

# Performance of the Queensland Child Protection System

2016

Queensland **Family & Child** Commission

A companion report to the Queensland Family & Child Commission Annual Report 2015 — 16



**Queensland**  
Government

## Communication objective

This report has been prepared in accordance with Section 40 (1) (a) of the Family and Child Commission Act 2014. This report provides an overview of the performance of the child protection system, with a particular emphasis on performance against the state and national goals and the progress in improving outcomes for Aboriginal and Torres Strait Islander children and families.

Key achievements, statistics and trends have been developed by analysing information from a variety of sources, including publicly available information published by the Australian Institute of Health and Welfare (AIHW), the Productivity Commission's Reporting on Government Services (ROGS), the Australian Bureau of Statistics (ABS) and the Queensland Department of Communities, Child Safety and Disability Services (DCCSDS).

Additional information and supporting data has been sourced from a range of government agencies. This includes the recommendations of the child protection reform program, as well as results of surveys and reports, including those providing the views of children and families and other contextual information.

An electronic copy of this report is available from the QFCC's website at [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au).

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# Foreword from Principal Commissioner

One of the key roles of the Queensland Family and Child Commission (QFCC) is to provide systemic oversight of the Queensland child protection system.

I am pleased to make this contribution as evidence based discussions about performance underpin collaboration and the resulting actions and services are key to the sustainability of the child protection system.

This report provides an overview of the performance of the child protection system, with a particular emphasis on performance against the state and national goals and the progress in improving outcomes for Aboriginal and Torres Strait Islander children and families. This is the second report produced by the QFCC for this purpose. It aims to build the evidence base and focus efforts to improve the child protection system.

The report highlights key achievements, identifies key statistics and trends, and provides opportunities for further investigation. It has been produced at a time of transformative change for the child protection and family support system in Queensland. We have just entered year three of a ten year reform program aimed at improving tertiary services, while also supporting parents, families and communities to take responsibility for protecting and caring for their children.

While a sustained effort is still required to reduce pressure on the tertiary child protection system, there are some encouraging signs that the implementation of the reforms are resulting in the desired increase in access to, and uptake of family support services.

Aboriginal and Torres Strait Islander children and their families continue to be disproportionately-represented in all aspects of the child protection system. The forthcoming Queensland Action Plan for vulnerable Aboriginal and Torres Strait Islander children and families will provide opportunities to explore and address the broader issues of social and economic disadvantage and the specific circumstances in families which drive their over-representation in the statutory child protection system.

I would also like to recognise that in 2016-17, the Department of Communities, Child Safety and Disability Services (DCCSDS) has announced further initiatives to address over-representation in the years ahead. As a sector, we are at our best when we work on such challenges together.

I am highly supportive of all initiatives designed to address disadvantage and strengthen family functioning. For those children who are in need of protection, our long term challenge remains to make them more than safe.

I am hopeful this report is useful to child protection system stakeholders, service providers and the community at large in tracking progress over the coming years.



**Cheryl Vardon**  
Principal Commissioner  
Queensland Family and Child Commission



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# Executive Summary

One of the functions of the Queensland Family and Child Commission (QFCC) under the *Family and Child Commission Act 2014*<sup>1</sup> is to provide systemic oversight of the Queensland child protection system.

The Act requires the QFCC to report annually on:

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

This report provides an overview of Queensland's progress in relation to:

- Building the range and availability of family support services
- Working better with families in contact with the child protection system
- Improving out-of-home care and post-care experiences for children and young people
- Health, Social, Emotional and Economic indicators of wellbeing
- Outcomes for Aboriginal and Torres Strait Islander children and families.

Key achievements, statistics and trends have been developed by analysing information from a variety of sources, including publicly available information published by the Australian Institute of Health and Welfare (AIHW), the Productivity Commission's Reporting on Government Services (ROGS), the Australian Bureau of Statistics (ABS) and the Queensland Department of Communities, Child Safety and Disability Services (DCCSDS).

Additional information and supporting data has been sourced from a range of government agencies. This includes the recommendations of the child protection reform program, as well as results of surveys and reports, including those providing the views of children and families and other contextual information.

## National and state goals relating to the child protection system

The key set of national goals relating to the child protection system are the outcomes, targets and performance indicators captured in the *National Framework for Protecting Australia's Children 2009-2020* (the National Framework).

The key set of state goals relating to the child protection system are the goals of the Child Protection Reform Roadmap and the outcomes and strategic objectives of the associated reform program.

As is expected and necessary, there is a close relationship between the state and national goals.

## Comparison to other jurisdictions

Where possible, Queensland trends over time are compared to other jurisdictions, and data is disaggregated by Indigenous status. Due to jurisdictional differences in policy, practice and reporting

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<sup>1</sup> <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/F/FamilyChildCommA14.pdf>

methods, some data is not directly comparable. This report therefore compares trends over time (percentage change) rather than raw numbers or percentages.

### **Outcomes for Aboriginal and Torres Strait Islander children and families**

Aboriginal and Torres Strait Islander children are over-represented in the child protection system in Queensland and throughout Australia. Reducing the gap between Indigenous and non-Indigenous children is a national priority, and addressing the over-representation of Aboriginal and Torres Strait Islander children and families is critical to the success of national and state goals for child protection.

## **Key findings**

As at 31 March 2016, there were 8,671 children and young people living in out-of-home care in Queensland. A key objective of the sector, community, the Queensland Child Protection Reform Program and the National Framework is to reduce the rate at which children enter out-of-home care.

A QFCC survey of over 2000 Queensland parents in late 2015 revealed parents are experiencing high levels of stress, with just over half of the parents surveyed stating they had sometimes found it hard to cope with the stress of being a parent. Over a quarter said they had been worried at some point they were not able to keep their children healthy and safe.

Half of parents also self-reported experiencing one or more risk factors commonly associated with households where children are assessed as being in need of protection, such as domestic violence, mental illness, criminal history, drug or alcohol problems, and intergenerational experience of abuse or neglect.

In responding to this challenge, the child protection system in Queensland is in a state of transition, resulting from an unprecedented level of investment in family support services. It has just entered year three of a ten year reform program aimed at improving tertiary services, while also supporting parents, families and communities to take responsibility for protecting and caring for their children.

Expectations are high that the reform program and progression towards achieving both the national and state goals will result in improved outcomes for Queensland children and young people. However, this will take time.

While a sustained effort is still required to reduce pressure on the tertiary child protection system, there are some encouraging signs the implementation of reforms relating to the reporting and referral of alleged harm is reducing the number of intakes received by the DCCSDS, where matters do not meet the threshold for statutory intervention.

There have been significant achievements in improving access to family support services, with almost 7,000 referrals to new Family and Child Connect services in 2015, and more than 20,000 families accessing free Triple P Parenting Program services between August 2015 and June 2016.

Seventeen per cent of parents surveyed by the QFCC had accessed formal parenting or educational support services in the 2015 calendar year. Encouragingly, of these, 93 per cent said it had made a positive difference for them.

In very simple terms, there is clear evidence that these supports work. The challenge now exists to fully establish support system capacity and normalise the experience of seeking help.

The rate of children entering out-of-home care in Queensland is increasing, but at a slower rate than the national average. The rate of Aboriginal and Torres Strait Islander children in out-of-home care is consistently and significantly higher than the rate of non-Indigenous children, and the gap between the two cohorts is growing.

For those children who enter out-of-home care, a national survey from 2015 revealed 91 percent of children surveyed felt both safe and settled in their current placement. In the same period, only a small proportion (1.7 per cent) of Queensland children in out-of-home care were subject to a substantiated breach of the standards of care.

Unfortunately, children typically enter out-of-home care have after experiencing significant abuse and neglect. This can have major impacts on their life course trajectory, including health outcomes, educational attainment and vocation. As such, a key challenge of the sector is to make these children and young people more than safe and provide them with the support and opportunities which enable them to reach their full potential.

Of significant concern is that Aboriginal and Torres Strait Islander children and their families continue to be disproportionally-represented in all aspects of the child protection system. Concerted effort will continue to be applied by all government and non-government stakeholders and service providers to address the factors driving over-representation in the tertiary system, and enhancing the service response.

# 1 Background

## 1.1 Reporting obligations of the Queensland Family and Child Commission

One of the functions of the Queensland Family and Child Commission (QFCC) under the *Family and Child Commission Act 2014*<sup>2</sup> is to provide oversight of the Queensland child protection system. To deliver this function, the QFCC monitors, reviews and reports on the child protection system from a systemic perspective.

Under section 40 of the *Family and Child Commission Act 2014*, the QFCC is required to include the following information in its Annual Report:

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

In delivering on QFCC's reporting obligations, this report uses data and information for the 2015-16 financial year wherever possible. In other cases, the most recent publicly available data is included. Where relevant, information about developments between 1 July and 30 August 2016 is also included.

It is acknowledged that the *Family and Child Commission Act 2014*, schedule 1 defines the child protection system as including preventative and support services. However, due to significant limitations in the availability and quality of data, this report on the performance of the child protection system is largely limited to an analysis of the tertiary child protection system.

As the Queensland child protection reform program continues with the rollout of reform strategies, it is anticipated data in relation to preventative and support services will be more readily available and reportable.

The QFCC is working with other government agencies to develop data sets which will provide further insight into the functioning of the child protection system as a whole. This data is expected to be incorporated into future reports, providing a more comprehensive view on the health and performance of the Queensland child protection and family support system.

## 1.2 Structure of this report

Section 2 describes Queensland's performance against the indicators for the national goals relating to the child protection system – the goals of the *National Framework for Protecting Australia's Children 2009-2020*<sup>3</sup> (the National Framework).

The outcomes and performance indicators for the National Framework and associated Action Plans are outlined, as are the performance indicators for child protection and out-of-home care in the Productivity Commission's *Report on Government Services (ROGS)*<sup>4</sup>.

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<sup>2</sup> <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/F/FamilyChildCommA14.pdf>

<sup>3</sup> <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

<sup>4</sup> <http://www.pc.gov.au/research/ongoing/report-on-government-services>

A short introduction is provided for each performance indicator, and then relevant data is presented. This section discusses trends over time, and Queensland's performance in comparison to other jurisdictions. Where available, data is disaggregated by Indigenous status.

Section 3 describes Queensland's performance against the indicators for state goals relating to the child protection system – the goals of the Queensland Child Protection Reform Program.

A brief introduction to the Queensland Child Protection Commission of Inquiry and resulting reform program is provided, and the strategic objectives of the reform program are outlined. An overview of the progress towards the strategic objectives is provided, including implementation status of relevant recommendations and significant achievements.

Section 3 also provides additional performance measures for the Queensland child protection system, including data on key aspects of the phases or pathways a child or young person may follow while in the child protection system.

Where available, data presented in section 3 is disaggregated by Indigenous status to describe Queensland's progress in reducing the number of, and improving outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system.

Section 4 draws together the key findings in terms of the performance of the Queensland child protection system, in relation to the legislative requirements outlined in the *Family and Child Commission Act 2014*.

Queensland's performance is analysed and reported in relation to the following key service areas:

- building the range and availability of family support services
- working better with families in contact with the child protection system
- improving out-of-home care and post-care experiences for children and young people
- health, social, emotional and economic indicators of wellbeing.

A summary of Queensland's performance in regards to reducing the number of, and improving outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system is also provided.

For each focus area, the relevant national and state goals are provided, followed by an outline of key statistics, trends and achievements, drawing upon the data provided in sections 2 and 3. Additional supporting data and information has also been incorporated, including those which provide the views of children and families and other contextual information. Key findings and opportunities for further investigation are presented.

Attachment 1 provides additional statistics for the Queensland child protection system, years ending 31 March 2014, 31 March 2015 and 31 March 2016. Attachment 2 provides a summary of deaths of children and young people in Queensland for 2012–2015.

## 2 Queensland's performance against indicators for national goals

### 2.1 Defining national goals

The key set of national goals relating to the child protection system are the outcomes, targets and performance indicators captured in the National Framework.

Data relevant to the National Framework is described in section 2.1.1, and presented in section 2.2.

The Productivity Commission also publishes national data annually in the RoGS according to a framework of performance indicators for child protection and out-of-home care services.<sup>5</sup>

Data relevant to the Productivity Commission's RoGS is described in section 2.1.2, and presented in section 2.3.

Where possible, Queensland trends over time are compared to other jurisdictions, and data is disaggregated by Indigenous status. Due to jurisdictional differences in policy, practice and reporting methods, some data is not directly comparable. This report therefore compares trends over time (percentage change) rather than raw numbers or percentages.

#### 2.1.1 *National Framework for Protecting Australia's Children 2009-2020*

The National Framework consists of high-level and supporting outcomes, strategies to be delivered through a series of three-year action plans and indicators of change which can be used to monitor the success of the National Framework.

The actions and strategies which governments and others agree to take under the National Framework are all aimed to achieve the following high-level outcome:

*Australia's children and young people are safe and well.*

As a measure of this outcome, governments and the non-government sector have set the following target:

*A substantial and sustained reduction in child abuse and neglect in Australia over time.*

It is acknowledged measuring a reduction in child abuse and neglect is difficult, as Australia currently does not have robust data on incidence/prevalence. Even if such data existed, it may not be sensitive to change over a short period.

To demonstrate progress towards achieving the target the following measures have been identified:

- trends in key national indicators of children's health, development and wellbeing

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<sup>5</sup> Productivity Commission, *Report on Government Services 2016*, <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/child-protection/rogs-2016-volume-f-chapter15.pdf>

- trends in hospital admissions and emergency department visits for neglect and injuries to children under three years
- trends in substantiated child protection cases
- trends in the number of children in out-of-home care.

The six supporting outcomes are:

1. children live in safe and supportive families and communities
2. children and families access adequate support to promote safety and intervene early
3. risk factors for child abuse and neglect are addressed
4. children who have been abused or neglected receive the support and care they need for their safety and wellbeing
5. indigenous children are supported and safe in their families and communities
6. child sexual abuse and exploitation is prevented and survivors receive adequate support.

The supporting outcomes and strategies help to focus effort and actions under the National Framework in order to reach the high-level outcome. Indicators of change are provided to measure the extent to which governments and non-government organisations are achieving the supporting outcomes.

Given the inherent difficulties in isolating the impact of specific actions on broader social outcomes, a global suite of indicators have been identified which, when viewed collectively, will provide a basis for measuring progress over the life (12 years) of the National Framework.

### Third Action Plan (2015-18)

The Third Action Plan (2015-2018) was released in December 2015 and focuses on three primary strategies:

- early intervention with a focus on the early years – particularly the first 1,000 days for a child
- helping young people in out-of-home care to thrive into adulthood
- organisations responding better to children and young people to keep them safe.

The Third Action Plan has an integrated focus on Aboriginal and Torres Strait Islander children and families and a research agenda to promote evidence-based interventions.

Work is continuing to identify targets and progress markers for each of the three strategies under the Third Action Plan. Once the targets and progress markers are developed, the QFCC will monitor and report on Queensland's performance against them.

### Second Action Plan (2012-15)

Eight indicators were established for the Second Action Plan (2012-2015) to measure progress towards the high-level outcome (*Australia's children and young people are safe and well*), including:

1. substantiated child protection cases
2. children in out-of-home care
3. teenage births
4. infants born of low birth weight
5. child homicide
6. early childhood development
7. family economic situation
8. child social and emotional wellbeing.

Queensland data is available for the first seven indicators (see section 2.2). However, data for the ‘child social and emotional wellbeing’ indicator is currently unavailable for reporting and is therefore not included in this report.<sup>6</sup>

### **2.1.2 Report on Government Services child protection performance indicators**

The Productivity Commission publishes national data annually in the RoGS according to a framework of performance indicators for child protection and out-of-home care services.<sup>7</sup>

The annual RoGS report provides information on the equity, effectiveness and efficiency of government services in Australia, including child protection services. The latest report, providing data for the 2014-15 financial year, was progressively released between 27 January and 4 February 2016.

A framework of performance indicators for the equity, effectiveness and efficiency of the child protection and out-of-home care services has been established (see Figure 2.1). However, it should be noted not all indicators have data which are complete and comparable.

This report provides data against the following effectiveness output measures:

1. response times to commence and complete investigations
2. proportion of finalised investigations that are substantiated
3. stability of placement
4. children aged under 12 years in home-based care
5. placement with extended family
6. placement in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle
7. children with current case plans.

The following effectiveness output and outcome indicators are not included in this report, as the data is not available and/or agreed measures are not yet developed:

- continuity of case worker
- client satisfaction
- safety in out-of-home care
- local placement
- placement with sibling
- improved health and wellbeing
- safe return home.

This report does not include efficiency measures.

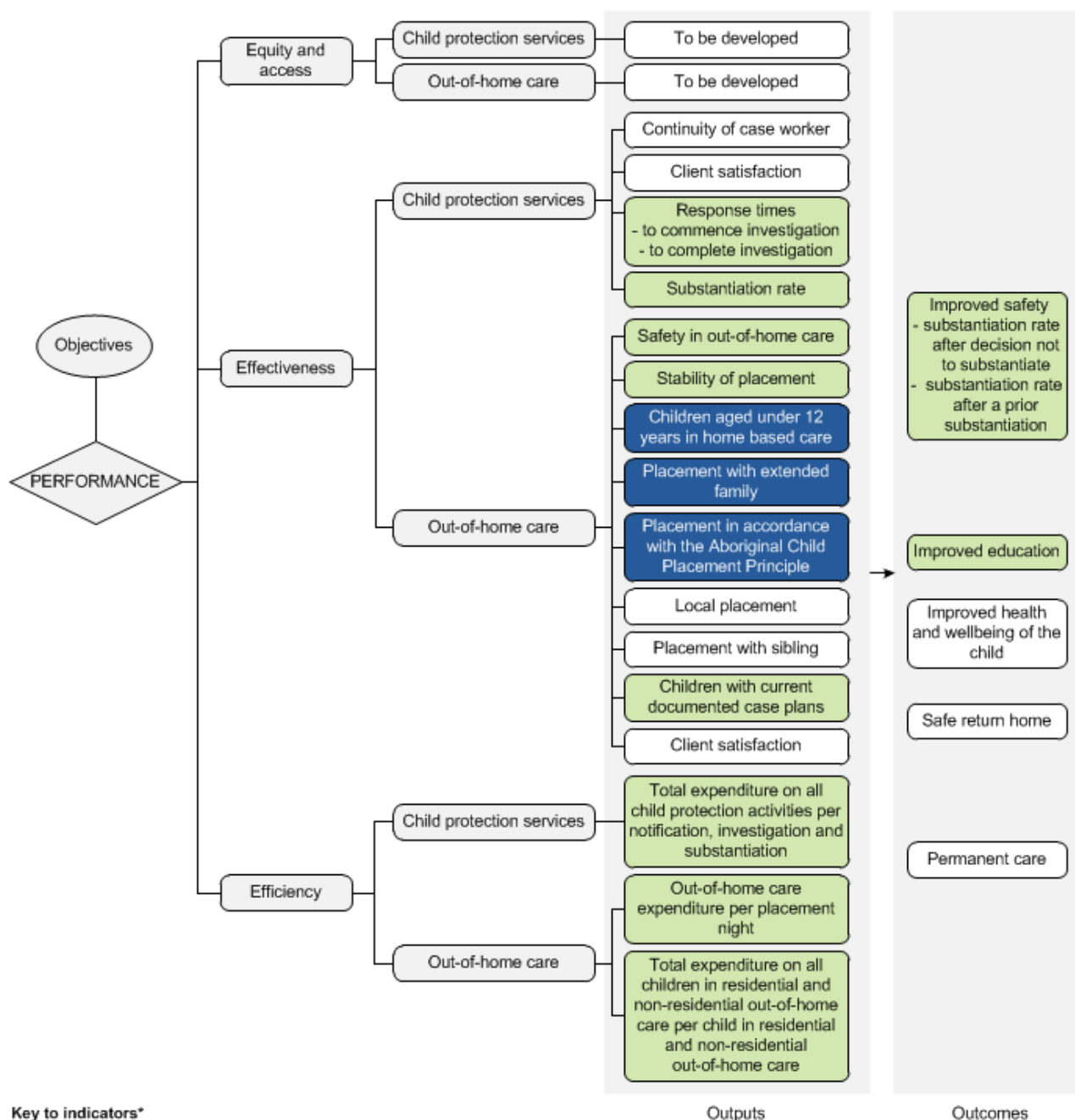
**Figure 2.1: Report on Government Services child protection performance indicator framework**

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<sup>6</sup> Child social and emotional wellbeing is to be measured by the 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 therefore not yet reportable.

<sup>7</sup> Productivity Commission, *Report on Government Services 2016*, p15.18. <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/child-protection/rogs-2016-volume-f-chapter15.pdf>





#### Key to indicators\*

Text	Most recent data for all measures are comparable and complete
Text	Most recent data for at least one measure are comparable and complete
Text	Most recent data for all measures are either not comparable and/or not complete
Text	No data reported and/or no measures yet developed

\* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the chapter

**Source:** Productivity Commission *Report on Government Services 2016, Child protection (Chapter 15)*

<http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/child-protection>

## 2.2 Progress towards goals of the National Framework for Protecting Australia's Children 2009-2020

This section presents data against the first seven indicators of the Second Action Plan (2012-2015):

- substantiated child protection cases (see section 2.2.1)
- children in out-of-home care (see section 2.2.2)
- teenage births (see section 2.2.3)
- infants born of low birth weight (see section 2.2.4)
- child homicide (see section 2.2.5)
- early childhood development (see section 2.2.6)
- family economic situation (see section 2.2.7).

It is expected future reports will describe progress against the (yet to be released) targets and progress markers that are developed for the Third Action Plan (2015-18).

This section reports the data for each indicator in terms of trends in Queensland over time, comparison of Queensland trends to the national average, and, where available, data is disaggregated by Indigenous status. Due to difference in policy, practice and reporting, Queensland data is not always comparable to other jurisdictions. Thus trends in Queensland are compared to the national average using percentage change, as opposed to raw data.

For each indicator, a breakout box has been included to highlight the findings QFCC is required to report on, including:

- Queensland's performance over time
- Queensland's performance in comparison to other jurisdictions (where available)
- Queensland's performance in relation to the number of and/or outcomes for Aboriginal and Torres Strait Islander children and young people (where available).

### 2.2.1 Substantiated child protection cases

Substantiated child protection cases are measured as the rate of children aged 0-17 years subject to a child protection substantiation. That is, the incidence of cases which 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, neglected or otherwise harmed.<sup>8</sup>

Between 2009-2010 and 2014-2015, the rate per 1,000 children in Queensland subject to a child protection substantiation was consistently lower than the national average (see Table 2.1).

**Table 2.1: Rate of children per 1,000 aged 0-17 subject to a child protection substantiation, Queensland and Australia, 2010-2015**

Year	Queensland	Australia
2009-10	5.9	6.2
2010-11	5.6	6.2
2011-12	6.5	7.4
2012-13	6.5	7.8
2013-14	6.0	7.8
2014-15	5.2	8.0

**Source:** AIHW *Child Protection Australia*, data collections 2009-10 to 2014-15<sup>9</sup>

However, 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 is not reflected in the combined national totals, which limits the comparability of substantiation figures and rates.

For this reason, Figure 2.2 compares percentage change in the rate of children subject to a child protection substantiation using 2009-2010 as the baseline reference year.

Nationally, the rate per 1,000 children subject to a child protection substantiation grew 29 per cent between 2009-2010 and 2014-2015.

Comparatively, in Queensland the rate per 1,000 children subject to a child protection substantiation has fluctuated, decreasing between 2009-2010 and 2010-2011, before increasing in 2011-2012 and 2012-2013.

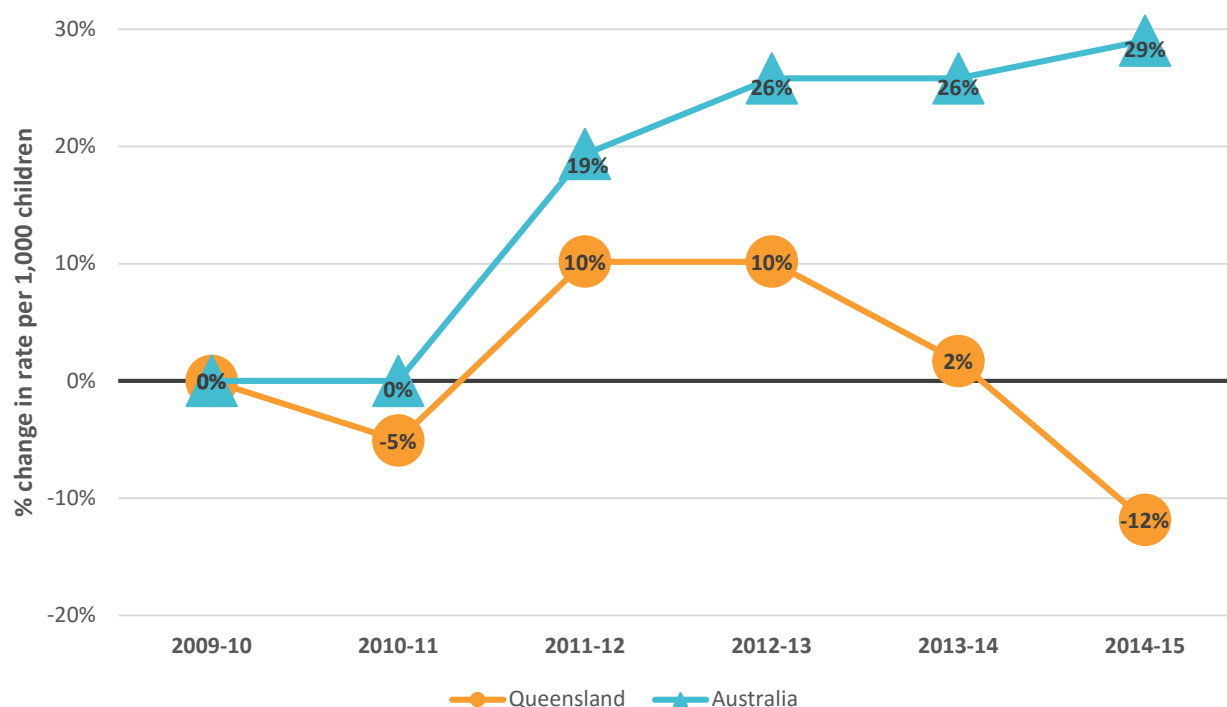
In the two previous financial years, the rate per 1,000 children subject to a child protection substantiation has declined, resulting in an overall 12 per cent reduction in the rate in 2014-2015, compared to the 2009-2010 baseline reference year.

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<sup>8</sup> Annual Report to COAG, 2012-13.

<sup>9</sup> 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 one substantiation. (Australian Institute of Health and Welfare, *Child Protection Australia 2014-15*, Table: A14 Notes).

**Figure 2.2: Percentage change in the rate per 1,000 children subject to a child protection substantiation, Queensland and Australia, 2010-2015**



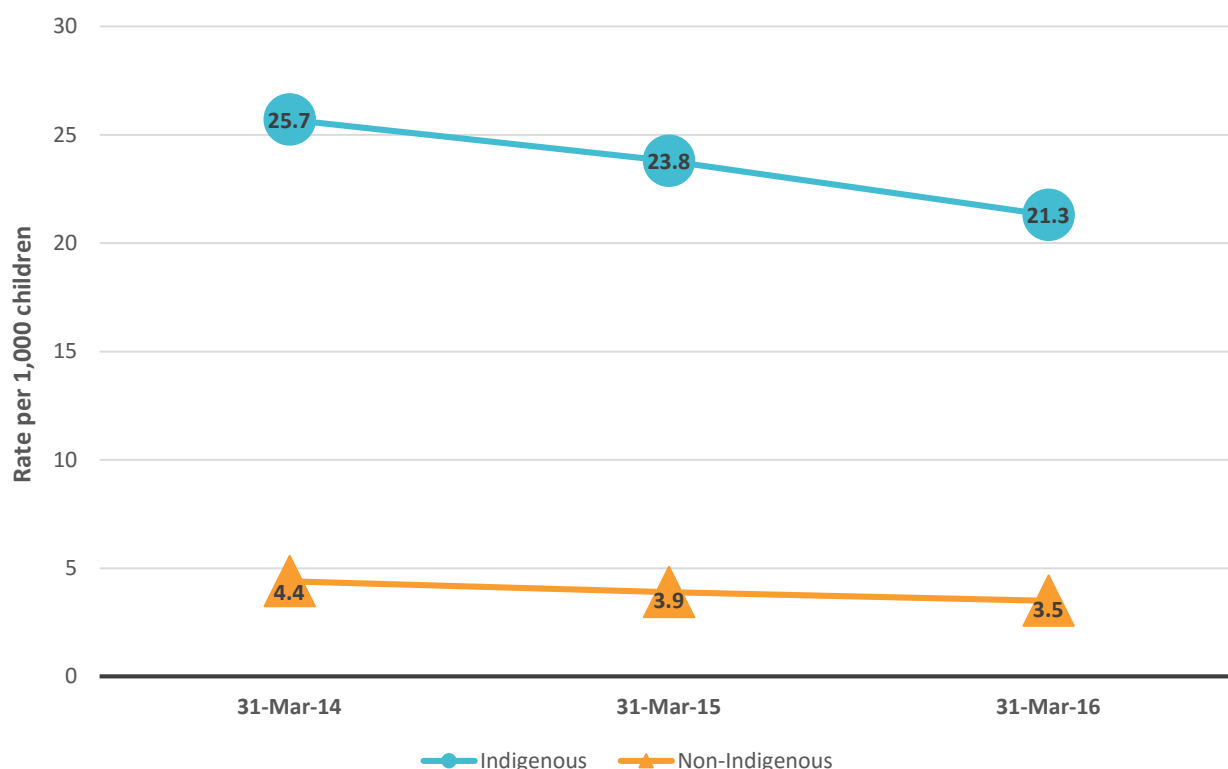
**Source:** AIHW *Child Protection Australia*, data collections 2009-10 to 2014-15 <sup>10</sup>

In Queensland, the rate of Aboriginal and Torres Strait Islander children subject to a child protection substantiation is higher than the rate of non-Indigenous children subject to a child protection substantiation. This is highlighted in Figure 2.3, which shows the rate per 1,000 children subject to a child protection substantiation between the year ending 31 March 2014 and the year ending 31 March 2016.

Although the rate of Indigenous children per 1,000 subject to a substantiation remains higher than the rate for the general population, the difference between the two figures has decreased slightly over time. In the year ending 31 March 2014, the rate of Indigenous children subject to a child protection substantiation was 21.3 per 1,000 children higher than the rate of non-Indigenous children. In the year ending 31 March 2016, the gap had narrowed to a difference of 17.8 per 1,000 children.

<sup>10</sup> 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 one substantiation. (Australian Institute of Health and Welfare, *Child Protection Australia 2014-15*, Table: A14 Notes).

**Figure 2.3: Rate per 1,000 children aged 0-17 subject to a child protection substantiation by Indigenous status, Queensland, by year ending 31 March 2014 to 2016**



Source: DCCSDS <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/>, accessed 4 July 2016

### Substantiated child protection cases

The rate of children per 1,000 subject to a child protection substantiation in Queensland fluctuated over the period with an overall declining trend (see Figure 2.2).

The rate of children per 1,000 subject to a child protection substantiation in Queensland has been consistently below the national average for this period (see Figure 2.2).

In Queensland, the rate per 1,000 Indigenous children subject to a child protection substantiation has been consistently higher than the rate per 1,000 non-Indigenous children. However, the gap between the two cohorts has declined over the past three years (see Figure 2.3).

## 2.2.2 Children in out-of-home care

Out-of-home care is provided across Australia to children when it has been assessed that it is not safe for them to be cared for by their parents. As at 30 June 2015, there were 43,399 children in out-of-home care across Australia, representing a population rate of 8.1 per 1,000 children (aged 0-17 years).<sup>11</sup>

While the national rate of children in out-of-home care has grown over the past five years (up from 7.1 in 2010) it has remained stable at 8.1 per 1,000 children over the past two years. In comparison, the

<sup>11</sup> AIHW (2016), *Child protection Australia 2014-15*, Table 5.7. Accessed online (07/07/2016) from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554973>

Queensland rate of 7.5 per 1,000 children at 2105 is lower than the national rate of 8.1 per 1,000 children in June 2015 (see Table 2.2).

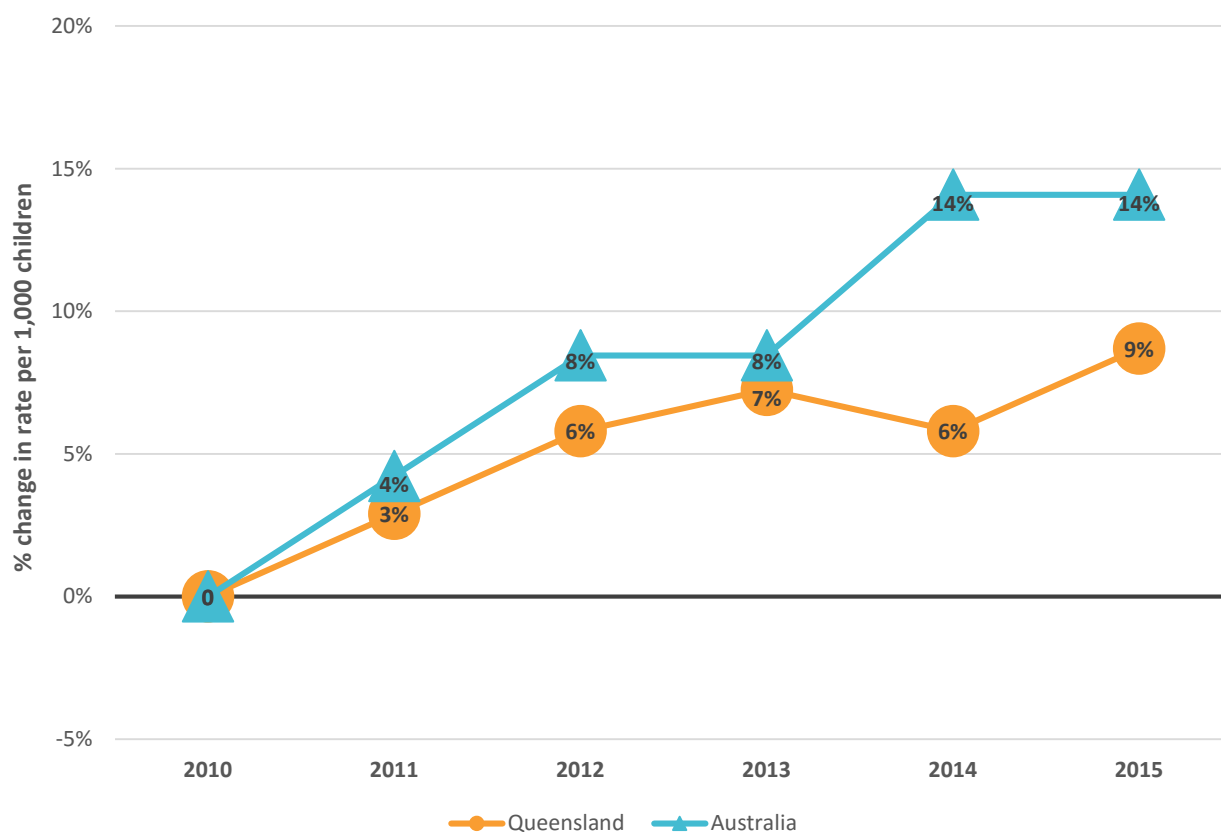
**Table 2.2: Rate of children per 1,000 aged 0-17 years in out-of-home-care, Queensland and Australia, 2010-2015**

Year	Queensland	Australia
2010	6.9	7.1
2011	7.1	7.4
2012	7.3	7.7
2013	7.4	7.7
2014	7.3	8.1
2015	7.5	8.1

Source: AIHW, *Child Protection Australia 2014-15*, Table 5.7<sup>12</sup>

While the rate of Queensland children in out-of-home care has increased over the past five years, the percentage change in increase has been smaller than the national average when comparing 2015 figures to the baseline reference year of 2010 (see Figure 2.4). The national rate of children in out-of-home care per 1,000 increased 14% between 2010 and 2015, whereas the rate of children per 1,000 in Queensland increased 9% (see Figure 2.4).

**Figure 2.4: Percentage change in the rate per 1,000 children in out-of-home care, Queensland and Australia, 2010-2015**



Source: AIHW, *Child Protection Australia 2014-15*, Table 5.7<sup>13</sup>

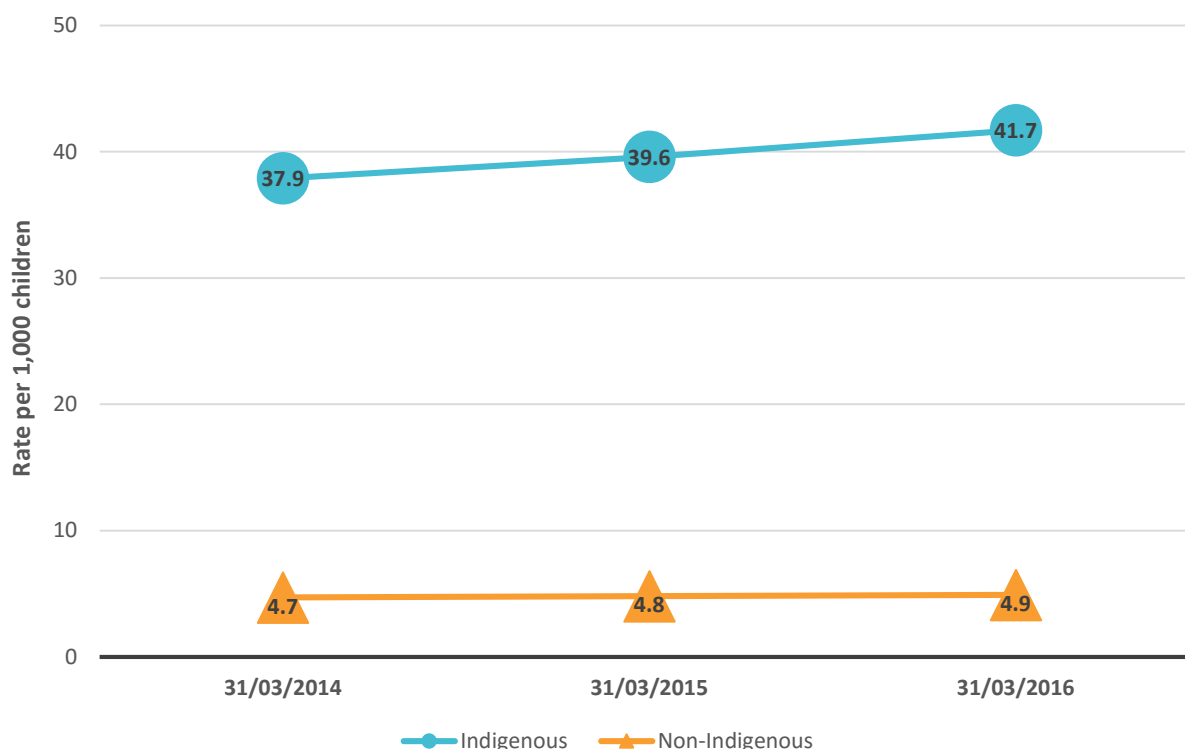
<sup>12</sup> Australian rates are affected by data caveats applicable to each individual jurisdiction. Rates published by AIHW were calculated using 2011 ABS Census data. Rates may differ from previous *Child Protection Australia* reports due to retrospective data updates. (AIHW, *Child protection Australia 2014-15*, Table 5.7, Notes).

<sup>13</sup> 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. (AIHW, *Child protection Australia 2014-15*, Table 5.7, Notes).

In Queensland, the rate of Aboriginal and Torres Strait Islander children per 1,000 in out-of-home care was consistently higher than the rate of non-Indigenous children between the year ending 31 March 2014 and the year ending 31 March 2016 (see Figure 2.5).

Over this time period, the difference between the two cohorts increased. In the year ending 31 March 2014, difference between the rate of Aboriginal and Torres Strait Islander and non-Indigenous children out-of-home care was 33.2 per 1,000. In the year ending 31 March 2016, this difference had increase to 36.8 per 1,000 children (see Figure 2.5).

**Figure 2.5: Rate of children per 1,000 aged 0-17 years in out-of-home care by Indigenous status, Queensland, by year ending 31 March 2014 to 2016**



Source: DCCSDS <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/>, accessed 4 July 2016

Additional information about children in out-of-home care is presented in section 2.3.

### Children in out-of-home care

The rate of children per 1,000 in out-of-home care in Queensland is increasing.

However, the rate of children per 1,000 in out-of-home care is growing more slowly than the national average.

In Queensland, the rate of Indigenous children in out-of-home care is higher than the rate of non-Indigenous children. The gap between the two cohorts has increased over the past three years.

### 2.2.3 Teenage births

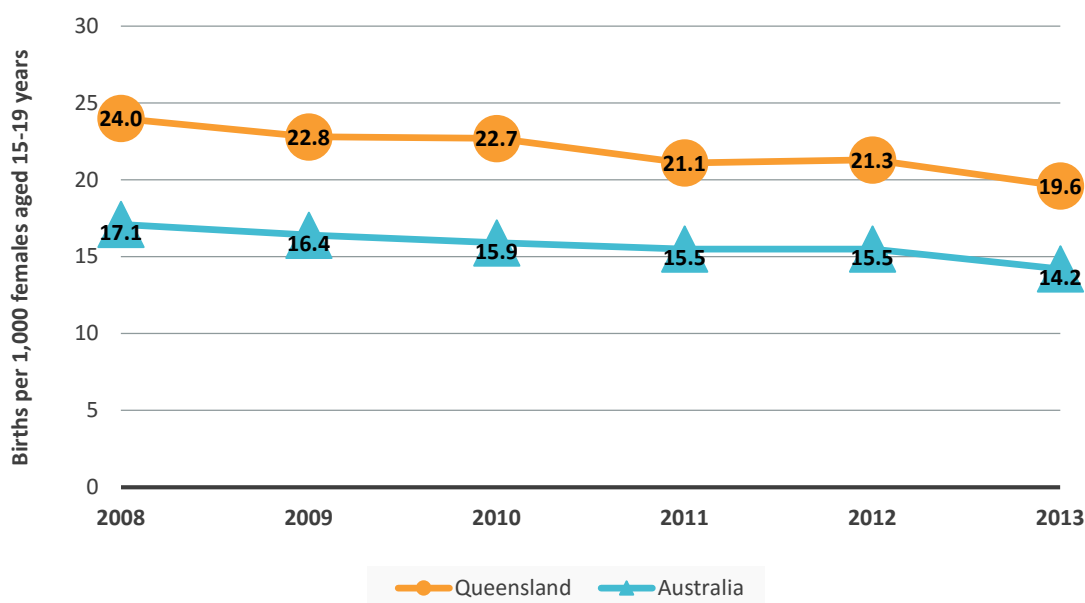
Teenage births can have significant short and long-term impacts, for both the mother and child. Babies born to teenage mothers have an increased risk of pre-term birth and low birth weight, as well as other complications associated with these risks.<sup>14</sup> Both the mother and child are also at greater risk of experiencing, over the longer term, poorer health, education and socioeconomic outcomes.<sup>15</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>16</sup>

The number of teenage births is measured as the rate of live births to women aged less than 20 years of age.<sup>17</sup> The most recent AIHW data on teenage births is for 2013 and indicates a national teenage birth rate of 14.2 per 1,000 females. In comparison, the birth rate for teenage mothers in Queensland in 2013 was 19.6, well above the national rate.

In both Queensland and nationally, there has been a decline in the rate of teenage births over the past six years. Specifically, Figure 2.6 shows the Queensland rate has reduced from 24.0 in 2008 to 19.6 in 2013, while nationally the rate has decreased from 17.1 in 2008 to 14.2 in 2013.

**Figure 2.6: Age-specific birth rate (births per 1,000 females) for women aged 15-19 years, Queensland and Australia, 2008 to 2013**



Source: AIHW, *Children's Headline Indicators*, updated June 2016<sup>18</sup>

<sup>14</sup> AIHW, updated 2016, *Child Health Risk Factors*, <http://www.aihw.gov.au/child-health/risk-factors/>, accessed 07/07/2016.

<sup>15</sup> AIHW, updated 2016, *Children's Headline Indicators*, <http://www.aihw.gov.au/chi/>, accessed 07/07/2016.

<sup>16</sup> Organisation for Economic Co-operation and Development, Jan 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.

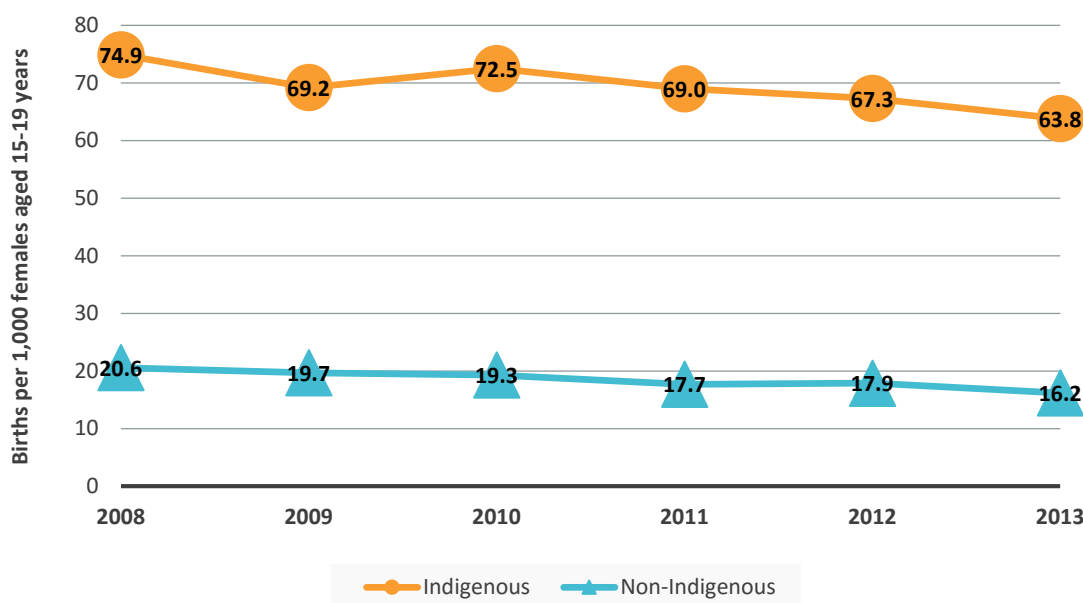
<sup>17</sup> Live births to mothers under 15 years of age are included in the numerator, but not denominator.

<sup>18</sup> 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.



Figure 2.7 shows the rate of teenage births for Indigenous mothers in Queensland is almost four times the rate of non-Indigenous mothers. However, the teenage birth rate for Indigenous mothers in Queensland is showing a similar decreasing trend (from 74.9 in 2008 to 63.8 in 2013) to the rate for non-Indigenous mothers (from 20.6 in 2008 to 16.2 in 2013).

*Figure 2.7: Age specific birth rate (births per 1,000 females) for women aged 15-19 years by Indigenous status of mother, Queensland, 2008 to 2013*



Source: AIHW, *Children's Headline Indicators*, updated June 2016<sup>19</sup>

## Teenage births

The rate of teenage births in Queensland is declining over time.

The rate of teenage births in Queensland is higher than the national average.

The rate of teenage births to Aboriginal and Torres Strait Islander mothers in Queensland, while decreasing, is almost four times the rate for non-Indigenous mothers.

## 2.2.4 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.

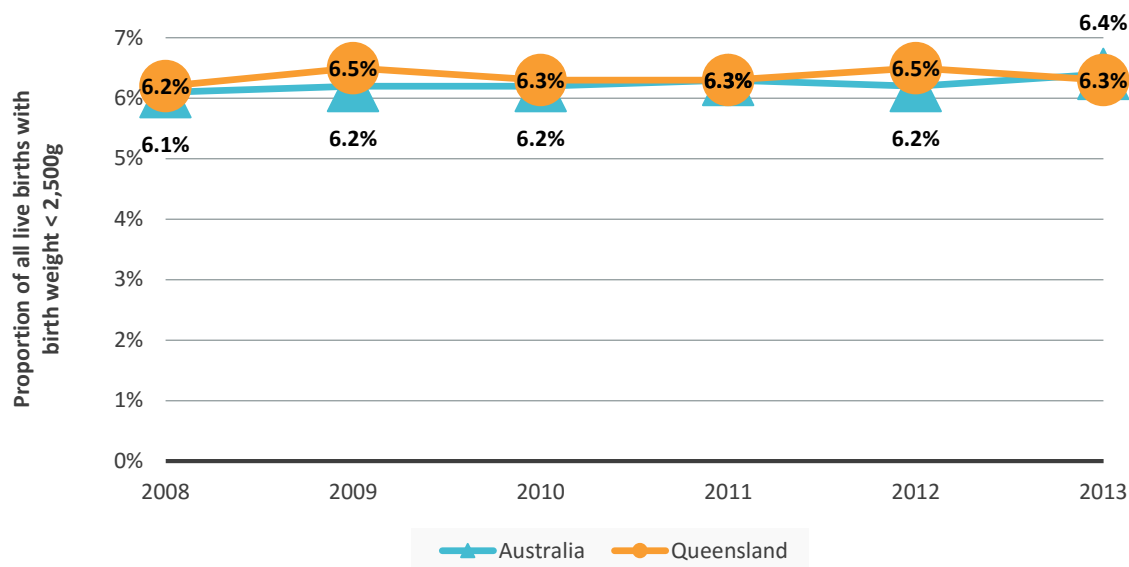
There are many factors that can contribute to low birth weight including: maternal age, illness in pregnancy, low socioeconomic status, multi-foetal pregnancy, maternal history of spontaneous

<sup>19</sup> 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.

abortion, harmful behaviours (drinking alcohol, smoking, drug taking), poor nutrition through pregnancy and poor pre-natal care.<sup>20</sup>

The most recent AIHW data on birth weights is for 2013. 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 2.8), with the proportion fluctuating just above 6 per cent. The proportion of liveborn infants born with a low birth weight in Queensland has remained relatively consistent, with only minor fluctuations between 2008 and 2013. The proportion of babies born with low birth weight in Queensland is similar to the national average.

**Figure 2.8: Liveborn infants with a low birth weight of less than 2,500 grams (as a proportion of all live births), Queensland and Australia, 2008 to 2013**



Source: AIHW, *Children's Headline Indicators*, updated June 2016<sup>22</sup>

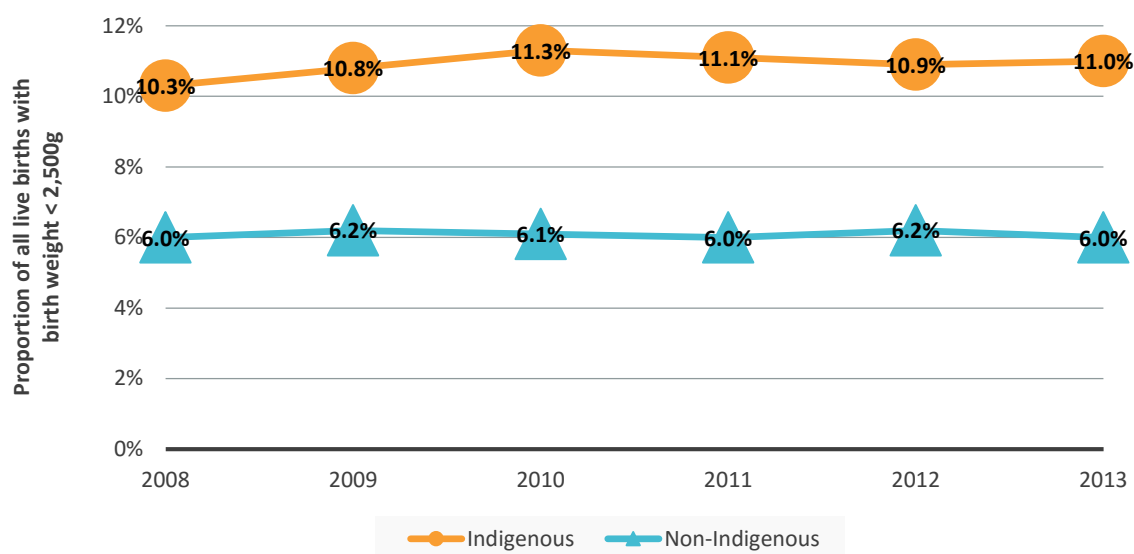
Figure 2.9 shows the proportion of low birth weight babies for Indigenous mothers in Queensland is almost double the proportion of non-Indigenous mothers. The variation in the proportion of low birth weight babies for Indigenous mothers in Queensland (10.3-11.3%) during the period is slightly greater than the more stable trend for non-Indigenous mothers (6.0-6.2%), although this is to be expected given the difference in the size of the populations.

<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, 2016.

<sup>22</sup> 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.

**Figure 2.9: Liveborn infants with a low birth weight of less than 2,500 grams (as a proportion of all live births) by Indigenous status of mother, Queensland, 2008 to 2013**



Source: AIHW, *Children's Headline Indicators*, updated June 2016<sup>23</sup>

### Infants born of low birth weight

The proportion of low birth weight babies in Queensland is stable over time.

The proportion of low birth weight babies in Queensland is consistent with the national average.

The proportion of low birth weight babies born to Indigenous mothers in Queensland is almost double the proportion for non-Indigenous mothers.

## 2.2.5 Child homicide

Child homicide is measured nationally as the rate of children aged 0–17 years subject to homicide or death from fatal outcomes of intentionally inflicted wounds.<sup>24</sup> While child homicide is a rare event, this data is 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 in Australia, there were 62 deaths nationally due to homicide among children aged 0–17, representing a population rate of 0.6 per 100,000 children.<sup>25</sup>

Figure 2.10 shows the rates of death due to homicide across age groups within Queensland during the two year period were quite different in comparison to national rates, as Queensland reported a higher rate of child homicide among children younger than one year (5.8 compared with 2.2 nationally), yet reported no homicide-related deaths for the older category of 15–17 year olds

<sup>23</sup> 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.

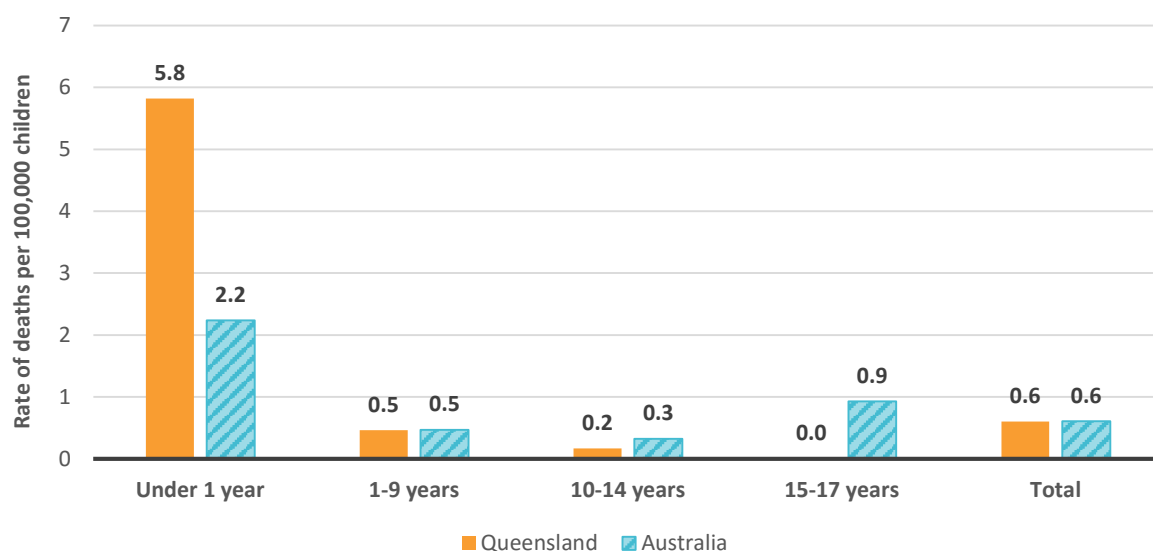
<sup>24</sup> National Framework for Protecting Australia's Children 2009–2020, *Technical paper on operational definitions and data issues for key national indicators* (NHMP), p11.

<sup>25</sup> Australian Institute of Criminology (2015). *Homicide in Australia: 2010–11 to 2011–12: National Homicide Monitoring Program Report (NHMPR)*, p18. The definition of homicide in the NHMPR utilises the operational definition consistent with police throughout Australia "all cases resulting in a person or persons being charged with murder or manslaughter; all murder-suicides classed as murder by police"; and "all other deaths classed by police as homicides (including infanticides), whether or not an offender has been apprehended" (NHMPR, 2015, p. 1).

(compared with 0.9 nationally). Queensland child homicide data recorded by the QFCC Queensland Child Death Register categorises child homicide as ‘fatal assault and neglect’.

However due to the extremely low numbers of deaths due to homicide in children, caution should be exercised when interpreting these rates. Indigenous status of victims was included in the AIC *Homicide in Australia (2010-2012)* report <sup>26</sup>, but this particular data is not disaggregated by age. As a result, the number of child homicide victims who may have identified as Aboriginal and/or Torres Strait Islander could not be specified for inclusion in this report.

**Figure 2.10: 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*; 2015

## Child homicide

All child deaths in Queensland are reported by the Queensland Family and Child Commission, *The Annual Report: Deaths of children and young people Queensland*.

At the time of this report, national homicide data beyond 2011-12 has not been released by the Australian Institute of Criminology. Noting the data is from 2012, Queensland’s rate of homicide for children under one year was higher than the national average.

The number of child homicide victims who may have identified as Aboriginal and/or Torres Strait Islander could not be specified for inclusion in this report.

<sup>26</sup> Australian Institute of Criminology (2015). *Homicide in Australia: 2010-11 to 2011-12: National Homicide Monitoring Program Report (NHMPR)*, p18. The definition of homicide in the NHMPR utilises the operational definition consistent with police throughout Australia “all cases resulting in a person or persons being charged with murder or manslaughter; all murder-suicides classed as murder by police”; and “all other deaths classed by police as homicides (including infanticides), whether or not an offender has been apprehended” (NHMPR, 2015, p. 1).

## 2.2.6 Early childhood development

Early childhood development can impact a child throughout life, including their future life successes, physical health and emotional wellbeing. There are multiple factors which impact childhood development including, for example, families, communities, broader social norms as well as government policies and practices.<sup>27</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:

1. physical health and wellbeing
2. social competence
3. emotional maturity
4. language and cognitive skills (schools-based)
5. communication skills and general knowledge.

The AEDC results are then reported as average scores and proportions of children who are determined as 'developmentally vulnerable', 'developmentally at-risk', or 'developmentally on track'.<sup>28</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 completed in 2009, 2012 and 2015. In all three years, a higher proportion of Queensland children were identified as developmentally vulnerable on one or more domains than the national average.

In 2015, 26.1 per cent of Queensland children were reported as developmentally vulnerable, compared with 22.0 per cent of children nationally (see Figure 2.11). Similarly, in Queensland, 14.0 per cent of children were reported as developmentally vulnerable on two or more domains, compared with 11.1 per cent of children nationally.

This difference is not surprising as Queensland has consistently reported lower proportions of children 'on track' than national proportions for each individual domain. It is positive to note, however, there has been a decrease in Queensland's proportion of children developmentally vulnerable between the years 2009 and 2015. For example, the proportion of children reported to be developmentally vulnerable on one or more domains is down from 29.6 per cent in 2009 to 26.1 per cent in 2015 (see Figure 2.11).

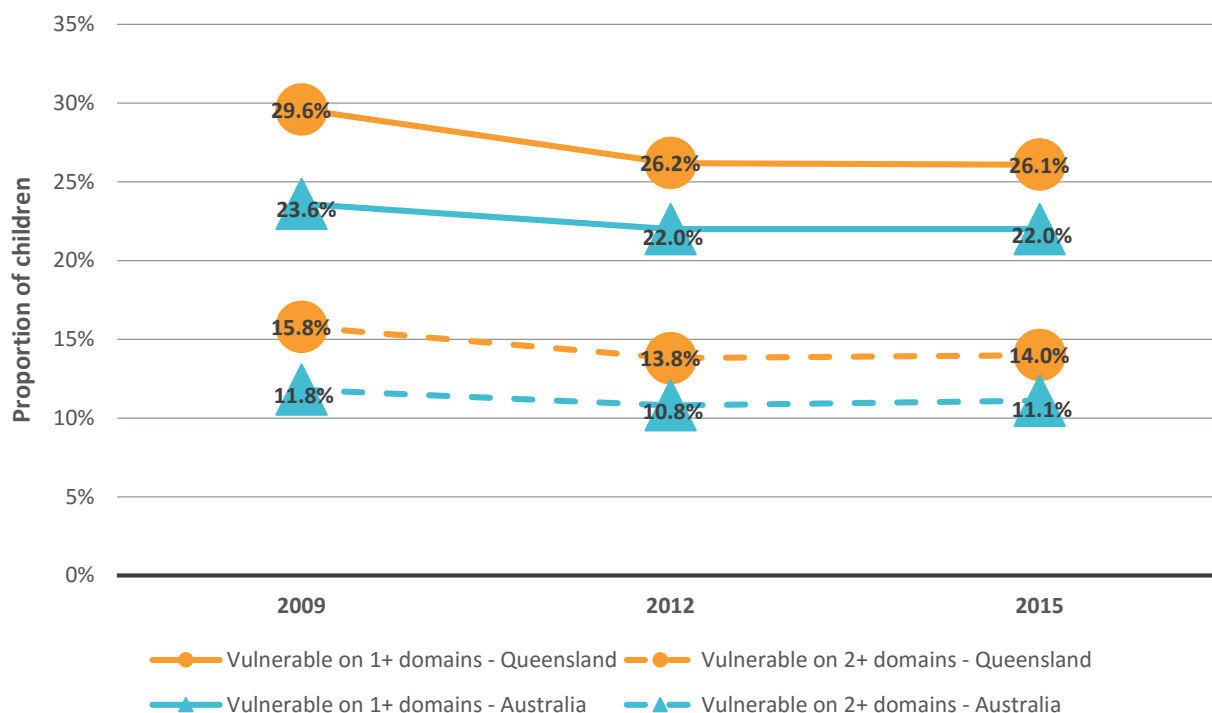
Data published by AEDC is not disaggregated by Indigenous status.

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<sup>27</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

<sup>28</sup> Children falling below the 10<sup>th</sup> percentile are categorised as 'developmentally vulnerable' while children falling between the 10<sup>th</sup>-25<sup>th</sup> percentiles are categorised as 'developmentally at risk' (*AEDC National Report 2015*, p.8, accessed 8/7/2016). Children who score above the 25<sup>th</sup> percentile (in the top 75 per cent) of the national AEDC population are categorised as 'developmentally on track'. (*AEDC, How to understand the AEDC results*, accessed 31/7/2015).

**Figure 2.11: Proportion of children developmentally vulnerable on one or more AECD domains, Queensland and Australia, 2009, 2012 and 2015**



**Source:** Australian Early Development Census, 2015, Queensland and national emerging trends (2009, 2012, and 2015)<sup>29</sup>

### Early childhood development

The proportion of Queensland children developmentally vulnerable on one or more domains is declining over time.

The proportion of Queensland children developmentally vulnerable on one or more domains is higher than the national average.

The proportion of children developmentally vulnerable on one or more domains by Indigenous status was not included in this report, as data published by AECD is not disaggregated by Indigenous status.

## 2.2.7 Family economic situation

Low family income can adversely affect the health, education and self-esteem of children. Regular adequate income is the single most important indicator of their financial situation.<sup>30</sup>

The headline indicator for ‘family economic situation’ is the average income of households with children aged 0–12 years in the second and third income deciles<sup>31</sup>, as captured in the biannual Australian Bureau of Statistics Survey of Income and Housing.

<sup>29</sup> The AEDC data is a population measure of child development only. Data are only included when there are more than 15 children and two teachers participating in the survey within each geographical area.

<sup>30</sup> AIHW, *Families and communities*. Accessed online (11/7/2016) from: <http://www.aihw.gov.au/child-health/families-and-communities/#safety>

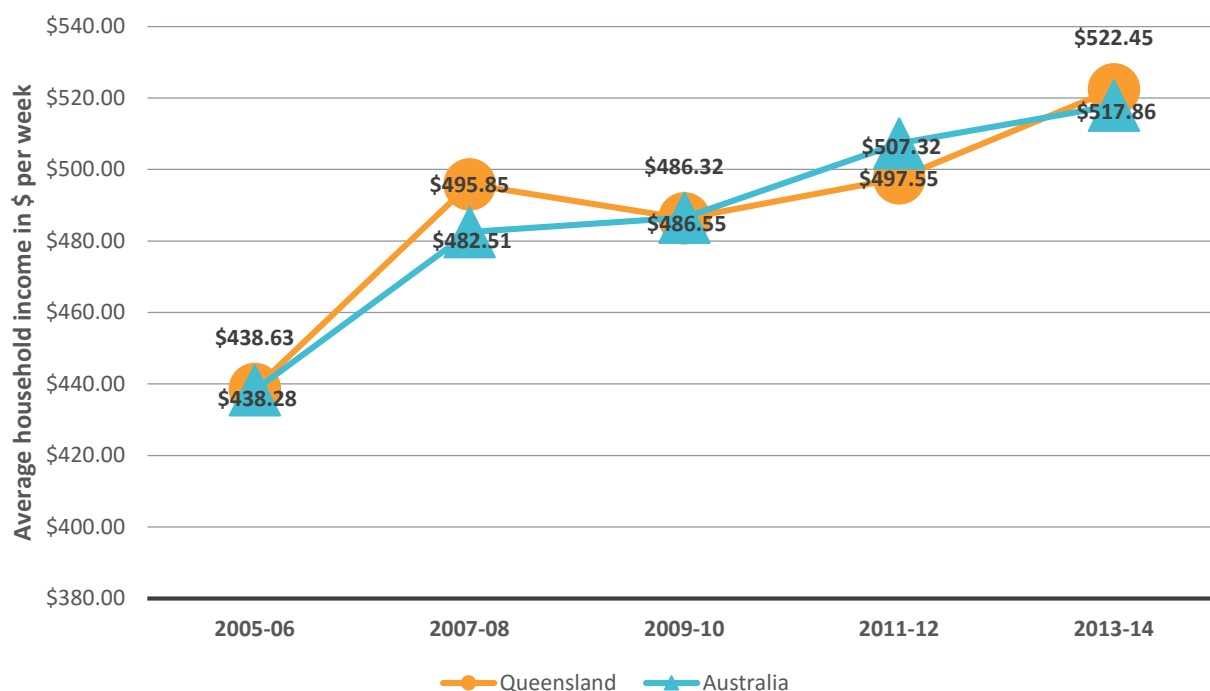
<sup>31</sup> Income deciles are groupings that result from ranking either all households or all persons in the population in ascending order according to income, and then dividing the population into ten equal groups, each comprising approximately 10% of the estimated population. The first decile contains the bottom 10%, the second decile contains the next 10%, and the tenth decile contains the top 10%. Income which is not stated or not known is excluded from the calculation of deciles.

This economic indicator is important as families without adequate income are more likely to have insufficient resources to support a minimum standard of living, thus adversely affecting: a child's nutrition, education, access to medical care; a child's health and wellbeing and its standard and quality of living'; the child's safety environment and the family's ability to provide appropriate housing, heating and clothing.<sup>32</sup>

Figure 2.12 shows the average household income<sup>33</sup> for low income Queensland families is similar to the national average, with minor fluctuations above and below the national figure over time. In the 2013-14 survey, the average household income for low income Queensland families (\$522.45/week) was slightly greater than the national average (\$517.86).

Household incomes for low income families in Queensland and nationally have markedly improved since 2005-06 when the average weekly household income for low income families in Australia was only \$438.28. Data is not disaggregated by Indigenous status.

**Figure 2.12: Average household income (\$ per week) for low income households with dependent children aged 0-12 years in the second and third deciles, Queensland and Australia, 2005-06 to 2013-14**



**Source:** AIHW, 2016, *Children's Headline indicators*. Indicator 16: Family economic situation. Accessed online (7/7/2016) from: <http://www.aihw.gov.au/chi/>.

<sup>32</sup> AIHW, *Families and communities*. Accessed online (11/7/2016) from: <http://www.aihw.gov.au/child-health/families-and-communities/#safety>

<sup>33</sup> Household indicator data are derived from the ABS Survey of Income and Housing and represents the average equivalised disposable income in low income households (defined as those in the 2<sup>nd</sup> & 3<sup>rd</sup> income deciles) with children aged 0-12 years (which is total household income left after tax, that has been adjusted to account for the number of people living in the house and number of household incomes). Data for all years is expressed in 2013-14 dollars.

## Family economic situation

The average household income of low income Queensland households with children aged 0-12 years in the second and third deciles is increasing over time.

The average household income of low income Queensland households with children aged 0-12 years in the second and third deciles is similar to the national average.

The average household income of low income Queensland households with children aged 0-12 years in the second and third deciles by Indigenous status was not included in this report.

The Indigenous status of households was not included in this report, as data published by AECD is not disaggregated by Indigenous status.



## 2.3 Performance indicators for child protection and out-of-home care in the *Report on Government Services*

This section presents data against the following effectiveness output measures:

- Response times to commence and complete investigations (see section 2.3.1)
- Proportion of finalised investigations substantiated (see section 2.3.2)
- Stability of placement (see section 2.3.3)
- Children aged under 12 years in home-based care (see section 2.3.4)
- Placement with extended family (see section 2.3.5)
- Placement in accordance with the Child Placement Principle (see section 2.3.6)
- Children with current case plans (see section 2.3.7).

This section reports the data for each indicator in terms of trends in Queensland over time. Where possible and appropriate, Queensland trends are compared to the national average. Due to difference in policy, practice and reporting, Queensland data is not always comparable to data from other jurisdictions. Thus trends in Queensland are compared to the national average using percentage change, as opposed to raw data. Where available, data is disaggregated by Indigenous status.

For each indicator, a breakout box has been included to highlight the findings QFCC is required to report on, including:

- Queensland's performance over time
- Queensland's performance in comparison to other jurisdictions (where available)
- Queensland's performance in relation to the number of and/or outcomes for Aboriginal and Torres Strait Islander children and young people.

### 2.3.1 Response time to commence and complete investigations

Response times are compared against two measures:

- a) Response time to commence investigations** which refers to the number of days between the date a department records a notification and the date the investigation commences.
- b) Response time to complete investigations** as measured by the number of days between the date a department records a notification and the date the investigation outcome is determined.

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 legislative requirements for commencement timeframes based on the seriousness of the concern.

Queensland remains the only jurisdiction to respond to all notifications by conducting an investigation and assessment.

Given the extent of these policy and legislative differences, data in this section are not compared to the data from other jurisdictions. Trends over time within Queensland are considered for both time to commence and time to complete an investigation.

Further discussion about commencement response times in Queensland is provided in section 3.3.2.

### a) Time to commence investigations

Response time to commence investigations refers to the number of days between the date a department records a notification and the date the investigation commences.

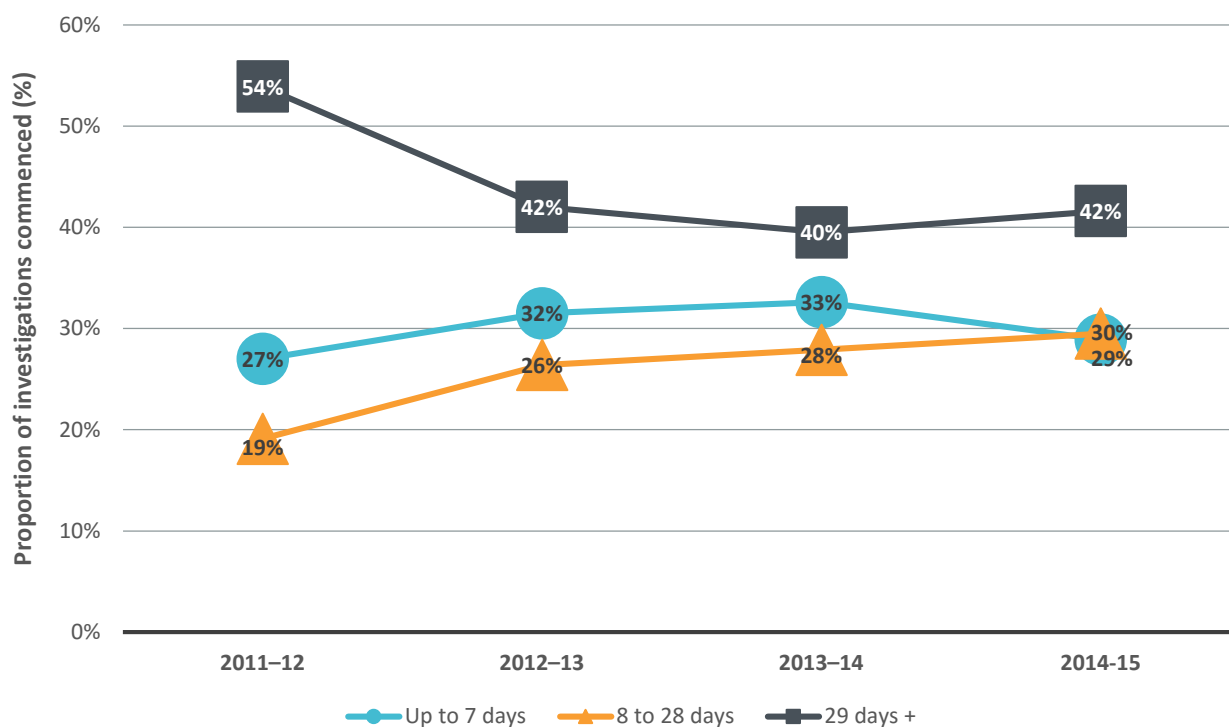
Figure 2.13 shows there was considerable change in the response time to commence investigations between 2011-2012 and 2014-2015 in Queensland.

The proportion of investigations commenced in seven days or less grew from 27 per cent in 2011-2012 to 32 per cent in 2012-2013 and 33 per cent in 2013-2014. However, the proportion of investigations commenced within this timeframe fell to 29 per cent in 2014-2015 (see Figure 2.13).

The proportion of investigations commenced between eight and 28 days grew each year between 2011-2012 and 2014-2015 (see Figure 2.13).

As a result of these increases, the proportion of investigations commenced in 29 days or more fell sharply between 2011-2012 and 2012-2013 from 54 per cent to 42 per cent. For the remainder of the time period, there was little change in this category between 2012-2013 and 2014-2015 (see Figure 2.13).

**Figure 2.13: Proportion of investigations commenced by time taken to commence investigation, Queensland, 2011-12 to 2014-15**



Source: ROGS, 2016, Table 15A.15

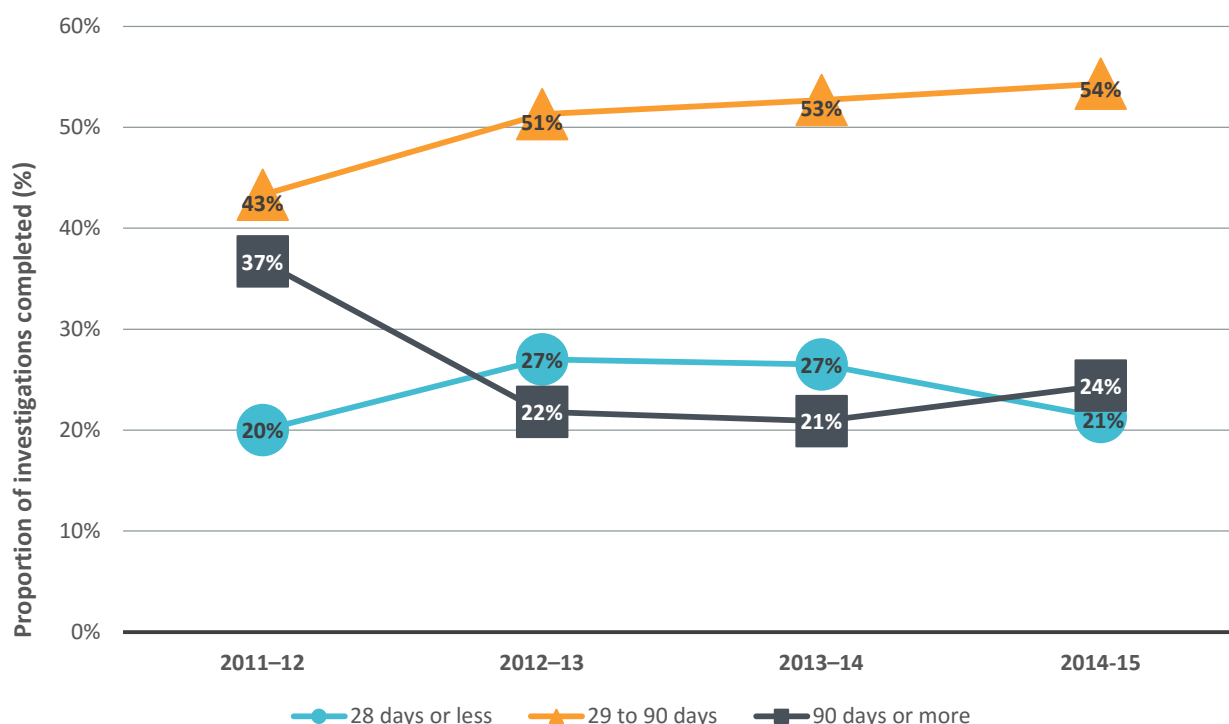
### b) Times to complete investigations

Response time to complete investigations is measured by the number of days between the date a department records a notification and the date the investigation outcome is determined. It can be a measure of a department's effectiveness in conducting timely investigations.

In 2014-15, 21.3 per cent of investigations in Queensland were completed within 28 days. The proportion of investigations completed in Queensland within 28 days had increased from 20.0 per cent in 2011-12 to 26.5 per cent in 2013-14 but then decreased to 21.3 per cent in 2014-15 (see Figure 2.14).

Similarly, the proportion of investigations in Queensland taking more than 90 days to complete had decreased from 36.7 per cent in 2011-12 to 20.9 per cent of all finalised investigations in 2013-14 but has since increased to 24.4 per cent in 2014-15. The proportion of investigations taking 29-90 days has steadily increased from 43.3 per cent in 2011-12 to 54.3 per cent in 2014-15 (see Figure 2.14).

**Figure 2.14: Proportion of investigations finalised by time taken to complete investigation, Queensland, 2011-12 to 2014-15**



Source: ROGS, 2016, Table 15A.16

### Response time to commence and complete an investigation

Response time to commence an investigation in Queensland changed sharply after 2011-12, and has shown only minor fluctuations since then. The proportion of investigations commenced in 29 days or more decreased sharply between 2011-2012 and 2012-2013 as a result of an increase in the proportion of investigations commenced within 28 days or less (see Figure 2.13).

Response time to complete an investigation shows a similar pattern over the time period. There was an overall decline in the proportion of investigations finalised in 90 days or more, an increase in the proportion of those finalised within 29 to 90 days, and fluctuation in the proportion finalised in 28 days or less (see Figure 2.14).

Due to considerable differences in policy and legislation, these data have not been compared to the national average.

These data are not disaggregated by Indigenous status.

### 2.3.2 Proportion of finalised investigations substantiated

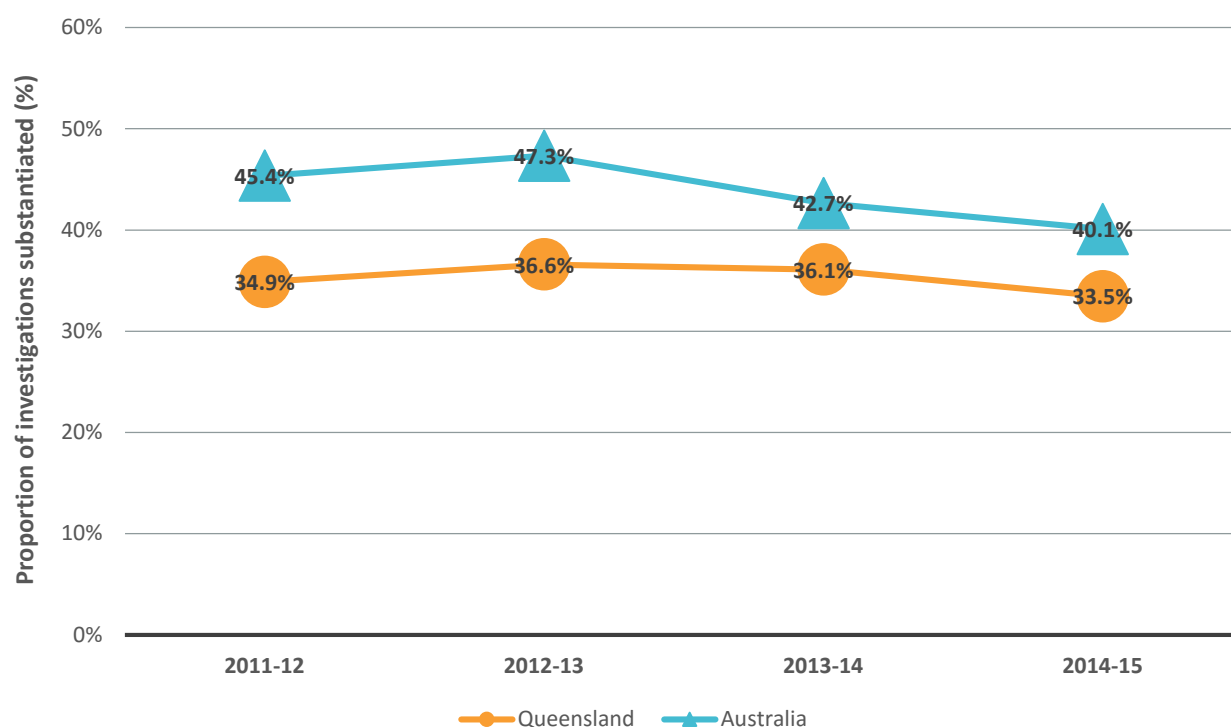
Under the ROGS indicator framework, substantiation rate is defined as the proportion of finalised investigations where abuse or neglect or risk of abuse or neglect was confirmed.

The substantiation rate provides an indication of the extent to which government avoided the human and financial costs of an investigation where no abuse or neglect had occurred or was at risk of occurring. Neither a very high nor very low substantiation rate is desirable as a very low substantiation rate might indicate notifications and investigations are not accurately targeted to appropriate cases whereas a very high substantiation rate might indicate the criteria for substantiation are unnecessarily bringing 'lower risk' families into the statutory system.

Queensland's rate of finalised investigations where harm or risk of harm was substantiated in 2014-15 was 33.5 per cent (see Figure 2.15). The proportion of finalised investigations substantiated in Queensland fluctuated slightly between 2011-2012 and 2014-2015 (see Figure 2.15).

The proportion of finalised investigations substantiated in Queensland was consistently lower than the Australian proportion over this time period (see Figure 2.15).

**Figure 2.15: Proportion of finalised investigations substantiated, Queensland and Australia 2011–2012 to 2014–2015**



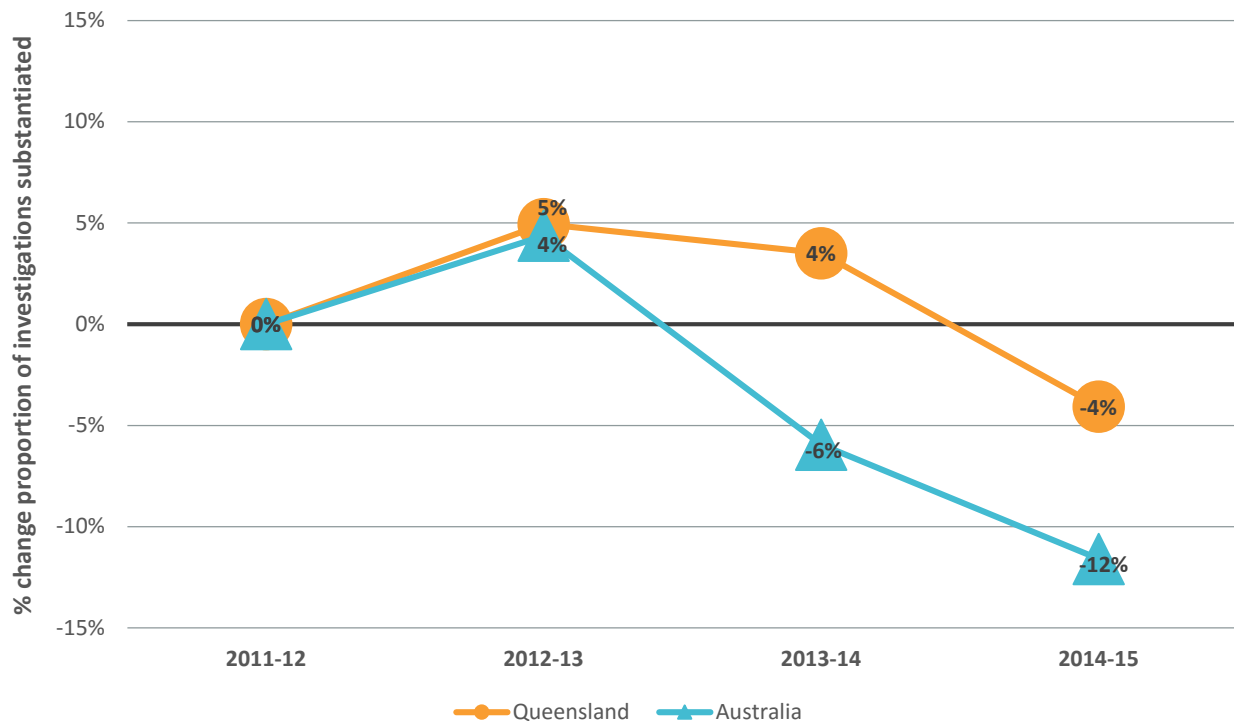
**Source:** ROGS, 2016, Table 15A.9

There are some issues with comparing substantiations data across jurisdictions as states have differences in the threshold for recording a substantiation. Care should be taken when interpreting these data.

For this reason, Figure 2.16 shows the percentage change in the proportion of investigations where harm or risk of harm was substantiated over time, comparing the Queensland to the national average using 2011-2012 as the baseline reference year.

As Figure 2.16 demonstrates, both datasets show a somewhat similar pattern, although the Australian proportion decreased at a greater rate than the Queensland proportion between 2011-2012 and 2014-2015.

**Figure 2.16: Percentage change in the proportion of substantiated investigations, Queensland and Australia, 2011-2012 to 2014-2015**



Source: ROGS, 2016, Table 15A.9

### Proportion of investigations substantiated

The proportion of finalised investigations substantiated in Queensland has remained relatively steady over time, at or just above one third of investigations.

The proportion of finalised investigations substantiated in Australia has fluctuated, but shows a greater overall decrease than the Queensland proportion.

This data is not disaggregated by Indigenous status.

### 2.3.3 Stability of placement

Stability of placement is one indicator of how well the needs of children in out-of-home care are being met. 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.

In general, a low number of child placements is desirable but this must be balanced against other considerations such as compliance with Child Placement Principle, local placements and placements with siblings. These data are comparable across jurisdictions.

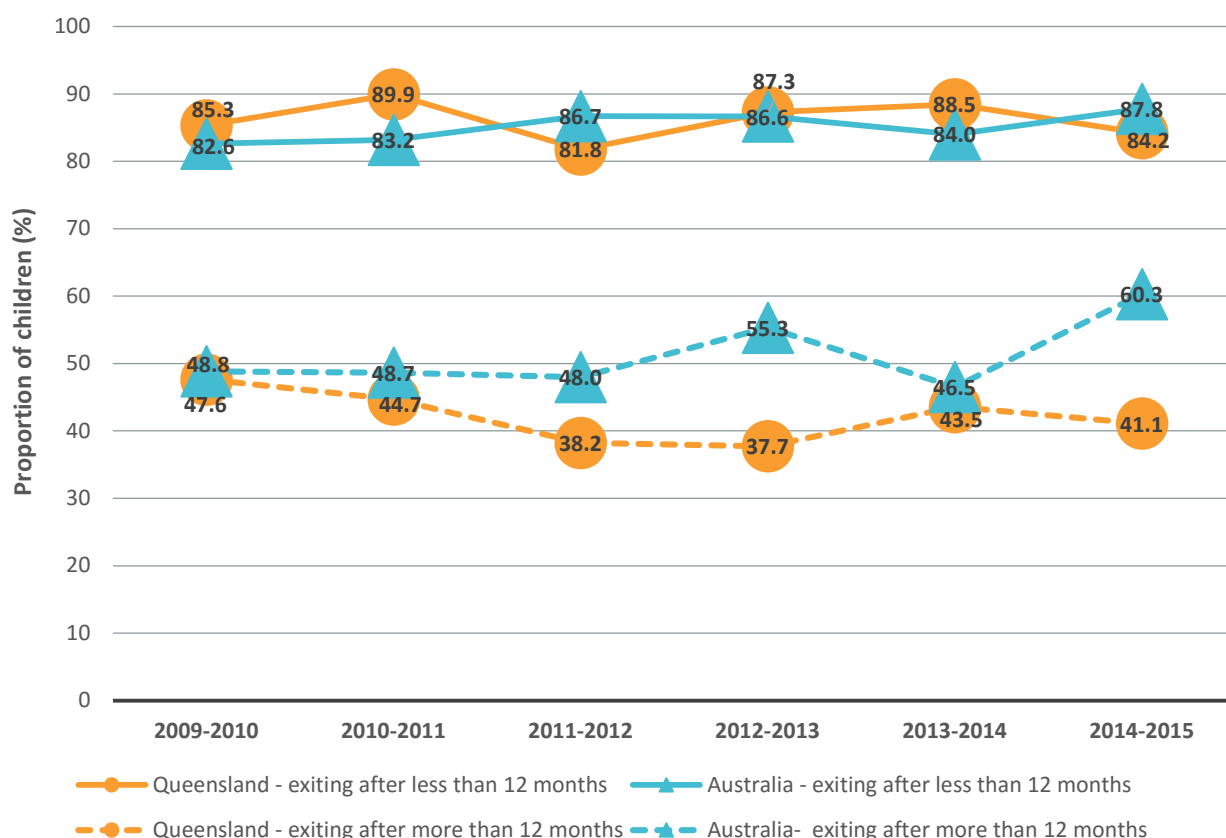
In Queensland between 2009-2010 and 2014-2015 the proportion of children on a care and protection order exiting care after less than 12 months in one to two placements has fluctuated (see

Queensland **Family and Child** Commission

Figure 2.17). In contrast, the Australian average shows less fluctuation over this time period. In general, the proportion of children in Queensland exiting care after less than 12 months in one to two placements is similar to the Australian average (see Figure 2.17).

For children exiting care after more than 12 months between 2009-2010 and 2014-2015, Queensland consistently reported a lower proportion of children in one to two placements than the national average (see Figure 2.17).

**Figure 2.17: Proportion of children exiting care in one to two placements by length of time in care, Queensland and Australia, 2009-2010 to 2014-2015**



Source: ROGS, 2016, Table 15A.26

Both the Queensland data and the Australian average fluctuated over this period (see Figure 2.17). However, comparing percentage change in the proportion of children exiting care in one to two placements using 2009–2010 as the baseline reference year, the Queensland data generally show a declining proportion (see Figure 2.18).

In contrast, the Australian average shows smaller decreases in the proportion of children exiting care after more than 12 months in one to two placements, as well as some increases over the time period (see Figure 2.18).

**Figure 2.18: Percentage change in the proportion of children exiting care after more than 12 months in one to two placements, Queensland and Australia, 2009-2010 to 2014-2015**

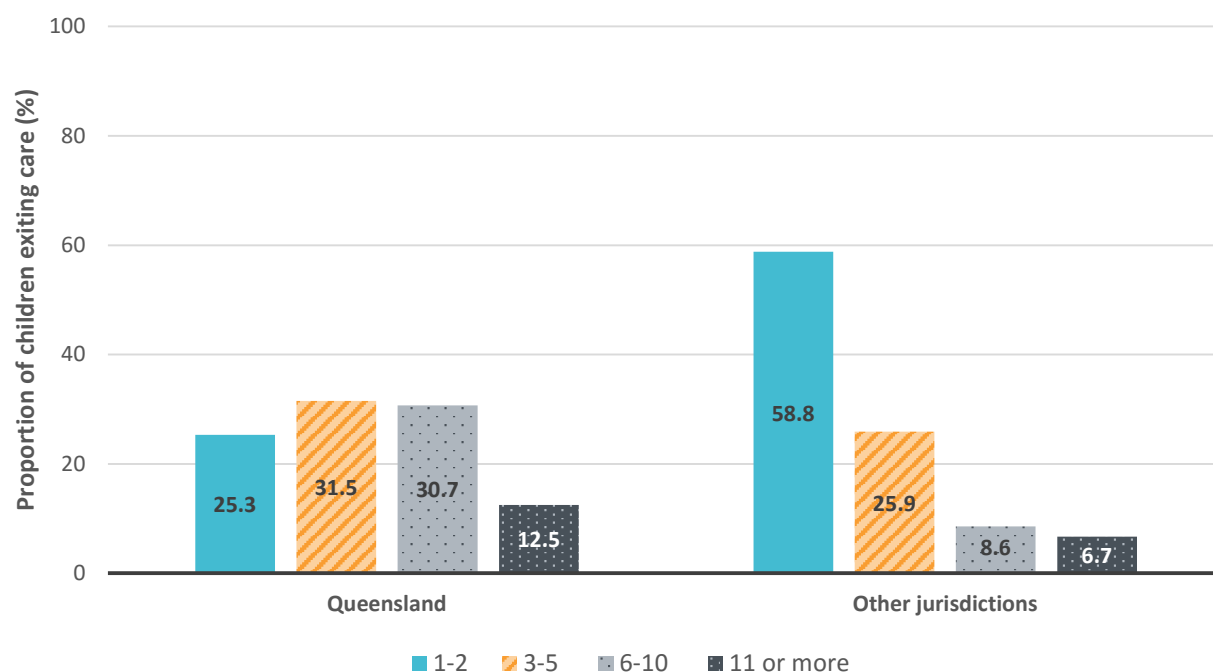


Source: ROGS, 2016, Table 15A.26

In 2014-15, 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 compared to the average across other jurisdictions.

Exiting after five or more years in care, only 25.3 per cent of Queensland children in 2014-15 had experienced one or two placements, compared to 58.8 per cent across all other states and territories (see Figure 2.19). The proportion of children exiting care in Queensland with 11 or more placements (12.5%) was also higher than the national average of 6.7 per cent.

**Figure 2.19: Proportion of children exiting out-of-home care after five or more years by number of placements, Queensland and Australia, 2014-2015**



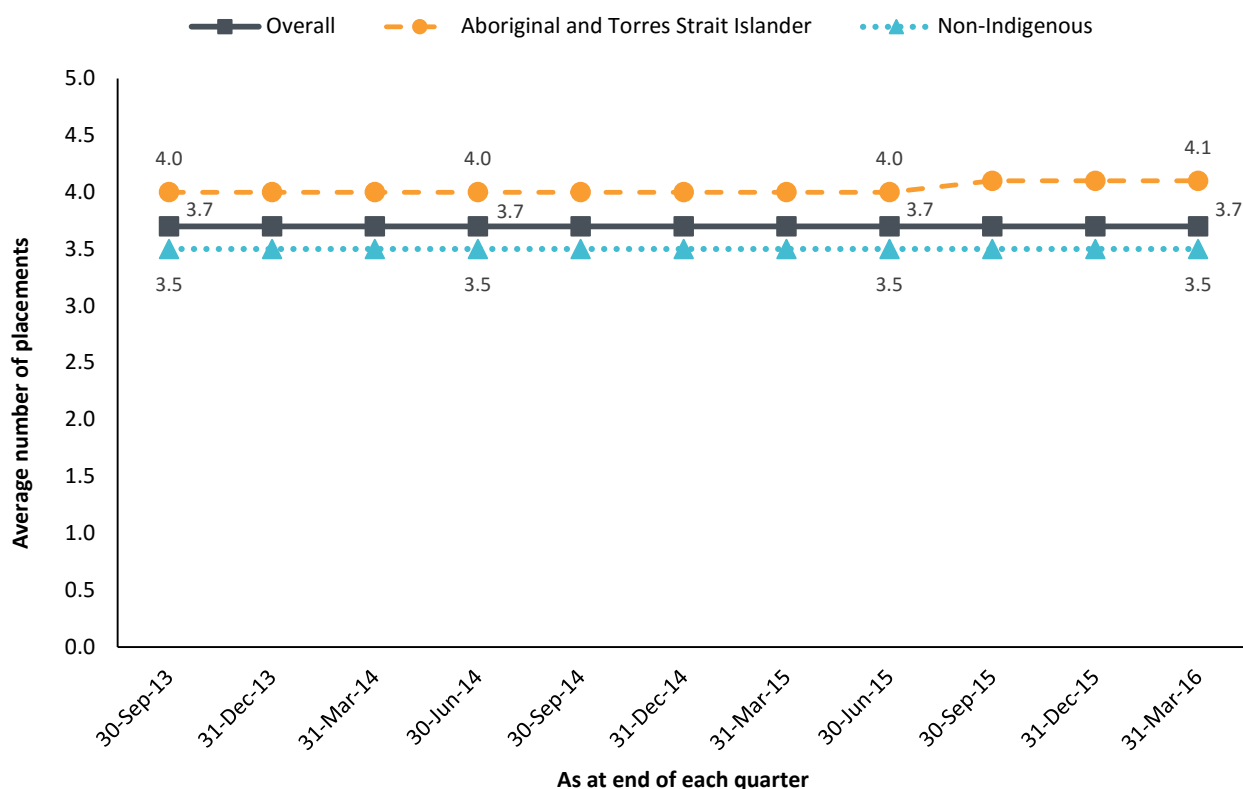
**Source:** ROGS, 2016, Table 15A.26

Figure 2.20 shows in Queensland between 30 September 2013 and 31 March 2016, Aboriginal and Torres Strait Islander children consistently reported a higher number of placements, on average, than non-Indigenous children.

Over this time period, the average number of placements for non-Indigenous children remained steady at 3.5. The average number of placements for Aboriginal and Torres Strait Islander children was steady between 30 September 2013 and 30 June 2015 at 4, but grew slightly to 4.1 placements after this time point (see Figure 2.20).



**Figure 2.20: Average number of placements for children in out-of-home care in Queensland disaggregated by Indigenous status, September 2013 to March 2016**



Source: DCCSDS <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/>, accessed 4 July 2016

### Stability of placement

The proportion of children in Queensland exiting care with one to two placements fluctuated over time.

In comparison to other jurisdictions in 2014-2015, Queensland children were more likely to experience a higher number of placements when exiting care after more than five years compared to the Australian average.

The average number of placements for Aboriginal and Torres Strait Islander children is higher than the average for non-Indigenous children.

## 2.3.4 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, as opposed to residential care or group home settings. 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.

In Queensland, the proportion of children under 12 years placed in home-based care has remained relatively steady, at over 97 per cent of all children in out-of-home care between 2012 and 2015 (see Table 2.3).

**Table 2.3: Proportion of children under 12 years in out-of-home care placed in home-based care, Queensland and Australia, years ending 30 June 2012–2015**

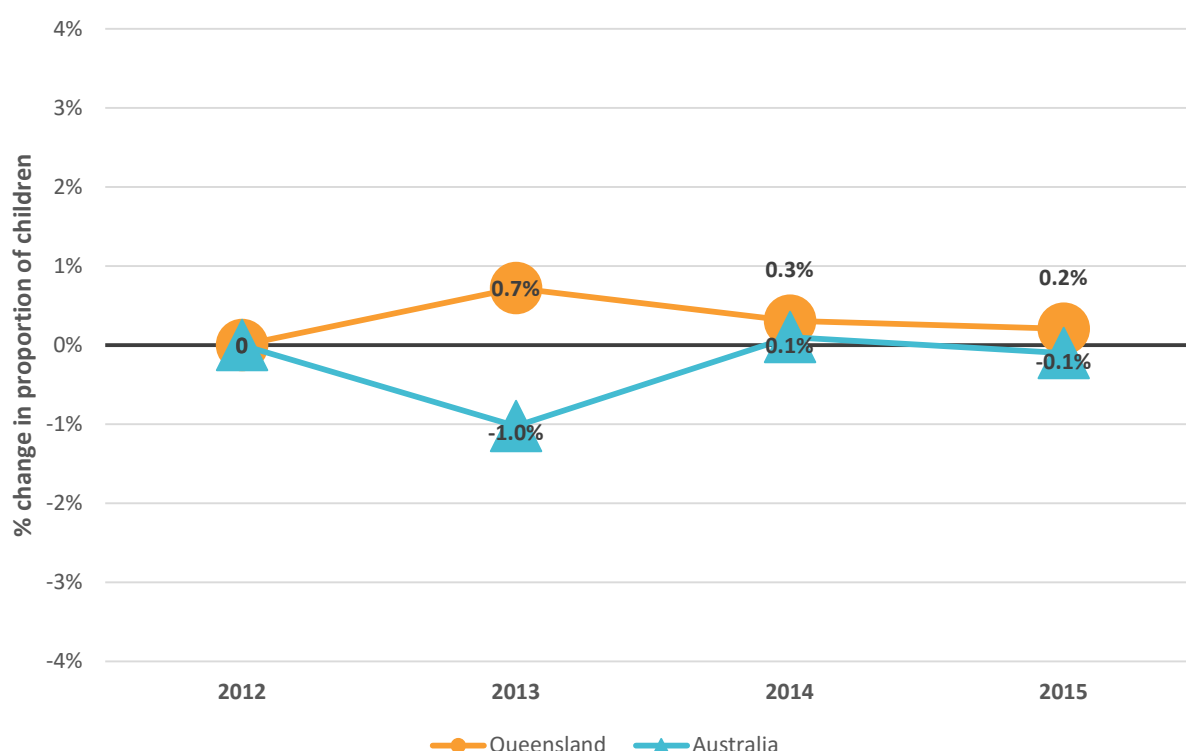
Year ending	Queensland	Australia
30-Jun-12	97.4%	97.5%
30-Jun-13	98.1%	96.5%
30-Jun-14	97.7%	97.6%
30-Jun-15	97.6%	97.4%

Source: ROGS, 2016, Table 15A.25

Figure 2.21 shows the percentage change in the proportion of children aged under 12 years placed in home-based care, comparing change in the Queensland data to the Australian average using the year ending 30 June 2012 as the baseline reference year.

As Figure 2.21 highlights both the Queensland and Australian data have remained relatively steady over this time with percentage changes of one per cent or less compared to the baseline reference year.

**Figure 2.21: Percentage change in the proportion of children aged under 12 years in out-of-home care placed in home-based care, Queensland and Australia, years ending 30 June 2012 to 30 June 2015**



Source: ROGS, 2016, Table 15A.25

Figure 2.22 shows the proportion of Indigenous and non-Indigenous children under 12 years living in home-based care as a percentage of the total children aged under 12 years in out-of-home care.

The proportion of Indigenous children aged under 12 years placed in home-based care has been lower than the proportion of non-Indigenous children. This trend is observed in Queensland and Australian data (see Figure 2.22).

**Figure 2.22: Proportion of children under 12 years in out-of-home care placed in home-based care by Indigenous status, Queensland and Australia, years ending 30 June 2012-2015**



Source: ROGS, 2016, Table 15A.25

### Children aged under 12 years in out-of-home care

The proportion of children aged under 12 years in out-of-home care placed in home-based care has remained steady.

This is consistent with the trend in the Australian average, which has also remained steady.

In Queensland and Australia, the proportion of Aboriginal and Torres Strait Islander children aged under 12 years in out-of-home care placed in home-based care is consistently lower than the proportion of non-Indigenous children.

## 2.3.5 Placement with extended family

There are a number of factors which 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.

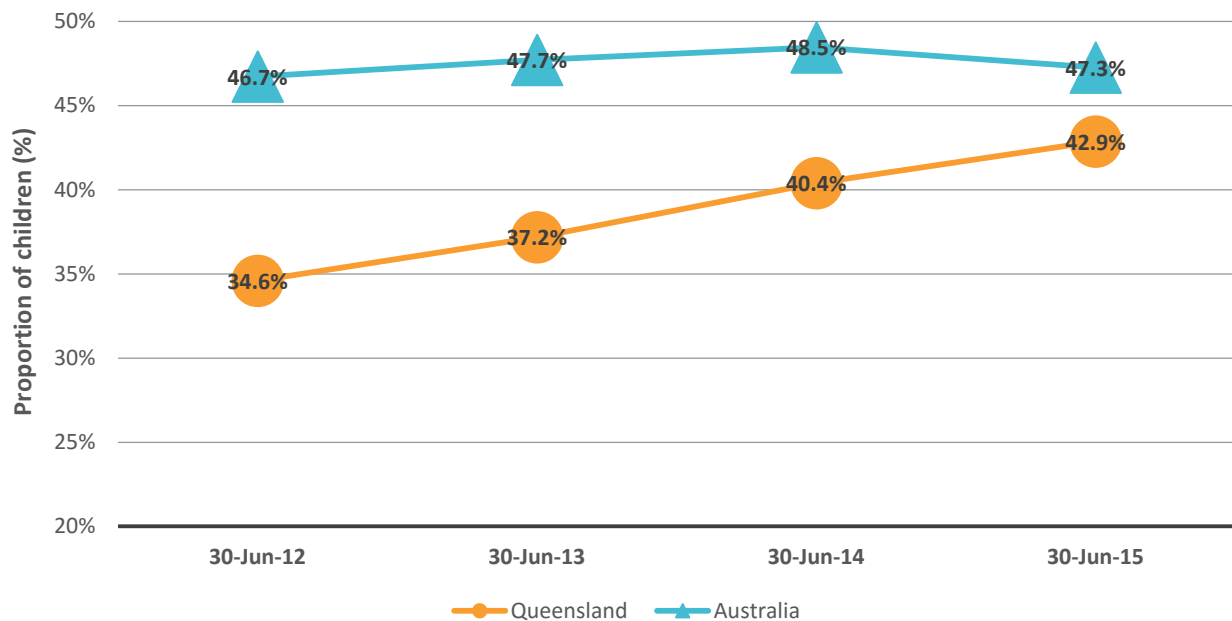
Placing children with extended family is often associated with better outcomes due to increased continuity, familiarity and stability for the child.

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.

As Figure 2.23 shows, the proportion of children in out-of-home care in Queensland placed with relatives or kin increased each year between the year ending 30 June 2012 (34.6%) and the year ending 30 June 2015 (42.9%).

However, the proportion of children placed with relatives or kin in Queensland was consistently lower than the Australian average during this period (see Figure 2.23).

**Figure 2.23: Proportion of children in out-of-home care placed with relatives/kin, Queensland and Australia, as at 30 June 2012 to 2015**



Source: ROGS, 2016, Table 15A.23

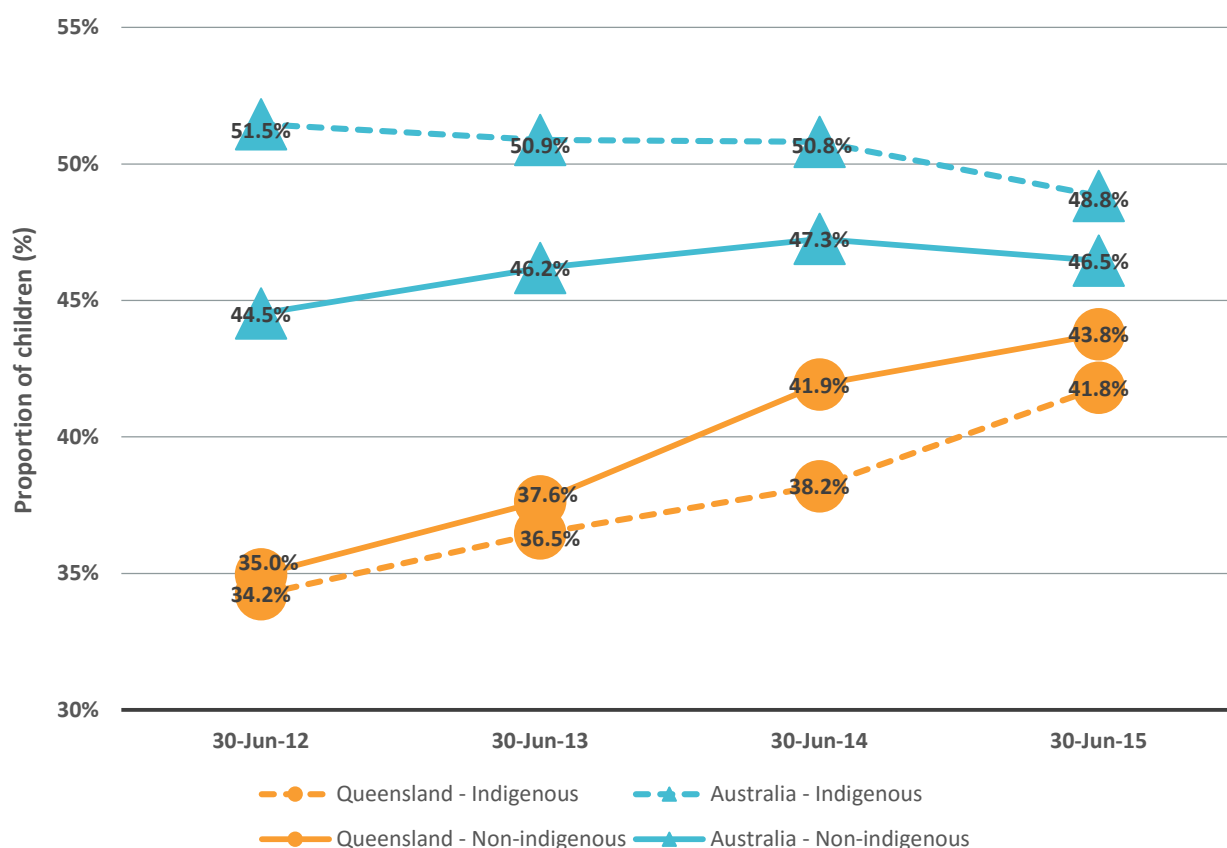
Figure 2.24 shows the proportion of children in out-of-home care placed with relatives or kin by Indigenous status, comparing the Queensland data to the national average.

In Queensland the proportion of Aboriginal and Torres Strait Islander children placed with extended family has been consistently lower than the proportion of non-Indigenous children for the years ending 30 June 2012 to 30 June 2015 (see Figure 2.24).

This contrasts with the Australian data, which show a higher proportion of Aboriginal and Torres Strait Islander children than non-Indigenous children placed with relatives or kin over the same time period (see Figure 2.24).

However, the proportion of Aboriginal and Torres Strait Islander children placed with extended family in Queensland has increased over time, whereas the Australian data report a decrease in the proportion of Indigenous children in out-of-home care placed with relatives or kin (see Figure 2.24).

**Figure 2.24: Proportion of children in out-of-home care placed with relatives/kin by Indigenous status, Queensland and Australia, as at 30 June 2012 to 2015**



Source: ROGS, 2016, Table 15A.23

### Placement with extended family

The proportion of children in Queensland placed with extended family has increased over time.

The proportion of children in Queensland placed with extended family is consistently lower than the Australian average.

In Queensland, the proportion of Aboriginal and Torres Strait Islander children placed with extended family is consistently lower than the proportion of non-Indigenous children. This contrasts with the Australian data, in which the proportion of Indigenous children placed with extended family is consistently higher than the proportion of non-Indigenous children.

## 2.3.5 Placement in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle

All Australian states and territories have adopted a hierarchy of placement options when placing Aboriginal and Torres Strait Islander children in care ('The Child Placement Principle'). This 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
- placement with other Aboriginal and Torres Strait Islander people.

*Report on Government Services* measurement of compliance with the Child Placement Principle is based on placement. This means the indicator does not reflect whether the principle's hierarchy of placement options was considered, nor whether consultation occurred with Aboriginal and Torres Strait Islander individuals or organisations.

The placement of a child in out-of-home care is considered to comply with the Child Placement Principle if the child is placed:

- with an Aboriginal or Torres Strait Islander relative or kin
- with a non-Indigenous relative
- with a carer who is an Aboriginal or Torres Strait Islander
- in Aboriginal and Torres Strait Islander residential care.<sup>34</sup>

If a child is placed with a non-Indigenous carer or in a non-Indigenous residential facility, the placement is defined as not complying with the Child Placement Principle.

It must be noted this *Report on Government Services* definition of compliance with the Child Placement Principle is not in strict accordance with *Child Protection Act 1999*. The *Child Protection Act 1999* section 83 (7) enables placement of Aboriginal and Torres Strait Islander children with non-Indigenous carers providing that the carer is committed to facilitating contact between the child and their family, helping the child maintain contact with their community and language group, helping the child maintain a connection with their Aboriginal and Torres Strait Islander culture and preserving the child's sense of Aboriginal or Torres Strait Islander identity. Therefore Queensland's results are not directly comparable with the national average. The data presented in Figures 2.25 and 2.26 should therefore be interpreted with caution.

Figure 2.25 shows the proportion of Indigenous children placed in accordance with the Child Placement Principle (as per ROGS definition) in Queensland and Australia for the years ending 30 June 2012 to 2015.

Queensland's performance on this indicator has increased slightly from 53.7 per cent recorded in 2012. However, the proportion of Aboriginal and Torres Strait Islander children in Queensland placed in accordance with the Child Placement Principle as per ROGS definition has been consistently below the Australian proportion for the years ending 30 June 2012 to 2015.

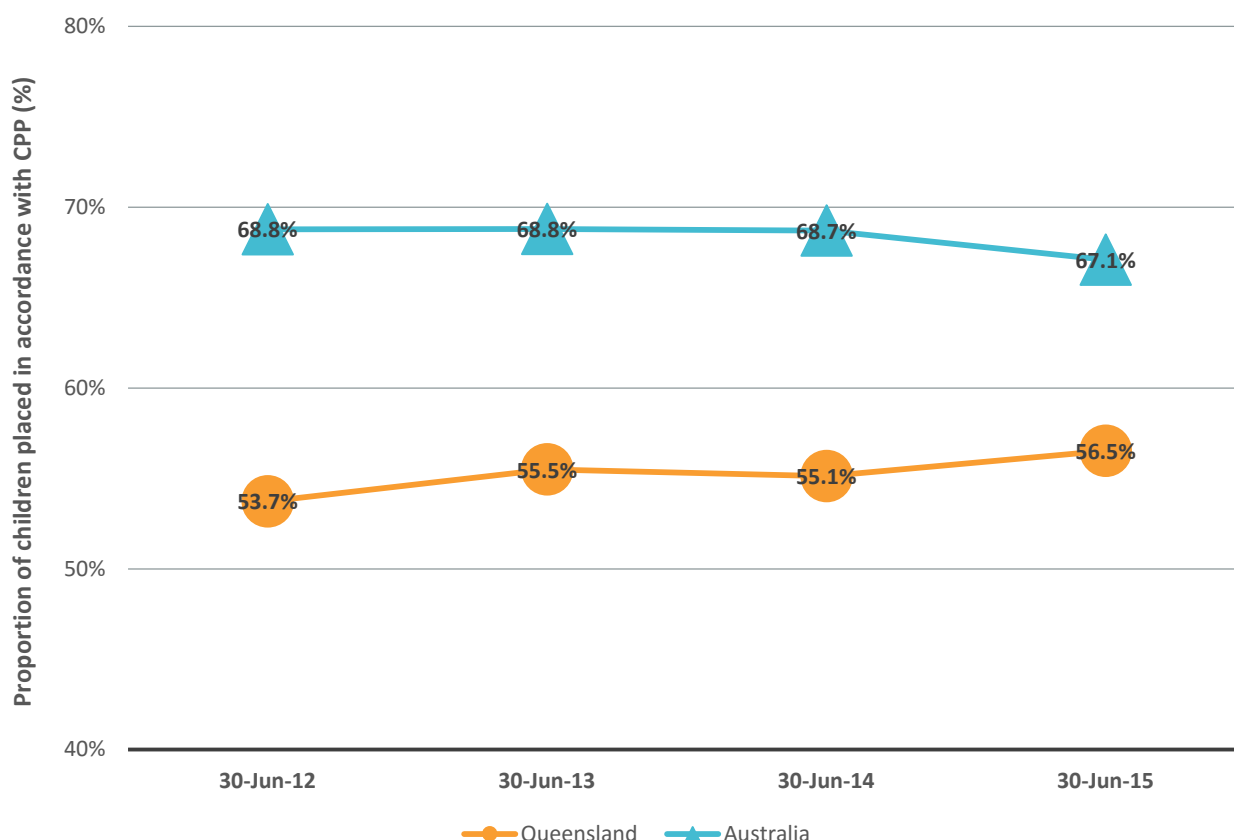
Of the 3,512 Aboriginal and Torres Strait Islander children in care in Queensland as at 30 June 2015, only 56.5 per cent were placed with relatives or kin, other Aboriginal and Torres Strait Islander carer, or in an Aboriginal and Torres Strait Islander residential care service.<sup>35</sup>

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<sup>34</sup> DCCSDS adopts these placement categories as an indicator of whether placement is made in accordance with the Child Placement Principle. However, from 2014-15 Queensland has supplied unit record (child-level) files extracted from the Integrated Client Management System according to nationally determined definitions and technical specifications. This means that data reported in ROGS may not match Queensland figures published elsewhere.

<sup>35</sup> ROGS, 2016, Table 15A.24

**Figure 2.25: Proportion of Aboriginal and Torres Strait Islander children placed in accordance with the Child Placement Principle (as per ROGS definition), Queensland and Australia, years ending 30 June 2012 to 2015**

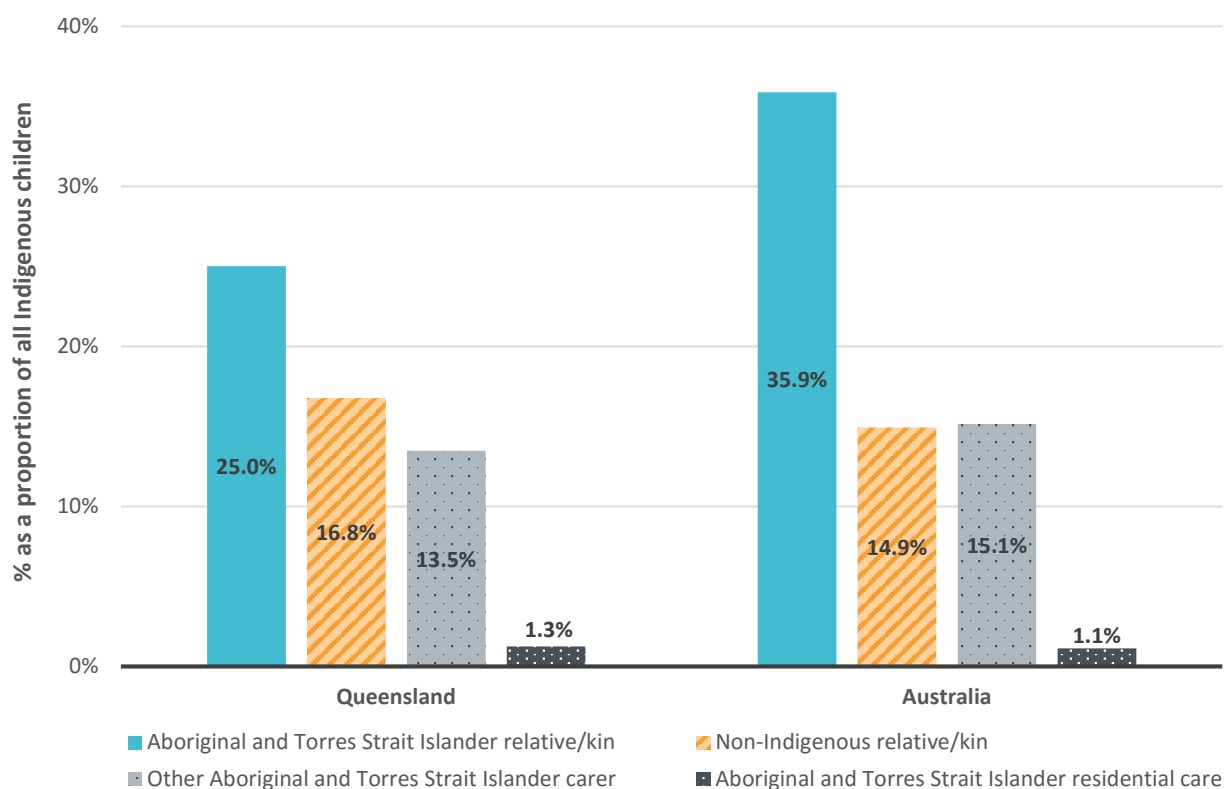


**Source:** ROGS, 2016, Table 15A.24

Figure 2.26 shows the placement details of those children placed in accordance with the Child Placement Principle (as per ROGS definition) in Queensland and Australia as at 30 June 2015. As the figure highlights, of those children placed in accordance with the Child Placement Principle, Queensland had a lower proportion of children placed with Aboriginal and Torres Strait Islander relative or kin (25.0%) compared to the Australian data (35.9%).

In Queensland in 2015, placement in other categories which meet the requirements of the Child Placement Principle (placement with non-Indigenous relative/kin, other Aboriginal and Torres Strait Islander carer, or Aboriginal and Torres Strait Islander residential care) were similar to the Australian data (see Figure 2.26).

**Figure 2.26: Placement details of children placed in accordance with the Child Placement Principle (as per ROGS definition), Queensland and Australia, as at 30 June 2015**



Source: ROGS, 2016, Table 15A.24

### Placement in accordance with the Child Placement Principle

The proportion of Aboriginal and Torres Strait Islander children in Queensland placed in accordance with the Report on Government Services definition of the Child Placement Principle has increased over time.

## 2.3.7 Children with current case plans

A case plan is developed for all children assessed as being in need of protection and includes information on the child's individual health and education needs, living arrangements, goals for ongoing intervention and actions required to achieve these goals. A current case plan is one which has been approved or reviewed within the previous 12 months.

Between 2012-2013 and 2014-2015, the proportion of children in Queensland aged 0 to 17 years with a documented and approved case plan was consistently over 97 per cent (see Figure 2.27).

The proportion of children in Queensland with a documented and approved case plan has been consistently higher than the national average over the reporting period (see Figure 2.27).

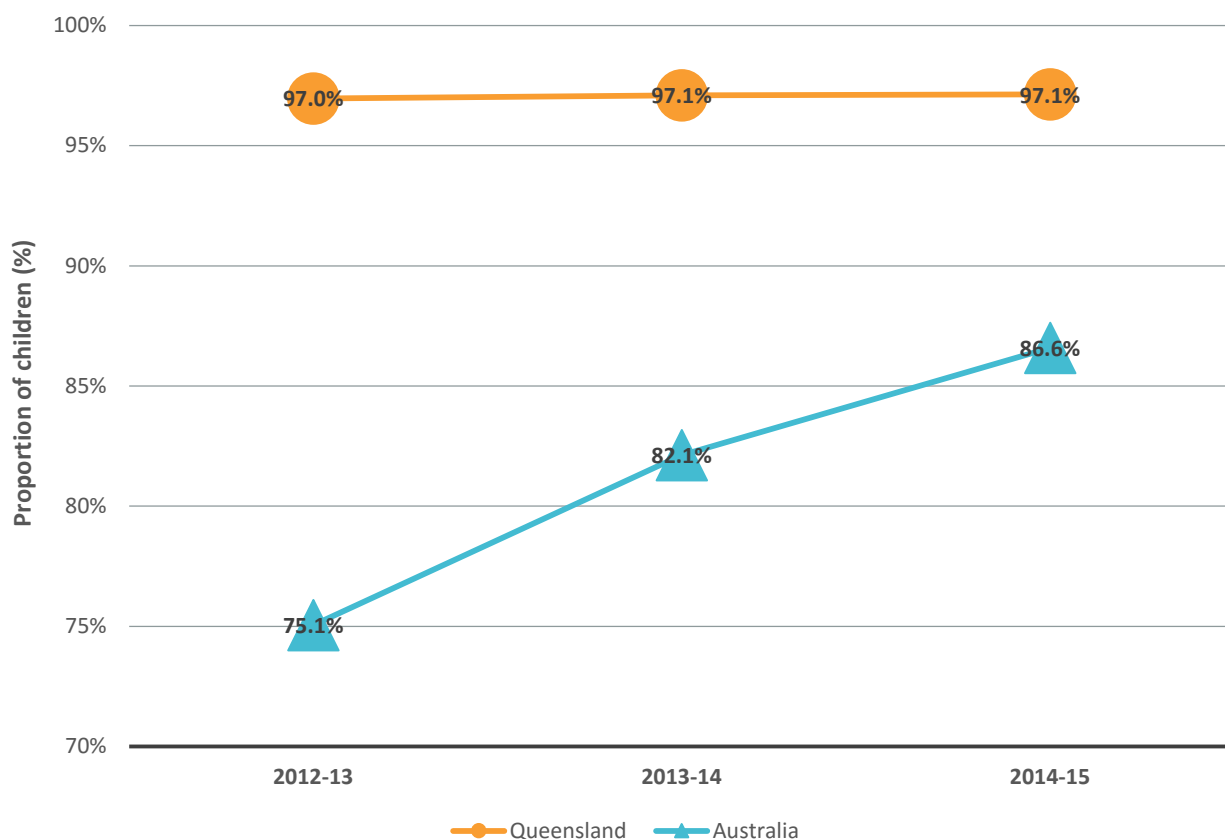
While there has been little change in the proportion of children in Queensland with a documented and approved case plan, the proportion of children in Australia with a documented and approved case plan has increased each year since 2012-2013, with an overall increase of 11.5 percentage points during the period.



However, care must be taken when comparing data across jurisdictions as policies and legislation vary regarding timeframes within which children are required to have case plans prepared. Queensland's proportion of children with a case plan is predictably high as, under the *Child Protection Act 1999*, (s59 [b]), a child protection order may only be issued if there is a case plan for the child.

Case plans should also be put in place when an interim order is granted, and/or a child is subject to an open Intervention with Parental Agreement (IPA) case.

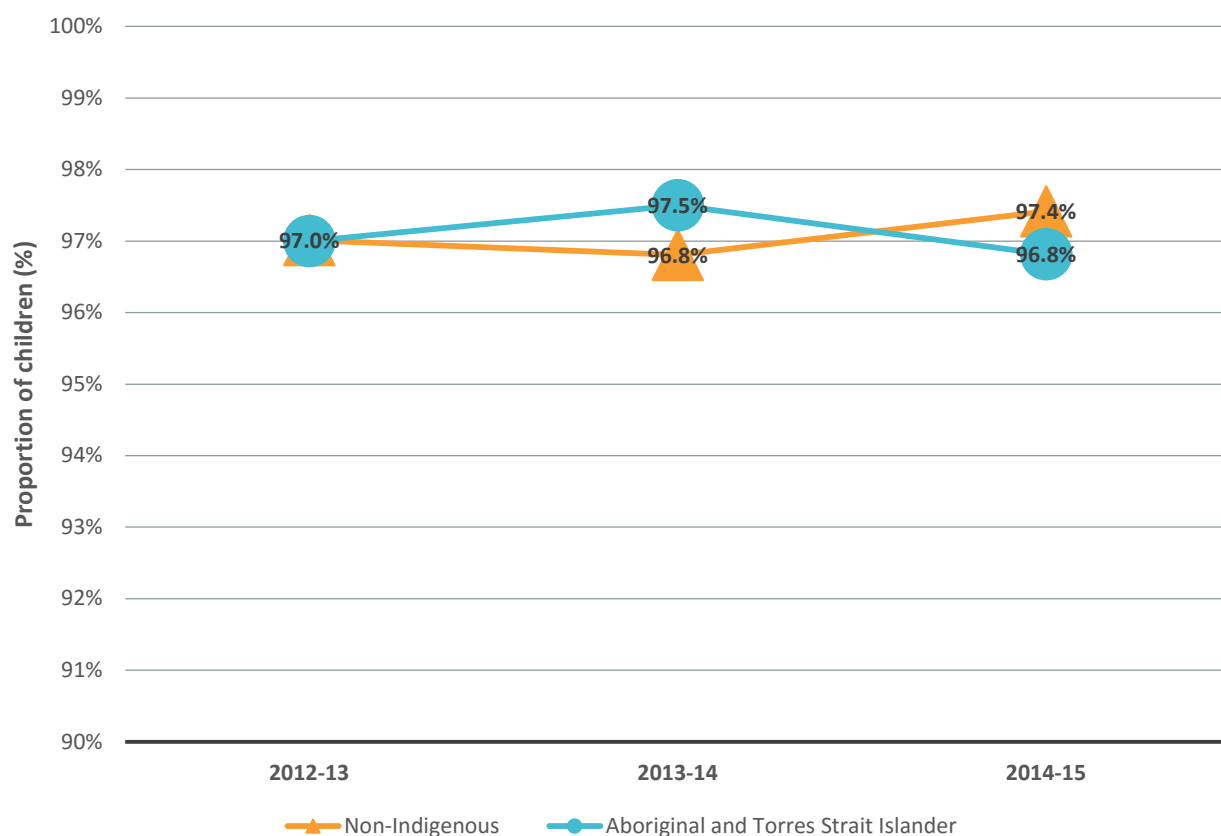
**Figure 2.27: Proportion of children aged 0 to 17 with a documented and approved case plan, Queensland and Australia, 2012-2013 to 2014-2015**



**Source:** ROGS, 2016, Table 15A.17

Figure 2.28 shows the proportion of children in Queensland aged 0 to 17 with a documented and approved case plan disaggregated by Indigenous status. Although the Queensland proportion has remained relatively constant, there have been very minor fluctuations in the proportion of both Aboriginal and Torres Strait Islander and non-Indigenous children with a documented and approved case plan.

**Figure 2.28: Proportion of children aged 0 to 17 with a documented and approved case plan by Indigenous status, Queensland, 2012-2013 to 2014-2015**



**Source:** ROGS, 2016, Table 15A.17

### Children with current case plan

The proportion of children in Queensland with a documented and approved case plan has remained steady over time.

The proportion of children in Queensland with a documented and approved case plan is higher than the national average, although care must be taken when comparing these data.

There have been very minor fluctuations in the proportions of both Aboriginal and Torres Strait Islander children and non-Indigenous children with current case plans.

## 3 Queensland performance against indicators for state goals

### 3.1 Defining state goals

Section 3.2 of this report describes the progress towards the goals of the Queensland Child Protection Reform Program. As the reform is only two years into a 10 year reform program, it is difficult to assess the extent to which the overarching reform goals are being achieved. Therefore this section focusses on progress against the strategic objectives of the reform domains.

Section 3.3 provides additional performance measures for the Queensland child protection and family support system. Additional statistics for the Queensland child protection system, years ending 31 March 2014, 31 March 2015 and 31 March 2016 is provided at Attachment 1.

#### 3.1.1 Queensland child protection reform program

The Queensland Child Protection Commission of Inquiry (the Inquiry) was established on 1 July 2012 to review Queensland's child protection system. The final report of the Inquiry, *Taking responsibility: A roadmap for Queensland child protection*<sup>36</sup>, was delivered to the Queensland Government on 1 July 2013.

The report outlines the two overarching goals of the Child Protection Reform Roadmap as:

- parents and families protect and care for their children
- children in care are protected and cared for.

The Inquiry report argues that prior to the reform program, tertiary<sup>37</sup> services were consuming the over-whelming majority of funding and resources in the Queensland child protection system. The report emphasises that in order to ensure the system is sustainable, increased investment in 'early intervention' secondary<sup>38</sup> services is required, which will in theory lead to comparatively less funding and resources required for tertiary 'mitigation' efforts.

The Commission of Inquiry recommended the reform program be delivered in three phases: planning and preparation (2013-14), gradual rollout of reform strategies (2014-15 to 2018-19) and consolidation (2019-20 to 2023-24).

The final report includes 121 recommendations which comprise the Child Protection Reform Roadmap, giving directions about how the reform process should be undertaken to achieve the overarching goals. In December 2013, the Queensland Government accepted all recommendations (115 in full and six in principle)<sup>39</sup>. These recommendations formed the basis of the Child Protection Reform Program.

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<sup>36</sup> [http://www.childprotectioninquiry.qld.gov.au/\\_data/assets/pdf\\_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf](http://www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf)

<sup>37</sup> Tertiary services target families, children and young people where maltreatment has occurred. Their purpose is to reduce the long-term implications of maltreatment and prevent re-occurrence.

<sup>38</sup> Secondary services target families, children and young people at risk of maltreatment. Their purpose is to address risk factors and alleviate problems and prevent escalation through a focus on early intervention.

<sup>39</sup> <https://www.communities.qld.gov.au/resources/reform-renewal/qg-response-child-protection-inquiry.pdf>

Over time, some additional activities to achieve goals of the reform have been added to the 121 recommendations. These additional activities are outlined in the publication: *Supporting Families Changing Futures: Advancing Queensland's child protection and family support reforms*<sup>40</sup>.

The vision of the Child Protection Reform Program is:

*Queensland children and young people are cared for, protected, safe and able to reach their full potential.*

*Queensland families and communities are empowered to become stronger, more capable, more resilient and are supported by a child and family support system that understands and respects the importance of family, community, and culture.*

The primary long-term outcome of the program is ***“children and young people live in safe and supportive families and communities”***. This high-level outcome is underpinned by four supporting outcomes:

1. Children and families have timely access to high-quality services
2. Queensland's child and family support system is efficient, effective, client-centred, and focused on prevention
3. The level of over-representation of Aboriginal and Torres Strait Islander children in the child protection system is significantly reduced
4. Communities have confidence and trust in the Queensland child protection system.

These goals and outcomes are consistent with the goals of the *National Framework for Protecting Australia's Children 2009-2020*.

The Child Protection Reform Program is led by the Child Protection Reform and Domestic and Family Violence Prevention Interdepartmental CEO Committee, which is chaired by the Director-General of the Department of the Premier and Cabinet (DPC). The Child Protection Reform Leaders Group supports the Interdepartmental CEO Committee to ensure successful implementation and delivery of program outcomes.

An organising framework was developed for the reform program, grouping the 121 recommendations into 45 work packages (or projects) under seven domains. Eight strategic objectives have been identified and mapped against the domains. Table 3.1 outlines the domains and strategic objectives.

Domains 1, 6 and 7 are considered necessary to enable Domains 2, 3, 4 and 5 which involve practice and service delivery.

While there is a commitment within the organising framework to ensure focus is maintained on improving outcomes for Aboriginal and Torres Strait Islander children and families in undertaking all activities, Domain 5 groups together specific additional actions required to meet the requirements of Aboriginal and Torres Strait Islander children, families and communities.

Figure 3.1 summarises the domains within the organising framework, including the principles which underpin the domains, and the number of recommendations and work packages within each. Table 3.1 provides an outline of the domains and the strategic objective(s) for each domain.

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<sup>40</sup> <https://www.communities.qld.gov.au/resources/gateway/stronger-families/supporting-families-changing-futures.pdf>

**Figure 3.1: Domains in the child protection reform organising framework**



**Table 3.1: Domains and strategic objectives**

Domain	Strategic objectives
<b>Domain 1:</b> Sharing responsibility for the safety and wellbeing of Queensland children	Government and non-government agencies work in partnership to deliver effective and efficient services and support
<b>Domain 2:</b> Supporting Queensland families earlier	Vulnerable children and young people live in safe and supportive families and communities
<b>Domain 3:</b> Working better with Queensland families who are in contact with the child protection system	Child protection practice is focused on engaging with families earlier, and keeping children safely at home where appropriate
<b>Domain 4:</b> Improving out-of-home care and post-care experiences for Queensland children and young people	Children and young people in care are protected, cared for, and supported to reach their full potential Young people leaving care have high prospects, ready to take on the responsibilities of adulthood, and feel connected to their culture and community
<b>Domain 5:</b> Meeting the requirements and needs of Queensland's Aboriginal and Torres Strait Islander children, families and communities	Indigenous children and young people are safe and supported in their communities as part of a culturally responsive and capable system
<b>Domain 6:</b> Delivering quality services to Queensland children and families through a capable, motivated workforce and client-focused organisations	A client-focused workforce that is appropriately skilled, motivated and supported
<b>Domain 7:</b> Building an accountable, transparent and cost effective Queensland system.	The child and family support system is efficient, accountable, and informed by a culture of learning

### 3.1.2 Performance indicators for the tertiary child protection system

The Department of Communities, Child Safety and Disability Services' "Our Performance" website provides a wide range of performance data relating to the Queensland child protection system.

This includes data on the following phases or pathways a child or young person may follow while in the child protection system:

- *Intake phase* – determining the most appropriate response to concerns received about harm or risk of harm to a child
- *Investigation and assessment phase* – determining whether a child is in need of protection and ongoing departmental intervention is required
- *On-going intervention phase* – reducing the likelihood of a child experiencing future harm, and increasing the likelihood that a child experiences continuity of care and transitions successfully into adulthood.

**Table 3.2: Measures for the tertiary child protection system**

Phase	Measure
Intake	<ul style="list-style-type: none"><li>• Rate of children subject to an intake</li></ul>
Investigation and assessment	<ul style="list-style-type: none"><li>• Commencement of investigations and assessments</li><li>• Substantiated harm reports</li></ul>
On-going intervention	<ul style="list-style-type: none"><li>• Rate of children subject to an Intervention with Parental Agreement Case</li><li>• Rate of children subject to a custodial child protection order</li><li>• Rate of children in out-of-home care</li><li>• Percentage of completed case plans</li><li>• Percentage of completed cultural support plans</li></ul>

It is anticipated the QFCC will work collaboratively with partners in the child protection system to enhance and expand on this framework, so more measures can be included for these phases of the child protection continuum in future reports.

It would be valuable if future discussion on the performance of the child protection system could also include measures which relate to the educational outcomes and voices of children and young people within the child protection system.

## **3.2 Progress towards strategic objectives of Queensland's child protection reform program**

This section describes the strategic objectives, principles and key strategies of each domain in the child protection reform program, and provides information on the implementation status<sup>41</sup> of the activities designed to lead to change necessary to achieve the reform goals, including significant achievements for 2015-16.

### **3.2.1 Domain 1: Sharing responsibility for the safety and wellbeing of Queensland children**

#### **Strategic objective, principle and approach**

The strategic objective of Domain 1 is “Government and non-government agencies work in partnership to deliver effective and efficient services and support”.

The principle of Domain 1 is “Caring for children and keeping them safe is a shared responsibility. Stakeholders across the family and child system jointly lead the design, development and delivery of services”.

The strategic objective of Domain 1 will be achieved by:

- promoting to families and communities their responsibility for protecting and caring for their own children
- establishing central governance arrangements that provide for cross-sectoral leadership and responsibility for the protection and care of children
- establishing regional governance arrangements to facilitate strong collaboration and coordination of services at the local level.

The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

- promoting to families, communities and elders their responsibility for protecting and caring for their own children
- respecting the voice of Aboriginal and Torres Strait Islander people by ensuring decisions are made upon Aboriginal and Torres Strait Islander perspectives in promoting responsibility and self-determination of their communities
- ensuring that all governance arrangements enable meaningful participation of Aboriginal and Torres Strait Islander people and that Aboriginal and Torres Strait Islander ways of undertaking business are understood and respected.

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<sup>41</sup> Agencies are responsible for reporting the status of recommendations they lead to the Department of Premier and Cabinet Program Management Office upon request. This report includes information from the most recent report, describing status as at 30 June 2016.

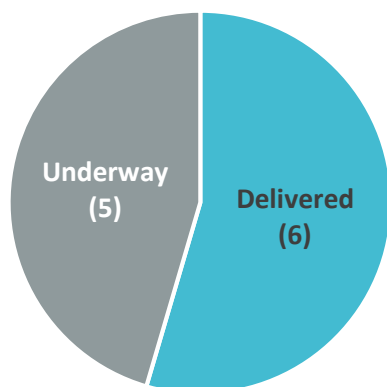


## Implementation status of recommendations

There are 11 recommendations within four work packages in this domain.

As at 30 June 2016:

- six recommendations have been delivered
- five recommendations were underway.



## Significant achievements under this domain

### Talking Families

The Talking Families community education campaign was established by the QFCC in response to recommendation 1.1 of the QCPCOI report – *the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children*.

A central objective of Talking Families is to raise awareness about the pressure on families and the need to seek support, with the ultimate goal to see more parents asking for and accepting help when they're struggling and the broader community offering help more often.

The first phase of the campaign began in November 2014 with a six-week wave of radio and television advertising across the state. An independent evaluation of the first phase showed that there was statistically significant behaviour change among 'concerned family and friends', with this group more likely to offer and provide help to parents; however no significant behaviour change in the 'parent' group in asking for or accepting help.

In July 2015, the QFCC commissioned a large-scale baseline study of more than 4,000 Queensland adults (including a sub-sample of over 1,000 Aboriginal and/or Torres Strait Islanders) to understand what drives help-seeking, help-offering and help-accepting behaviours. The results from this research will be used to support and inform the development of the next phase of the Talking Families campaign, which is expected to be released in 2017.

Between April and June 2016, a Talking Families campaign was run promoting the oneplace Community Services Directory, comprising direct e-mail, YouTube, google and radio advertisements and social media posts. The campaign aimed to connect families to local early intervention support services, and resulted in a more than 1200% increase in visits to the oneplace directory.



The Talking Families' Facebook page aims to increase positive conversations around parenting and provides tips, support and ideas to help parents make better choices for their families. The page has grown to over 17,300 followers since launch in 2014, and has connected with more than 2.3 million people.

The Talking Families website continues to attract around 1,000 visitors per month, and has been translated into Torres Strait Yumplatok following requests from Far North Queensland communities.

### **Review of program governance**

The QCPCOI provided specific recommendations in regard to reform governance arrangements, including the establishment a number of governance groups.

In early 2016, these governance arrangements were reviewed to ascertain if they remain fit for purpose and to consider opportunities to align and integrate governance arrangements for the child and family reforms with the domestic and family violence reforms.

A key outcome of the review was the establishment of the Child Protection and Domestic and Family Violence Interdepartmental CEO Committee (IDCC) in 2016 to oversight both the child and family reforms and the domestic and family violence reforms.

The IDCC sets the strategic direction and priorities for both the Supporting Families Changing Futures reform program and the domestic and family violence reform agenda.

The IDCC is chaired by the Director-General of the Department of the Premier and Cabinet and membership comprises Directors-General (or equivalent) of all agencies with child and family responsibilities, as well as the Principal Commissioner of the QFCC and the Public Guardian.

IDCC members are responsible for:

- strategically leading and aligning relevant current and future government policy direction to enable the successful implementation of the 10-year child protection and domestic and family violence prevention reforms. This includes taking into account any priorities agreed at the Council of Australian Governments regarding child protection and domestic and family violence prevention
- enabling, within their organisations and across government, a culture that delivers strong interagency and community collaboration.

The Child Protection Reform Leaders Group supports the Interdepartmental CEO Committee to ensure successful implementation and delivery of program outcomes.

The Reform Leaders Group was established in response to recommendation 4.13 and is chaired by the Deputy Director-General of Policy in the Department of the Premier and Cabinet. Membership includes senior executives from the following government and non-government agencies representing the social services and child protection sectors.

### **Regional Child and Family Committees**

Nine Regional Child and Family Committees have been established across Queensland to drive reforms at the local level - Far North Queensland (with three Regional Child and Family Committees covering North Queensland, Townsville Mackay and Mt Isa) North Coast; Central Queensland; South West Queensland; Brisbane and South East Queensland.

Regional Child and Family Committees are responsible for determining regional priorities for implementing the Supporting Families Changing Futures reform program and the domestic and family violence reform agenda in line with statewide directions established by the IDCC and the Reform Leaders Group. They also play a key role in facilitating effective working relationships at regional and local levels. While the membership for each RCFC varies depending on regional needs and priorities, each committee includes representatives from both government and non-government agencies from across their region.

The Short Street Hub was established in Pioneer, a suburb of Mt Isa, as a result of a project stemming from the Mt Isa Action Plan. The Short Street Hub is based on the concept of a place based response and provides a focal point and facilities to foster greater local community engagement. It brings residents, government departments, the local business community and organisations together and aims to improve the quality of life for children and families in the community.

### **Appointment of QFCC Commissioners and Advisory Council**

On 12 October 2015, Cheryl Vardon commenced as Principal Commissioner of the QFCC, replacing Steve Armitage who had been interim Principal Commissioner since the QFCC's inception on 1 July 2014. Tammy Williams was appointed as the inaugural Commissioner and commenced on 18 April 2016.

The Queensland Family and Child Commission Advisory Council was established in November 2015 in response to recommendation 6.3.

Members come from a broad range of disciplines including two Indigenous sector experts and a young consultant from out of home care. The members provide a diverse range of views about how to improve the lives of Queensland's children.

The Advisory Council helps promote the shared responsibility all Queenslanders have in keeping children safe, provides insight into the issues affecting children, families and the sector, and also provides guidance on the work of the QFCC.

During the year the Advisory Council assisted QFCC progress its research agenda, community education program, review of systemic issues and build cross sector networks.

### 3.2.2 Domain 2: Supporting Queensland families earlier

#### Strategic objective, principle and approach

The strategic objective of Domain 2 is “Vulnerable children and young people live in safe and supportive families and communities”.

The principle of Domain 2 is “Children and young people are at the centre of the system, with supported and supportive parents, families and communities. Vulnerable families and children have access to high-quality services to help them maintain the family unit”.

The strategic objective of Domain 2 will be achieved by:

- introducing a new community-based intake gateway (dual pathway)
- building the capacity of the family support services sector (both government and non-government)
- ensuring families who have a child with a disability are adequately supported to continue to care for their child.

The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

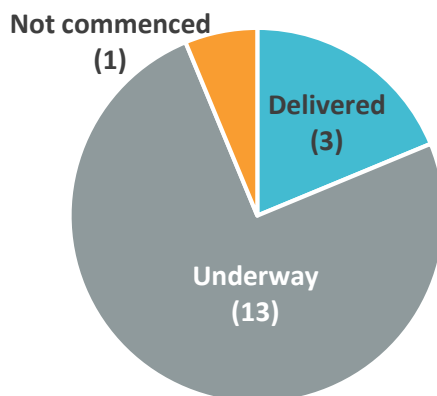
- building the capacity and capability of all child and family support services provided to Aboriginal and Torres Strait Islander children and families
- ensuring that all engagement with Aboriginal and Torres Strait Islander children and families in the delivery of services are conducted within the appropriate cultural context
- ensuring that Aboriginal and Torres Strait Islander families receive culturally appropriate family support services that are responsive to Aboriginal and Torres Strait Islander families.

#### Implementation status of recommendations

There are 16 recommendations within four work packages in this domain.

As at 30 June 2016:

- three recommendations have been delivered
- 12 recommendations were underway
- 1 recommendation had not commenced<sup>42</sup>.



<sup>42</sup> Recommendation 6.5 - review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory protection system

## **Significant achievements under this domain**

### **Family and Child Connect and Intensive Family Support services**

A key aim of the reform program is to make sure families and children have access to preventative and support services when they are needed.

New community-based services, known as Family and Child Connect, are continuing to be rolled-out across the state. These were established by DCCSDS in partnership with non-government organisations to support families who are at risk of entering or re-entering the child protection system.

Families who need of support can contact Family and Child Connect for assistance by calling 13FAMILY (13 32 64). If professionals (such as teachers, health workers and police) or members of the community have concerns about a child's wellbeing, they can also refer the family to Family and Child Connect for information and advice, instead of Child Safety.

In 2015/16, additional Family and Child Connect services commenced in Browns Plains/Beaudesert, Moreton Bay, Ipswich, Maryborough/Bundaberg, Kingaroy, and Rockhampton/Emerald/Gladstone, Brisbane, Cairns and Mackay. There are now 16 Family and Child Connect services operating across 18 catchments, with only two catchments, Cape York/Torres Strait and Mount Isa/Gulf left to complete full statewide implementation.

Family and Child Connect is supported by significant new investment through the establishment of Intensive Family Support services. These services work with vulnerable families who have multiple or more complex needs to ensure they receive the necessary support before DCCSDS intervenes. Intensive Family Support services have been established in more than 21 locations with one further Intensive Family Support services to be operating in Mount Isa/Gulf by the end of this year.

Trials of the Early Intervention and Family Services Support Service (disability focus) commenced during October 2015 in the North Coast Region. The service, established in response to recommendation 4.12, aims to develop an early intervention response to help build capacity in families who may be at future risk of relinquishment, to continue caring for their child with disability in the family home.

New specialist services are also being established across Queensland to better support people affected by domestic and family violence. These services will complement the roll-out of Family and Child Connect and Intensive Family Support services and help to build an integrated suite of support services for vulnerable families.

They will strengthen the capacity of the service system to respond to the needs of people affected by domestic and family violence including locations where little or no services were previously provided, and will work closely with the specialist domestic and family violence workers based in each of the Family and Child Connect and Intensive Family Support services.

While support will be provided to any individual, including those without children, the services will also support families at risk of entering or re-entering the child protection system as a result of domestic and family violence. Individuals will have greater access to specialised domestic and family violence support including counselling, court-based services, and perpetrator intervention programs.

Organisations have been funded to deliver new domestic and family violence services in Brisbane, Bundaberg, Burdekin, Cassowary Coast, Central Queensland, Charters Towers/Flinders, Emerald, Gladstone (including Biloela), Goodna/Springfield/Lockyer Valley, Greater Townsville, Hinchinbrook, Maryborough/Hervey Bay, Longreach, Pine Rivers, Redcliffe, Redlands, Rockhampton, Sunshine Coast, South Burnett, Tablelands, Toowoomba and Townsville.

### **oneplace – Community Services Directory**

In November 2016, the QFCC released the oneplace Community Services Directory (oneplace) in response to recommendation 6.1 – *the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.*

oneplace is an online state-wide information source of community support services to assist children, families and professionals to find the right service. With more than 48,000 records listed, nearly 29,000 new and 11,000 returning visitors, oneplace is the go-to resource to find local community support services and events.

The QFCC worked closely with a number of stakeholders including young people and families in designing the key features, look and name for oneplace. The QFCC partnered with the DCCSDS to contract Infoxchange, a not-for-profit social enterprise, to deliver the directory.

Additional functionality was added to oneplace in February 2016 to record specific support services for Aboriginal and Torres Strait Island people.

New functionality was also released in August 2016 to allow ‘registered user roles’ for Government agencies, non-Government agencies and Peak bodies. Registered users can list events, save searches, add favourites and run reports to assist with service demand mapping and service gap analysis.

### **Triple P Parenting Program**

In August 2015 the Triple P Parenting Program was made available free of charge and on a voluntary basis to all Queensland parents and carers of children (up to 16 years of age) in a \$6.6 million commitment by the state government. Delivery of the Program has been rolled out progressively across Queensland as part of this 2-year government trial to ensure families across the state have free, universal access until 2017.

With a focus on prevention and early intervention Triple P is accessible through a range of seminars, group workshops and one-on-one consultations, as either a one-off session or as part of a series over several weeks or months depending on individual preference. The Program provides evidence-based strategies to help parents positively manage their children’s behaviour as well as their own stress levels and is considered a valuable resource in helping families to raise happy, confident children and prevent future issues before they occur.

Clinical studies consistently show children raised in a calm, consistent and positive home environment are more likely to succeed at school, have better jobs, experience more positive relationships and enjoy better mental and physical health. Parents who complete Triple P are also more likely to have lower levels of depression, anxiety and stress, so there are plenty of good reasons for parents to learn more about the benefits of positively parenting their children.

The range of support includes an online program, topic-specific seminars, parent discussion groups and one-on-one consultations as well as more intensive, small group-based and individual programs.

More than 20,000 Queensland families have received free parenting advice and a helping hand to positively manage the pressures of raising a family.

### 3.2.3 Domain 3: Working better with Queensland families who are in contact with the child protection system

#### Strategic objective, principle and approach

The strategic objective of Domain 3 is “Child protection practice is focused on engaging with families earlier, and keeping children safely at home where appropriate”.

The principle of Domain 3 is “Child protection practice is focused on engaging with families earlier and, where appropriate, keeping children safely at home”.

The strategic objective of Domain 3 will be achieved by:

- introducing a new child protection practice framework with supporting policies and procedures that is strengths-based, and focused on engaging with families
- strengthening the voices of children and families in the court system and more broadly, in the best interest of the child.

The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

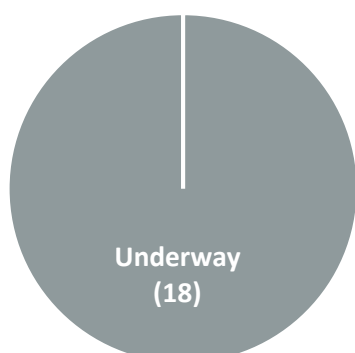
- introducing a new strengths-based approach to working with families that reflects the significance of cultural safety as integral to an Aboriginal and Torres Strait Islander child’s wellbeing
- ensuring that practice standards, developed by Community Controlled services, are embedded across the reform program, and are evidenced through establishment of appropriate Key Performance Indicators
- enhancing the legal advocacy and other support available to Aboriginal and Torres Strait Islander children and families in the court system and more broadly, in the best interest of Aboriginal and Torres Strait Islander children.

#### Implementation status of recommendations

There are 18 recommendations within three work packages in this domain.

As at 30 June 2016,

- all 18 recommendations were underway.



## Significant achievements under this domain

### New framework for practice

The introduction of a new child protection practice framework (and the associated change in workplace culture) was identified as a critical element of the Queensland Child Protection Commission of Inquiry's vision for a reformed child protection system for Queensland.

The Strengthening Families Protecting Children Framework for Practice was developed by DCCSDS in partnership with the Children's Research Center and Sonja Parker Consultancy, and launched in March 2015. The framework sets out a strengths-based, safety-oriented approach which will enhance Queensland's child protection practice and deliver better outcomes for vulnerable children, young people and families in need.

It identifies a range of sources of knowledge critical to effective child protection practice. It highlights that, while research and practitioner sources of knowledge are valued, so too is the knowledge held by individuals and families, the community and culture, and the broader system in which children and family are located.

More than 3,750 government and non-government staff across the state have been trained in the new framework for practice – creating a shared language so children and families experience consistent and client-focused messages and practice across the service spectrum.

To further strengthen the practice skills of child protection workers to better engage with vulnerable children, young people and families, including fathers, DCCSDS also undertook Engaging Fathers initiatives with government and non-government partners, including a number of statewide reforms.

Regional implementation teams have been established to serve as focused and accountable groups for embedding and assessing the implementation of the framework.

### Child Protection Information Kits

The QFCC recently published an Information Kit on Child Protection for Parents as a deliverable of recommendation 13.26 - *develop key 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 response to child protection interventions.*

The Kit was developed in partnership with the South West Brisbane Community Legal Service and provides parents with information about rights, investigation and case management processes, what to expect during court, how to make a complaint and where to find support.

An Information Kit on Child Protection for Young People is currently in development.

### Collaborative Family Decision-making

During 2016, DCCSDS undertook trials in Brisbane, North Coast and North Queensland in response to recommendation 7.2 to improve family group meeting processes. These approaches included working more collaboratively with families in making decisions and developing plans to meet their children's safety and wellbeing needs.



The trials, which ended on 30 June 2016, informed the development of an investment strategy to transition the current family group meeting model to a more inclusive process for planning and decision making with families.

The Family Group Meeting Convenor brought together DCCSDS, service providers from the non-government sector and family members of the child to work in partnership throughout the decision making process. These trials provided a positive opportunity to strengthen partnerships within the regions.

From 1 July 2016, DCCSDS has commenced work to transition the current family group meeting model to a more inclusive process for planning and decision making with families, supported by an investment of \$8.652 million over three years from July 2016.

This includes:

- establishing an Indigenous Investment Principle aimed at responding to the needs of Aboriginal and Torres Strait Islander children, families and their communities
- increasing the number of qualified and experienced family group meeting convenors within the department, who will report to a senior officer within each region
- engaging external convenors to facilitate particular family dynamics, and offer greater choice and flexibility in meeting the needs of families, and
- developing a statewide workforce strategy to build collaborative family decision making practice quality and skills.

### 3.2.4 Domain 4: Improving out-of-home care and post-care experiences for Queensland children and young people

#### Strategic objectives, principle and approach

The strategic objectives of Domain 4 are “Children and young people in care are protected, cared for, and supported to reach their full potential” and “Young people leaving care have high prospects, ready to take on the responsibilities of adulthood, and feel connected to their culture and community”.

The principle of Domain 4 is “Where there are no acceptable alternatives, children and young people are taken into care and protected and cared for. In care they will have the supports they need to enjoy their childhood, feel safe and cared for, and develop into adulthood”.

The strategic objectives of Domain 4 will be achieved by:

- strengthening and expanding existing health and therapeutic services to children and young people
- ensuring best match of children and young people to carers and models of care
- enhancing placement stability for children and young people
- building the capacity of the non-government sector to better support and train carers
- strengthening transition planning to better equip young people when they leave care, and providing post-care support.

The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

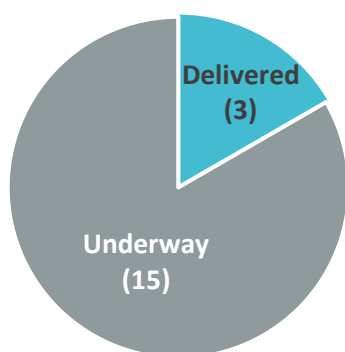
- ensuring that Aboriginal and Torres Strait Islander young people receive culturally appropriate services that are responsive to Aboriginal and Torres Strait Islander young people. This includes:
  - ensuring the cultural needs and rights of Aboriginal and Torres Strait Islander children and young people are acknowledged and upheld throughout their involvement with the statutory child protection system
  - transition planning and post-care support.

#### Implementation status of recommendations

There are 18 recommendations within 10 work packages in this domain.

As at 30 June 2016:

- three recommendations have been delivered
- 15 recommendations were underway.



## Significant achievements under this domain

### Improving residential care services for children and young people

A consistent trauma-informed therapeutic framework — the Hope and Healing Framework — was developed by Encompass and PeakCare Queensland in 2015, and involved a comprehensive consultation process with the residential care sector.

The new framework will improve the quality and consistency of residential care provided to children and young people, by ensuring the support they receive has a strong therapeutic focus to help them overcome trauma they may have experienced.

The framework will be rolled out across Queensland by December 2018. It will apply to all funded residential care services including supported independent living services and Safe Houses.

The DCCSDS will collaborate with the sector to co-design a joint two-year training program to support and equip residential care staff to implement the required changes to structures, systems and processes.

The training program will:

- reflect the collaborative and needs-based approach of the Hope and Healing Framework
- facilitate partnerships with stakeholders to identify and assess training needs, change management issues and professional development solutions
- foster a culture of excellence in delivering residential care services
- complement existing trauma and therapeutic practice
- include support resources and tools.

### Next Step After Care

In response to recommendation 9.2, DCCSDS has funded non-government organisations to deliver targeted support services to people leaving care.

These services, known as Next Step After Care, are now available for the first time, to young people up to 21 years old who have transitioned from out-of-home care, and who need help. The service is delivered by Life Without Barriers in partnership with Uniting Care Community and the CREATE Foundation.

Next Step After Care offers young people two types of service:

- A statewide connections program which young people can access 24 hours a day, seven days a week
- Tailored individual support to young people, particularly those with complex or multiple needs and who require face-to-face individual support.

These services will work with young people to develop their educational opportunities and job-ready skills, strengthen their self-reliance and independent living skills, and enable them to acquire and maintain stable and suitable accommodation.

### **Platform 18**

Platform 18 is a free primary health care service for young people aged 15 -18 years who are on child protection orders. This service provides health assessments and support services relating to all aspects of a young person's health and wellbeing.

Platform 18 is provided by Lady Cilento Children's Hospital and covers a catchment area north of Brisbane to Strathpine, west to Forest Lake and south to Redlands. Health assessments are carried out by nurses. Depending on needs, the young person may also see a doctor, social worker, psychologist or oral health professional.

### **Brisbane Emergency Response Outreach Service**

The Brisbane Region Emergency Response Outreach Service commenced work in September 2015 and is targeted directly to young people who are on a child protection order in the Brisbane Region, who are missing or absent from placement, and who may be engaging in high risk behaviours or activities.

The service encompasses ascertaining the safety and wellbeing of a young person referred to the service, casework and intervention for each young person and provides an emergency contact and accommodation assistance.

### **3.2.5 Domain 5: Meeting the needs and requirements of Queensland's Aboriginal and Torres Strait Islander children, families and communities**

#### **Strategic objective, principle and approach**

The strategic objective of Domain 5 is “Indigenous children and young people are safe and supported in their communities as part of a culturally responsive and capable system”.

The principle of Domain 5 is “Aboriginal and Torres Strait Islander children and families have access to culturally appropriate, Indigenous-specific and mainstream services and care”.

The strategic objective of Domain 5 will be achieved by:

- building the capacity of the family support sector for Aboriginal and Torres Strait Islander families and redesigning existing program delivery to increase access to existing services
- providing increased training and support to carers and staff, and streamlining our carer assessment processes, where appropriate
- changing our practice to better meet the requirements and needs of Aboriginal and Torres Strait Islander children and families
- working to better support children and families in discrete Aboriginal and Torres Strait Islander communities.

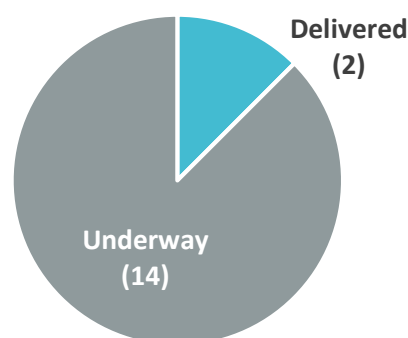
The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

- ensuring reform is managed in a way which recognises the critical role of the Aboriginal and Torres Strait Islander community controlled sector in the delivery of services to their community
- ensuring when an Aboriginal and Torres Strait Islander child or young person enters care every attempt is made to preserve and enhance their relationships with their family and community
- promoting comprehensive and consistent implementation of the Indigenous Child Placement Principle, ensuring it is applied, as intended, in every decision affecting Aboriginal and Torres Strait Islander children, families, services and communities
- developing a holistic understanding of child protection which does not compartmentalise child protection issues for Aboriginal and Torres Strait Islander people from all key reforms
- encouraging innovative service responses which build on existing service responses in other sectors
- encouraging funding models which will support options in discrete Aboriginal and Torres Strait Islander communities.

## Implementation status of recommendations

There are 16 recommendations within nine work packages in this domain. As at 30 June 2016:

- two recommendations have been delivered
- 14 recommendations were underway.



## Significant achievements under this domain

### Development of an Action Plan for vulnerable Aboriginal and Torres Strait Islander children and families

It is recognised much more needs to be done to overcome both the broader issues of social and economic disadvantage and the specific circumstances in families which drive the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system.

Led by DCCSDS and the Department of Aboriginal and Torres Strait Islander Partnerships, the action plan is a key commitment in Supporting Families Changing Futures and will focus on the fundamental shift needed in how child protection, family support and other services work with, and for, Queensland's Aboriginal and Torres Strait Islander children and families.

Drawing on the strengths of Aboriginal and Torres Strait Islander families, communities and organisations, the action plan will build on existing initiatives as well as include new, practical actions guided by Elders and community leaders, community-run organisations, peak bodies and relevant government agencies, aimed at

- reducing the over-representation of Aboriginal and Torres Strait Islander children and families in the child protection system
- reducing child and youth sexual abuse
- closing the gap in life outcomes for vulnerable Aboriginal and Torres Strait Islander people.

Scheduled for completion in late 2016, the plan will provide a cohesive, integrated response strengthened by consultations held over the past 18 months, and on initiatives being undertaken by government and partner organisations with urban, regional and remote communities.

Particular focus will be centred on key factors which can lead to contact with the child protection system including parental substance abuse, domestic and family violence, inter-generational abuse and trauma, mental health, and contact with the justice system.

## **Aboriginal and Torres Strait Islander Family Wellbeing services**

In May 2016, as part of the first wave of contributions towards the action plan for Aboriginal and Torres Strait Islander children and families experiencing vulnerability, the Queensland Government announced investment of more than \$150 million over five years from 2016–17 in revamped parenting and family support and wellbeing services delivered by Aboriginal and Torres Strait Islander organisations.

These services are vital to supporting children and families and addressing the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system.

The first new Aboriginal and Torres Strait Islander Family Wellbeing services will be rolled out in September 2016 in areas of great need – in the Roma, Mackay, South Burnett and Moreton Bay catchments– with further services across the 20 catchments to be fully operational in 2017.

The Family Wellbeing service model directly reflects the voices of Aboriginal and Torres Strait Islander service providers, communities, families and children gathered through continuous and extensive consultation undertaken in partnership with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak.

Family Wellbeing Services will be rolled out progressively from 2016-17 with the aim of offering practical support to over 6,000 Aboriginal and Torres Strait Islander families to help build their capacity to safely care for their children by 2018.

## **Aboriginal and Torres Strait Islander Service Reform Project**

The Aboriginal and Torres Strait Islander Service Reform Project will find better ways of working with, and meeting the needs of, Aboriginal and Torres Strait Islander children, families and communities in response to recommendations 11.2, 11.11 and 11.12 of the Queensland Child Protection Commission of Inquiry.

The Project is designed to improve access for Aboriginal and Torres Strait Islander families to culturally appropriate programs and services and reduce the disproportionate representation of Aboriginal and Torres Strait Islander children and families in the child protection system, especially in out-of-home care. The Project is led through a partnership between DATSIP, DCCSDS and the Department of the Premier and Cabinet.

In October 2015, PricewaterhouseCoopers Indigenous Consulting was engaged to support the Aboriginal and Torres Strait Islander Child Protection Service Reform Project including to: undertake a review of the Safe House Model; assess the adequacy of existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies; develop strategies and service delivery models to enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers; and incorporate a collaborative case-management approach to support Aboriginal and Torres Strait Islander families.

To ensure a co-design approach for enhanced service delivery responses for communities, PricewaterhouseCoopers Indigenous Consulting convened a series of “design jams”. These collaborative forums have supported the development of practical prototypes designed to address the service delivery needs of Aboriginal and Torres Strait Islander children and families.

The review of the Safe House Model provides recommendations on the future direction of the Safe House program to help deliver better outcomes for Aboriginal and Torres Strait Islander children, families and communities.

### **Discrete Community Reforms**

In response to recommendation 11.8, the Public Safety Business Agency and Queensland Police Service (QPS) undertook a review of current arrangements for the enforcement of domestic violence orders in discrete communities. The findings of the review report indicates police are providing adequate assistance to seek and enforce domestic violence orders in discrete communities, however there are a number of areas where improvements can be made. The QPS has committed to actions to deliver these improvements and has also made sure relevant linkages are made with the broader domestic violence and child protection reform work currently occurring.

To address recommendation 11.9, regarding the importance of the safety of women and children in determining whether an Alcohol Management Plan should be withdrawn or alcohol carriage limits reduced, DATSIP is undertaking a Review of Alcohol Management Plans. The review has as its paramount concern community safety, particularly of women and children. Submissions have been received by the 19 discrete Aboriginal and Torres Strait Islander communities with Alcohol Management Plans in place, and will inform the Review recommendations.

In addition, with respect to recommendation 11.10 regarding increasing awareness amongst service providers on discrete Aboriginal and Torres Strait Islander communities of dry place declarations, DATSIP developed a factsheet, web content, an operational procedure, and implemented a regional engagement strategy. DATSIP provides ongoing reporting on the number of dry place declarations taken up in communities. As at 30 June 2016, there were 55 current dry place orders in place in discrete Aboriginal and Torres Strait Islander communities.

### **Aboriginal and Torres Strait Islander family-led decision making and shared practice with Recognised Entities**

The involvement of Aboriginal and Torres Strait Islander families in decision making and recognition of family strengths where concerns are raised about the safety of children are at the forefront of a new shared practice model.

The DCCSDS and its non-government partners have developed and implemented trials of an Aboriginal and Torres Strait Islander Family-Led Decision-Making Model for Family Group Meetings with Aboriginal and Torres Strait Islander families.

Trials of the Aboriginal and Torres Strait Islander Family-Led Decision-Making Model work alongside new integrated family support services to help keep children safely in their homes. The project supports the implementation of Recommendations 7.3, 11.3 and 7.5 from the Inquiry and will enhance and clarify the roles of Aboriginal and Torres Strait Islander workers and Recognised Entities.

The Inquiry identified the Aboriginal and Torres Strait Islander Family-Led Decision-Making Model, and shared practice with Recognised Entities working more closely with the DCCSDS, as important approaches to reduce Aboriginal and Torres Strait over-representation through creating opportunities to prevent entry and divert children from the statutory system and to reduce the level of intervention for those in need of protection.



Aboriginal and Torres Strait Islander family-led decision making and shared practice has been trialled in Ipswich, Mount Isa, Cairns and the Torres Strait Islands.

Led by Secretariat of National Aboriginal and Islander Child Care, the project was piloted through trials in Ipswich, Mount Isa, Cairns and Torres Strait Islands, in collaboration with participating Aboriginal and Torres Strait Islander community controlled organisations. The new models will be assessed for their long-term social, health and economic benefits.

Such initiatives enable the DCCSDS to continue to divest and empower decision making to families and ensure the process undertaken to develop support plans is led by Aboriginal and Torres Strait Islander people.

### 3.2.6 Domain 6: Delivering quality services to Queensland children and families through a capable, motivated workforce and client focused organisations

#### Strategic objective, principle and approach

The strategic objective of Domain 6 is “A client-focused workforce that is appropriately skilled, motivated and supported”.

The principle of Domain 6 is “The workforce across both government and non-government family and child sectors is highly skilled and professional, and service organisations are capable and client focused. Services delivered result in enhanced outcomes for children, young people and their families”.

The strategic objective of Domain 6 will be achieved by:

- strengthening the capacity and capability of the child protection workforce and service organisations, and establishing a positive culture
- enhancing legal services and advice provided to DCCSDS child protection workers.

The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

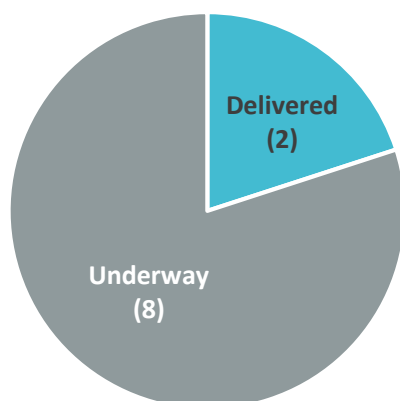
- celebrating the strength and resilience of the Aboriginal and Torres Strait Islander workforce
- investing in capability building activities and developing creative career pathways for Aboriginal and Torres Strait Islander workers in acknowledgement of a range of issues they face and the increasing need for their services
- ensuring the broader child protection workforce receives high quality and ongoing cultural sensitivity training.

#### Implementation status of recommendations

There are 10 recommendations within five work packages in this domain.

As at 30 June 2016:

- two recommendations have been delivered
- 8 recommendations were underway.



## Significant achievements under this domain

### Office of the Child and Family Official Solicitor

In March 2016, in response to recommendation 13.16, DCCSDS established an internal Office of the Child and Family Official Solicitor with an appointment to the position of Official Solicitor.

The establishment of the Office of the Child and Family Official Solicitor represents the beginning of a change to the way the DCCSDS undertakes court work relating to child protection matters.

The Office of the Child and Family Official Solicitor provides early, independent legal advice to child safety workers about child protection matters, and works closely with staff in service centres to prepare applications for child protection orders.

The Office of the Child and Family Official Solicitor commenced operations on 1 July 2016, and has responsibility for:

- providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders;
- working closely with the proposed specialist investigation teams so legal advice is provided at the earliest opportunity; and
- preparing briefs of evidence to be provided to the proposed Director of Child Protection Litigation in matters where the department considers a child protection order should be sought.

While the Office of the Child and Family Official Solicitor will continue to apply for temporary orders to keep children safe in emergency situations, a new independent body called the Director of Child Protection Litigation has been established by the Department of Justice and Attorney-General to apply for Child Protection Orders (instead of DCCSDS).

This new approach aims to introduce a quicker timeframe to resolve matters and improve consistency across the state. Most importantly, children and young people will have a greater opportunity to present their views in court, if they wish to, and access legal representation for themselves and their families, when they need it. These new arrangements also commenced from 1 July 2016.

### Strengthening our Sector

In response to recommendations 6.6, 10.7 and 12.15 the QFCC was asked to lead the development of sector wide workforce planning and development strategies to increase collaboration, build capacity and facilitate a process of positive cultural change across the child and family support system.

The QFCC released the draft *Strengthening our Sector* strategy in early 2016. Using a range of engagement strategies, the QFCC worked with key sector stakeholders to build the final Strengthening our Sector Strategy 2016-19 and First Action Plan 2016-17 which was released in August 2016.

The strategy focuses on four key outcome areas:

- strengthening our workforce – enhancing the ability of our sector to meet the needs of children and families.
- strengthening our organisations – enhancing organisational capabilities and strengthen sector relationships.

- strengthening our professional practice culture – building a proactive and positive culture in the way we work to support children and families.
- harnessing the strengths of Aboriginal and Torres Strait Islander people, organisations and community.

To support the strategy, and deliver on its outcome areas, a series of initiatives and programs will be implemented across three annual action plans. The first action plan focuses on building foundations to strengthen the capacity and capability of the child and family support sector and establish a positive culture in the way we work to support children and families.

The priority action areas include:

- harnessing pathways for entry to our sector
- supporting whole of community participation to identify local priorities and solutions
- strengthening systemic supports for our workforce
- building shared knowledge and capacity across our sector
- creating an environment for organisations to flourish.

In June 2016, the QFCC hosted an Executive Leadership Forum *‘Setting the tone at the top’* – bringing together Executives across Government and non-Government services to develop a shared commitment statement on how leaders will work together in supporting families and children.

The QFCC also hosted the first sector learning forum under the strategy in June 2016, with Emeritus Professor Dorothy Scott, one of Australia’s leading child protection experts, presenting her research model and implementation findings on cross agency collaboration.

### **Department of Education and Training Student Protection Principal Advisors**

In late 2015, the Department of Education and Training established eight full-time Principal Advisor Student Protection positions in order to improve the oversight of and compliance with student protection reporting obligations.

The Principal Advisors Student Protection commenced in February 2016, with a Principal Advisor located in each education region, and one in the Department of Education and Training Central Office. The Principal Advisors are jointly funded by the Department of Education and Training and DCCSDS.

The Principal Advisors provide key point of contact for support and advice to principals, school leaders and regional staff regarding the reporting of student protection matters. They identify where support is required and work with principals to make informed decisions through analysis of data.

Where it is beneficial, the Principal Advisors liaise with the Queensland Police Service and DCCSDS on behalf of principals and follow up to ensure principals are provided with timely feedback on the outcome of student protection matters which have been reported or referred for support.

The Principal Advisors also:

- offer targeted student protection training for principals, teachers and other school staff, including teacher-aides, administrative staff and cleaners
- work closely with schools to build the capacity to provide support to students and families at a local level, including consultation and coordination of a range of services including Family and Child Connect and Intensive Family Support services

- work with specialist regional staff, principals and families to facilitate the safe re-engagement in schooling for at-risk students
- monitor data for students in out-of-home care and provide schools with up-to-date information about support available, as well as supporting principals to provide any additional assessment, planning and support which will keep these students engaged in learning and allow them to reach their full academic, social and emotional potential.

### 3.2.7 Domain 7: Building an accountable, transparent and cost effective Queensland system

#### Strategic objective, principle and approach

The strategic objective of Domain 7 is “The child and family support system is efficient, accountable, and informed by a culture of learning”.

The principle of Domain 7 is “Services provided to vulnerable children and families are high quality and are provided in an efficient, transparent and accountable manner”.

The strategic objective of Domain 7 will be achieved by:

- improving court processes and efficiencies
- increasing accountability and transparency and reducing duplication and red tape
- reviewing our legislation.

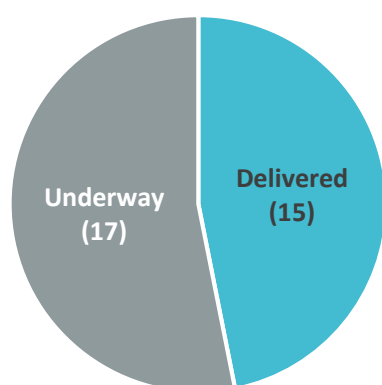
The focus on Aboriginal and Torres Strait Islander children and families will be maintained by:

- ensuring that processes for the evaluation of all programs and reporting on system performance enables the examination of distinct outcomes for Aboriginal and Torres Strait Islander children and families
- ensuring that key principles of importance to the Aboriginal and Torres Strait Islander community are preserved and enhanced in any review of legislation
- ensuring procurement processes include a requirement to demonstrate capacity to work with Aboriginal and Torres Strait Islander families and is consistent with endorsed principles.

#### Implementation status of recommendations

There are 32 recommendations within 10 work packages in this domain. As at 30 June 2016:

- 15 recommendations have been delivered
- 17 recommendations were underway.



## **Significant achievements under this domain**

### **Director of Child Protection Litigation**

On 1 July 2016, the Director of Child Protection Litigation was established as an independent statutory agency in the Department of Justice and Attorney-General portfolio with responsibility to decide whether an application for a child protection order should be made, the type of order to be application for and to litigate the application. Mr. Nigel Miller was appointed as Queensland's first Director of Child Protection Litigation.

The establishment of the Director of Child Protection Litigation was in response to recommendation 13.17 – to establish within the justice portfolio an independent statutory agency to make decisions as to which matters will be the subject of a child protection order application and what type of child protection order will be sought, as well as litigate the applications.

The main principle the Director of Child Protection Litigation must comply with is – the safety, wellbeing and best interests of a child are paramount.

The Director of Child Protection Litigation works collaboratively with the Office of the Child and Family Official Solicitor within DCCSDS (refer section 3.2.6 – Significant achievements for Domain 6) to manage child protection order applications and proceedings.

The Director of Child Protection Litigation will improve outcomes for children and their families by providing greater accountability and oversight for child protection order applications which are being proposed by the DCCSDS, by ensuring the applications filed in court are supported by good quality evidence, promoting efficiency and evidence-based decision making.

The Director of Child Protection Litigation does not provide services directly to the community. However, through the involvement of lawyers at an early stage in Queensland's child protection system, the community can be assured state intervention will only occur when necessary, contributing to the overall standard of service provided to Queenslanders by the government.

### **Reforms in the Childrens Court**

In addition to the appointment of the Director of Child Protection Litigation, a number of key reforms in the Childrens Court were developed during the 2015/16 financial year. These reforms relate primarily to the establishment of a judicially-led case management framework for child protection proceedings in the Childrens Court, through the development of the remade Childrens Court Rules 2016. The Childrens Court Rules 2016 commenced on 1 July 2016.

The Commission of Inquiry recommended the establishment of the framework to allow for the Childrens Court to implement a case management approach to child protection proceedings (recommendation 13.2 – court case management framework). A court case management committee was established to develop and deliver the framework. The objective of the framework is to provide a structure for the Childrens Court to actively manage proceedings, minimise delay, and improve the quality of evidence and decision-making in child protection matters.

Major achievements regarding court processes also include the appointment of two additional specialist Childrens Court magistrates to have matters before the court dealt with in a more expeditious and efficient manner, and the development of the remade Childrens Court Rules.

The Childrens Court Rules are made under the Childrens Court Act 1992 and are written and set out in a manner which, as far as practicable, is easy to understand for users of the Childrens Court, particularly for unrepresented parties. The ability for parties, particularly unrepresented parties, to understand court processes ensures efficiency throughout proceedings.

The main object of the Rules is to provide for flexible procedures which allow the court to decide a proceeding consistently with the child protection principles for a court assessment order proceeding or child protection order proceeding – or, for an adoption proceeding, with the adoption principles.

The Rules are also designed to ensure proceedings are decided fairly, as soon as possible, with the minimum cost and legal technicality, and in accordance with the nature, importance and complexity of the issues to be resolved in the proceeding.

Where a proceeding involves an Aboriginal or Torres Strait Islander child, the Rules provide that the Court must have regard to Aboriginal tradition or Island custom, which reflects the Child Protection Act 1999.

### **Review of the Child Protection Act 1999**

In response recommendation 14.1, DCCSDS is leading a comprehensive review of the *Child Protection Act 1999* to ensure it provides a contemporary legislative framework for the reformed child protection and family support system.

This comprehensive review follows a range of legislative changes undertaken in 2014 and 2015, including:

- the *Family and Child Commission Act 2014*, *Public Guardian Act 2014* and *Child Protection Reform Amendment Act 2014*, forming the foundation on which the new child protection system will be built
- further amendments to the *Child Protection Act 1999*, providing the legal framework for sharing information about child protection concerns
- the renamed *Working with Children (Risk Management and Screening) Act 2000* to streamline the Blue Card system.

From September 2015 to February 2016, DCCSDS consulted with Queenslanders as part of the review, and insights were gathered through community forums, written submissions, meetings, focus groups and small group sessions.

A discussion paper was developed to guide consultation on the current review of the legislation, and the DCCSDS is currently considering the responses received. The discussion paper outlined key foundational issues underpinning the legislation, identified a range of possible approaches and solicited public views about the best way forward.

The government is currently considering the responses received as part of the consultation to determine a way forward with the reforms.



### 3.3 Performance indicators for the tertiary child protection system

This section provides information on the following performance indicators, grouped under the phases or pathways a child or young person may follow while in the child protection system:

1. **Intake** (see section 3.3.1)
  - Rate of children subject to an intake
2. **Investigation and assessment** (see section 3.3.2)
  - Commencement of investigations and assessments
  - Investigation and assessments with a substantiated outcome
3. **Ongoing intervention** (see section 3.3.3)
  - Rate of children subject to an Intervention with Parental Agreement (IPA) case
  - Rate of children subject to a child protection order
  - Rate of children in out-of-home care
  - Percentage of completed case plans
  - Percentage of completed cultural support plans

This section reports the data for each indicator in terms of trends in Queensland over time and, where available, data is disaggregated by Indigenous status.

It is acknowledged these measures reflect a compliance with legislation and policy rather than an indication of the quality of outcomes for children who have contact with the tertiary child protection system. It would add value if future reports also include measures which relate to the educational, health and life skills outcomes as a result of case planning in addition to compliance rates.

For each indicator, a breakout box has been included to highlight the findings QFCC is required to report on, including:

- Queensland's performance over time
- Queensland's performance in relation to the number of and/or outcomes for Aboriginal and Torres Strait Islander children and young people (where available).

The data in this section is publicly available on the Department of Communities, Child Safety and Disability Services' "Our Performance" website.

### 3.3.1 Intake Phase

'Intakes' refer to the number of reports (concerns) of suspected harm or risk of harm to a child which are received from various sources (e.g., parents, neighbours, relatives, teachers, and police) by the Department of Communities, Child Safety and Disability Services (DCCSDS).

Once DCCSDS receives a report, an assessment of the information is made. There are two departmental responses to information received at intake:

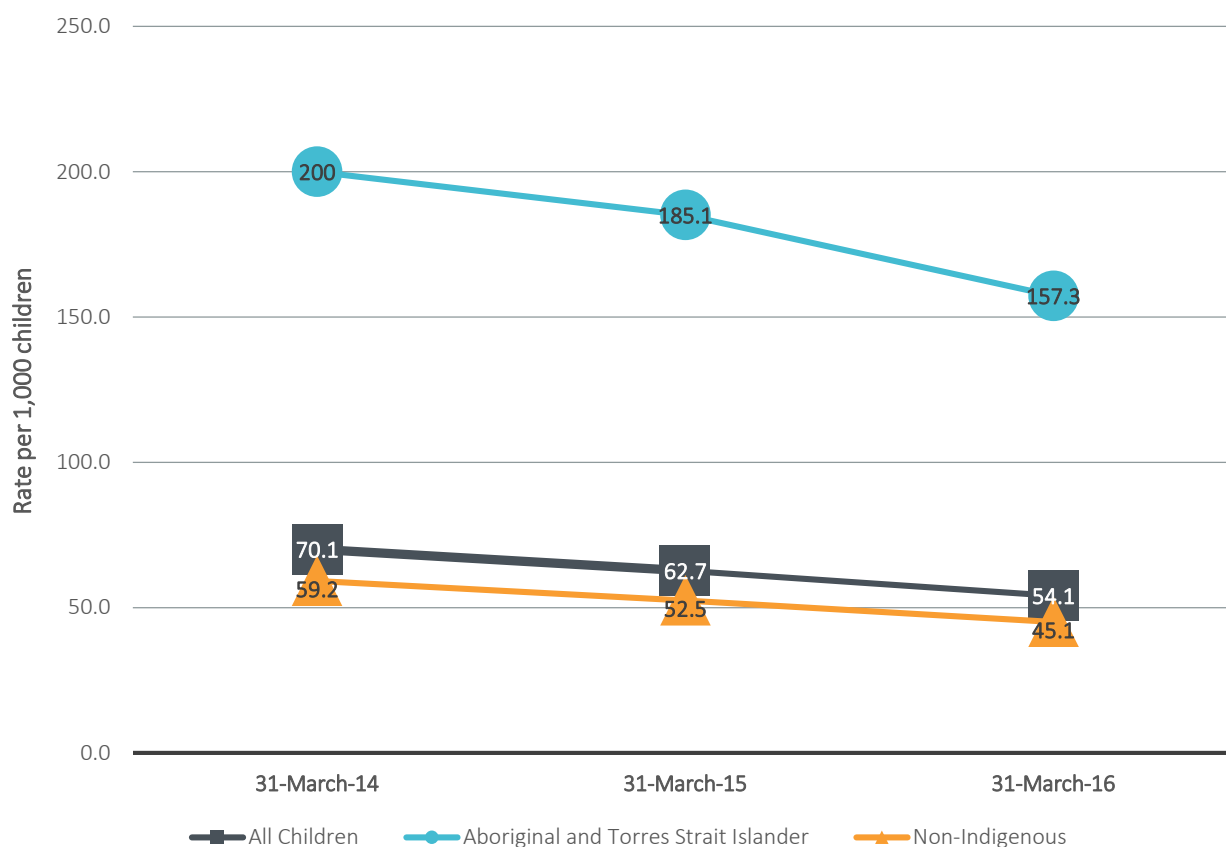
1. **Child Concern Reports** – information received indicates the concerns raised do not meet the legislative threshold to record a notification; or
2. **Notifications** – information received is assessed as reaching the legislative threshold to record a notification (i.e. it is reasonably suspected that a child is in need of protection).

Figure 3.2 shows, in Queensland, the rate of children per 1,000 subject to an intake has declined between the year ending 31 March 2014 and the year ending 31 March 2016.

While the rate per 1,000 of Aboriginal and Torres Strait Islander children subject to an intake remains more than three times the rate of non-Indigenous children, the difference between these cohorts has significantly decreased during this period.

In the year ending 31 March 2014, the rate of Aboriginal and Torres Strait Islander children per 1,000 subject to an intake was 140.8 per 1,000 higher than the rate for non-Indigenous children. In the year ending 31 March 2016, the rate of Aboriginal and Torres Strait Islander children subject to an intake was 111.9 per 1,000 children higher than the rate for non-Indigenous children.

**Figure 3.2: Rate per 1,000 children subject to an intake by Indigenous status, Queensland, by year ending 31 March 2014 - 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

### Children subject to an intake

The rate of children per 1,000 subject to an intake in Queensland has declined over time.

The rate per 1,000 Aboriginal and Torres Strait Islander children subject to an intake has been consistently higher than the rate per 1,000 non-Indigenous children.

The gap between the two cohorts has decreased.

## 3.3.2 Investigation and assessment Phase

### Commencement of investigations and assessments

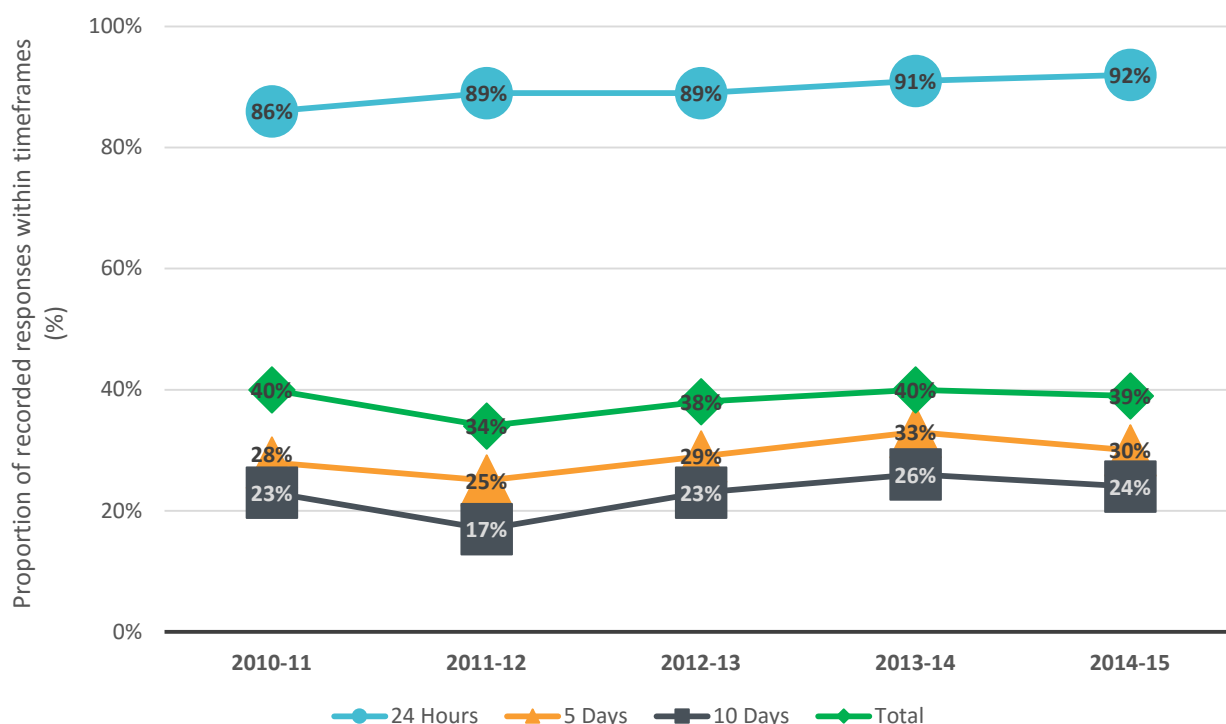
Once a decision has been made to record a notification, further assessment is made to determine the response timeframe for commencing the investigation and assessment, considering the child protection concerns, the child's need for immediate safety and the risk of harm to the child in the near future. According to current policy the recommended response timeframe will be either:

- 24 Hours
- 5 days
- 10 days

Figure 3.3 shows the proportion of recorded responses by whether investigations and assessments commenced within the proposed timeframes from 2010-11 to 2014-15. This data was not available for 2015-16.

This measure refers to the total numbers of investigations which have been commenced, regardless of whether they have been finalised.

**Figure 3.3: Proportion of investigation and assessment responses recorded within the response timeframes, Queensland, 2010-11 to 2014-15**



Source: Our Performance Website, DCCSDS, as at July 2016

From the 2010-11 to 2014-15 financial years, there has been limited change in the total proportion of Investigation and assessment responses recorded within the proposed timeframes, with proportions fluctuating between 34-40 per cent across this period (see Figure 3.3).

The proportion of investigation and assessment responses recorded within the 5 day and 10 day timeframes demonstrate a similar pattern. Comparatively, the proportion of investigation and Assessment responses recorded within the 24 hour timeframe has steadily increased over the same period.

### Proportion of investigations and assessments commenced in the response timeframes.

The proportion of investigations and assessments commenced within the 24 hour response time continues to increase, and has remained above 90 percent for the 2013-14 and 2014-15 period.

The proportion of investigation and assessment responses commencing within the 5 day response time is below 40 percent for the 2014-15 period. There has been little improvement in commencement of 5 day response time investigations over the 2010-11 to 2014-15 period.

The proportion of recorded investigation and assessment responses commencing within 10 days is even lower – with only 24 percent of these investigations commencing within the required time frame during 2014-15.

## Investigation and assessments with a substantiated outcome

An investigation or assessment is the process of investigating a notification of alleged harm or risk of harm. It involves an investigation of the alleged harm and an assessment of the child's protective and safety needs.

ROGS reports 53.5 per cent of finalised investigations and assessments completed within Queensland result in an unsubstantiated outcome which in the majority of cases does not result in any ongoing intervention by the tertiary child protection system.

Further details are provided at section 2.3.2 – *Proportion of finalised investigations substantiated* (ROGS indicator), including

- Figure 2.15 *Proportion of finalised investigations substantiated, Queensland and Australia 2011–2012 to 2014–2015*; and
- Figure 2.16 *Percentage change in the proportion of substantiated investigations, Queensland and Australia, 2011-2012 to 2014-2015*.

## 3.3.3 Ongoing Intervention Phase

### Intervention with Parental Agreement Cases

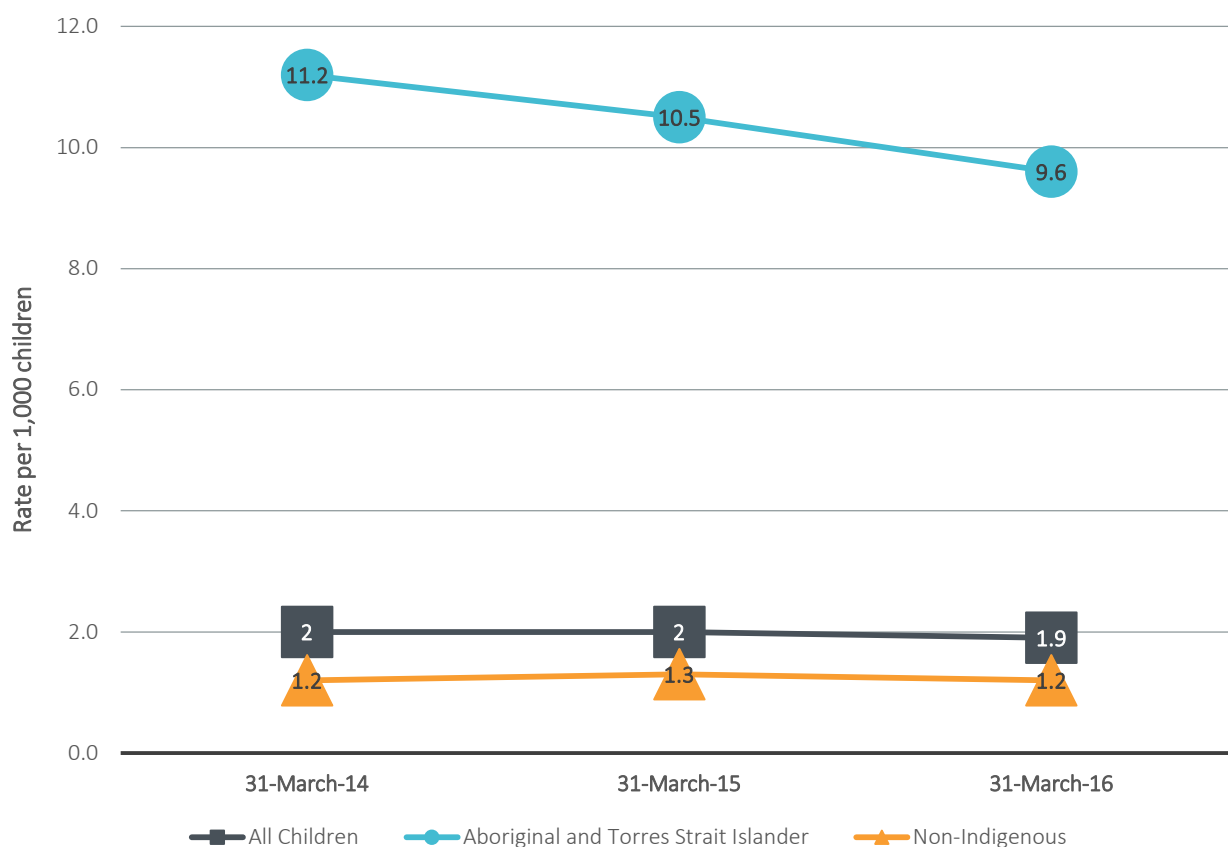
An Intervention with Parental Agreement (IPA) case is opened following an assessment by DCCSDS that parents are able and willing to work actively with the department to meet the protection and care needs of the child.<sup>43</sup>

Figure 3.4 below shows the change in rates per 1,000 Queensland children subject to an IPA from the year ending 31 March 2014 to the year ending 31 March 2016. This includes data disaggregated by Indigenous status.

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<sup>43</sup> DCCSDS Performance Homepage: *Intervention with parental agreement*. Accessed online (18/7/2016) from: <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase/intervention-with-parental-agreement>.

**Figure 3.4 Rate per 1,000 children subject to an Intervention with Parental Agreement in Queensland by Indigenous status, by year ending 31 March 2014 - 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

The rate of Queensland children per 1,000 subject to an Intervention with Parental Agreement (IPA) has remained fairly stable with a decrease of only 0.1 per 1,000 children between the year ending 31 March 2014 and the year ending 31 March 2016.

While the rate of non-Indigenous children per 1,000 has also remained fairly steady, the rate of Aboriginal and Torres Strait Islander children subject to an IPA has decreased 1.6 per 1,000 over this period. However, this rate still remains 8 times the rate of non-Indigenous children subject to an IPA.

### Children subject to an Intervention with Parental Agreement

The rate of Queensland children per 1,000 subject to an Intervention with Parental Agreement has remained stable over time.

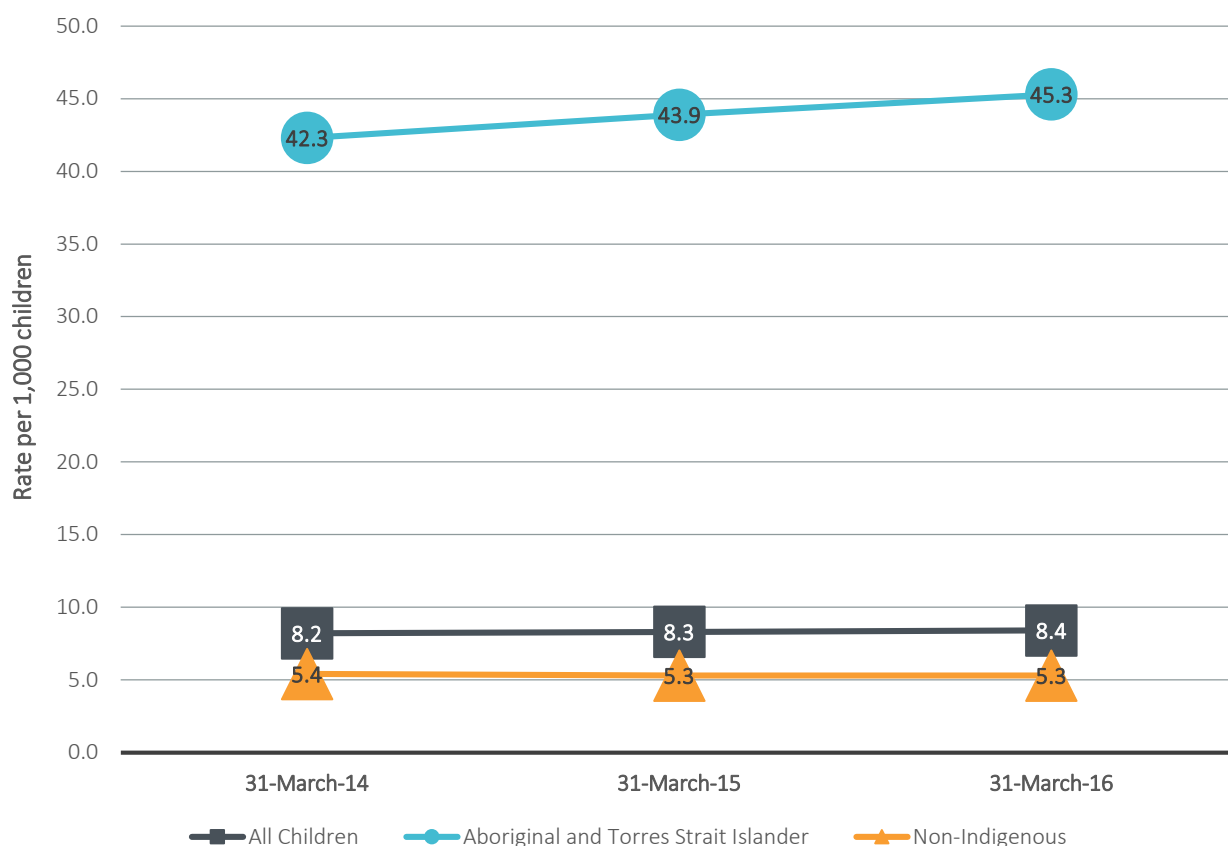
While the rate per 1,000 non-Indigenous children subject to IPA has remained steady, the rate of Aboriginal and Torres Strait Islander children has decreased.

## Child protection orders

Child protection orders either grant custody and/or guardianship to the Chief Executive or to a child's relative, direct a parent to do or refrain from doing something directly related to the child's protection, or requires the Chief Executive to supervise the child's protection. Recent yearly quarters show an increase in the number of children subject to a child protection order.

Figure 3.5 below shows the change in rates per 1,000 children subject to a child protection order from year ending 31 March 2014 to the year ending 31 March 2016. This includes data disaggregated by Indigenous status.

**Figure 3.5. Rate per 1,000 children subject to a child protection order in Queensland by Indigenous status, by year ending 31 March 2014 – 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

The rate of Queensland children subject to a child protection order has changed minimally, with an increase of only 0.2 per 1,000 children between the year ending 31 March 2014 and the year ending 31 March 2016.

Over this period, the difference between the two cohorts has increased. In the year ending 31 March 2014, the rate of Aboriginal and Torres Strait Islander children per 1,000 subject to a child protection order was 36.9 per 1,000 higher than the rate of non-Indigenous children. In the year ending 31 March 2016, the rate of Aboriginal and Torres Strait Islander children subject to a child protection order was 40 per 1,000 children higher than the rate of non-Indigenous children.

### Children subject to a child protection order

Overall, the rate of Queensland children per 1,000 subject to a Child Protection Order has made minimal change from March 2014 to March 2016.

Comparatively, the rate of Aboriginal and Torres Strait Islander children per 1,000 subject to a Child Protection Order has steadily climbed. As such, the gap between the two cohorts has increased.

### Children in out-of-home care

The measure of 'children in-out-of-home care' refers to children placed in home-based care (i.e. foster care, kinship care, provisionally approved care) or residential care services.

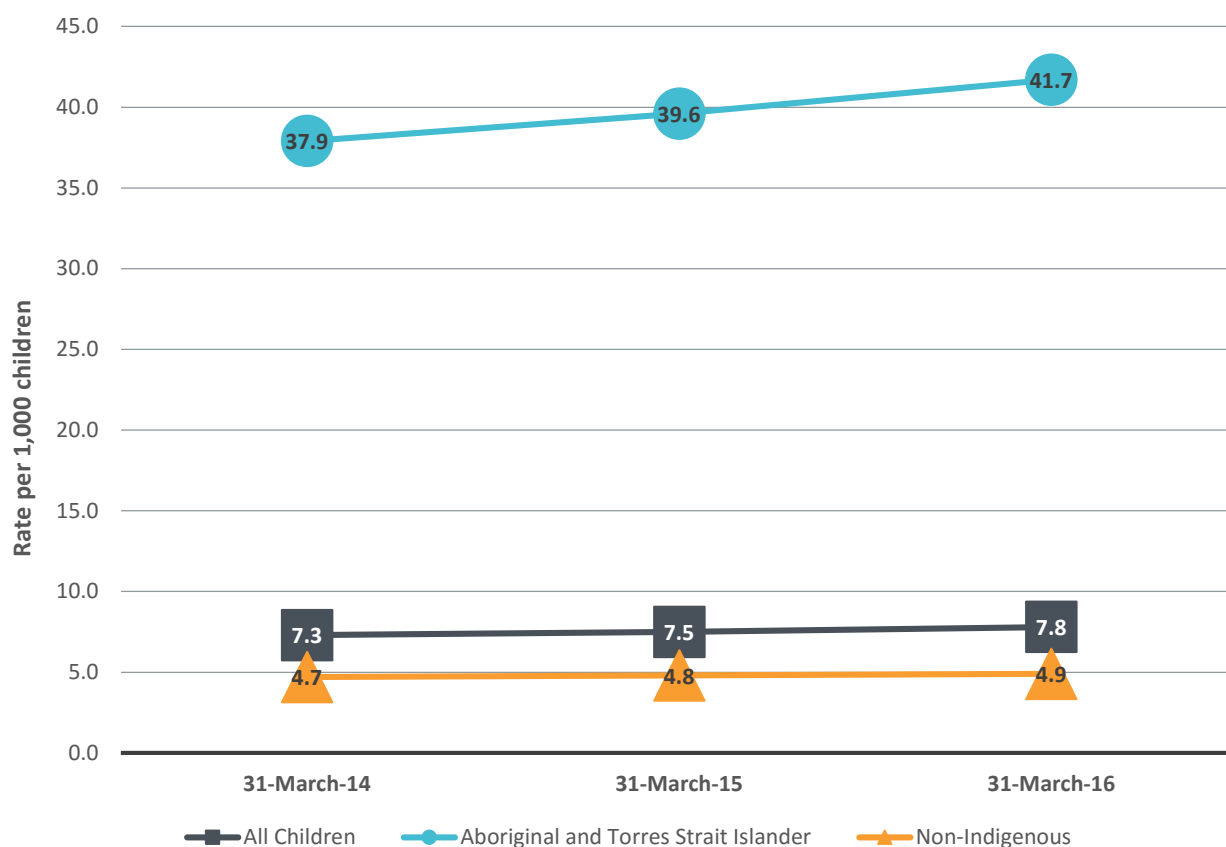
Figure 3.3 shows the rate of Queensland children per 1,000 in out-of-home care has increased slightly between the year ending 31 March 2014 and 31 March 2016.

The rate of non-Indigenous children per 1,000 in out-of-home care has demonstrated a similar shift, increasing at a rate of only 0.2 per 1,000 across the reference period. Comparatively, the rate of Aboriginal and Torres Strait Islander children has increased 3.8 per 1,000 during the same period. Accordingly, the difference between these two cohorts has also increased.

In the year ending 31 March 2014, the rate of Aboriginal and Torres Strait Islander children per 1,000 in out-of-home care was 33.2 per 1,000 higher than the rate for non-Indigenous children. In the year ending 31 March 2016, the rate of Aboriginal and Torres Strait Islander children in out-of-home care was 36.8 per 1,000 higher than the rate for non-Indigenous children.



**Figure 3.6: Rate per 1,000 children in Out-of-home Care in Queensland, by Indigenous status, by year ending 31 March 2014 - 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

### Children in out-of-home care

The rate of Queensland children per 1,000 in out-of-home care has increased slightly over time.

The rate of non-Indigenous children in out-of-home care has increased by 0.2 per 1000 children from March 2014 to March 2016.

The rate of Aboriginal and Torres Strait Islander children in out of home care has increased by 3.8 per 1000 children from March 2014 to March 2016.

### Case plans

A case plan is a written plan for meeting a child's needs and records the goals and outcomes for the child whilst ongoing intervention is occurring. Queensland's proportion of children with a case plan is predictably high as, under the Child Protection Act 1999 (s59 [b]), a finalised child protection order can only be granted by the court if a case plan is in place.

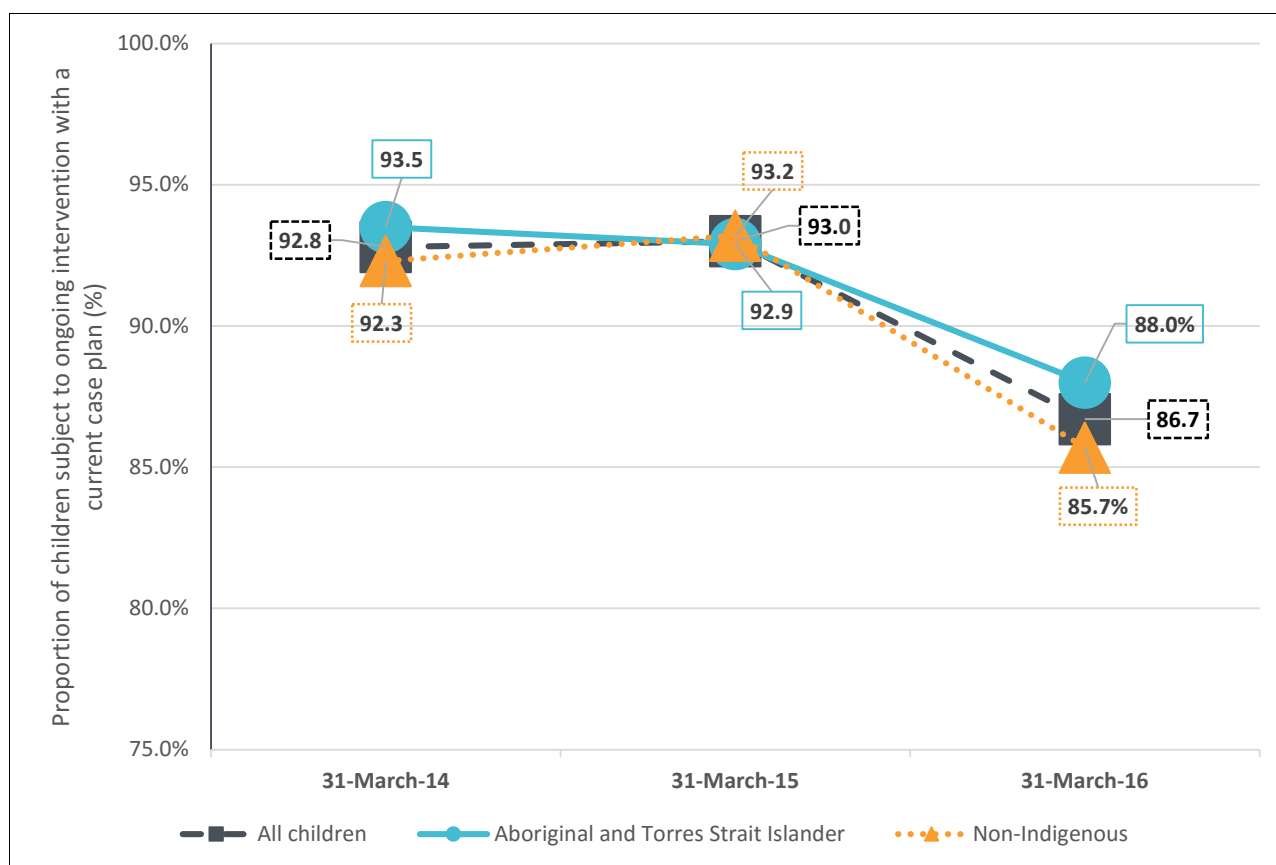
Case plans should also be put in place when an interim order is granted, and/or a child is subject to an open Intervention with Parental Agreement (IPA) case.

Figure 3.4 shows the proportion of children subject to ongoing intervention with a current case plan has fluctuated from the year ending 31 March 2014 to year ending 31 March 2016. While initially

stable, increasing only 0.2 per cent, this proportion has since decreased from year ending 31 March 2015 to 31 March 2016.

While both the proportion of Aboriginal and Torres Strait Islander and non-Indigenous children with a current case plan has remained stable, shifting less than 1.0 per cent between year ending 31 March 2014 and 31 March 2015, data is not yet available to compare these two cohorts to the decrease observed for 'all children' for the year ending 31 March 2016.

**Figure 3.7: Proportion of children subject to ongoing intervention with a current case plan by Indigenous status, Queensland, by year ending 31 March 2014 to 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

## Case plans

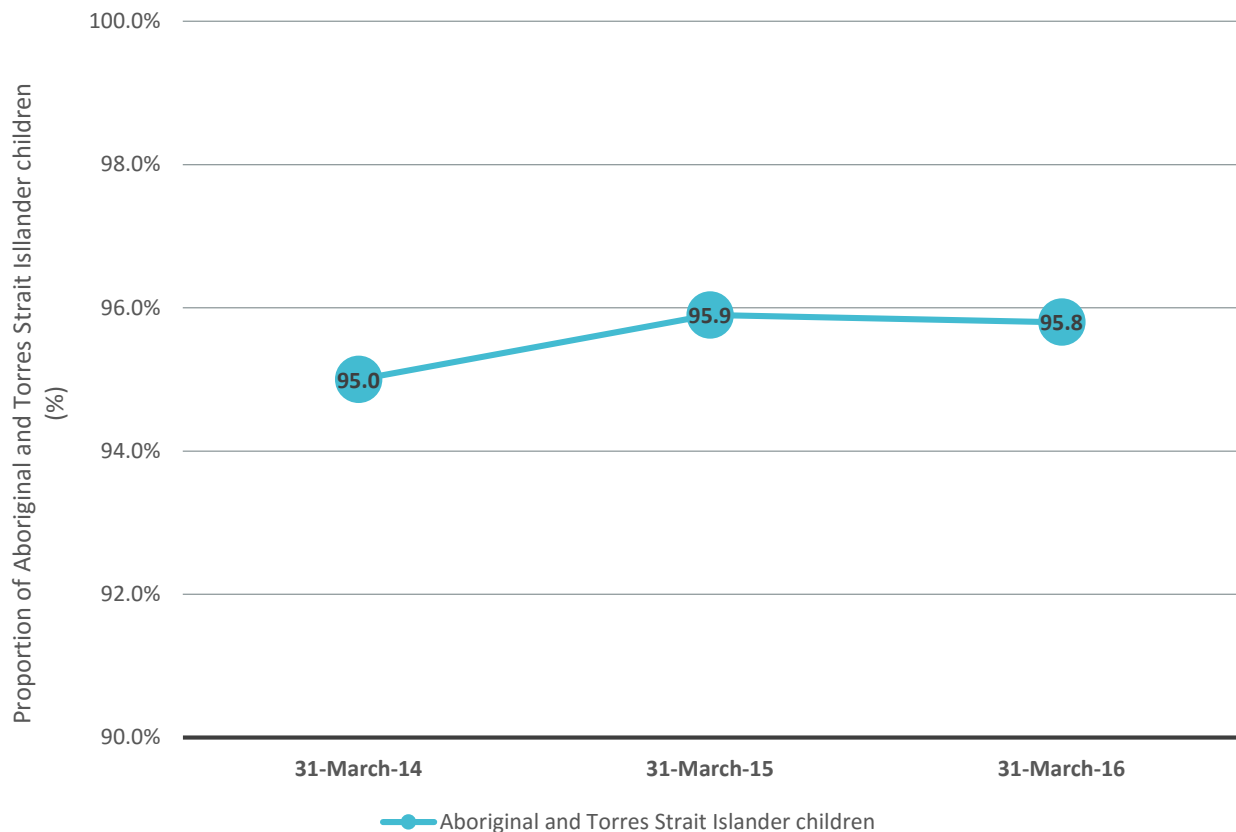
While initially stable, the proportion of children subject to ongoing intervention with a current case plan has since decreased by 6.3 percent from March 2015 to March 2016.

## Aboriginal and Torres Strait Islander Cultural Support Plans

A cultural support plan is a key part of the case planning process for Aboriginal and Torres Strait Islander children. The cultural support plan aims to keep children connected to their culture, families and communities regardless of their placement.

Figure 3.5 shows the proportion of Aboriginal and Torres Strait Islander children subject to ongoing intervention with a cultural support plan has remained relatively stable in recent years, changing less than 1.0 per cent from the year ending 31 March 2014 to 31 March 2016.

**Figure 3.8: Proportion of Aboriginal and Torres Strait Islander children subject to ongoing intervention with a cultural support plan, Queensland, by year ending 31 March 2014 to 2016**



Source: Our Performance Website, DCCSDS, as at July 2016

### Aboriginal and Torres Strait Islander Cultural Support Plans

The proportion of Aboriginal and Torres Strait Islander children with a cultural support plan has remained relatively stable over this period.

### Substantiated Harm Reports (harm substantiated while a child is in out-of-home care)

A harm report will be recorded for any child where the information gathered indicates:

- a child in out-of-home care has experienced harm or it is suspected they have experienced harm, *and*
- the harm or suspected harm may have involved the actions or inactions of a carer, adult household member or the staff member of a care service, including failure to protect a child.

The harm report is substantiated where it is assessed that the child or young person has experienced harm and/or there is unacceptable risk of future harm.<sup>44</sup>

The proportion of children in out-of-home care who were subject to a harm report substantiation is reported over the period of 8 July 2013 – 30 June 2014 to 2014 – 15.

Trends are not reported for this performance indicator, as data collected prior to July 2013 is not comparable due to revised policy and procedures. This includes a change to the reporting of harm reports and replacing the child placement concern report with alternative responses to concerns about the standards of care, including conducting a standards of care review<sup>45</sup>.

However, for the time period 8 July 2013 to 30 June 2014 to the time period 1 July 2014 to 30 June 2015 the proportion of children in out-of-home care who have been subject to a substantiated harm report has increased by 0.1 per cent from 1.6 per cent to 1.7 per cent.

### **Substantiated standard of care breaches**

The proportion of children in out-of-home care subject to a harm report substantiation has remained relatively stable over the reference period.

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<sup>44</sup> <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/glossary-of-terms>

<sup>45</sup> DCCSDS introduced the **Responding to concerns about the standards of care** policy in July 2013

## 4 Discussion and key findings

This section draws together key findings in terms of the performance of the Queensland child protection system, in relation to:

- State and national goals relating to the child protection system
- Performance in relation to other jurisdictions
- Progress in reducing the numbers of and improving outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system.

Queensland's performance has been analysed and reported in relation to the following key service areas:

1. Building the range and availability of family support services
2. Working better with families in contact with the child protection system
3. Improving out-of-home care and post-care experiences for children and young people
4. Health, Social, Emotional and Economic indicators of wellbeing
5. Outcomes for Aboriginal and Torres Strait Islander children and families

For each service area, the relevant state and national goals are provided. As is expected and necessary, there is a close relationship between the state and national goals.

As previously stated, undertaking accurate cross-jurisdictional analysis is difficult due to differences in policy and legislation. For this reason, this report has limited cross-jurisdictional assessments to a comparison of Queensland's performance against the national data, using percentage change in measures over time in cases where direct comparison is particularly problematic.

Key statistics and trends are outlined by analysing:

- Indicators of the National Framework's Second Action Plan (see section 2.2)
- ROGS key performance child protection effectiveness output measures (see section 2.3)
- Key information in relation to implementation of the recommendations of the child protection reform program (see section 3.2)
- Key Queensland child protection performance indicators (see section 3.3).

Additional supporting data and information has also been incorporated, including those which provide the views of children and families and other contextual information.

## 4.1 Building the range and availability of family support services

This service area relates to the following national and state goals:

Framework	Goal/Outcome	Details
<b>National Framework</b>	Primary Outcome	Australia's children are safe and well
	Supporting Outcome 1	Children live in safe and supportive families and communities
	Supporting Outcome 2	Children and families access adequate support to promote safety and intervene early
	Supporting Outcome 3	Risk factors for child abuse and neglect are addressed
<b>Queensland Child Protection Reform Roadmap</b>	Overarching Goal 1	Parents and families protect and care for their children
<b>Queensland Child Protection Reform Program</b>	Primary Outcome	Children and young people live in safe and supportive families and communities
	Supporting Outcome 1	Children and families have timely access to high-quality services
	Supporting Outcome 2	Queensland's family support system is efficient, effective, client-centred and focused on prevention
	Supporting Outcome 4	Communities have confidence and trust in the Queensland child protection system
	Domain 2 Strategic Objective	Vulnerable children and young people live in safe and supportive families and communities

### 4.1.1 Key statistics, trends and achievements

#### Queensland Child Protection Reform Program

A key aim of the reform program is to make sure families and children have access to preventative and support services when they are needed.

The majority of recommendations relating to enhancing family support services are captured in domain 2 (see section 3.2.2).

There are 16 recommendations within four work packages in this domain. As at 30 June 2016, three recommendations have been delivered, 12 recommendations were underway and 1 recommendation was not due to commence until year five of the reform program.

#### *Significant achievements:*

- Roll out of **Family and Child Connect services** (FaCC) to support families who are at risk of entering or re-entering the tertiary child protection system.
- Roll out of **Intensive Family Support services** to work with vulnerable families who have multiple or more complex needs to ensure they receive the necessary support.

- Release of **oneplace Community Services Directory**, an online state-wide information source of community support services to assist children, families and professionals to access the right service.
- Roll out of **Triple P Parenting Program**, available free to all Queensland parents and carers of children (up to 16 years of age).

### **Access to support services**

The rate of uptake of family support services may be an indicator of the availability and appropriateness of these services.

#### *Key trends and statistics:*

- A QFCC survey of over 2000 Queensland parents conducted in late 2015 revealed 17 per cent of parents surveyed used a parenting support service or attended an educational parenting program in the 2015 calendar year. Of these, 93 per cent said it made a positive difference.
- The majority of parents surveyed (75 per cent) had contacted at least one community service organisation or professional for help in the 2015 calendar year. Most parents had contact with a doctor (66 per cent), 41 per cent had contacted teachers, and 22 per cent had contacted nurses or midwives.
- Parents rated doctors as the most trusted community service professional (7.7 out of 10), followed by nurses and midwives (rated 7.4 out of 10) and Child and Baby Health Clinics (rated 7.1 out of 10).
- More than 20,000 Queensland families have accessed the Triple P Program since August 2015.
- As at 30 June 2016, 30,509 discrete services were listed in the oneplace Community Service Directory. Between April and June 2015, there were a total of 30,454 visits to the website.
- For the 2015 calendar year, almost 7,000 referrals were made to Family and Child Connect services.

## **4.1.2 Key findings and opportunities for further investigation**

### **Key findings:**

Significant gains have been made in improving access to family support services. As this has been a focus of the first stage of the implementation of the child protection reform program this is not unexpected. However the progress is significant and commendable.

### **Opportunities for further investigation:**

The uptake of family support services will continue to be monitored, with further analysis of the effectiveness of these services in achieving desired outcomes.

The National Framework's Third Action Plan has a focus on organisations responding better to children and young people and helping to keep them safe. Work is continuing at the national level to identify targets and progress markers for this strategy. Once developed, these targets and progress markers may provide a guide for future priority action, including monitoring and reporting by the QFCC.

## 4.2 Working better with families in contact with the child protection system

This service area relates to the following national and state goals:

Framework	Goal/Outcome	Details
National Framework	Supporting Outcome 3	Risk factors for child abuse and neglect are addressed
	Supporting Outcome 4	Children who have been abused or neglected receive the support and care they need for their safety and wellbeing
Queensland Child Protection Reform Program	Primary Outcome	Children and young people live in safe and supportive families and communities
	Supporting Outcome 2	Queensland's family support system is efficient, effective, client-centred and focused on prevention
	Supporting Outcome 4	Communities have confidence and trust in the Queensland child protection system
	Domain 3 Strategic Objective	Child protection practice is focused on engaging with families earlier, and keeping children safely at home where appropriate

### 4.2.1 Key statistics, trends and achievements

#### Queensland Child Protection Reform Program

A key aim of the reform program is to make sure child protection practice is focused on engaging with families earlier, and keeping children safely at home where appropriate.

The majority of recommendations relating to enhancing family support services are captured in domain 3 (see section 3.2.3).

There are 18 recommendations within three work packages in this domain. As at 30 June 2016, all 18 recommendations were underway.

#### *Significant achievements:*

- Introduction of the **Strengthening Families, Protecting Children Framework for Practice** to enhance child protection practice and deliver better outcomes for vulnerable children and families.
- Publication of an **Information Kit on Child Protection for Parents** to assist families to understand their rights, how the child protection system works including court and tribunal processes, and complaints and review options in response to child protection interventions.
- Trials of **Collaborative Family Decision-Making** to improve family group meeting processes, and work collaboratively with families in making decisions and developing plans to meet their children's safety and wellbeing needs.



## Intakes

When concerns regarding the safety of a child are reported (an ‘intake’), Child Safety Officers will determine how best to respond to the situation.

There are two departmental responses to information received at intake:

1. *Child Concern Reports* – information received indicates the concerns raised do not meet the legislative threshold to record a notification; or
2. *Notifications* – information received is assessed as reaching the legislative threshold to record a notification (i.e. it is reasonably suspected that a child is in need of protection).

### *Key trends and statistics:*

- Between March 2014 and March 2016, the rate of intakes to DCCSDS reduced from 70 per 1000 children to 54 per 1000 children (refer Figure 3.2)

In 2015, the QFCC undertook a ‘Healthcheck’ of system level reporting/referral behaviours at the request of the Child Protection Reform Leaders Group. The review aimed to assess the effectiveness of the change management process and impact of the legislative amendments on professional reporting which commenced in January 2015.

The review found there were positive signs the implementation of reforms relating to the reporting and referral system had reduced the number of intakes received by DCCSDS which do not meet the threshold for statutory intervention. There has also been a corresponding increase in referrals to secondary support services.

A subsequent Healthcheck report of reporting/referral behaviours will be undertaken by QFCC at least six months after state-wide implementation of FaCC and IFS services.

Achieving a reduction in intakes is dependent many factors. These include state and federal government policies and processes, the child protection and family support system sharing responsibility for vulnerable children, and families and communities acknowledging and being supported to address the multiple factors related to child abuse and poor life outcomes.

## Investigations and assessments

Once a decision has been made to record a notification, further assessment is made to determine the response timeframe for commencing the investigation and assessment (24 hours, 5 days or 10 days).

Queensland remains the only jurisdiction to respond to all notifications by conducting an investigation and assessment. Given the extent of these policy and legislative differences, this report does not compare data relating to investigations and assessments in Queensland to those in other jurisdictions.

The child protection reforms are changing the way the child protection system works with families in contact with the child protection system. These changes may impact on the time taken to complete an investigation.

### *Key trends and statistics:*

- Between 2010 and 2015, the proportion of investigations requiring a 24 hour response which commenced within the required timeframe has increased by 8 per cent – from 86 per cent to 92 per cent (see Figure 3.3).

- In 2014-15, only 30 per cent of investigations requiring a five day response and 24 per cent of investigations requiring a 10 day response commenced within the required timeframe (see Figure 3.3).
- The response time to complete an investigation changed sharply in 2012-13, and has fluctuated since then. There has been an overall decline in the proportion of investigations finalised in 90 days or more – from 37 per cent in 2011-12 to 24 per cent in 2014-15, an increase in the proportion of those finalised between 29 and 90 days – from 43 per cent in 2011-12 to 54 per cent in 2014-15, fluctuation in the proportion of those finalised in 28 days or less – 20 per cent in 2011-12, 27 per cent in 2012-13 and 2013-14, and 21 per cent in 2014-15 (see Figure 2.14).

## Substantiations

If an investigation has found that a child has been, is being, or is likely to be abused, neglected or otherwise harmed, this is recorded as having a substantiated outcome.

Neither a very high nor very low substantiation rate is desirable as a very low substantiation rate might indicate notifications and investigations are not accurately targeted to appropriate cases. Whereas a very high substantiation rate might indicate the criteria for substantiation are unnecessarily bringing ‘lower risk’ families into the statutory system.

### *Key trends and statistics:*

- Between 2009 and 2015, the rate of child protection substantiations in Queensland has reduced by 12 per cent, while the national rate has increased by 29 per cent over the same period (see Table 2.1 and Figure 2.2).
- In 2014-15, 33.5 per cent of all investigations completed within Queensland had a substantiated outcome. Queensland’s proportion of finalised investigations with a substantiated outcome is consistently lower than the Australian proportion over the period of 2011-12 to 2014-15 (see Figure 2.15).

## 4.2.2 Key findings and opportunities for further investigation

### **Key findings:**

There are positive signs the implementation of reforms relating to the reporting and referral policies, procedures and practices are reducing the number of intakes received by DCCSDS which do not meet the threshold for statutory intervention. There has also been an increase in referrals to secondary support services.

Queensland is the only jurisdiction which responds to all notifications by conducting an investigation and assessment, however less than half of investigations completed have a substantiated outcome.

The proportion of investigations requiring a 24 hour response commencing within this timeframe (the commencement rate) continues to rise, from 86 per cent in 2010-11 to 92 per cent in 2014-15.

However, the commencement rate for investigations requiring a five or a 10 day response has remained relatively steady. In 2014-15, 30 per cent of investigations requiring a five day response and

24 per cent of investigations requiring a 10 day response were commenced within required timeframes.

**Opportunities for further investigation:**

Any unintended impacts of the level of reporting and reduced intakes will be considered as part of the subsequent Healthcheck of reporting/referral behaviours. This review will be undertaken at least six months after state-wide implementation of FaCC and IFS services.

There is an opportunity to undertake further analysis of the investigation and assessment processes especially in regards to the time taken to commence five and 10 day responses, as well as the proportion of investigations resulting in a substantiated outcome.

Further work could also be undertaken to understand possible impacts of the child protection reforms on the time taken to complete an investigation and assessment.

## 4.3 Improving out-of-home care and post-care experiences for children and young people

This service area relates to the following national and state goals:

Framework	Goal/Outcome	Details
National Framework	Supporting Outcome 4	Children who have been abused or neglected receive support and care they need for their safety and wellbeing
Queensland Child Protection Reform Roadmap	Overarching Goal 2	Children in care are protected and cared for
Queensland Child Protection Reform Program	Primary Outcome	Children and young people live in safe and supportive families and communities
	Supporting Outcome 1	Children and families have timely access to high quality services
	Supporting Outcome 3	The level of over-representation of Aboriginal and Torres Strait Islander children in the child protection system is significantly reduced
	Supporting Outcome 4	Communities have confidence and trust in the Queensland child protection system
	Domain 4 Strategic objectives	Children and young people in care are protected, cared for, and supported to reach their full potential  Young people leaving care have high prospects, ready to take on the responsibilities of adulthood, and feel connected to their culture and community

### 4.3.1 Key statistics, trends and achievements

#### Queensland Child Protection Reform Program

A key aim of the reform program is to make sure children in care are protected and well cared for. The state and national goals both place importance on making sure children in out-of-home care receive appropriate, quality and responsive care.

The majority of recommendations relating to improving out-of-home care and post-care experiences for children and young people are captured in domain 4 (see section 3.2.4).

There are 18 recommendations within 10 work packages in this domain. As at 30 June 2016, three recommendations had been delivered and 15 recommendations were underway.

#### *Significant achievements:*

- Development of the **Hope and Healing Framework**, a consistent trauma-informed therapeutic framework aimed at improving residential care services for children and young people.
- The delivery of the **Next Step After Care** services to deliver targeted support services to people leaving care to develop their educational opportunities and job-ready skills,

strengthen their self-reliance and independent living skills, and enable them to acquire and maintain stable and suitable accommodation.

- Opening of **Platform 18** at Lady Cilento Children's Hospital, a free primary health care service for young people aged 15-18 years who are subject to a child protection order. Health assessments are conducted by nurses and support services relating to all aspects of a young person's health and wellbeing are provided.

## Children in out-of-home care

Out-of-home care is provided to children when it has been assessed that it is not safe for them to be cared for by their parents. An understanding of the rate of children entering and number of children in out-of-home care, provides key insights into the success of the reform program in reducing the pressure on the tertiary child protection system.

### *Key trends and statistics:*

- As at 31 March 2016, there were 8,671 children in out-of-home care in Queensland (or 7.8 per 1,000 children). Of these, 3,614 were Aboriginal and/or Torres Strait Islander children (or 41.7 per 1,000 children) (See Table A1.3).
- The rate of children in out-of-home care is still increasing, but at a slower rate than the national average (see Table 2.2; Figure 2.4; Figure 3.6).
- The rate of Aboriginal and Torres Strait Islander children in out-of-home care is increasing at a greater rate than for non-Indigenous children (see figure 3.3).

## Placement Stability:

Placement stability is a key factor in supporting children in out-of-home care to achieve their full potential. In general, a low number of placements is desirable, but this must be balanced against other considerations, including the Child Placement Principle, local placements and placements with siblings.

### *Key trends and statistics:*

- Between 2013 and 2016, the average number of placements children in out-of-home care are experiencing has remained relatively stable (see Figure 2.20).
- However, the average number of placements for Aboriginal and Torres Strait Islander children (between 4 and 4.1) is consistently higher than experienced by non-Indigenous children (steady at 3.5) (see Figure 2.20).
- Queensland children who exited after five or more years in care were more likely to experience six or more placements (43.2 percent), compared to the national average (15.3 percent) (see Figure 2.19).
- 15.8 per cent of Queensland children who were in out-of-home care for less than 12 months, and 58.9 per cent of children who were in care for more than 12 months have experienced more than two placements (see Figure 2.17).

## Type of out-of-home care

When a child requires out-of-home care, it is widely recognised that the best option for the child is home-based care (i.e. foster, kinship and provisionally approved carers). Wherever possible, children should be placed with extended family (kinship carers) in order to maintain family connections. When placing an Aboriginal or Torres Strait Islander child in out-of-home care, a culturally appropriate placement should be sought in accordance with the Child Placement Principle.

#### *Key trends and statistics:*

- The proportion of children in Queensland placed with extended family has increased from 34.6 per cent as at 30 June 2012 to 42.9 per cent as at 30 June 2015. However, it is lower than the national average at 47.3 per cent (see Figure 2.23).
- As at June 2015, Aboriginal and Torres Strait Islander children in Queensland are less likely to be placed with extended family (41.8 per cent) than non-Indigenous children (43.8 per cent).
- This contrasts with the Australian data, in which the proportion of Aboriginal and Torres Strait Islander children placed with extended family (48.8 per cent) is consistently higher than the proportion of non-Indigenous children (46.5 per cent) (see Figure 2.24).

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

It is vital that children in out-of-home care are cared for, protected, safe and able to meet their full potential. A case plan is developed for all children assessed as requiring ongoing intervention, and includes information on the child's individual health and education needs, living arrangements, goals for ongoing intervention and actions required to achieve these goals. As such, it plays a significant part in improving a child's wellbeing by helping to address their care and protection needs.

#### *Key trends and statistics:*

- As at 31 March 2016, 86.7 per cent of children subject to ongoing intervention had a current case plan. However this figure is up from 6.3 per cent from the previous year (see Figure 2.27 and Table A1.4).
- As at 31 March 2016, 95.8 per cent of Aboriginal and Torres Strait Islander children subject to ongoing intervention had cultural support plans (see Figure 2.27 and Table A1.4).
- Ninety-one per cent of children in out-of-home care have voiced feeling both safe and settled in their current placement. Ninety-seven per cent surveyed believed they have a significant adult who cares about them now and in the future. (*National Standards for Out-of-Home Care (the 'National Standards')*, AIHW, 2015).
- The proportion of children in out-of-home care subject to a harm report (standard of care) substantiation has remained low and relatively stable at around 1.7 per cent (see Section 3.3.3).

### **4.3.2 Key findings and opportunities for further investigation**

#### **Key findings:**

The rate of children in out-of-home care in Queensland is increasing, but at a slower rate than the national average. The rate of Aboriginal and Torres Strait Islander children in out-of-home care is consistently higher than the rate of non-Indigenous children, with the gap between the two cohorts increasing from 2014 to 2016.

The average number of placements of children in out-of-home care has remained relatively stable between 2013 and 2016. However the average number of placements for Aboriginal and Torres Strait Islander children is consistently higher than for non-Indigenous children.

Significant gains have been made in placing children in out-of-home care with extended family, and while the gap is narrowing, this rate remains lower than the national average.

Queensland has very high rates of completion of case plans and cultural support plans for children subject to ongoing intervention, and is consistently higher than the national average.

Encouragingly, a very high proportion of Australian children in out-of-home care have voiced feeling both safe and settled in their current placement. The proportion of Queensland children in out-of-home care subject to a harm report substantiation has remained low and relatively stable at around 1.7 per cent.

**Opportunities for further investigation:**

Placement stability for children in out-of-home care will continue to be monitored, with further analysis of what can be done to reduce placement instability, especially for Aboriginal and Torres Strait Islander children.

There is an opportunity to examine the influences (both within and external to the tertiary child protection system) on why the rate of Queensland children in home-based care and with extended family is lower than the national average.

There is an opportunity to undertake further analysis of the effectiveness and currency of case plans and cultural support plans to determine if the needs of children in out-of-home care are being adequately identified and they are receiving the supports they need.

The National Framework's Third Action Plan has a focus on helping young people in out-of-home care to thrive into adulthood. Work is continuing at the national level to identify targets and progress markers for this strategy. Once developed, these targets and progress markers may provide a guide for future priority action, including monitoring and reporting by the QFCC.

## 4.4 Health, social, emotional and economic indicators of well-being

This service area relates to the following national and state goals:

Framework	Goal/Outcome	Details
National Framework	Primary Outcome	Australia's children are safe and well
	Supporting Outcome 1	Children live in safe and supportive families and communities
	Supporting Outcome 2	Children and families access adequate support to promote safety and intervene early
	Supporting Outcome 3	Risk factors for child abuse and neglect are addressed
Queensland Child Protection Reform Roadmap	Overarching Goal 1	Parents and families protect and care for their children
Queensland Child Protection Reform Program	Primary Outcome	Children and young people live in safe and supportive families and communities
	Supporting Outcome 1	Children and families have access to high-quality services
	Supporting Outcome 2	Queensland's child and family support system is efficient, effective, client-centred and focused on prevention
	Domain 2 Strategic Objective	Vulnerable children and young people live in safe and supportive families and communities

### 4.4.1 Key statistics, trends and achievements

#### Parental risk factors for abuse and neglect

A series of reports published in 2008 and 2009 identified characteristics of parents involved in the Queensland child protection system<sup>46</sup>. One of the major issues facing these households was the existence of multiple and complex risk factors:

- parents with a drug and/or alcohol problem
- parents' intergenerational experience of abuse or neglect
- parents with a criminal history
- parents with a diagnosed mental illness
- domestic violence.

#### *Key trends and statistics:*

A QFCC survey of over 2000 Queensland parents conducted in late 2015 revealed just over half (54 per cent) of parents surveyed had one or more risk factors whilst 20 per cent had at least two.

Approximately half (54 per cent) of Queensland parents surveyed stated they had sometimes found it hard to cope with the stress of being a parent. Of these, 81 per cent had felt this was a least once in

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<sup>46</sup> *Characteristics of parents involved in the Queensland child protection system*

<https://www.communities.qld.gov.au/resources/childsafety/about-us/performance/child-protection/report-6-key-findings.pdf>



the past month, including 5 per cent who felt this way every day. Over a quarter (28 per cent) said they had been worried at some point they were not able to keep their children healthy and safe.

Twenty-one percent of parents surveyed reported physical domestic violence. This was more common amongst Aboriginal and Torres Strait Islander parents (53 per cent), young parents (48 per cent), parents with at least one dependent with a disability or chronic condition (32 per cent), and those who parent on their own (31 per cent).

## **Queensland Child Protection Reform Program**

The primary outcome of the reform program is children and young people live in safe and supportive families and communities.

While there are few recommendations relating directly to improving the health, social, emotional and economic status and outcomes for children and families, a key aim of the reform program is to enable parents and families to protect and care for their children through delivering support earlier. This will likely have an effect on reducing the risk factors for child abuse and neglect.

The majority of recommendations relating to enabling parents and families to protect and care for their children in the reform program are captured in domain 2 (see section 3.2.2 and 4.2).

## **Teenage births**

A low rate of teenage births is desirable in order to reduce risk factors for child abuse and neglect as both the mother and child are at greater risk of experiencing, over the longer term, poorer health, education and socioeconomic outcomes.

### *Key trends and statistics:*

- The rate of teenage births in Queensland has decreased from 24 per 1000 females in 2008 to 19.6 per 1000 females in 2013. However, this is still higher than the national average (see Figure 2.6).

## **Infants born of low birth weight**

An infant's birth weight is a key indicator of infant health and a significant determining factor of a baby's chance of survival, good health and development and well-being outcomes.

### *Key trends and statistics:*

- The percentage of low birth weight babies in Queensland (6.3 per cent) is stable and consistent with the national average (6.4 per cent) for the period 2008 to 2013.

## **Child death – Queensland only**

The QFCC publishes an annual report analysing the deaths of Queensland children and young people, focusing on the circumstances and risk factors surrounding external (non-natural) causes of death.

Since data collection commenced in January 2004, there have been some year to year fluctuations in child death rates, however there has been a general reduction in recent years.

*Key trends and statistics (see Table A2):*

- The deaths of 445 children and young people were registered in Queensland 2014–15, representing a rate of 40.2 deaths per 100,000 population aged 0–17 years.
- External (non-natural) causes accounted for 20.2 per cent of deaths (90 deaths).
- Suicide was the leading external cause of death overall (28 deaths) followed by transport incidents (25 deaths), drowning (16 deaths), fatal assault and neglect (14 deaths).
- Fifteen of the 28 young people who died as a result of suicide were known to the child protection system in last 12 months before their death. Three of the 14 children who died due to fatal assault or neglect were known to the child protection system.
- Aboriginal and Torres Strait Islander children accounted for 16.4 per cent of all child deaths in 2014–15, and are over-represented in most preventable causes of child death.

## **Child homicide**

While child homicide is a rare event, this data is a key indicator of the nature and level of extreme and serious interpersonal violence experienced by an extremely vulnerable cohort.

Child homicide is measured nationally as the rate of children aged 0–17 years subject to homicide or death from fatal outcomes of intentionally inflicted wounds. At the time of this report, national homicide data beyond 2011–12 had not been released by the Australian Institute of Criminology.

Queensland child homicide data recorded by the QFCC Queensland Child Death Register categorises child homicide as ‘fatal assault and neglect’.

*Key trends and statistics:*

- During the two financial years 2010–11 to 2011–12 in Australia, there were 62 deaths nationally due to homicide among children aged 0–17, a rate of 0.6 per 100,000 children.
- For the period 2010–2012, the rate of child homicides for children under one year was higher in Queensland (5.8 per 100,000) than the national average (2.2 per 100,000) (see Figure 2.10).
- For the period 2010–2012, the rate of child homicides for children aged 15–17 years in Queensland was below than the national average (0.0 per 100,000 in Queensland compared with 0.9 per 100,000 nationally) (see Figure 2.10).
- In 2014–15, 14 children died of fatal assault and neglect in Queensland. This number is due, in part, to a single incident involving multiple fatalities. Nine children were victims of domestic homicide, four deaths were fatal child abuse and one death was due to neonaticide (see Table A2).

## **Early Childhood Development**

Early childhood development can impact a child throughout life, including their future life successes, physical health and emotional wellbeing. There are multiple factors which impact childhood development including families, communities, broader social norms, as well as government policies and practices.

*Key trends and statistics:*

- The proportion of Queensland children developmentally vulnerable on one or more domains of the Australian Early Development Census has been declining over time from 29.6 per cent in 2008 to 26.1 per cent in 2015 (see Figure 2.11).
- The proportion of developmentally vulnerable Queensland children is higher than the national average (see Figure 2.11).

## Family income and financial stress

Low family income can adversely affect the health, education and self-esteem of children. Regular adequate income is the single most important indicator of their financial situation.

Financial stress can also be a compounding contributor to parental stress. It is often the combination of a number of stressors in people's lives which can put people at risk of coming into contact with the tertiary child protection system.

### *Key trends and statistics:*

- The average household income for low income Queensland households with 0-12 year olds is similar to the national average (see Figure 2.11).
- However, almost half (47 per cent) of Queensland parents surveyed in late 2015 reported they experienced financial stress in the last year. This was more pronounced in the Aboriginal and Torres Strait Islander cohort, with over three quarters (76 per cent) reporting experiencing financial stress.
- Just over a quarter (29 per cent) of parents surveyed reported they were not able to pay their utility bills on time, 26 per cent had asked for financial help, 23 per cent had to pawn or sell something due to a lack of money, 16 percent could not pay their mortgage or rent on time, 13 percent had gone without meals, and 9 per cent had asked for help from a welfare organisation.

## 4.4.2 Key findings and opportunities for further investigation

### **Key findings:**

Just over half of Queensland parents surveyed in 2015 have self-reported experiencing one or more risk factors which are common in households with a child assessed as in need of protection and requiring ongoing support or intervention. Twenty percent of Queensland parents surveyed reported experiencing two or more of these risk factors.

Approximately half of Queensland parents surveyed stated they had sometimes found it hard to cope with the stress of being a parent, and over a quarter said they had been worried at some point they were not able to keep their children healthy and safe.

Twenty-one percent of all parents and 53 percent of Aboriginal and Torres Strait Islander parents surveyed reported physical domestic violence.

Almost half (47 per cent) of Queensland parents and 76 per cent of Aboriginal and Torres Strait Islander parents surveyed reported they experienced financial stress in the last year.

Queensland is consistent with the national average for:

- low birth weight babies
- the rate of child homicide
- the average household income of low income families with children.

Queensland performs below the national average for:

- the rate of teenage births
- early childhood development
- the rate of child homicide for children under one year.

**Opportunities for further investigation:**

There is an opportunity through the Child Protection and Domestic and Family Violence Interdepartmental CEO Committee to continue to explore the links between the domestic and family violence reforms and the child protection reforms to ensure successful implementation and delivery of program outcomes.

The National Framework's Third Action Plan has a primary strategy of on early intervention with a focus on the early years – particularly the first 1,000 days for a child. Work is continuing at the national level to identify targets and progress markers for this strategy. Once developed, these targets and progress markers may provide a guide for future priority action, including monitoring and reporting by the QFCC.

## 4.5 Outcomes for Aboriginal and Torres Strait Islander children and families

Addressing the over-representation of Aboriginal and Torres Strait Islander children and families underpins all national and state goals for child protection. Similarly all the goals, objectives and supporting outcomes of the Queensland Child Protection Reform Program contribute to improving the outcomes for Aboriginal and Torres Strait Islander children and families.

However, it is recognised additional specific and targeted actions are required to meet the needs of Aboriginal and Torres Strait Islander children and families and address over-representation in the tertiary child protection system.

The table below therefore identifies the national and state goals which have a specific focus on improving outcomes for Aboriginal and Torres Strait Islander children and families:

Framework	Goal/Outcome	Details
National Framework	Primary Outcome	Australia's children are safe and well
	Supporting Outcome 5	Indigenous children are supported and safe in their families and communities
Queensland Child Protection Reform Roadmap	Overarching Goal 1	Parents and families protect and care for their children
	Overarching Goal 2	Children in care are protected and cared for
Queensland Child Protection Reform Program	Primary Outcome	Children and young people live in safe and supportive families and communities
	Supporting Outcome 3	The level of over-representation of Aboriginal and Torres Strait Islander children in the child protection system is significantly reduced
	Strategic Objective 5	Indigenous children and young people are safe and supported in their families and communities as part of a culturally responsive and capable system
	Domain 5 Strategic Objective	Meeting the requirements and needs of Queensland's Aboriginal and Torres Strait Islander children, families and communities.

### 4.5.1 Key statistics, trends and achievements

As at 30 June 2014, there were just over 86,000 Aboriginal and Torres Strait Islander children living in Queensland, which is 7.8 per cent of the population of Queensland's children (aged 0-17 years).

Of all children who had contact with the Queensland child protection system as at 30 June 2014, Aboriginal and Torres Strait Islander children were approximately:

- five times more likely to be subject to a notification
- eight times more likely to be subject to ongoing intervention
- eight times more likely to be in out-of-home care<sup>47</sup>.

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<sup>47</sup> The Queensland Government Statistician's Office published population estimates for 2001-2014 has been combined with 2013-2014 data available on the Our Performance website ([www.communities.qld.gov.au](http://www.communities.qld.gov.au)) to develop these statements.

## Queensland Child Protection Reform Program

A key aim of the reform program is Aboriginal and Torres Strait Islander children and young people are safe and supported in their communities as part of a culturally responsive and capable system.

While there is a commitment to ensure focus is maintained on improving outcomes for Aboriginal and Torres Strait Islander children and families in undertaking all activities, the Commission of Inquiry identified several focus areas and made 16 specific recommendations aimed at reducing the numbers of Aboriginal and Torres Strait Islander children in the child protection system and improving outcomes for them and their families.

These specific recommendations are grouped under nine work packages in domain 5. As at 30 June 2016, two of these recommendations had been delivered and 14 were underway.

### *Significant achievements:*

- Commitment to develop an **Action Plan for vulnerable Aboriginal and Torres Strait Islander children and families** to address the broader issues of social and economic disadvantage and the specific circumstances in families which drive the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system.
- Work of the **Aboriginal and Torres Strait Islander Child Protection Service Reform Project** in reviewing the Safe House Model, assessing the adequacy of existing universal, early intervention and family support services, and developing strategies and service delivery models to support Aboriginal and Torres Strait Islander families.
- **Reviews of current arrangements for the enforcement of domestic violence orders in discrete communities** to identify and drive improvements and linkages to the domestic violence and child protection reform programs.
- Trials of an **Aboriginal and Torres Strait Islander Family-Led Decision-Making Model for Family Group Meetings** for Aboriginal and Torres Strait Islander families in Ipswich, Mount Isa, Cairns and the Torres Strait Islands.
- Trial of the **Winangay kinship care assessment tools** throughout Queensland.
- The recruitment of **10 Aboriginal and Torres Strait Islander practice leaders** to drive culturally responsive practice.

## Family Support Services

Access to culturally appropriate family support services is vital in order to ensure services are delivered in a culturally appropriate way, as early as possible. Culturally appropriate intervention with a family before concerns escalate may help reduce the over-representation of Aboriginal and Torres Strait Islander children in the early phase of the tertiary child protection system.

### *Key trends and statistics:*

- A QFCC survey of over 500 Queensland Aboriginal and Torres Strait Islander parents conducted in late 2015 revealed 57 per cent of parent surveyed had difficulty in asking for help and support from friends, families and neighbours.
- The majority of Aboriginal and Torres Strait Islander parents surveyed (91 per cent) had contacted at least one community service organisation or professional in the 2015 calendar year. Most Aboriginal and Torres Strait Islander parents had contact with doctors (74 per cent), and Aboriginal and Torres Strait Islander Health Clinics (72 per cent).
- Parents rated doctors as the most trusted community service professional (7 out of 10), followed by Aboriginal and Torres Strait Islander Health Clinics (6.6 out of 10) and Aboriginal and Torres Strait Islander owned or run community or welfare association (rated 6.1 out of 10).

- 17 per cent of parents surveyed reported using a parenting support service or attended an educational parenting program in the 2015 calendar year. Of these, 99 per cent said it made a positive difference.

#### *Recent developments:*

The Queensland Government has recently taken a number of steps to improve family support services for Aboriginal and Torres Strait Islander families.

In May 2016, as part of the first wave of contributions towards the action plan for Aboriginal and Torres Strait Islander children and families experiencing vulnerability, the Queensland Government announced investment of more than \$150 million over five years from 2016–17 in revamped parenting and family support and wellbeing services delivered by Aboriginal and Torres Strait Islander organisations.

Family Wellbeing Services will be rolled out progressively from 2016-17 offering practical support to over 6,000 Aboriginal and Torres Strait Islander families to help build their capacity to safely care for their children.

### **Working better with families in contact with the child protection system**

Given the over-representation of Aboriginal and Torres Strait Islander children in all phases of the tertiary child protection continuum, every opportunity to engage better with Aboriginal and Torres Strait Islander families, relatives and communities must be explored and enhanced.

More effective engagement and participation of Aboriginal and Torres Strait Islander families by child protection agencies and their workers will support the reform aim of keeping Aboriginal and Torres Strait Islander children safe and supported.

#### *Key trends and statistics:*

- While the rate per 1,000 of Aboriginal and Torres Strait Islander children subject to an intake remains more than three times the rate of non-Indigenous children, the difference between these cohorts has significantly decreased between 2014 and 2016 (see Figure 3.2).
- While the rate of Queensland children per 1,000 subject to an Intervention with Parental Agreement (IPA) has remained relatively steady between 2014 and 2016, the rate for Aboriginal and Torres Strait Islander children has decreased from 11.2 in 2014 to 9.6 in 2016 (see Figure 3.4).

### **Improving out-of-home care and post-care experiences for children and young people**

There will always be circumstances when it is assessed that it is necessary for an Aboriginal and/or Torres Strait Islander child to be placed in out-of-home care in order to address their safety and well-being needs.

In these circumstances it is imperative a child's experience in out-of-home care meets their cultural, social and emotional well-being needs, alongside their educational and health needs.

The rate of Aboriginal and Torres Strait Islander children in out-of-home care is an indicator of demand for culturally appropriate out-of-home care services. It can also be an indicator of whether early intervention services are effective.



### *Key trends and statistics:*

- As at 31 March 2016, there were 3,614 Aboriginal and Torres Strait Islander children in out-of-home care in Queensland. This equates to 41.7 per cent of all children in out-of-home care in Queensland (see Table A1.3).
- The rate of Aboriginal and Torres Strait Islander children in out-of-home care is increasing at a greater rate (from 37.9 per 1,000 children in 2014 to 41.7 per 1,000 in 2016) than non-Indigenous children in out-of-home care (4.7 in 2014 to 4.9 in 2016) (see Figure 3.6).
- The rate of Aboriginal and Torres Strait Islander children subject to a Child Protection Order has steadily increased from 42.3 per 1000 in 2014 to 45.3 per 1000 in 2016, whereas the rate of non-Indigenous children subject to a Child Protection Order has remained steady at around 5.3 per 1,000 over the same period (see Figure 3.5).
- The proportion of Aboriginal and Torres Strait Islander children in Queensland placed with relatives/kin (in accordance with ROGS definition of the Child Placement Principle) has increased from 34.2 per cent in 2012 to 41.8 per cent in 2015 (see Figure 2.24).

## **Health, Social, Emotional and Economic Indicators**

Health, social and emotional well-being indicators provide an insight into population based measures which potentially indicate populations which may be at risk of child abuse and neglect in the future.

### *Key trends and statistics:*

- Of the more than 500 Queensland Aboriginal and Torres Strait Islander parents surveyed by QFCC in late 2015, 75 per cent self-reported experiencing one or more risk factors common in households with a child assessed as in need of protection and requiring on-going support or intervention. Twenty-one per cent self-reported experiencing two or more of these risk factors.
- Nearly half of the parents surveyed (47 per cent) said they have, at times, found it hard to cope with the stress of being a parent or caregiver, and 26 per cent said they have been worried at some point they were not able to keep their children healthy and safe.
- Nearly three quarters (74 per cent) of Aboriginal and Torres Strait Islander parents surveyed reported they had experienced financial stress, and 53 per cent reported physical domestic violence.
- Over three quarters (76 per cent) of Aboriginal and Torres Strait Islander parents surveyed reported they experienced financial stress in the 2015 calendar year. Nearly two-thirds (63 per cent) reported they had asked for financial help from family and friends, 57 per cent were not able to pay their utility bills on time, 33 per cent had asked for help from a welfare organisation, 35 per cent could not pay their mortgage or rent on time, 27 per cent had had to pawn or sell something due to a lack of money, and 21 per cent had gone without meals.
- As at 2013, the rate of births to Aboriginal and Torres Strait Islander teenage mothers in Queensland (63.8 per 1000 females) was four times the rate of non-Indigenous teenage mothers (16.2 per 1000) (see Figure 2.7).
- As at 2013, the proportion of low birth weight babies born to Aboriginal and Torres Strait Islander teenage mothers in Queensland (11 per cent) was almost double the proportion for non-Indigenous mothers (6 per cent) (see Figure 2.9).
- Aboriginal and Torres Strait Islander children accounted for 16.4% of all child deaths registered in Queensland during 2014-15. Indigenous children are over-represented in infant deaths from diseases and morbid conditions, suicide deaths and sudden unexpected deaths in infancy.



## 4.5.2 Key findings and opportunities for further investigation

### Key findings:

Aboriginal and Torres Strait Islander children and families continue to be over-represented across most of the national and state performance indicators for the child protection system.

Specifically:

- The rate of Indigenous children in out-of-home care is higher than non-Indigenous children and this gap has increased.
- The average number of placements for Queensland Aboriginal and Torres Strait Islander children is higher than the average for non-Indigenous children.
- Data continues to indicate Aboriginal and Torres Strait Islander children are being subject to higher rates of tertiary intervention, and at greater rates, when compared to non-Indigenous children.

Aboriginal and Torres Strait Islander children and families continue to experience very high levels of stressors and risk factors common in households with a child that is assessed as in need of protection.

The majority of Aboriginal and Torres Strait Islander parents had contacted at least one community service organisation or professional in the 2015 calendar year, with doctors and Aboriginal and Torres Strait Islander Health Clinics being the most frequently contacted and the most trusted service.

Seventeen per cent of Aboriginal and Torres Strait Islander parents surveyed reported using a parenting support service or attended an educational parenting program in the 2015 calendar year. Encouragingly, of these, 99 per cent said it made a positive difference.

### Opportunities for further investigation:

Addressing Aboriginal and Torres Strait Islander over-representation within the tertiary child protection system is both a national and state focus.

The National Framework's Third Action Plan has an integrated focus on Aboriginal and Torres Strait Islander children and families. Work is continuing at the national level to identify targets and progress markers for this Action Plan. Once developed, these targets and progress markers may provide a guide for future priority action, including monitoring and reporting by the QFCC.

The Queensland Action Plan for vulnerable Aboriginal and Torres Strait Islander children and families will provide opportunities to explore and address the broader issues of social and economic disadvantage and the specific circumstances in families which drive the over-representation of Aboriginal and Torres Strait Islander children and in the statutory child protection system.

# Attachment 1 – Key statistics for the Queensland Child Protection system

The following information was sourced from the Department of Communities, Child Safety and Disability Services “Our Performance” website: <https://www.communities.qld.gov.au/childsafety/about-us/our-performance>, accessed 4 July 2016.

‘Non-Indigenous’ includes non-Indigenous children and children whose Indigenous status is unknown or not stated.

The rate per 1,000 was calculated for the years ending March 2014, March 2015 and March 2016 using the estimated residential population for Aboriginal and Torres Strait Islander and non-Indigenous children as at 30 June 2013 sourced from the Queensland Government Statistician’s Office (QGSO): <http://www.qgso.qld.gov.au/products/tables/pop-est-indigenous-status/index.php>, accessed 6 July 2016.

The QGSO estimates have been compiled using the latest information available at time of production, however is subject to change and revision.

**Table A1.1. Key statistics regarding intakes, years ending 31 March 2014, 31 March 2015 and 31 March 2016**

Intakes		Aboriginal and Torres Strait Islander	Non-Indigenous	All children
<b>Children subject to an intake <sup>1</sup></b>				
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	185.1	52.5	62.7
Year ending 31 March 2016	Number	13,638	46,847	60,485
	Rate per 1000	157.3	45.1	54.1
<b>Children subject to an intake for the first time</b>				
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
Year ending 31 March 2016	Per cent	19.8	37.7	33.6
<b>Children subject to a notification</b>				
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	65.7	13.5	17.5
Year ending 31 March 2016	Number	5,506	13,777	19,283
	Rate per 1,000	63.5	13.4	17.2

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 (refer DCCSDS Tables I1-I5).

**Table A1.2. Key statistics regarding substantiations, years ending 31 March 2014, 31 March 2015 and 31 March 2016**

Substantiations		Aboriginal and Torres Strait Islander	Non-Indigenous	All children
<b>Children subject to a substantiation <sup>2</sup></b>				
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	23.8	3.9	5.4
Year ending 31 March 2016	Number	1,849	3,630	5,479
	Rate per 1,000	21.3	3.5	4.9

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 (refer DCCSDS Tables S1-S9).

**Table A1.3. Key statistics regarding ongoing intervention, years ending 31 March 2014, 31 March 2015 and 31 March 2016**

Ongoing Intervention		Aboriginal and Torres Strait Islander	Non-Indigenous	All children
<b>Children subject to ongoing intervention <sup>3</sup></b>				
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	54.3	6.5	10.2
Year ending 31 March 2016	Number	4,764	6,771	11,535
	Rate per 1,000	55.0	6.6	10.3

<b>Children subject to Intervention with Parental Agreement</b>				
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	10.5	1.3	2.0
Year ending 31 March 2016	Number	836	1,257	2,093
	Rate per 1,000	9.6	1.2	1.9

<b>Children subject to a Child Protection Order</b>				
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	43.9	5.3	8.3
Year ending 31 March 2016	Number	3,928	5,514	9,442
	Rate per 1,000	45.3	5.3	8.4

<b>Children subject to a long-term Child Protection Order</b>				
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	25.8	3.3	5.0
Year ending 31 March 2016	Number	2,414	3,456	5,870
	Rate per 1,000	27.8	3.4	5.3

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	39.6	4.8	7.5
Year ending 31 March 2016	Number	3,614	5,057	8,671
	Rate per 1,000	41.7	4.9	7.8

Proportion of Indigenous children in out-of-home care placed with kinship or Indigenous carers				
Year ending 31 March 2014	Per cent	55.5	..	..
Year ending 31 March 2015	Per cent	54.4	..	..
Year ending 31 March 2016	Per cent	56.3	..	..

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.

**Table A1.4. Key statistics regarding ongoing intervention, years ending 31 March 2014, 31 March 2015 and 31 March 2016**

Ongoing Intervention		Aboriginal and Torres Strait Islander	Non-Indigenous	All children
Proportion of children subject to ongoing intervention with a current case plan				
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 2014	Per cent	93.5	92.3	92.8
Year ending 31 March 2015	Per cent	92.9	93.2	93
Year ending 31 March 2016			.	86.7

Proportion of Indigenous children subject to ongoing intervention 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	..	..
Year ending 31 March 2016	Per cent	95.8	..	..

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
Year ending 31 March 2016	Per cent	....	....	68.0

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
Year ending 31 March 2016	Per cent	....	....	92.1

<sup>4</sup> The number of Indigenous children subject to ongoing intervention with a cultural support plan recorded on the central system as at the reference date (DCCSDS Table CSP.1Q-footnote (a))

*Table A1.5. Key statistics regarding re-entry, years ending 31 March 2014, 31 March 2015 and 31 March 2016*

Re-entry		Aboriginal and Torres Strait Islander	Non-Indigenous	All children
<b>Proportion of children subject to a substantiation experiencing a resubstantiation within three months <sup>5</sup></b>				
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
Year ending 31 March 2016	Per cent	6.3	6.8	6.6

<b>Proportion of children subject to a substantiation experiencing a resubstantiation within 12 months <sup>5</sup></b>				
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
Year ending 31 March 2016	Per cent	18.6	16.8	17.4

<b>Children subject to an initial decision not to substantiate, experiencing a substantiation within 3 months <sup>6</sup></b>				
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
Year ending 31 March 2016	Per cent	5.7	3.4	4.0

<b>Children subject to an initial decision not to substantiate, experiencing a substantiation within 12 months <sup>6</sup></b>				
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
Year ending 31 March 2016	Per cent	13.8	9.3	10.6

5. Substantiations 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 (DCCSDS Table RE.1)

6. 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 (DCCSDS Table RE.2).

# Attachment 2 – Child deaths in Queensland 2012–2015

**Table A2: Summary of deaths of children and young people in Queensland, 2012–2015**

	2012–13		2013–14		2014–15		Yearly average
	Total <i>n</i>	Rate per 100,000	Total <i>n</i>	Rate per 100,000	Total <i>n</i>	Rate per 100,000	Rate per 100,000
<b>All deaths</b>							
Deaths of children 0–17 years	449	41.1	446	40.3	445	40.2	40.4
<b>Cause of death</b>							
<b>Diseases and morbid conditions</b>	<b>360</b>	<b>33.0</b>	<b>359</b>	<b>32.4</b>	<b>309</b>	<b>27.9</b>	<b>31.0</b>
Explained diseases and morbid conditions	328	30.1	331	29.9	303	27.4	29.0
Unexplained diseases and morbid conditions	32	2.9	28	2.5	6	0.5	2.0
<i>SIDS and undetermined causes (infants)</i>	<i>32</i>	<i>2.9</i>	<i>26</i>	<i>2.3</i>	<i>6</i>	<i>0.5</i>	<i>1.9</i>
<i>Undetermined causes (&gt;1 year)</i>	<i>0</i>	<i>0.0</i>	<i>2</i>	<i>*</i>	<i>0</i>	<i>0.0</i>	<i>*</i>
<b>External causes</b>	<b>87</b>	<b>8.0</b>	<b>76</b>	<b>6.9</b>	<b>90</b>	<b>8.1</b>	<b>7.6</b>
Transport	28	2.6	31	2.8	25	2.3	2.5
Suicide	22	2.0	23	2.1	28	2.5	2.2
Drowning	11	1.0	7	0.6	16	1.4	1.0
Other non-intentional injury-related death	15	1.4	9	0.8	7	0.6	0.9
Fatal assault and neglect	11	1.0	6	0.5	14	1.3	0.9
<b>Cause of death pending</b>	<b>2</b>	<b>*</b>	<b>11</b>	<b>1.0</b>	<b>46</b>	<b>4.2</b>	<b>1.8</b>
<b>Sudden unexpected deaths in infancy (SUDI)</b>							
Sudden unexpected infant deaths	48	75.9	43	67.7	39	61.4	68.2
<b>Sex</b>							
Female	204	38.4	198 <sup>a</sup>	36.7	207 <sup>a</sup>	38.4	37.7
Male	245	43.8	247 <sup>a</sup>	43.5	236 <sup>a</sup>	41.6	42.7
<b>Age category</b>							
Under 1 year	288	455.4	298	468.9	285	448.5	456.9
1–4 years	48	19.3	45	17.8	54	21.4	19.4
5–9 years	31	10.3	39	12.6	31	10.0	10.9
10–14 years	38	12.8	21	7.0	22	7.4	9.0
15–17 years	44	24.2	43	23.6	53	29.0	25.6
<b>Aboriginal and Torres Strait Islander status</b>							
Indigenous	60	70.8	69	80.5	73	85.2	78.6
Non-Indigenous	389	38.6	377	36.9	372	36.4	37.1
<b>Known to the child protection system</b>							
Known to the child protection system	63	38.0	80	47.8	52	53.7	..

**Source: Queensland Child Death Register (2012–2015)**

\* Rates have not been calculated for numbers less than four.

.. Average across the three-year period has not been calculated due to the break in series (see note 4).

<sup>a</sup> Excludes the death of one infant of indeterminate sex in 2013–14 and two infants of indeterminate sex in 2014–15.

1. Data presented here is current in the Queensland Child Death Register as at June 2015 and thus may differ from those presented in previously published reports.

2. Rates are based on the most up-to-date denominator data available and are calculated per 100,000 children (in the age/sex/Indigenous status) in each year.
3. Rates for cause of death are calculated per 100,000 children aged 0–17 years in Queensland in each year, with the exception of sudden unexpected deaths in infancy, which are calculated per 100,000 infants under the age of 1 year in Queensland.
4. For 2013–14 and all earlier periods, the number of children known to the child protection system represents the number of children, whose deaths were registered in the reporting period, who were known to the Department of Communities in the three-year period prior to their death. For 2014–15, this was changed to the deaths of children known to the Department of Communities in the one-year period prior to their death.
5. Average annual rates have been calculated using the estimated resident population data at June 2013 (the mid-point for the period).

