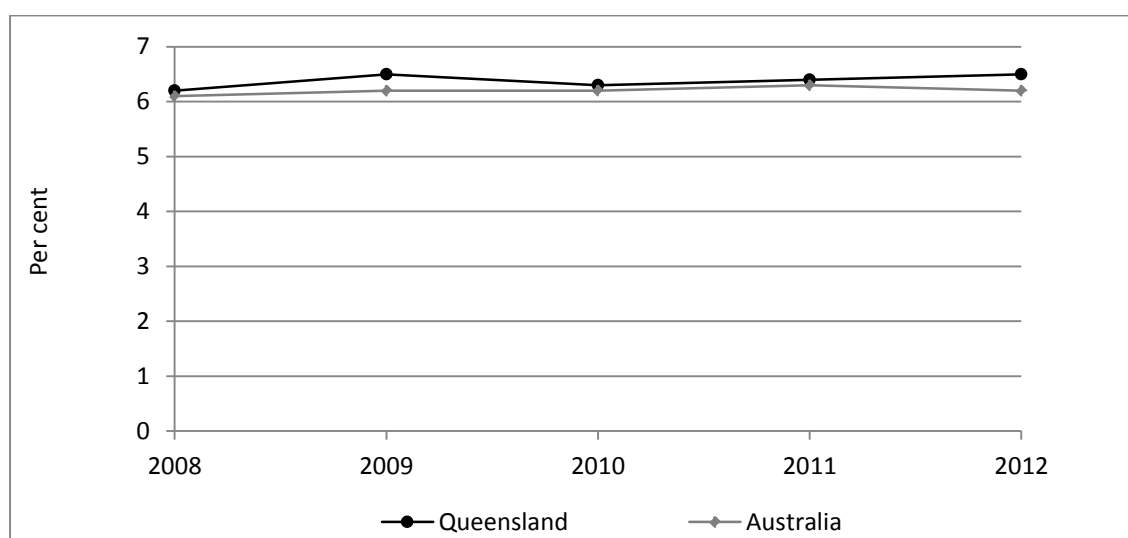
<sup>19</sup> Live births to mothers under 15 years of age are included in the numerator, but not denominator.

## Infants born of low birth weight

The proportion of live born infants weighing less than 2,500 grams at birth is a key indicator of infant health and a significant determining factor of a baby's chance at survival, good health, and development and wellbeing outcomes. There are many factors that can contribute to low birth weight including: maternal age, illness in pregnancy, low socioeconomic status, multi-fetal pregnancy, maternal history of spontaneous abortion, harmful behaviours (drinking alcohol, smoking, drug taking), poor nutrition through pregnancy and poor pre-natal care.<sup>20</sup>

Both nationally and for Queensland specifically, there has been little change in the proportion of low birth weight babies over time<sup>21</sup> (see Figure 8 below). The proportion of babies born with a low birth weight in Queensland has remained relatively consistent, with only minor fluctuations between 6.2 per cent in 2008 and 6.5 per cent in 2012. The national trend is slightly lower, at around 6.2 per cent each year since 2008.

**Figure 8: Live born infants with a low birth weight of less than 2,500 grams (per cent of all live births), Queensland and Australia, 2008 to 2012**



Source: AIHW, *Children's Headline Indicators*, updated June 2015

Notes: Includes live born babies of at least 400 grams birth weight or at least 20 weeks gestation (excludes stillborn babies). Victorian provided provisional data in 2009, 2010 and 2012. This would be reflected in the Australian rate calculation. AIHW utilises AIHW National Perinatal Data for number calculations.

## Child homicide

Child homicide is measured with the rate of children aged 0–17 years subject to homicide or death from fatal outcomes of intentionally inflicted wounds.<sup>22</sup> While child assault and homicide is a rare event, these data are a key indicator of the nature and level of extreme and serious interpersonal violence experienced by an extremely vulnerable cohort.

During the two financial years 2010–11 to 2011–12, there were 62 deaths nationally due to homicide among children aged 0–17, representing a population rate of 0.6 per 100,000 children. This is consistent with the rate for Queensland over the same period.

The distribution of the rate of death due to homicide across age groups within Queensland during the two year period was however quite different in comparison to national rates, where Queensland reported a higher rate of child homicide among children younger than

<sup>20</sup> National Framework for Protecting Australia's Children, 2013, *Technical paper on operational definitions and data issues for key national indicators*, p9.

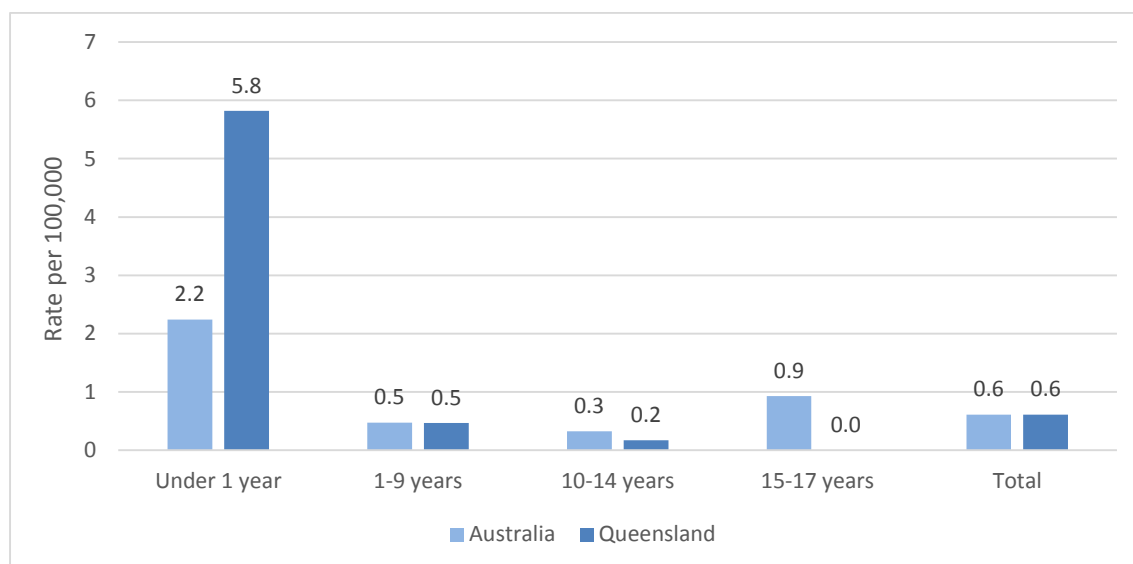
<sup>21</sup> AIHW, *Children's Headline Indicators, Low birth weight*, updated June, 2015

<sup>22</sup> National Framework for Protecting Australia's Children, *Technical paper on operational definitions and data issues for key national indicators*, p11.

one year, yet reported no homicide-related deaths for the older category of 15-17 year olds (see below Figure 9).

Overall, the rate of homicide deaths of children in Queensland during the two year period 2008-09 to 2009-10 was stable at 0.6 per 100,000 children, whilst the rate of death for those under one year old was lower (2.4 deaths per 100,000 children). It should be noted however that due to the extremely low numbers of deaths due to homicide in children, much caution should be made in the interpretation of these rates.

**Figure 9: Deaths due to homicide among children aged 0-17 years (rate per 100,000), Queensland and Australia, 2010-11 and 2011-12**



Source: Australian Institute of Criminology National Homicide Monitoring Program, *Homicide in Australia 2010-2011 to 2011-2012*; Queensland Family and Child Commission, *Queensland Child Death Register* (unpublished, current as at 3 August 2015 and thus may differ from previously published reports.)

### Early childhood development

Early childhood development can impact a child throughout life, including their future life successes, physical health and emotional wellbeing.<sup>23</sup> There are multiple factors that impact childhood development including, for example, families, communities, broader social norms as well as government policies and practices.<sup>24</sup>

The *Australian Early Development Census* (AEDC) is completed by teachers in a child's first full-time schooling year (prep through to before commencing grade one) and occurs every three years. The AEDC measures five domains of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communication skills, and
- general knowledge.

<sup>23</sup> Commonwealth of Australia, Australian Early Development Index, 2014-2015, *Importance of early childhood development*, <http://www.aedc.gov.au/parents/the-importance-of-early-childhood-development>, accessed 31/07/2015.

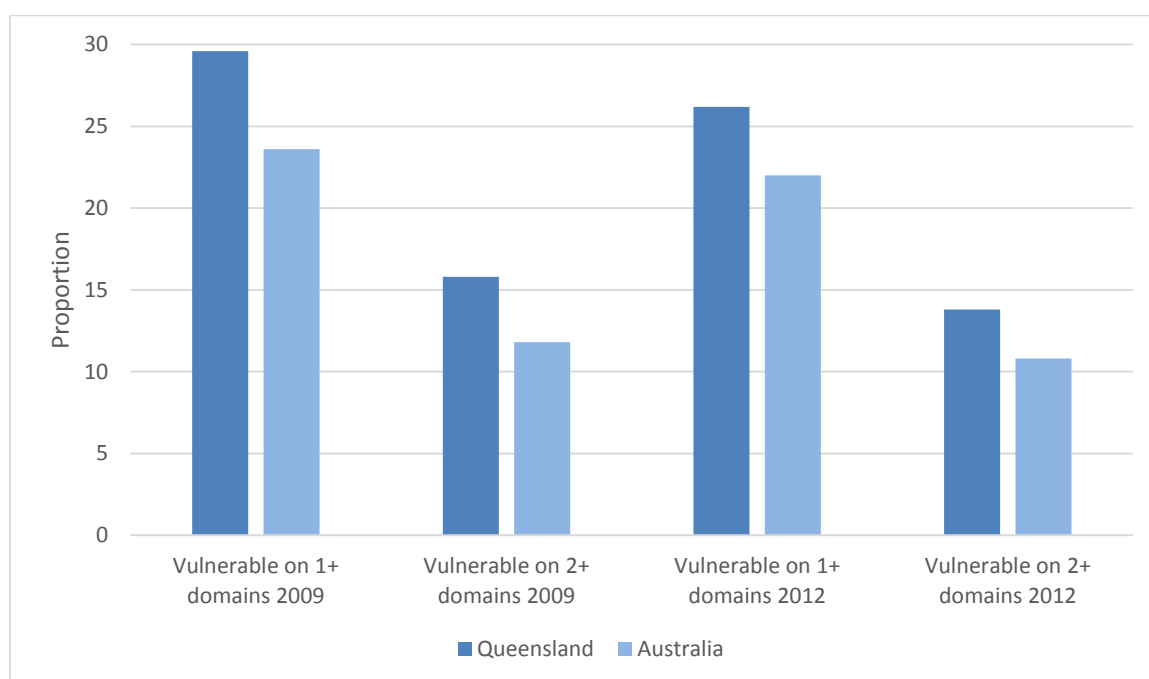
<sup>24</sup> Commonwealth of Australia, Australian Early Development Index, 2014-2015, *What influences child development*, <http://www.aedc.gov.au/communities/aedc-userguide/understanding/what-influences-child-development>, accessed 31/07/2015

The AEDC results are then reported as average scores and proportions of children who are determined as 'developmentally vulnerable', 'developmentally at-risk', or 'on track'.<sup>25</sup> The National Framework indicator is the proportion of children who are developmentally vulnerable on one or more domains of the AEDC.

The AEDC was most recently completed in 2009 and 2012. In both years, a higher proportion of Queensland children were identified as developmentally vulnerable on one or more domains than the national total. In 2012, 26.2 per cent of Queensland children were developmentally vulnerable, compared to 22.0 per cent of children nationally (see below Figure 10). Similarly, in Queensland, 13.8 per cent of children were reported as developmentally vulnerable on two or more domains, compared to 10.8 per cent of children nationally.

This difference is not surprising given that Queensland has consistently reported lower proportions of children 'on track' than national proportions for each individual domain. It is positive to note, however, that there has been a decrease in Queensland's proportion of children developmentally vulnerable between 2009 and 2012. For example, the proportion of children developmentally vulnerable on one or more domains is down from 29.6 per cent in 2009 to 26.2 in 2012.

**Figure 10: Proportion of children developmentally vulnerable on one or more domains, Queensland and Australia, 2009 and 2012**



Source: Australian Early Development Census, 2012, Australian data

Notes: The AEDC data is a population measure of child development only. Data are only included when there are more than 15 children and 2 teachers participating in the survey within each geographical area.

<sup>25</sup> Children who score above the 25<sup>th</sup> percentile (in the top 75 per cent) of the national AEDC population'. (AEDC, *How to understand the AEDC results*, accessed 31/7/2015).

## Queensland goals

### Progress on implementing the child protection reforms

Queensland's state goals in relation to child protection are primarily captured in the current *Stronger Families* reform agenda resulting from the QCPCOI.

In June 2013, the QCPCOI released its final report, providing 121 recommendations, all of which were accepted by the Queensland Government in December 2013 (6 accepted in principle). The implementation of the reform program is overseen by the Child Protection Reform Leaders Group, consisting of senior executives of government agencies with responsibility for child protection outcomes, as well as key non-government organisations.

The QCPCOI provided a roadmap which proposed the reforms be implemented in three phases over a ten year period (2013-14 to 2018-19). The QCPCOI recommended the first year of the reform program (Phase 1) be used to plan and establish the foundations of the program and design response in consultation with key stakeholders.

A number of actions were prioritised for deliver in the planning and early roll-out phases, including creation of governance and program management arrangements, and early legislative amendments to establish the systems and structures to support the implementation of the reform program.

Phase 2 (2014-15 to 2018-19) focuses on a gradual rollout of reform strategies and trials. This allows for non-government organisations to build their capacity and workforce capability to effectively deliver the new services models. It also enables reform strategies to be trialled in identified locations and adjusted as needed, and for specific characteristics and needs of rural and regional communities to be considered, and an adaptive management approach to be taken.

This following summary provides an overview of activities undertaken in 2014-15.

A key focus of the reform program is diverting families and children away from the statutory child protection system by providing them with appropriate early support. To enable this, legislative amendments to the *Child Protection Act 1999* were passed in May 2014, establishing a dual referral pathway with community-based intake and increasing the threshold for a statutory response. This allows families to be referred to support services without coming into contact with the DCCSDS, thus reducing the burden on the tertiary system. Key agencies with mandatory child safety reporting obligations (Queensland Police Service, Department of Education and Training, Queensland Health) amended their reporting arrangements in accordance with the new legislation to improve child protection risk assessment and to ensure children and families receive the appropriate support and response.

In order for the dual pathway to work effectively, families must be referred to a comprehensive and coordinated service system. In order to strengthen the service system, DCCSDS rolled out the first seven Family and Child Connect (FaCC) services and Intensive Family Support (IFS) services across Queensland in January 2015. These roll-outs occurred in Logan, Beenleigh/Bayside, Gold Coast, Sunshine Coast, Toowoomba, Roma and Townsville. Further roll-outs will occur in Moreton Bay, Browns Plains/Beaudesert, Ipswich, Rockhampton/Gladstone/Emerald, Maryborough/Bundaberg and South Burnett in July 2015. The FaCC organisations provide community-based intake services, receiving reports of harm or suspected harm deemed below the threshold required for notifying DCCSDS. However, any cases assessed by the FaCC as exceeding this threshold can be escalated to DCCSDS. To complement the expansion of service delivery, DCCSDS rolled out a single case plan approach for high-needs families, providing a lead professional who can coordinate support across a range of services.

DCCSDS also commenced pilot programs in three regions (North Coast, Central Queensland and Far North Queensland) to determine the best way to support children with a disability, so families are better able to care for children at home.

Complementing the FaCC-IFS rollout is a trial of new models of service delivery to Aboriginal and Torres Strait Islander people within discrete communities. A number of service delivery models will be piloted across several sites. The first pilot commenced in January 2015 at Palm Island. Cherbourg and Woorabinda have been identified as pilot sites for 2015-16.

The Public Safety Business Agency commenced research to review the support provided to people in discrete communities who seek domestic violence orders. This is in recognition of the significant overlap between family violence and child protection.

The Department of Aboriginal and Torres Strait Islander Partnerships evaluated the Alcohol Management Plan (AMP) review process to ensure the safety, health and wellbeing of women, children and unborn children will not be compromised by changes to AMP arrangements. Department of Aboriginal and Torres Strait Islander Partnerships also implemented between December 2014 and March 2015 a 'Dry Place' Declaration promotional strategy. This was aimed at reducing alcohol misuse by establishing 'dry place' households within discrete communities.

Development of a number of initiatives designed to improve cultural responsiveness of the child protection and family support systems for Aboriginal and Torres Strait Islander children and families commenced during 2014-15. DCCSDS is developing a state-wide model for Aboriginal and Torres Strait Islander Family Support Services which will broaden eligibility for access to these services, and integrate a number of existing programs, to be implemented mid-2016. DCCSDS has also selected four trial sites (Ipswich, Mount Isa, Cairns and the Torres Strait) for an Aboriginal and Torres Strait Islander Practice Reform project. This project is designed to improve decision making in Family Group Meetings, to provide cultural links to children in care and to implement a shared practice model aimed at improving collaboration between Recognised Entities and Child Safety Officers.

Improved career progression for Aboriginal and Torres Strait Islander workers is a priority. During this financial year, 14 scholarships and three cadetships were awarded to Aboriginal and Torres Strait Islander workers by DCCSDS. Funding has been provided to the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, also known as QATSICPP, to appoint two Aboriginal and Torres Strait Islander Practice Leaders. QATSICPP was also awarded a contract to improve service delivery standards, workforce development and governance arrangements for Aboriginal and Torres Strait Islander-controlled agencies.

DCCSDS appointed seven Aboriginal and Torres Strait Islander Practice Leaders by February 2015 with a state-wide induction program delivered in May 2015. Practice leaders have a lead role in each respective region's implementation team.

The changes to the child protection system require a new way of working with children and families. To help achieve this, DCCSDS launched the new *Strengthening Families Protecting Children* Framework for Practice (practice framework) in March 2015 and delivered state-wide training across the sector. The new practice framework is designed to support Child Safety practitioners to engage with children and families in ways that are strengths-based, manage risks appropriately and involve families in the decision-making processes.

Implementation of this framework is coordinated by a central office Quality Practice team to provide ongoing messaging and ensure the framework values and principles are embedded across the department. For example, revised role descriptions for Child Safety Officers have been developed and implemented and an agency policy has been implemented to identify the requisite qualifications for officers. DCCSDS will continue to embed the framework during 2015-16.

The Department of Justice and Attorney-General commenced reforms to the Childrens Court and the Queensland Civil and Administrative Tribunal in 2015. The changes are designed to ensure that decisions made in courts and tribunals are fair, timely and focused on the best interests of the child.

In August 2014, Childrens Court Magistrates were appointed in six key locations (Maroochydore, Beenleigh, Southport, Ipswich, Townsville and Cairns) to provide expertise in relation to child protection matters. A number of key initiatives scheduled to commence in 2015-16 will enable courts to actively manage child protection cases and improve evidence quality. These include development and implementation of a Court Case Management Framework and a revised Child Protection Benchbook, the establishment of the new Director of Child Protection, and changes to Queensland Civil and Administrative Tribunal practices and procedures.

Once children enter the child protection system it is vital they have access to support and advice. On 1 July 2014 the Office of the Public Guardian was formed, merging the Child Guardian function from the CCYPCG with the Adult Guardian. The Community Visitor Program, was transferred from the CCYPCG to the Office of the Public Guardian and refocused to support the most vulnerable children in out-of-home-care. Community Visitors meet regularly with children, with the frequency of meetings based on the children's needs, to help address their concern and safeguard their rights.

The Office of the Public Guardian also established a new Child Advocate program, which links children in out-of-home-care with individuals who can represent their interests and ensure their voices are heard in decision-making forums, such as courts and tribunals. In July 2014, Advocacy Hubs were established in Brisbane, Ipswich and Townsville and a state-wide Virtual Hub was launched. In February 2015, Office of the Public Guardian launched its first purpose-built Advocacy Hub in Cairns, providing children with a place to access support, advice and connect with services.

Provision of appropriate care and support to children in out-of-home care is an obligation of the state and an important component of the reform program. To understand the level of the match between the capacity of placement types to care for children, and the needs of children in care, DCCSDS completed an analysis of placement types and the levels of support needed by all children in June 2015.

PeakCare Queensland Inc. has been contracted by DCCSDS to develop a therapeutic residential care framework for children and young people exhibiting complex behavioural problems and high levels of placement instability. This framework will be implemented in 2016. DCCSDS also commenced the transfer of foster and kinship care services to non-government agencies with this work due to be finalised in 2015-16.

The QCPCOI Report identified the transition from care as a particularly vulnerable time for children and young people. DCCSDS has been auditing the files of children on long-term guardianship orders to determine whether this type of care remains in their best interests, or if they should be transitioned out of care. Sixty-six percent of cases had been reviewed by June 2015. In March 2015, DCCSDS launched a new program called *Next Steps* designed to improve the support provided to young people as they transition to independence.

To strengthen local governance of the reforms, nine child safety Regional Child and Family Committees were established in 2013-14. The committees are responsible for coordinating the achievement of regional goals, raising awareness of regional differences and ensuring service delivery models meet the needs of local communities.

The Child Death Case Review Panel, which comprises internal departmental officers and external members, expert across a range of fields, was appointed and inducted, with the first panel meeting held in October 2014.

To improve oversight of transitionally funded residential placements, DCCSDS undertook a process to ensure providers are accredited, or in the process of becoming accredited, subject to the Human Services Quality Framework accreditation process. This is the same level of oversight provided to grant-funded residential placements.

Blue card employment screening was transferred to the Public Safety Business Agency in July 2014.

The QFCC was established on 1 July 2014 to promote the safety and well-being of child and young people and facilitate sustainable improvements in the child protection and family support systems. QFCC is leading the development of workforce development and cultural change strategies for the sector, and consultation for this work commenced in 2015. QFCC launched the first stage of the *Talking Families* public education campaign in November 2014, which encouraged parents to seek support from family and friends. The second phase of the campaign will be rolled out in 2015-16.

### **Queensland's performance over time in comparison to other jurisdictions**

The Productivity Commission publishes national data annually in the *Report on Government Services* according to a framework of performance indicators for child protection and out-of-home care services.<sup>26</sup> The framework provides information on equity, efficiency and effectiveness and distinguishes between outputs and outcomes. It is against this framework that Queensland's performance in comparison to other jurisdictions is assessed with eight of the ten effectiveness indicators for which data are available and generally comparable.<sup>27</sup>

These indicators are:

- response times to commence and complete investigations
- substantiation rate
- stability of placement
- children aged under 12 years in home-based care
- placement with extended family
- placement in accordance with the Indigenous Child Placement Principle.
- children with current case plans, and
- improved safety.

To appraise Queensland's performance on each of these indicators, we compared Queensland data (primarily proportions) with data from individual jurisdictions as well as national totals or adjusted totals. This was considered the most appropriate framework to compare indicators across jurisdictions because of the specific focus on child protection, regularity of reporting, and continued work towards additional outcome measurement. It should be noted, however, that significant legislative, policy and practice differences exist between jurisdictions and, as a result, comparisons between jurisdictions are necessarily limited by these differences.

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<sup>26</sup> Productivity Commission, *Report on Government Services 2015*, p15.18. This was considered the most appropriate framework to compare indicators across jurisdictions because of the specific focus on child protection, regularity of reporting, and continued work towards additional outcome measurement.

<sup>27</sup> Two effectiveness indicators were not included in our analysis. Data for 'safety in out-of-home care' is not comparable due to differences across jurisdictions in policies, practices and reporting methods. Data on improved education are not available for NSW, Victoria, Western Australia, Tasmania, the ACT and the Northern Territory. As a result, a national comparison of Queensland's performance in this area is currently infeasible.

In making qualitative judgements regarding Queensland's performance, we considered performance 'satisfactory' when Queensland data was on par with, or better than, national totals or the majority of states and territories. Where this was not the case, Queensland performance is considered as 'requiring improvement'.<sup>28</sup>

Each of the performance indicators is discussed in turn using the most recent<sup>29</sup> national child protection data.

### Investigation response times

Two measures are used to capture and compare response times: time to commence an investigation and time to complete an investigation.

Response time to commence investigations is the number of days between the date a department records a notification and the date the investigation is subsequently commenced. It is a measure of how promptly a department responds to child protection concerns, with fewer days more desirable.

Queensland has the longest response time to commence investigations (see table below). In 2013–14, the majority of Australian states and territories commenced over half of investigations within seven days. In contrast, Queensland commenced less than a third of investigations within seven days (32.6%), considerably lower than the national average of 59.0 per cent. Queensland also had the highest proportion of investigations taking 29 days or more to commence representing 39.5 per cent of all finalised investigations, compared with the national average of 18.4 per cent.

**Table 7. Proportion of finalised investigations, by time taken to commence investigation, 2013–14**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Up to 7 days	59.5	76.4	32.6	57.4	74.2	44.0	71.4	81.5	<b>59.0</b>
8 to 14 days	12.2	15.3	11.4	9.3	13.4	13.0	17.7	8.5	<b>12.3</b>
15 to 21 days	6.0	4.8	9.0	6.2	4.4	9.5	6.1	3.1	<b>6.2</b>
22 to 28 days	4.1	1.9	7.5	4.2	2.5	7.9	3.1	1.2	<b>4.2</b>
29 days or more	18.3	1.6	39.5	22.8	5.5	25.5	1.7	5.8	<b>18.4</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ROGS, Table 15A.15

Note: Caution should be used when interpreting results as jurisdictions count notifications at different points in response to a report, and have different policies and protocols governing the type of response to a notification.

Queensland's relative performance in this area has been consistent over the past three years. In comparison to other states and territories, Queensland has commenced the lowest proportion of investigations within seven days and the greatest proportion in 29 days or more. For example, over half of the investigations finalised in Queensland in 2013-14 took 29 days or more to commence, while with the exception of Tasmania, all other states and territories commenced over half of their investigations within seven days (see Table 8 over page).

<sup>28</sup> These performance judgements are consistent with guidelines suggested by the DCCSDS, where 'good' performance is above the national total or in the top three jurisdictions, 'moderate' is on the national total or ranked 4<sup>th</sup>–6<sup>th</sup>, and 'poor' performance is where Queensland performance is below the national average or in the bottom three jurisdictions. (Correspondence from IPI, DCCSDS, 14/08/2015).

<sup>29</sup> The most recent national child protection data is available for 2013-14 financial year. Data for 2014-15 will not be available until January 2016.

**Table 8. Proportion of investigations finalised, by time taken to commence investigation, Australian states and territories, 2011–12 to 2013–14**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2011–12	Up to 7 days	53.1	77.1	27.0	51.0	79.2	55.6	91.9	79.4	<b>53.5</b>
	8 to 28 days	25.1	19.4	19.1	19.7	15.5	28.1	6.8	10.6	<b>21.2</b>
	29 days +	21.9	3.6	53.9	29.2	5.3	16.3	1.4	9.9	<b>25.2</b>
2012–13	Up to 7 days	58.0	78.2	31.5	48.6	76.7	51.6	87.7	92.4	<b>57.5</b>
	8 to 28 days	21.5	18.4	26.4	22.7	18.4	33.1	10.9	6.3	<b>21.5</b>
	29 days +	20.5	3.3	42.0	28.7	4.9	15.3	1.4	1.3	<b>21.0</b>
2013–14	Up to 7 days	59.5	76.4	32.6	57.4	74.2	44.0	71.4	81.5	<b>59.0</b>
	8 to 28 days	22.2	22.0	27.9	19.7	20.3	30.5	26.9	12.7	<b>22.6</b>
	29 days +	18.3	1.6	39.5	22.8	5.5	25.5	1.7	5.8	<b>18.4</b>

Source: ROGS, Table 15A.15

Note: Caution should be used when interpreting results as jurisdictions count notifications at different points in response to a report, and have different policies and protocols governing the type of response to a notification.

It is important to note, however, that there are significant differences between jurisdictions in regards to the stage at which a notification is counted and recorded, the action constituting the commencement of an investigation, and the policy and legislation requirements for commencement timeframes based on the seriousness of the concern. Further, Queensland was the only jurisdiction to respond to all notifications by conducting an investigation and assessment. As a result, these timeframes are not directly comparable. Despite this limitation, the timeliness of the commencement of investigations in Queensland requires improvement.

Response time to complete investigations measures the number of days between the date a department records a notification and the date the investigation outcome is determined by the department. It is a measure of the department's effectiveness in conducting timely investigations, with fewer days preferable.

In 2013–14 Queensland recorded that 26.5 per cent of investigations were completed within 28 days, substantially lower than the national average of 45.8 per cent (see Table 9 below). However, with the exception of NSW—which completed almost two thirds of investigations within 28 days—all states and territories completed between 19.5 and 37.1 per cent of investigations within this time frame. The majority of investigations in Queensland were finalised within 29 and 62 days (35.7%). While this result is more comparable with other jurisdictions, there is room for improvement in Queensland's performance on response times to compare investigations. Significant legislative, policy and practice differences between jurisdictions do, however, limit the comparability of these data.

**Table 9. Proportion of investigations finalised, by time taken to complete investigation, Australian states and territories, 2013–14**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
28 days or less	62.9	33.6	26.5	27.6	31.7	29.2	19.5	37.1	<b>45.8</b>
29 to 62 days	19.2	29.9	35.7	27.2	33.0	31.9	44.7	27.1	<b>25.7</b>
63 to 90 days	9.7	15.1	17.0	16.1	14.1	16.5	18.6	10.5	<b>12.8</b>
More than 90 days	8.2	21.5	20.9	29.1	21.3	22.4	17.3	25.4	<b>15.7</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ROGS, Table 15A.16

Note: Caution should be used when interpreting results as jurisdictions count notifications at different points in response to a report, and have different policies and protocols governing the type of response to a notification.

Queensland's performance on this measure has improved in recent years (see Table 10 below). The proportion of investigations completed within 28 days has increased from 20.0 per cent in 2011–12 to 26.5 per cent in 2013–14. Perhaps most importantly, the proportion of investigations in Queensland taking more than 90 days to complete has dropped from 36.7 per cent in 2011–12 to 20.9 per cent of all finalised investigations in 2013–14.

It is expected that the implementation of a differential response model will have an impact on investigation response times. In addition to improving the support available to families, the establishment of alternatives to an investigation in response to a child protection notification is likely to reduce the investigative workload of child safety officers, allowing for a more timely investigation and assessment process.

**Table 10. Proportion of investigations finalised, by time taken to complete investigation, Australian states and territories, 2011–12 to 2013–14.**

		NS W	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2011–12	< 28 days	46.5	30.3	20.0	29.7	41.5	44.9	58.1	57.2	37.4
	29 to 90 days	22.7	42.6	43.3	36.7	39.1	44.2	38.9	28.6	32.7
	90 days +	30.8	27.1	36.7	33.6	19.4	10.9	3.1	14.1	30.0
2012–13	< 28 days	43.7	31.3	27.0	27.3	31.5	48.5	28.2	57.5	36.4
	29 to 90 days	26.9	44.9	51.3	39.9	38.0	39.9	59.0	25.9	37.2
	90 days +	29.4	23.9	21.8	32.8	30.5	11.7	12.8	16.6	26.4
2013–14	< 28 days	62.9	33.6	26.5	27.6	31.7	29.2	19.5	37.1	45.8
	29 to 90 days	28.9	44.9	52.7	43.3	47.1	48.4	63.3	37.6	38.5
	90 days +	8.2	21.5	20.9	29.1	21.3	22.4	17.3	25.4	15.7

Source: ROGS, Table 15A.16

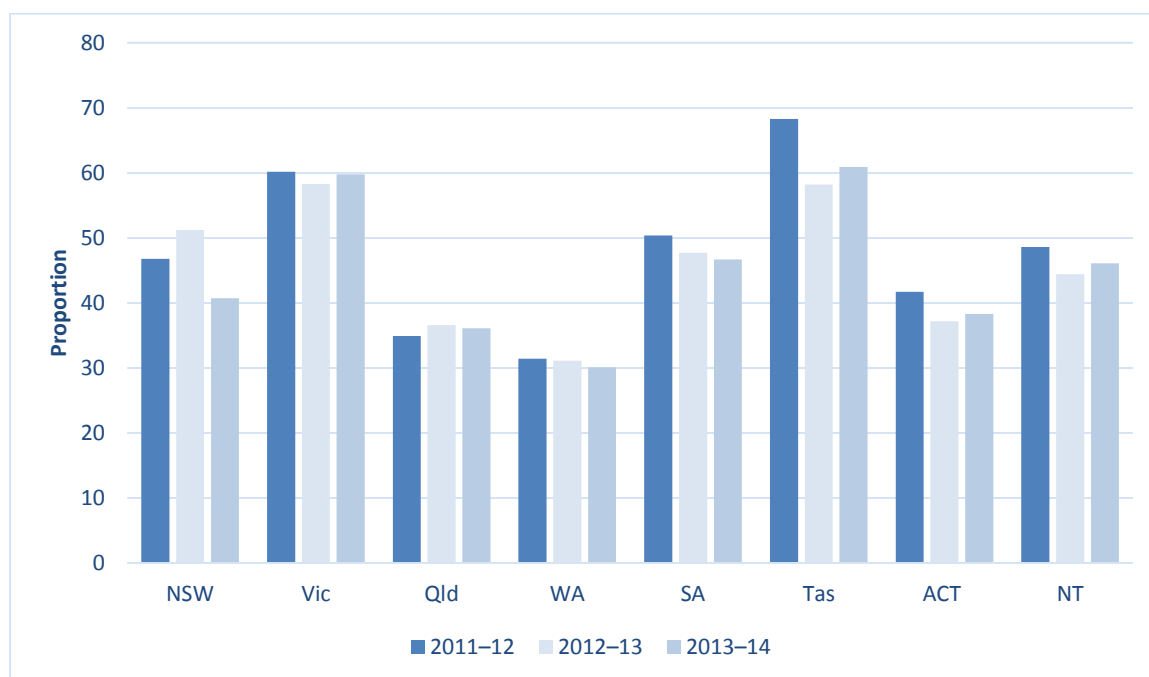
Note: Caution should be used when interpreting results as jurisdictions count notifications at different points in response to a report, and have different policies and protocols governing the type of response to a notification.

### Proportion of notifications substantiated

The substantiation rate is the proportion of finalised investigations where harm or risk of harm was confirmed. Neither a very high nor a very low substantiations rate is desirable. A very low rate may suggest that investigations are not accurately identifying harm or risk of harm. A very high rate may indicate that the criteria for substantiation are bringing some families unnecessarily into the statutory system.

In 2013–14, 36.1 per cent of investigations in Queensland were substantiated (see Figure 11 below). This substantiation rate is lower than the national average of 42.7 per cent, and lower than the majority of other states and territories, with only Western Australia reporting a lower substantiation rate of 30.1 per cent. Queensland's rate of substantiation has remained reasonably steady over the past three years up to 2013–14.

**Figure 11. Proportion of finalised investigations substantiated, Australian states and territories, 2011-12 to 2013-14.**



Source: ROGS, Table 15A.9

Queensland's relatively low rate of substantiation suggests some investigations are being conducted unnecessarily. The QCPCOI similarly concluded that the prevailing practice in Queensland requiring all notifications to be investigated was inappropriate. To address this issue, two of the most significant initiatives of the current reform agenda are to provide opportunities for families to be diverted from the statutory system at both the reporting stage with a dual-reporting pathway, and at the notification stage with the differential response model. These changes will allow children and families to receive the support they need from the secondary system, while reducing the number of investigations conducted by the department. It is expected that the substantiation rate in Queensland will increase over the coming years as these changes are implemented.

### **Stability of placement**

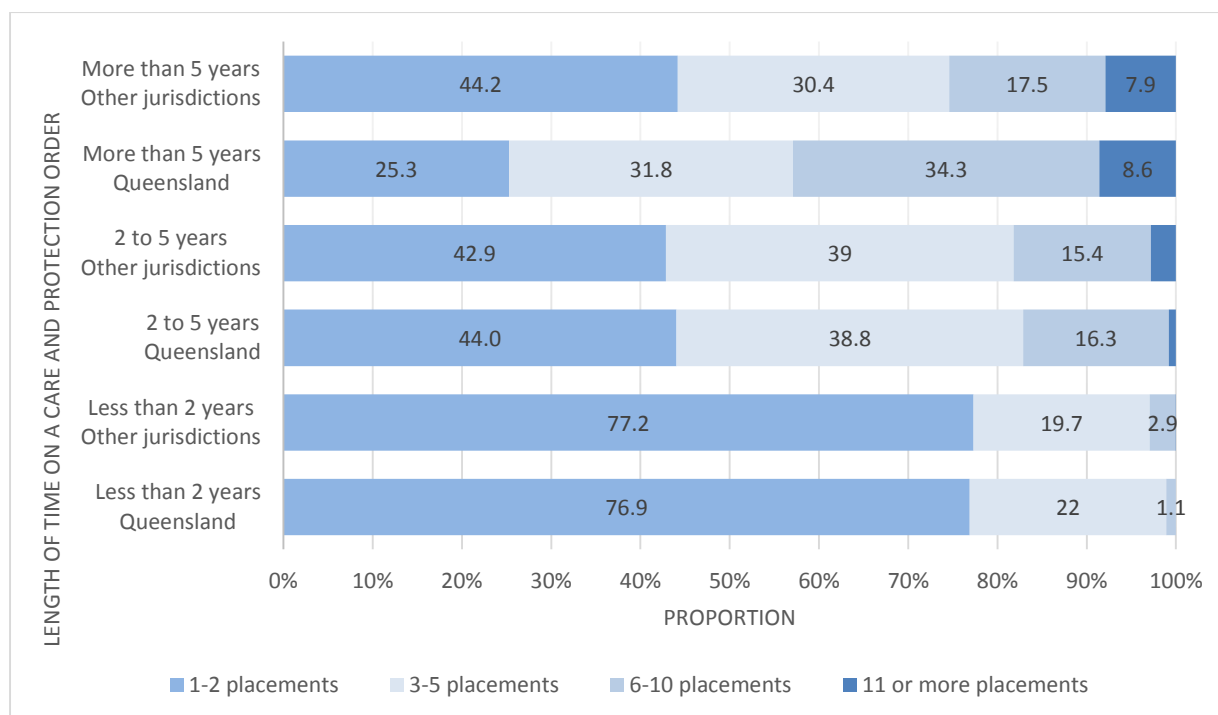
Stability of placement is one indicator of how well services meet the needs of children in out-of-home care. The Productivity Commission measures stability of placement as the proportion of children on an order who exited care during the period, by their number of placements and their length of time in out-of-home care. It is generally agreed that a low number of placements is desirable.

However, this must be balanced against other placement quality indicators and the needs of children, including, for example, placements in culturally-appropriate care and placements with siblings.

For Queensland children who exited out-of-home care after between two and five years in care, placement stability was reasonably consistent with the total for all other states and territories (see figure below). Specifically, of those children exiting after between two and five years in care in 2013-14, 44 per cent of children in Queensland had experienced only one or two placements, compared to the average of 43 per cent for other jurisdictions. The proportion of children who had experienced between three and five placements was equivalent for both Queensland children and the average from other states and territories at 39 per cent (38.8% in Queensland and an average of 39.0% for other states and territories).

However, in comparison to other jurisdictions, Queensland children exiting after five or more years in out-of-home care are *less* likely to have been in one or two placements and *more* likely to have experienced between six and ten placements. Exiting after five or more years in care, only one-quarter of Queensland children in 2013-14 had experienced one or two placements, compared to 44.2 per cent across all other states and territories. The largest proportion (34.3%) of Queensland children who exited after five or more years had experienced between six and ten placements during their time in care (34.3%), compared to 17.5 per cent for all other states and territories.

**Figure 12. Children on a care and protection order exiting out-of-home care during the year, by number of placements and length of time in care (per cent), Queensland and other states and territories, 2013-14**



Source: Table 15A.26

Note: Figures for other states and territories were calculated using data for all jurisdiction with the exception of Queensland.

In 2013-14 Queensland recorded 43.5 per cent of children in one or two placements for all children on an order exiting care after 12 months or more (see Table 11 below). In 2011-12, only 38.2 per cent of children on an order exiting care after 12 months or more experienced only one or two placements.

**Table 11. Proportion of children on a care and protection order and exiting care after 12 months or more in 1-2 placements, 2011-12 to 2013-14**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2011-12	52.7	53.9	38.2	na	44.4	51.3	47.9	40.5	48.0
2012-13	53.3	54.6	37.7	na	44.4	50.8	59.7	43.7	48.6
2013-14	51.6	48.4	43.5	na	36.6	47.4	51.9	33.3	46.9

Source: ROGS, Table 15A.26

It is apparent from Queensland's performance on the stability of placement measure that more work is needed to improve placement stability for children in care in Queensland, particularly for those children who have been in care for longer periods of time.

## Children aged under 12 years in home-based care

Home-based care is generally considered the best option for caring for children, especially younger children. This measure is defined as the number of children aged under 12 years placed in home-based care divided by the total number of children aged under 12 years in out-of-home care.

Queensland performs well on this measure. As shown in the below Table 12, 97.7 per cent of children aged under 12 years in out-of-home care in Queensland were in a home-based placement as at 30 June 2014. This represents the median in comparison to other states and territories, with a range from 91.4 per cent in South Australia to a high of 99.6 per cent in NSW. Queensland's proportion has remained between 97 and 98 per cent over the last three years.

**Table 12. Proportion of children aged under 12 years in out-of-home care in a home-based placement, as at 30 June 2012, 2013, and 2014.**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
30 June 2012	99.5	98.0	97.4	93.1	91.0	97.8	99.2	90.2	97.5
30 June 2013	99.5	98.5	98.1	84.8	92.0	96.0	98.2	93.5	96.5
30 June 2014	99.6	98.1	97.7	93.6	91.4	95.7	98.8	92.4	97.6

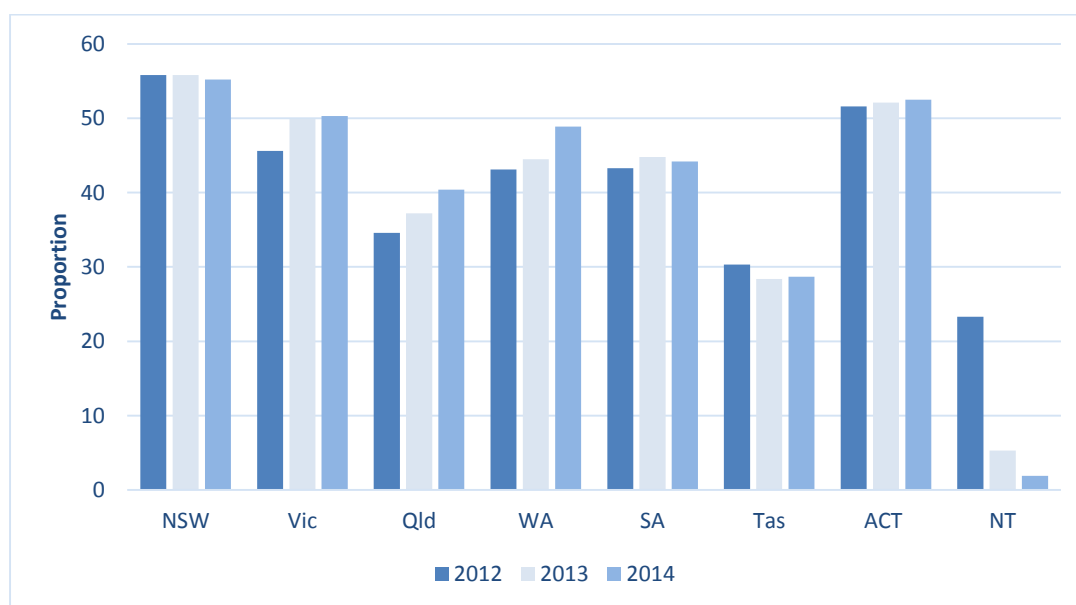
Source: ROGS, Table 15A.25

## Placement with extended family

Placing children with extended family is associated with better child outcomes due to increased continuity, familiarity and stability for the child. As the generally preferred placement option for children, a high or increasing rate for this indicator is desirable. Placement with extended family is the proportion of all children in out-of-home care placed with relatives or kin who receive government financial assistance to care for the child.

In 2013-14, Queensland had the third lowest proportion of children placed with extended family at 40.4 per cent of children in out-of-home care and lower than the national total of 48.5 per cent (see below Figure 13). This represents an improvement on performance in recent years, up from 34.6 per cent as at 30 June 2012.

**Figure 13. Proportion of children in out-of-home care placed with relatives/kin, as at 30 June 2012 to 2014**



Source: ROGS, Table 15A.23

There are a number of factors that may affect the placement of children with extended family, including the availability and suitability of family members to care for the child, as well as other placement considerations, such as ensuring the continuity of education or maintaining contact with parents. Nevertheless, Queensland's current performance is unsatisfactory and significant improvement in this area is needed.

### Placement of Aboriginal and Torres Strait Islander children

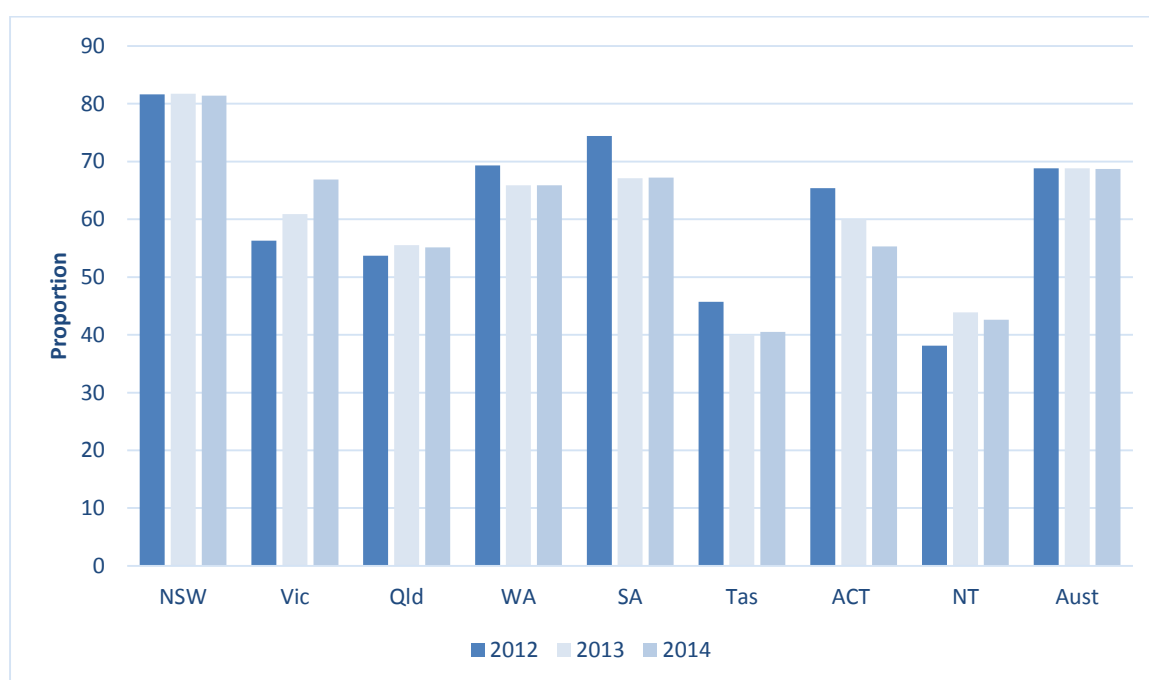
All Australian states and territories have adopted a hierarchy of placement options when placing Aboriginal and Torres Strait Islander children in care. The Indigenous Child Placement Principle specifies the following placement preferences:

- placement with the child's extended family
- placement within the child's Aboriginal and Torres Strait Islander community, and
- placement with other Aboriginal and Torres Strait Islander people.

The performance indicator 'placement in accordance with the Indigenous Child Placement Principle' is defined as the number of Aboriginal and Torres Strait Islander children placed within one of the above placement options, divided by the total number of Aboriginal and Torres Strait Islander children in out-of-home care. A high or increasing proportion is desirable.

Compared with other states and territories, Queensland's performance on children placed in accordance with the Indigenous Child Placement Principle is relatively poor. Of the 3,336 Aboriginal and Torres Strait Islander children in care in Queensland as at 30 June 2014, only 55.1 per cent were placed with relatives or kin, other Aboriginal and Torres Strait Islander carer, or in an Aboriginal and Torres Strait Islander residential care service (see below Figure 14). This result is lower than the national proportion of 68.7 per cent. Queensland's performance on this indicator has increased slightly from 53.7 per cent recorded in 2012.

**Figure 14. Total proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with the Indigenous Child Placement Principle, Australian states and territories, as at 30 June 2014**



Source. ROGS, Table 15A.24

The QCPCOI noted that there is unlikely to be a significant improvement in the proportion of Aboriginal and Torres Strait Islander children being placed with family or kin until over-representation of Aboriginal and Torres Strait Islander children in the Queensland child protection system eases. The Inquiry report did, however, make several recommendations designed to improve the application of the Indigenous Child Placement Principle in Queensland.

### Children with current case plans

A case plan is an individualised, living document that includes information on children in need of protection, including needs, risks, health, education, living arrangements, goals for ongoing intervention and actions required to achieve these goals. A current case plan is one that has been approved or reviewed within the previous 12 months. A high rate of children with a current case plan is desirable.

Compared to other jurisdictions, Queensland performs well on the proportion of children with documented case plans. As at 30 June 2014, 97.1 per cent of Queensland children subject to ongoing intervention had a case plan, second only to Victoria with almost 99 per cent of children (98.7%). Queensland's performance is also substantially higher than the national total of 82.1 per cent.

**Table 13. Proportion of children subject to ongoing intervention with a current case plan, as at 30 June, 2012 to 2014**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
30 June 2012	na	na	97.1	82.9	na	48.3	85.7	na	89.2
30 June 2013	55.8	na	97.0	86.3	na	68.6	75.0	na	75.1
30 June 2014	69.2	98.7	97.1	85.2	na	71.2	81.8	na	82.1

Source: ROGS, Table 15A.17

It should be noted, however, that policies and legislation varies across jurisdictions regarding the timeframes within which children are required to have case plans prepared. These differences limit the comparability between various states and territories.

### Improved Safety

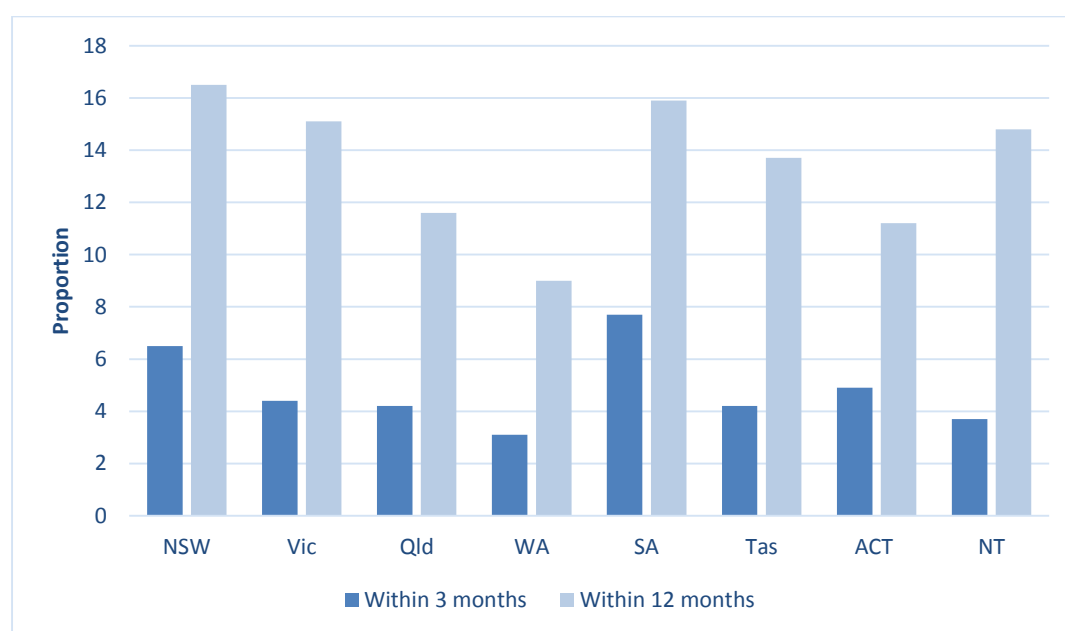
Improved safety is assessed by two measures:

- substantiation rate after a decision not to substantiate, defined as the proportion of children who were the subject of an investigation in the previous financial year that led to a decision not to substantiate, and who were later the subject of a substantiation within 3 or 12 months of the initial decision not to substantiate
- substantiation rate after a prior substantiation, defined as the proportion of children who were the subject of a substantiation in the previous financial year, who were subsequently the subject of a further substantiation within the following 3 or 12 months.

This indicator partly reveals the extent to which an investigation has not succeeded in identifying the risk of harm to a child who is subsequently the subject of substantiated harm, as well as the effectiveness of any intervention offered following the initial investigation. It is important to note, however, that familial circumstances may have changed in the period between investigations. Further, the measure does not distinguish whether the subsequent substantiation is for the same or a different source of harm as the initial investigation. It should also be noted that due to differences between jurisdictions in definitions of substantiations, there is limited comparability of data across states and territories.

Queensland's performance on the proportion of children subject to a substantiation following a decision not to substantiate is within a similar range to other jurisdictions. In Queensland, 4.2 per cent of the children subject to a decision not to substantiate in 2012–13 were subject to a substantiation within three months (see Figure 15). Other states and territories varied on this measure from a low of 3.1 per cent in Western Australia to a high of 7.7 per cent in South Australia. Similarly, 11.6 per cent of children subject to a decision not to substantiate in Queensland in 2012–13 were subject to a substantiation within 12 months, compared with a national range from 9.0 per cent (in Western Australia) to 16.5 per cent (in New South Wales).

**Figure 15. Proportion of children subject to a decision not to substantiate, subject to a substantiation within 3 or 12 months, Australian states and territories, 2012–13**



Source. ROGS, Table 15A.10

Similarly, Queensland's performance on the proportion of children subject to a substantiation within three and 12 months of a substantiation is reasonably analogous comparable to other jurisdictions, with Queensland results around the middle of those reported by other states and territories (see below Figure 16). In Queensland, of the children subject to a substantiation in 2012–13, 8.6 per cent were subject to an additional substantiation within three months. This compares to resubstantiation rates between a low of 2.6 per cent in Victoria to a high of 16.8 per cent in the ACT. Of those Queensland children subject to a substantiation in 2012–13, 19.8 per cent were subject to a subsequent substantiation within 12 months. National rates varied from 13.2 per cent in Victoria to 28.4 per cent in the ACT.

**Figure 16. Proportion of children subject to a substantiation, experiencing a subsequent substantiation within three or 12 months, Australian states and territories, 2012–13**



Source: ROGS, Table 15A.11

## Summary

Overall, our assessment of the most recent publicly available national child protection data suggests that Queensland is performing satisfactorily in some areas, while performance in other areas requires improvement. Table 14 below summarises the key result for each measure, supporting data, and our assessment of the acceptability of these results.

**Table 14. Summary of key results and QFCC assessment by measure**

Measure	Key result	Supporting data	Assessment
<b>Response time to commence investigations</b>	Fewer investigations are commenced within seven days in Queensland	32.6% in Queensland compared to the national total of 59.0%	Requires improvement
<b>Response time to complete investigations</b>	Fewer Queensland investigations completed within 28 days	26.5% in Queensland compared to the national total of 45.8%	Requires improvement
<b>Substantiation rate</b>	Fewer investigations are substantiated in Queensland	36.1% in Queensland compared to the national total of 42.7%	Requires improvement
<b>Stability of placement</b>	Queensland children in care for five or more years are <i>more</i> likely to have experienced between 6 and 10 placements, and <i>less</i> likely to have had only 1 or 2 placements than children elsewhere in Australia	34.3% of Queensland children exiting care after five years or more had experienced between 6 and 10 placements, compared to 17.5% of children in all other states and territories; 25.3% of Queensland children had experienced one or two placements, compared to 44.2% of children in other jurisdictions	Requires improvement
<b>Children aged under 12 years in home-based care</b>	The majority of Queensland children aged under 12 years are in home-based care	97.7% of Queensland children compared to the national total of 97.6%	Satisfactory
<b>Placement with extended family</b>	Fewer children are placed with extended family in Queensland	40.4% of Queensland children in out-of-home care, compared to the national total of 48.5%	Requires improvement

Measure	Key result	Supporting data	Assessment
<b>Placement in accordance with the Indigenous Child Placement Principle</b>	Fewer Queensland Indigenous children are placed with kin or Indigenous carers	55.1% of Queensland Indigenous children placed in accordance with the placement principle compared to 68.7% for all jurisdictions	Requires improvement
<b>Children with current case plans</b>	The majority of children in Queensland children have a current case plan	97.1% of Queensland children; national total is 82.1%	Satisfactory
<b>Substantiation following a decision not to substantiate</b>	A smaller proportion of Queensland children were subject to a substantiation within 12 months following a decision not to substantiate than in other states and territories	11.6% compared to a range of 9.0% to 16.5%	Satisfactory
<b>Substantiation following a substantiation</b>	Re-substantiations in Queensland are around the middle of other states and territories	19.8% of Queensland children were re-substantiated within 12 months, compared to a range of 13.4% to 28.4% in other jurisdictions	Satisfactory

Note: Data presented in this table refers to the 2013-14 financial year.

Queensland's performance on these indicators is expected to be affected over the coming years with the continued implementation of the reform agenda, most notably, the significant investment in developing the secondary support system. The QFCC will continue to examine and appraise Queensland's performance in these areas in comparison to other states and territories, as one part of our systemic oversight role.

### Improving outcomes for Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander children are over-represented in the child protection system throughout Australia. Reducing the gap between Aboriginal and Torres Strait Islander and non-Indigenous children is a national priority to ensure Aboriginal and Torres Strait Islander families and communities are able to provide their children with the safe and supportive environments to reach their full potential.<sup>30</sup>

In Queensland, there are almost 86,000 Aboriginal and Torres Strait Islander children, representing 7.7 per cent of all children.<sup>31</sup> In comparison to non-Indigenous children, in the Queensland child protection system Aboriginal and Torres Strait Islander children are:

- five times more likely to be notified
- six times more likely to suffer harm, and
- eight times more likely to be in out-of-home care.

The QCPCOI Report found that the existing child protection system was not ensuring the safety, wellbeing and best interests of Aboriginal and Torres Strait Islander children. 'It is deeply concerning that estimates indicate around half of all Aboriginal and Torres Strait Islander children are known to the child protection system'.<sup>32</sup> The QCPCOI Report identified several focus areas aimed at reducing the numbers of Aboriginal and Torres Strait Islander children in the system, and made specific recommendations in these areas.

<sup>30</sup> National Framework for Protecting Australia's Children, *Second three-year action plan, 2012-2015*.

<sup>31</sup> Based on estimated residential population for Indigenous and non-Indigenous children aged 0 to 17 years in Queensland, as at 30 June 2013.

<sup>32</sup> Statement of Brad Swan, as published in the QCPCOI Report, *Taking Responsibility: A Roadmap for Queensland Child Protection*, page 324.

These areas are:

- delivering appropriate and accessible preventative and early intervention and family support services
- improving practice in the statutory system to enhance the role of Recognised Entities
- strengthening Aboriginal and Torres Strait Islander child protection agencies, and
- catering for the particular needs of children in discrete Aboriginal and Torres Strait Islander communities where over-representation is acute.

The QFCC will monitor and assess Queensland's progress in reducing the numbers of, and improving the outcomes for, Aboriginal and Torres Strait Islander children in the child protection system. This progress will be assessed using data on intakes, substantiations, ongoing intervention, case planning, and re-entry.

It is envisioned that additional performance indicators developed throughout the reform implementation and review process will be incorporated into the current suite of measures. Table 15 presents data for the 12 months ending both 31 March 2014 and 31 March 2015, representing a baseline against which Queensland's progress in addressing over-representation will be assessed. Data for March 2015 are the latest publicly available data.

**Table 15. Key performance indicators for assessing the over-representation of Indigenous children in the Queensland child protection system, year ending 31 March 2014 and 2015**

Intakes		Indigenous	Non-Indigenous	All children
Children subject to an intake <sup>1</sup>				
Year ending 31 March 2014	Number	17,133	60,448	77,581
	Rate per 1000	200.0	59.2	70.1
Year ending 31 March 2015	Number	16,042	54,087	70,129
	Rate per 1000	187.2	53.0	63.4
Children subject to an intake for the first time				
Year ending 31 March 2014	Per cent	21.4	41.5	37.1
Year ending 31 March 2015	Per cent	20.1	38.1	34.0
Children subject to a notification				
Year ending 31 March 2014	Number	5,905	14,515	20,420
	Rate per 1,000	68.9	14.2	18.4
Year ending 31 March 2015	Number	5,693	13,872	19,565
	Rate per 1,000	66.5	13.6	17.7
Substantiations				
Children subject to a substantiation <sup>2</sup>				
Year ending 31 March 2014	Number	2,203	4,534	6,737
	Rate per 1,000	25.7	4.4	6.1
Year ending 31 March 2015	Number	2,063	3,978	6,041
	Rate per 1,000	24.1	3.9	5.5
Proportion of substantiations where child was assessed as in need of protection				
Year ending 31 March 2014	Per cent	76.8	58.2	64.3
Year ending 31 March 2015	Per cent	77.7	61.9	67.2
Ongoing Intervention				
Children subject to ongoing intervention <sup>3</sup>				
Year ending 31 March 2014	Number	4,584	6,737	11,321
	Rate per 1,000	53.5	6.6	10.2
Year ending 31 March 2015	Number	4,711	6,734	11,445
	Rate per 1,000	55.0	6.6	10.3
Children subject to Intervention with Parental Agreement				
Year ending 31 March 2014	Number	961	1263	2224
	Rate per 1,000	11.2	1.2	2.0
Year ending 31 March 2015	Number	908	1,297	2,205
	Rate per 1,000	10.6	1.3	2.0
Children subject to a Child Protection Order				
Year ending 31 March 2014	Number	3,623	5,474	9,097
	Rate per 1,000	42.3	5.4	8.2
Year ending 31 March 2015	Number	3,803	5,437	9,240
	Rate per 1,000	44.4	5.3	8.3
Children subject to a long-term Child Protection Order				
Year ending 31 March 2014	Number	2,045	3,266	5,311
	Rate per 1,000	23.9	3.2	4.8
Year ending 31 March 2015	Number	2,239	3,397	5,636
	Rate per 1,000	26.1	3.3	5.1
Children in out-of-home care				
Year ending 31 March 2014	Number	3,251	4,826	8,077
	Rate per 1,000	37.9	4.7	7.3
Year ending 31 March 2015	Number	3,429	4,933	8,362
	Rate per 1,000	40	4.8	7.6

		Indigenous	Non-Indigenous	All children
<b>Case planning</b>				
<b>Indigenous Child Placement Principle (ICPP)</b>				
Proportion of Indigenous children placed in accordance with the ICPP				
Year ending 31 March 2014	Per cent	55.5	..	..
Year ending 31 March 2015	Per cent	54.4	..	..
<b>Case plans</b>				
Proportion of children with a current case plan				
Year ending 31 March 2014	Per cent	93.5	92.3	92.8
Year ending 31 March 2015	Per cent	92.9	93.2	93
<b>Cultural Support Plans</b>				
Proportion of Indigenous children with a cultural support plan <sup>4</sup>				
Year ending 31 March 2014	Per cent	95.0	..	..
Year ending 31 March 2015	Per cent	95.9	..	..
Proportion of Aboriginal and Torres Strait Islander children with a current cultural support plan <sup>5</sup>				
Year ending 31 March 2014	Per cent	93.5	..	..
Year ending 31 March 2015	Per cent	93.0	..	..
<b>Transition from care</b>				
Proportion of children aged over 15 years with transition from care planning				
Year ending 31 March 2014	Per cent	71.7	72.0	71.9
Year ending 31 March 2015	Per cent	69.9	72.7	71.7
Proportion of children aged over 15 years with transition from care planning who participated in their planning				
Year ending 31 March 2014	Per cent	89.2	91.3	90.6
Year ending 31 March 2015	Per cent	90.2	91.3	90.9
<b>Re-entry</b>				
<b>Resubstantiation<sup>6</sup></b>				
Proportion of children subject to a substantiation experiencing a resubstantiation within three months				
Year ending 31 March 2014	Per cent	10.0	8.1	8.7
Year ending 31 March 2015	Per cent	8.6	7.7	8.0
Proportion of children subject to a substantiation experiencing a resubstantiation within 12 months				
Year ending 31 March 2014	Per cent	22.1	18.9	19.9
Year ending 31 March 2015	Per cent	20.4	18.1	18.9
<b>Substantiation after Unsubstantiation<sup>7</sup></b>				
Children subject to an initial decision not to substantiate, experiencing a substantiation within three months				
Year ending 31 March 2014	Per cent	4.5	3.6	3.9
Year ending 31 March 2015	Per cent	5.4	3.5	4.0
Children subject to an initial decision not to substantiate, experiencing a substantiation within 12 months				
Year ending 31 March 2014	Per cent	14.2	9.9	11.0
Year ending 31 March 2015	Per cent	15.3	10.0	11.4

Source: DCCSDS

Notes: 'Non-Indigenous' includes non-Indigenous children and children whose Indigenous status is unknown or not stated. 'The rate per 1,000 was calculated for both years using the estimated residential population for Indigenous and non-Indigenous children as at 30 June 2013 sourced from the Queensland Government Statistician's Office.

1. If a child was subject to both an approved notification and an approved child concern report they are counted only once according to their first intake type.

2. Notifications recorded during the reference period, where an assessment has been finalised and the investigation outcome was recorded as substantiated within two months after the end of the reference period. If a child is subject to more than one substantiation in the period, the child is counted only once.

3. Includes children subject to intervention with parental agreement or a child protection order. If a child is subject to both intervention with parental agreement and a child protection order (such as an order directing a parent's actions), they are counted only once as a child protection order.

4 The number of Indigenous children with a cultural support plan recorded on the central system as at the reference date.

5. The proportion of Indigenous children who require a cultural support plan review, where their cultural support plan was created or reviewed in the past six months.

6. Resubstantiations are measured as the proportion of distinct children subject to substantiations during the reference year who were the subject of a subsequent substantiation within a period of three or 12 months.

7. Children who were subject to a decision not to substantiate experiencing a subsequent substantiation are measured as the proportion of distinct children subject to a decision not to substantiate during the reference year who were subject to a substantiation within a period of three or 12 months.