



# Queensland Child Protection Reform Program (2014–24) Implementation Evaluation

FINALREPORT

Queensland  
**Family & Child**  
Commission





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October 2019



# Foreword

**Children and young people are our greatest asset. Nothing is more important than keeping them safe and supporting them to thrive and reach their full potential.**

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Queensland is on a 10-year journey to transform our child protection and family support system to make it the best it can be. The Supporting Families, Changing Futures reform program involves government and non-government organisations working together to help families access the right services at the right time, and, where possible, keep children and young people safely at home.

The Queensland Family and Child Commission is unique from other agencies as we take a system-wide view of issues affecting children and families. This is why we are responsible for evaluating the reform program. To do this, we take a rigorous and transparent approach to looking at how things are going and how they can be better.

This report describes the findings of the first evaluation, the Implementation Evaluation. We looked at how the reform program is being implemented and early signs of achieving outcomes. This will inform the future direction of reform partners to make sure the reform program meets its goals. In later evaluations, we will consider whether the desired outcomes and impacts have been achieved.

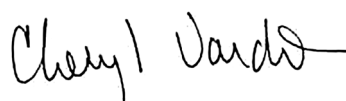
To conduct the Implementation Evaluation, we worked closely with our government and non-government partners to confirm the evaluation scope, and to identify the agency data and other information our evaluation could draw on. We thank our partners for this support.

To make sure our evaluation was informed by the views and perspectives of all relevant stakeholders, we consulted widely. We met with key stakeholders responsible for implementing the reform program, as well as those who are working together at the local level to provide services to children and families in their communities. We surveyed people who provide frontline services to children and families, and the general community. We heard from more than 2300 people for this evaluation, and we thank them all for contributing their time, insights and expertise so generously.

Our evaluation has found that considerable progress has been made in implementing the reform program. We need to stay the course and continue working together to embed the changes, and allow sufficient time for the benefits to be realised. That's not to say that there isn't room for improvement. Our evaluation has found areas that need attention if we're going to succeed. Of particular concern is the continuing over-representation of Aboriginal and Torres Strait Islander children and families in the child protection system.

We must continue to work closely with our partners to understand the evaluation findings and use them to improve practice. We need to talk about what we need to know from the outcomes and impact evaluations to make sure we're collecting the data required for those. Importantly, these later evaluations will include the experiences and perspectives of children, young people and families.

If we're going to keep all of Queensland's children more than safe, we as a sector need to commit to keeping children, families and their communities at the heart of everything we do. We need to work together to achieve the best outcomes for them. And we need to be courageous enough to critically assess how we're going, be transparent about our findings, and lead and empower the necessary changes. Together, we can make Queensland the safest place to raise a child.



Cheryl Vardon  
Principal Commissioner  
Queensland Family and Child Commission



# Executive summary

The Queensland Child Protection Commission of Inquiry (QCPCOI) was established on 1 July 2012 to review Queensland's child protection system.

The final report of the QCPCOI, *Taking responsibility: A roadmap for Queensland child protection* (the QCPCOI report),<sup>1</sup> was delivered to the Queensland Government on 1 July 2013. The QCPCOI report includes 121 recommendations, which form the Child Protection Reform Roadmap. They are the basis of the reform program, which is now referred to as Supporting Families Changing Futures.<sup>2</sup>

During the first three years of reform program implementation, three other major human service reform programs<sup>3</sup> were underway in Queensland, and additional systemic reviews were conducted. These led to recommendations for improvements to various elements of the child protection and family support system. While not released during the first three years of the reform program, the Royal Commission into Institutional Responses to Child Sexual Abuse<sup>4</sup> was also underway during this time.

## Evaluating the reform program

There are several performance monitoring and evaluation activities associated with the reform program. Agencies and organisations that deliver services to children and families collect data on these services, and are responsible for evaluating their implementation and effectiveness. Agencies include this information in the annual reports and evaluation products they produce. The data and evaluations are at the activity level.

The Queensland Family and Child Commission (QFCC) is responsible for evaluating the reform program at the program level, with evaluations planned at three time points:

1. Implementation Evaluation (Time 1)—(looking at the first three years—this evaluation)
2. Outcomes Evaluation (Time 2)—(looking at the first five years—to start after July 2019)
3. Impact Evaluation (Time 3)—(looking at the full 10 years—to start after July 2024).

The aims of the Implementation Evaluation were to:

- contribute to the child protection and family support evidence base
- improve understanding about how the reform program is being implemented—including considering early evidence of effectiveness and impact during the first three years of implementation (1 July 2014–30 June 2017)
- provide performance information to enable reform implementers and the sector to learn from evaluation findings and make well-informed decisions to adapt how they manage the reform program and improve service delivery.

The Implementation Evaluation also considered whether the reform program is on track to meet performance targets before additional funding ceases after Year 5.

## Discussion of key evaluation findings

The reform program introduced considerable changes to the child protection and family support system. The information available to inform the Implementation Evaluation suggests that progress is being made in implementing the reform program, to an extent that would be expected after three years.

1 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*.

2 Queensland Government (2018), *Supporting Families Changing Futures*. Accessed 8 January 2018.

3 Domestic and Family Violence Reform Program (in response to the Not Now, Not Ever report), the National Disability Insurance Scheme and Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families. See section 1.2.1.

4 Royal Commission into Institutional Responses to Child Sexual Abuse, *Timeline*. Accessed 3 September 2018.



Significant changes have occurred during the first three years of implementation. There is early evidence that new policies, practices and services are functioning as intended, with opportunities for further refinements.

In particular, the substantial investment in the secondary service system is viewed positively and uptake rates demonstrate positive service demand for new community-based referral services and intensive family supports. Several initiatives have also been undertaken to improve the capacity and capability of the frontline workforce.

Opportunities exist to further improve and refine current implementation practices, including governance groups, collaboration and information sharing.

The over-representation of Aboriginal and Torres Strait Islander children in the child protection system has increased. This issue requires priority attention, and is the focus of an ambitious generational strategy: Our Way. While the strategy is out of scope of this evaluation, it is celebrated among reform stakeholders as a means of addressing this and other issues facing Aboriginal and Torres Strait Islander peoples. It is also seen as a positive example of 'sharing responsibility' across the system. Initiatives such as the Family-Led Decision Making trials and Family Wellbeing Services also look promising, but they need time to embed.

It is acknowledged that it takes time before the benefits from major reforms can be realised. There is no evidence to suggest that the current reform program should be stopped or that there should be a significant change in direction. Rather, there is optimism among reform stakeholders about the potential impacts of reform activities and consensus to stay on track and allow the reforms to fully embed.

## Recommended next steps

The Implementation Evaluation found that while expected progress is being made, there are some areas for improvement. We recommend that reform agencies:

1. build on successes to date and continue to work together to fully implement the reform program. This will allow sufficient time for the changes to embed and outcomes to emerge
2. reflect on areas where progress is not meeting expectations (such as strategic oversight of reform implementation, focus on Aboriginal and Torres Strait Islander children and families, and information sharing and collaboration) and take appropriate action.

The Implementation Evaluation did not focus on the impact of the reform program on children, young people and families. It is too early to expect evidence of outcomes when reform program initiatives are still being implemented, or there has been a relatively short time since implementation. Once full implementation has occurred (expected after five years), an Outcomes Evaluation will be conducted.

To address the limitations of the Implementation Evaluation and enhance future program-level evaluations of the reform program, it is recommended that:

3. reform agencies work collaboratively to determine the system-level outcomes that the current reform environment (not just the QCPCOI) is aiming to achieve, which can then be assessed in the Outcomes Evaluation. To allow sufficient time for this to occur, and to assess the full five years of reform program investment, the Outcomes Evaluation should start after Year 5
4. reform agencies continue to collect data and conduct evaluations on the programs and services they deliver, and provide these to the QFCC to support the Outcomes and Impact evaluations<sup>5</sup>
5. the Outcomes and Impact evaluations assess whether the reform program has achieved the intended outcomes for children, young people and families by:
  - a. analysing cross-agency data on trajectories through the child protection and family support system
  - b. incorporating the perspectives of children, young people and families.

## Methods

The Implementation Evaluation applied five methods, and the following figure shows the evaluation domains (process, effectiveness and impact) and components (for example, evaluation of foundations) each method contributed to. By consulting with a wide range of stakeholders and synthesising the results of the different methods, we strengthened the design of the evaluation.

<sup>5</sup> The QCPCOI recommended that evaluations be conducted in the fifth (2018–19) and tenth (2023–24) years of implementation. Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 525.



		Data and documents	Semi-structured interviews	Workforce survey	Community survey	Place-based studies
	Sample size		81	366	1703	202
Process	Evaluation of foundations	●	●	●		●
	Overall process evaluation	●	●			
Effectiveness	Synthesis against Supporting Outcomes	●	●	●	●	●
	Place-based studies	●				●
Impact	Overview of system changes	●				
	Impact on children and families	○	○	○		○

Note: It was too early to examine impact on children and families, but anecdotal evidence was raised in some methods. This is represented by dashed circles.

Figure: Implementation Evaluation domains, methods and sample sizes

## Summary of findings by evaluation component

The purpose and key findings of each evaluation component are summarised below. Further information about the methods and findings can be found in the body of this report and in the Addenda report series.

The Overview of system changes component considered the impact of the reform program on the child protection and family support system overall. This component addressed the following evaluation question:

**How has the Queensland child protection and family support system changed as a result of implementation of the reform program to date?**

### Overview of system changes: Key findings

- The reform program has resulted in large-scale, structural system changes.
- Data suggests that the new Family and Child Connect and Intensive Family Support services have been implemented. Families are accessing, engaging with and having their needs met by the expanded secondary service system.
- However, some intended impacts of the new dual referral pathway, such as an initial reduction in children subject to a Child Safety Services intake, have not been sustained. After an initial reduction, intakes have recently increased and are approaching pre-reform levels.
- The over-representation of Aboriginal and Torres Strait Islander children is increasing.
- Despite an initial reduction in demand at the front end of the tertiary sector, the number of children in out-of-home care has increased. This is contrary to a central aim of the reform program. It may take time for the impact of the reform program to be felt at this level.
- A new model of litigation has been implemented. Despite the intended efficiency benefits of these changes, the backlog of cases older than both six and 12 months has increased.
- The establishment of the Office of the Public Guardian and the QFCC have strengthened advocacy and oversight of individual (Office of the Public Guardian) and systemic (QFCC) issues, contributing to improved public confidence in the system.

See section 3.1



The purpose of the Evaluation of foundations component was to address the following evaluation questions:

To what extent are the foundations identified in the QCPCOI report in place?

How are the foundations affecting reform program implementation?

What could be improved to facilitate reform program implementation?

The QCPCOI report identified nine foundations that would need to be in place for the reform program to be successful. To reduce overlap in evaluation data collection and reporting, we combined the nine foundations into five overarching foundational concepts. They are:

- Governance and shared responsibility
- Collaboration and information sharing
- Policy and legislative frameworks
- Sector capacity
- Service system linkages.

## Evaluation of foundations: Key findings

We found each foundational concept was largely in place (with some gaps) and on track to influence reform progress. Where we identified issues, we also found that solutions have been planned, are being proactively managed or have been implemented.

1. Governance and shared responsibility: A tiered governance structure is in place. Place-based governance is viewed more positively than whole-of-program governance bodies, which were seen to have reduced focus on the leadership, accountability and coordination of the reform program.
2. Collaboration and information sharing: There is evidence of good collaborative practice (but this may be reduced in competitive funding environments). Myths about information sharing (for example, that legislation prevents it) continue. Workload pressure and lack of time have also been barriers to collaboration and information sharing.
3. Policy and legislative frameworks: Policy and legislative changes are largely in place and efforts have been made to communicate the changes and provide training. Behaviour change may lag behind policy change.
4. Sector capacity: The secondary and tertiary child protection and family support workforces have expanded. Training and support have been required to support the new way of working. More specialised training may be needed to support those who are working with increasingly complex families.
5. Service system linkages: The dual referral pathway has been established and partnerships exist between universal, secondary and tertiary systems. However, the absence of feedback is impacting referral behaviour. Stakeholders suggest that increased and targeted communication about Family and Child Connect (FaCC) and the availability of services is needed.

See section 3.2

The Overall process evaluation component explored issues not captured by the evaluation of foundations. It focussed on high-level reform implementation, addressing the following evaluation questions:

Has the reform program been implemented as intended?

Is the level of progress as expected?

What could be improved to facilitate reform program implementation?



## Overall process evaluation: Key findings

- The reform environment has evolved in a number of ways since implementation began, and the system has changed as well.
- Many elements of the reform program have been implemented as planned. These include the phased approach to implementation and a focus on partnerships.
- Other aspects, such as governance, have evolved in response to the changing child protection and family support context and current human services reform context.
- Overall, implementation has occurred as planned, although progress in some areas has been slower than others. In particular, Aboriginal and Torres Strait Islander reforms have been slow to roll out, although some stakeholders feel this reflected the high value placed on consultation during the design phase of these initiatives.

See section 3.3

The Synthesis against Supporting Outcomes component considered evidence of progress in achieving the four Supporting Outcomes of the reform program (see section 3.4). Future evaluations will assess the extent to which the reform program has been successful in achieving its intended outcomes. This component addressed the following evaluation questions:

Do children and families have timely access to high-quality services?

Is Queensland's child protection and family support system efficient, effective, client-centred and focussed on prevention?

Has the over-representation of Aboriginal and Torres Strait Islander children in the child protection system significantly reduced?

Does the community have confidence and trust in the Queensland child protection system?

## Synthesis against Supporting Outcomes: Key findings

**Timely access to high-quality services:** Reform stakeholders have diverse views on whether this Supporting Outcome is likely to be achieved. While they widely acknowledge that considerable effort and investment has laid the groundwork, they believe this remains a work in progress. Evidence suggests that access and service quality have improved, but timeliness of response is more contentious. There is an opportunity to further streamline families' movement through the system to ensure they receive an appropriate service when they need it.

**System is efficient, effective, client-centred and focussed on prevention:** Stakeholders have noted that effectiveness will not be evident until the reforms are fully embedded. There is overwhelming consensus to remain on track and allow the changes to mature. The redirecting of referrals to the secondary service system needs more work. Stakeholders commend the client-centredness of the child protection and family support system in terms of increased participation in decision making and planning, improved representation and procedural fairness in court processes, and improved service responses supported by strengths-based practice. There is broad recognition among stakeholders that prevention begins at birth and continues through childhood into adulthood.

See section 3.4





## Synthesis against Supporting Outcomes: Key findings continued

**Over-representation of Aboriginal and Torres Strait Islander children:** Over-representation is a priority issue for stakeholders. Agency data shows the degree of over-representation at various stages of the tertiary child protection system has increased. However, reform stakeholders are positive about the introduction of key initiatives in this area, including Family Wellbeing Services and Family-Led Decision Making trials. Evaluation participants see promise in the Our Way strategy. They think it will address over-representation and other issues facing Aboriginal and Torres Strait Islander peoples, and that it is a great example of sharing responsibility for outcomes.

**Community confidence:** We found mixed views among the general public and reform stakeholders as to the extent of confidence in the child protection and family support system. The complaints management processes of agencies with child protection responsibilities have been reviewed, and information is readily available on agencies' websites. There is, however, still room for improvement. Public confidence can be fleeting, and this is most evident in the aftermath of a tragedy involving a child or young person. Stakeholders believe a unified front from government is essential in promoting ongoing public confidence in government systems.

See section 3.4

The Place-based studies focussed on the front-end of the child protection and family support system in five locations across Queensland: Cloncurry, Redlands-Wynnum, Rockhampton, Roma and Waiben (Thursday Island). The place-based studies addressed the following evaluation questions:

What reform activities have been implemented?

What has facilitated or hindered reform program implementation?

Are prevention and early intervention services diverting families from entering the tertiary system?

## Place-based studies: Key findings

- A range of reform programs and services have been implemented in study sites.
- Study locations are also experiencing change driven by statewide initiatives such as amendments to legislation and changes in policy and instruments.
- While no attempt was made (or intended) to compare or contrast the sites, areas of convergence and divergence emerged. Consistent themes across sites included:
  - Sector capacity: Turnover is common and the workforce is fluid, which impacts on client engagement with services. Providing/receiving outreach services puts constraints on capacity.
  - Policy and legislative frameworks: Practice is seen to be more client-centred and strengths-based since the introduction of the new Strengthening Families Protecting Children Framework for Practice.
  - Collaboration and information sharing: Strong relationships among service providers foster collaboration.
  - Service system linkages: Referral pathways to Family and Child Connect (FaCC) are still being embedded.
  - Timely access to high-quality services: Families have better and more flexible access (that is, in-home) to services. It is still difficult to engage some clients.
  - Efficient, effective, client-centred and prevention-focussed system: The burden of administrative tasks reduces the time available to work with families in a meaningful way.
  - Aboriginal and Torres Strait Islander over-representation: Family Wellbeing Services are seen as a positive and promising way to address over-representation.

See section 3.5



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# 1 Introduction

This report describes the purpose, methods and findings of the Implementation Evaluation of the Queensland Child Protection Reform Program (the reform program). This section describes the reform program and current reform context. It outlines the evaluation activities associated with the reform program, including the scope and structure of the Implementation Evaluation.

## 1.1 Queensland Child Protection Reform Program

The Queensland Child Protection Commission of Inquiry (QCPCOI) was established on 1 July 2012 to review Queensland's child protection system. The Honourable Tim Carmody QC was appointed as commissioner and was tasked with providing a report to the premier that would serve as a roadmap for the state's child protection system for the next decade.

The final report of the QCPCOI, *Taking responsibility: A roadmap for Queensland child protection* (the QCPCOI report),<sup>6</sup> was delivered to the Queensland Government on 1 July 2013. The report includes 121 recommendations, which make up the Child Protection Reform Roadmap.

In December 2013, the Queensland Government accepted 115 recommendations in full and the remaining six in principle.<sup>7</sup> These recommendations formed the basis of the reform program, which is now referred to as *Supporting Families Changing Futures*.<sup>8</sup>

The recommendations were grouped into 45 work packages. These were then grouped into seven thematic domains. These seven domains collectively work towards the four 'Supporting Outcomes' which, if achieved, will each contribute to the primary reform outcome that 'Children and young people live in safe and supportive families and communities'.

The four Supporting Outcomes are:<sup>9</sup>

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 focussed 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.

## 1.2 Current reform context

This evaluation focusses on the first three years of the implementation of the 10-year reform program, from 1 July 2014 to 30 June 2017. As at the end of the third year, 57 of the 121 recommendations had been delivered.<sup>10</sup>

The child protection and family support sector, and the broader human service sector, is influenced by other reform programs and recommendations of systemic reviews.

Figure 1-1 shows the timeline of key events in the reform environment.

6 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*.

7 Queensland Government (2013), *Queensland Government response to the Queensland Child Protection Commission of Inquiry final report—Taking Responsibility: A Roadmap for Queensland Child Protection*.

8 Queensland Government (2018), *Supporting Families Changing Futures*. Accessed 8 January 2018.

9 Queensland Government (2014), *Stronger Families Program Management Plan* (Version 1). Reform Leaders Group endorsed.

10 Queensland Government (2017), *Child Protection Reform recommendations—status update as at 30 June 2017*.

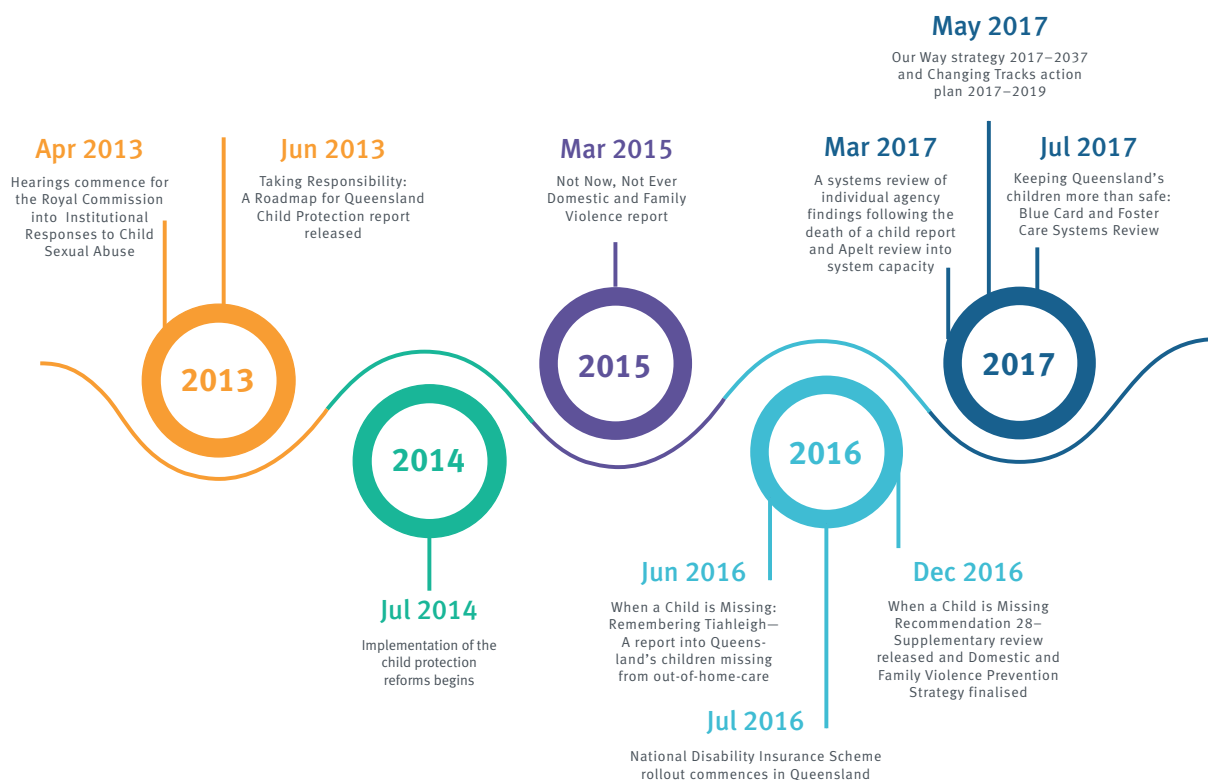


Figure 1-1: Child protection and family support system reform timeline

### 1.2.1 Other human service reform programs

During the first three years of reform program implementation, other major human service reform programs underway in Queensland were:

- Domestic and Family Violence Reform Program (in response to the Not Now, Not Ever report)<sup>11</sup>
- National Disability Insurance Scheme (NDIS)<sup>12</sup>
- Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families (Our Way).<sup>13</sup>

While not released during the first three years of the reform program, the Royal Commission into Institutional Responses to Child Sexual Abuse<sup>14</sup> was also underway during this time.

The Domestic and Family Violence Reform Program is largely complementary to the Child Protection Reform Program. Many of the organisations supporting children and families also provide services to families experiencing domestic and family violence. However, not all families experiencing domestic and family violence have children, not all families known to the child protection system experience domestic and family violence, and not all families experiencing domestic and family violence are known to the child protection system. Family risk factor data published by the Department of Child Safety, Youth and Women shows that domestic violence<sup>15</sup> was a family risk factor for approximately half of the households with a child in need of protection over the last five years.<sup>16</sup>

11 Queensland Government (2015), [Queensland Government response to the report of the Special Taskforce on Domestic and Family Violence, Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland](#).

12 Australian Department of Human Services, NDIS. Accessed 3 September 2018.

13 Queensland Government (2017), [Strategy and action plan for Aboriginal and Torres Strait Islander children and families](#). Accessed 3 September 2018.

14 Royal Commission into Institutional Responses to Child Sexual Abuse, [Timeline](#). Accessed 3 September 2018.

15 The household experienced two or more instances of domestic violence during the last 12 months. This includes all physical assaults and periods of intimidation, threats or harassment between parents or between one parent and another adult in the home.

16 Department of Child Safety, Youth and Women (2018), [Our Performance](#). Accessed 3 September 2018.





The National Disability Insurance Scheme is a comprehensive, nation-wide reform of the disability service system, shifting the vast majority of service provision away from government to the private sector. The National Disability Insurance Scheme includes a specific focus on early intervention support for children. The aim is to provide the right types of support to give the best possible start to life and reduce the impact of disability on a child's life in the future. The continued rollout of the National Disability Insurance Scheme resulted in a number of new support service positions across Queensland, which is assumed to have impacted on recruitment and retention of child protection and family support system workers. Australian data suggests that 14.7 per cent of children living in out-of-home care<sup>17</sup> have a disability.<sup>18</sup>

The Our Way 2017–37 strategy and associated action plans seek to close the gaps in life and wellbeing outcomes for Aboriginal and Torres Strait Islander children. The Our Way strategy builds on significant changes occurring as a result of the QCPCOI, and outlines the approach over 20 years to working differently to improve life opportunities for Aboriginal and Torres Strait Islander children and families across Queensland. The strategy was developed in partnership between the Queensland Government (Department of Child Safety, Youth and Women and the Department of Aboriginal and Torres Strait Islander Partnerships) and Family Matters.<sup>19</sup> The first action plan, *Changing Tracks 2017–19*,<sup>20</sup> described the actions to be undertaken across the first three years of the strategy to:

- reduce the over-representation of Aboriginal and Torres Strait Islander children in the child protection system
- close the gap in life outcomes for Aboriginal and Torres Strait Islander peoples experiencing vulnerability
- ensure all Aboriginal and Torres Strait Islander children grow up safe and cared for in family, community and culture.

### 1.2.2 Systemic reviews

Since the start of implementation of the reform program, the Queensland Family and Child Commission (QFCC) has conducted additional systemic reviews resulting in recommendations for improvements to various elements of the child protection and family support system. They are:

- When a Child is Missing—Remembering Tiahleigh: A report into Queensland's children missing from out-of-home care<sup>21</sup>
  - Recommendation 28 Supplementary Review<sup>22</sup>
- A systems review of individual agency findings following the death of a child<sup>23</sup>
- Keeping Queensland's children more than safe: Review of the Foster Care System<sup>24</sup>
- Keeping Queensland's children more than safe: Blue Card Services Review.<sup>25</sup>

As part of the Foster Care and Blue Card Systems Review, Linda Apelt delivered the Blue Card and Foster Care Systems Review Report on Term of Reference 5: Strengthening Capacity across Queensland's Child Protection System.<sup>26</sup>

These reviews are complementary to the reform program, in that they all make recommendations that aim to improve outcomes for children and families by strengthening the child protection and family support system. Recommendations from these reviews have had a particular focus on strengthening accountability within the system. This is not surprising, given that all of the reviews were conducted in direct response to community concerns that the system had failed a particular child. To a lesser extent, the review recommendations also focus on improving the out-of-home care experience for children and young people and on developing the workforce, using collaborative approaches.

17 Care outside the family home provided to children who are in need of protection or who require a safe placement while their protection and safety needs are assessed. Out-of-home care includes placement with kin, other home-based care or residential care services.

18 Australian Institute of Health and Welfare (2018), *Child Protection Australia 2016–17*, p.46.

19 *Family Matters: Strong Communities. Strong Culture. Stronger Children* is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. Family Matters aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040.

20 Queensland Government (2017), *Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017–2019*.

21 Queensland Family and Child Commission (2016), *When a child is missing Remembering Tiahleigh—A report into Queensland's children missing from out-of-home care*.

22 Queensland Family and Child Commission (2016), *Recommendation 28 Supplementary Review: A report on information sharing to enhance the safety of children in regulated home-based services*.

23 Queensland Family and Child Commission (2017), *A systems review of individual agency findings following the death of a child*.

24 Queensland Family and Child Commission (2017), *Keeping Queensland's children more than safe: Review of the foster care system*.

25 Queensland Family and Child Commission (2017), *Keeping Queensland's children more than safe: Review of the blue card system*.

26 Queensland Family and Child Commission and Apelt, L (2017), *Blue Card and Foster Care Systems Review Report on Term of Reference 5 Strengthening capacity across Queensland's child protection system*.



### 1.3 Monitoring progress and measuring success

There are several performance monitoring and evaluation activities associated with the reform program.

Agencies and organisations that deliver services to children and families collect data on these services, and are responsible for evaluating their implementation and effectiveness. They include this information in their annual reports and evaluation products. The evaluations and data are at the activity level.

The QFCC is responsible for evaluating the reform program at the program level. The Child Protection Reform Program Evaluation Framework (the Framework),<sup>27</sup> endorsed by the Inter-Departmental CEO Committee in June 2017, describes the approach to conducting program-level evaluations across the 10-year lifespan.

It also shows how agency-level evaluation activities and monitoring data will be captured when assessing progress towards achieving reform objectives. Key reform stakeholders were regularly engaged during the development of the Framework to agree on scope and align it to their information needs.

The QFCC is conducting program-level evaluations at three time points:<sup>28</sup>

1. Implementation Evaluation (Time 1)—(looking at the first three years—this evaluation)
2. Outcomes Evaluation (Time 2)—(looking at the first five years—to start after July 2019)
3. Impact Evaluation (Time 3)—(looking at the full 10 years—to start after July 2024).

The focus of the program-level evaluations will shift as the reform program progresses. This is so evaluations are appropriate and reflective of reform progress and the information needs of stakeholders at these time points. The focus of the evaluations will shift from learning about implementation, to assessing outcomes achieved, and (finally) assessing the impact of the reforms (see Figure 1-2).

Four domains of evaluation will be considered: reform program process, effectiveness, impact, and financial sustainability. Multiple evaluation components sit under these domains. At different evaluation times, because of the implementation schedule, the time expected to observe outcomes, and the availability of data, we will focus on different domains (see Figure 1-3).

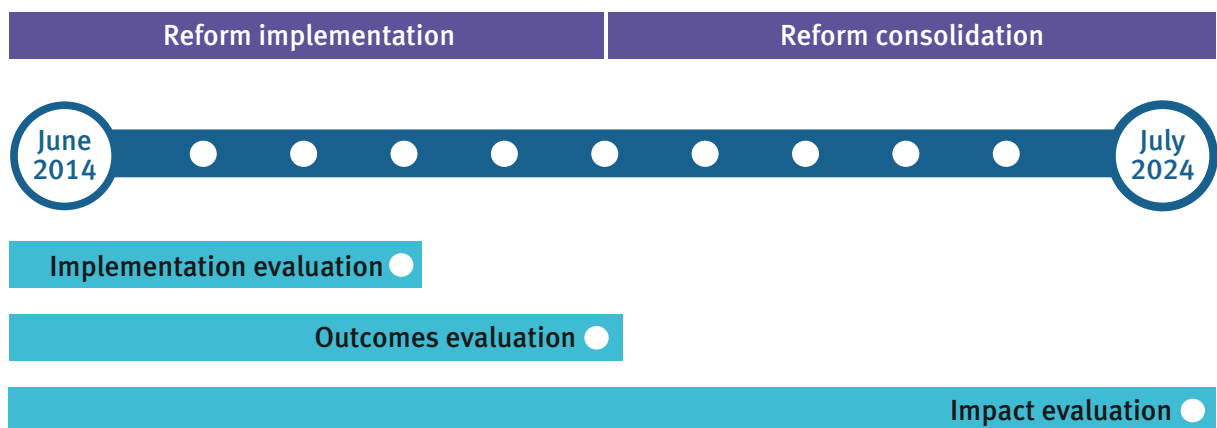



Figure 1-2: Focus of evaluations throughout reform program

27 Queensland Family and Child Commission (2017), Evaluation Framework: Child Protection Reform Program.

28 The QCPCOI recommended that evaluations be conducted in the fifth (2018–19) and tenth (2023–24) years of implementation (Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 525.). The Reform Leaders Group agreed that the QFCC would also lead an evaluation after the third year of implementation.





		Implementation (first 3 years)	Outcomes (first 5 years)	Impact (full 10 years)
Process	<b>Evaluation of foundations</b>	●	●	
	Assessment of the extent to which the foundations identified in the reform roadmap are in place, and their influence on implementation			
	<b>Overall process evaluation</b>	●	●	
	High-level evaluation of reform program implementation and design, including analysis of factors impacting on reforms			
Effectiveness	<b>Synthesis against Supporting Outcomes</b>	●	●	●
	Synthesis of outcomes against Supporting Outcomes identified in the reform program organising framework			
	<b>Place-based studies</b>	●	●	●
	Development of in-depth, place-based studies that take a systems approach to examining how key reform program elements interact in a local context. Place-based studies will identify what works, for whom, and in which contexts			
Impact	<b>Overview of system changes</b>	●	●	
	Summary of system changes and discussion about the extent to which systemic trends are attributable to the reform program			
	<b>Impact on children and families</b>	○	●	●
	Impact of the reform program on outcomes for children in the child protection system, and child protection outcomes for at-risk children and families			
Financial sustainability	<b>Financial sustainability</b>		●	●
	Assessment of whether the underlying financial assumption of the reform program has been met (i.e. that increased investment in secondary and early intervention services have reduced demand in the tertiary system, freeing up resources to continue funding early intervention services)			

Note: It was considered too early to examine impacts on children and families at the Implementation Evaluation time point, which is why this component was not included in the first evaluation. However, emerging evidence of impact was gathered in the other evaluation components. This is represented by dashed circles.

Figure 1-3: Evaluation domains and components included at each evaluation time point



The purpose of evaluating the reform program is to:

- demonstrate accountability for delivering reform activities
- enable reform implementers and the sector to learn from evaluation findings and make well-informed decisions to improve service delivery
- understand the impact of the reform program on children and families.

## 1.4 Scope of this evaluation

The Implementation Evaluation is primarily a formative evaluation with some summative evaluation components. Formative evaluations seek to identify factors that are working and opportunities for improvement, thereby providing the evidence base that helps those responsible for implementation to make the necessary changes. Summative evaluations seek to identify the extent to which intended outcomes have been achieved in accordance with reform objectives, and identify any unintended outcomes (beneficial and detrimental).

We evaluated the Queensland Child Protection Reform Program, defined as:

*Services, system changes, policies or products delivered as a direct result of the 121 recommendations made by the Carmody Inquiry, including new deliverables developed in response to the reform objectives if they are overseen by the Reform Leaders Group.<sup>29</sup>*

The Implementation Evaluation aimed to gather evidence and improve understanding about reform program implementation and early evidence of effectiveness and impact during the first three years of implementation (1 July 2014–30 June 2017). In addition, it aimed to provide performance information to stakeholders to enable them to adapt how they manage the reform program. The evaluation also considered whether the reform program is on track to meet performance targets before additional funding ceases after Year 5.

The questions asked by the Implementation Evaluation are summarised in Table 1-1.

Table 1-1: Implementation Evaluation questions

Evaluation component	Evaluation questions
Overview of system changes	<ul style="list-style-type: none"><li>• How has the Queensland child protection and family support system changed as a result of implementation of the reform program to date?</li></ul>
Evaluation of foundations	<ul style="list-style-type: none"><li>• To what extent are the foundations identified in the QCPCOI's roadmap in place?</li><li>• How are the foundations affecting reform program implementation?</li><li>• What could be improved to facilitate reform program implementation?</li></ul>
Overall process evaluation	<ul style="list-style-type: none"><li>• Has the reform program been implemented as intended?</li><li>• Is the level of progress as expected?</li><li>• What could be improved to facilitate reform program implementation?</li></ul>
Synthesis against reform program Supporting Outcomes	<ul style="list-style-type: none"><li>• Do children and families have timely access to high-quality services?</li><li>• Is Queensland's child protection and family support system efficient, effective, client-centred and focussed on prevention?</li><li>• Has the over-representation of Aboriginal and Torres Strait Islander children in the child protection system significantly reduced?</li><li>• Does the community have confidence and trust in the Queensland child protection system?</li></ul>
Place-based studies	<ul style="list-style-type: none"><li>• What reform activities have been implemented?</li><li>• What has facilitated or hindered reform program implementation?</li><li>• Are prevention and early intervention services diverting families from entering the tertiary child protection system?</li></ul>

<sup>29</sup> Until mid-2018, the Child Protection Reform Leaders Group supported the Interdepartmental CEO Committee by providing a forum for coordinating the whole-of-government implementation of the Child Protection Reform Program and resolving interagency issues as they arose. Membership included senior executives from government and non-government agencies representing the social services and child protection sectors.

## 1.5 Reporting evaluation findings

This report describes the findings of the Implementation Evaluation.

- Section 2 of this report briefly describes the methods used and the evaluation domains to which the methods contributed, with a more detailed method (including interview guides and survey questions) provided in Appendix A.
- Section 3 describes the evaluation findings by evaluation domain.
- Section 4 brings together the findings of the Implementation Evaluation and makes recommendations for next steps for implementing the reform program and evaluating it.

This report is part of a suite of reporting products developed to share the findings of the Implementation Evaluation with diverse audiences. Figure 1-4 shows the relationship between this report and the other reporting products.

A summary report has been prepared for a broad audience. The report has also been summarised in a presentation of key findings.

Addenda (or companion) reports provide more detail about the findings of the individual methods for the interested reader:

- Addenda 1.1: Analysis of existing data and documents
- Addenda 1.2: Stakeholder interviews
- Addenda 1.3: Workforce survey
- Addenda 1.4: Survey of community members
- Place-based studies:
  - Addenda 1.5: Cloncurry
  - Addenda 1.6: Redlands-Wynnum
  - Addenda 1.7: Rockhampton
  - Addenda 1.8: Roma
  - Addenda 1.9: Waiben (Thursday Island).

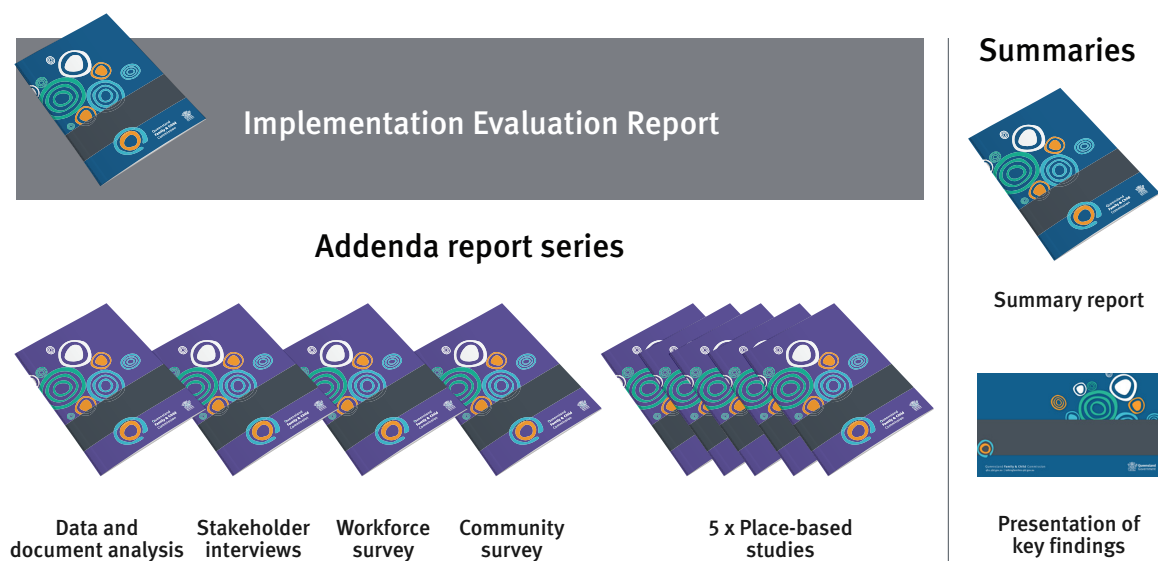


Figure 1-4: Reporting products for the Implementation Evaluation of the reform program



## 2 Methodology

This section describes the mixed-methods approach undertaken for the Implementation Evaluation.

### 2.1 Methods

To avoid unnecessary duplication and burden on stakeholders, we accessed existing reform program data, evaluations and other documentation. Primary data was only collected where it did not already exist.

Methods used in the Implementation Evaluation included:

- analysis of existing agency data and reform documentation, including activity-level evaluation reports
- semi-structured (flexible) interviews with key reform stakeholders

- statewide survey of the frontline child protection and family support service delivery workforce
- statewide survey of community members
- place-based studies in five locations—Cloncurry, Redlands-Wynnum, Rockhampton, Roma and Waiben (Thursday Island)—involving semi-structured interviews and workshops with local reform and service delivery stakeholders.

Table 2-1 provides a brief summary of the purpose of each method. Appendix A provides a more detailed description of each method, including interview guides and survey questions.

Table 2-1: Implementation Evaluation methods

Method	Purpose
Analysis of existing data and documents	<p>We analysed existing data and documents collected by reform agencies regarding the reform initiatives they lead and/or child protection and family support services they deliver to gain insight into reform program implementation and operation, and early indicators of effectiveness during the first three years of the reform program.</p> <p>A list of the sources we used to inform this analysis is provided in Appendix A-1. Summaries of evaluation reports are presented in Appendix B.</p>
Semi-structured interviews	<p>Semi-structured interviews were undertaken to explore stakeholders' perspectives on:</p> <ul style="list-style-type: none"><li>• key reform design and implementation issues</li><li>• progress towards achieving reform outcomes</li><li>• factors hindering or enabling success</li><li>• direct or indirect impacts of the reform program on the child protection and family support system.</li></ul> <p>The target population included program-level and activity-level reform program leaders, including government and non-government stakeholders, from the child protection and family support sector in Queensland.</p> <p>The interview guide is presented in Appendix A-2.</p>



Method	Purpose
Workforce survey	<p>The purpose of the workforce survey was to collect information from a wide range of frontline service providers about key aspects of the reform program, including workforce, information sharing, governance, access to services, legislative changes, and community confidence.</p> <p>The survey was targeted at representatives from government and non-government agencies across Queensland, with a focus on those with both managerial and frontline service delivery responsibilities.</p> <p>Survey items are presented in Appendix A-3.</p>
Community survey	<p>The community perspectives survey was designed to measure public confidence and trust in the Queensland child protection system, which relates to Supporting Outcome 4 of the reform program: 'Communities have confidence and trust in the Queensland child protection system.'</p> <p>The survey was targeted at Queensland adults who were representative of the population in terms of gender, age and regional location. Aboriginal and Torres Strait Islander participants were over-sampled to ensure sufficient statistical power for analyses.</p> <p>Survey items are presented in Appendix A-4.</p>
Place-based studies	<p>Place-based studies were designed to consider the overall operation of the reform program using a systems approach in five unique Queensland locations. A realist evaluation approach (which takes into account location/context factors) was used to explore the extent to which prevention and early intervention supports for children, young people and families are diverting families from entering the tertiary child protection system.</p> <p>Participants included local program-level and activity-level reform program leaders working in the child protection and family support sector who were familiar with, or had experienced changes as a result of, the reform program.</p> <p>The interview and workshop guides are presented in Appendix A-5.</p>

## 2.2 Participants

Table 2-2 describes the sample sizes and characteristics. It also shows that we undertook an inclusive and extensive consultation process in order to gather diverse views.

The place-based studies and use of online and computer-assisted telephone interview techniques allowed the perspectives of stakeholders from across Queensland to be included in the evaluation.

Table 2-2: Implementation Evaluation sample sizes and characteristics

Method	N	Aboriginal and/or Torres Strait Islander status	Government/non-government
Semi-structured interviews	81	Unknown	76.5% gov 23.5% non-gov
Workforce survey	366	11.1% identify	31.0% gov 69.0% non-gov
Community survey	1703	9.0% identify	N/A
Place-based studies	202	65.5% mainstream organisations 34.5% Community-Controlled Organisations	45.5% gov 54.5% non-gov



		Data and documents	Semi-structured interviews	Workforce survey	Community survey	Place-based studies
Process	Evaluation of foundations	●	●	●		●
	Overall process evaluation	●	●			
Effectiveness	Synthesis against Supporting Outcomes	●	●	●	●	●
	Place-based studies	●				●
Impact	Overview of system changes	●				
	Impact on children and families	○	○	○		○

Note: It was too early to examine impact on children and families, but anecdotal evidence was raised in some methods. This is represented by dashed circles.

Figure 2-1: Implementation Evaluation domains and methods

## 2.3 Design

Figure 2-1 shows the evaluation domains the methods contributed to. By consulting with a wide range of stakeholders and synthesising the results of the different methods, we strengthened the design of the evaluation.

## 2.4 Ethics

We obtained Human Research Ethics Committee approval for the data collection activities conducted by QFCC staff. The Townsville Hospital and Health Service Human Research Ethics Committee reviewed the applications, as this committee reviews applications from government entities and is certified to review projects involving qualitative and quantitative research methods.

The approval numbers were HREC/17/QTHS/47 (semi-structured interviews and workforce survey) and HREC/17/QTHS/131 (place-based studies).



## 3 Findings

This section presents key findings for each component of the evaluation, drawing together information from the multiple evaluation methods.

### 3.1 Impact on the child protection and family support system

This component considers the impact of the reform program on the child protection and family support system overall. It examines trends in agency data to understand how the reform program has contributed to structural changes in how child protection and family support services are delivered in Queensland.

Reform partner agencies collect and report on the performance of various components of the child protection and family support system. While many new initiatives have not been operating long enough for outcomes for children and families to become apparent, performance data demonstrates preliminary system changes.

This section presents the evidence against key points in the child protection and family support system. The reform program has introduced considerable changes to various aspects of the child protection and family support system.

The pre-QCPCOI system is depicted in Figure 3-1 and the post-QCPCOI system is depicted in Figure 3-2. The remainder of this section focusses on sub-sections of Figure 3-2, and presents a summary of the key changes and accompanying statistics. This is to illustrate how the reform program has impacted on each element of the child protection and family support system.<sup>32</sup>

#### Key findings

- The reform program has resulted in large-scale, structural changes to the way child protection and family support services operate in Queensland.
- Data suggests that the new Family and Child Connect and Intensive Family Support services have been implemented. Families are accessing, engaging with and having their needs met by the expanded secondary service system.<sup>30</sup>
- However, some intended impacts of the new dual referral pathway,<sup>31</sup> such as a reduction in children subject to a Child Safety Services intake, have not been sustained. After an initial reduction, intakes have recently increased and are approaching pre-reform levels.
- The over-representation of Aboriginal and Torres Strait Islander children is increasing.
- Despite an initial reduction in demand at the front end of the tertiary sector, the number of children in out-of-home care has increased. It may take time for the impact of the reform program to be felt at this level.
- In the court system, a new model of litigation has been implemented. Despite the intended efficiency benefits of the court system changes, the backlog of cases older than both six and 12 months has increased.
- The establishment of the Office of the Public Guardian and the QFCC have strengthened advocacy and oversight of individual (Office of the Public Guardian) and systemic (QFCC) issues, intended to improve public confidence in the system.

30 Non-crisis child and family support services that are predominantly outsourced to non-government organisations to deliver. These intend to avert crisis and/or the need for a tertiary response.

31 People can refer concerns about a child to Child Safety Services or alternatively to a community-based referral point.

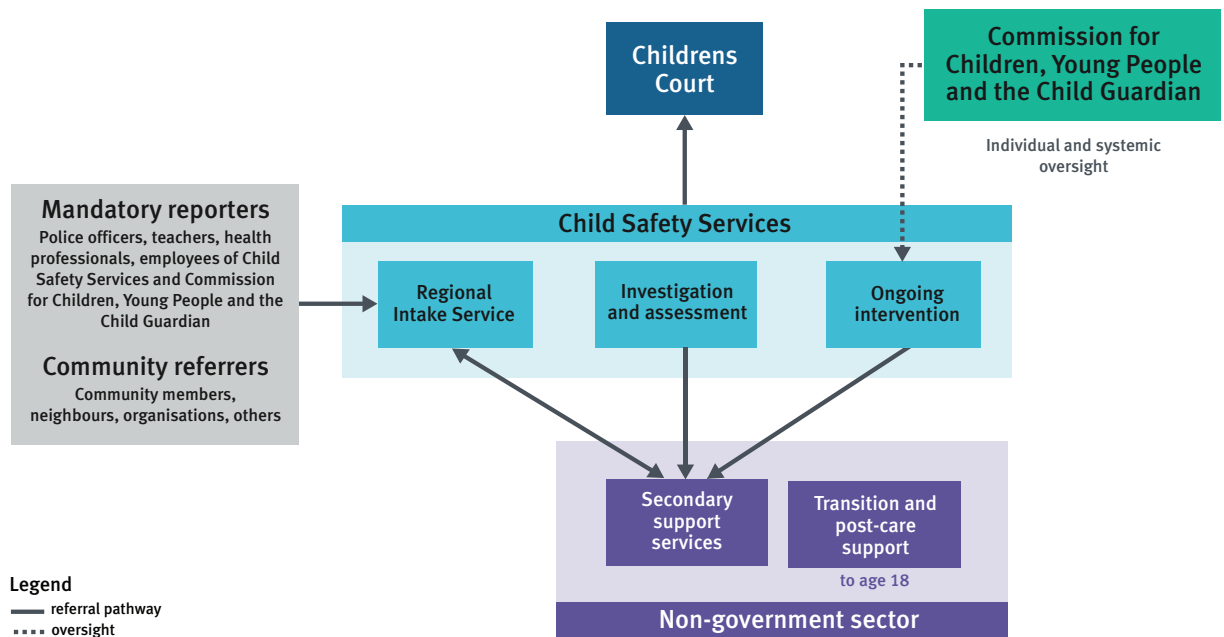


Figure 3-1: Pre-QCPCOI child protection and family support system

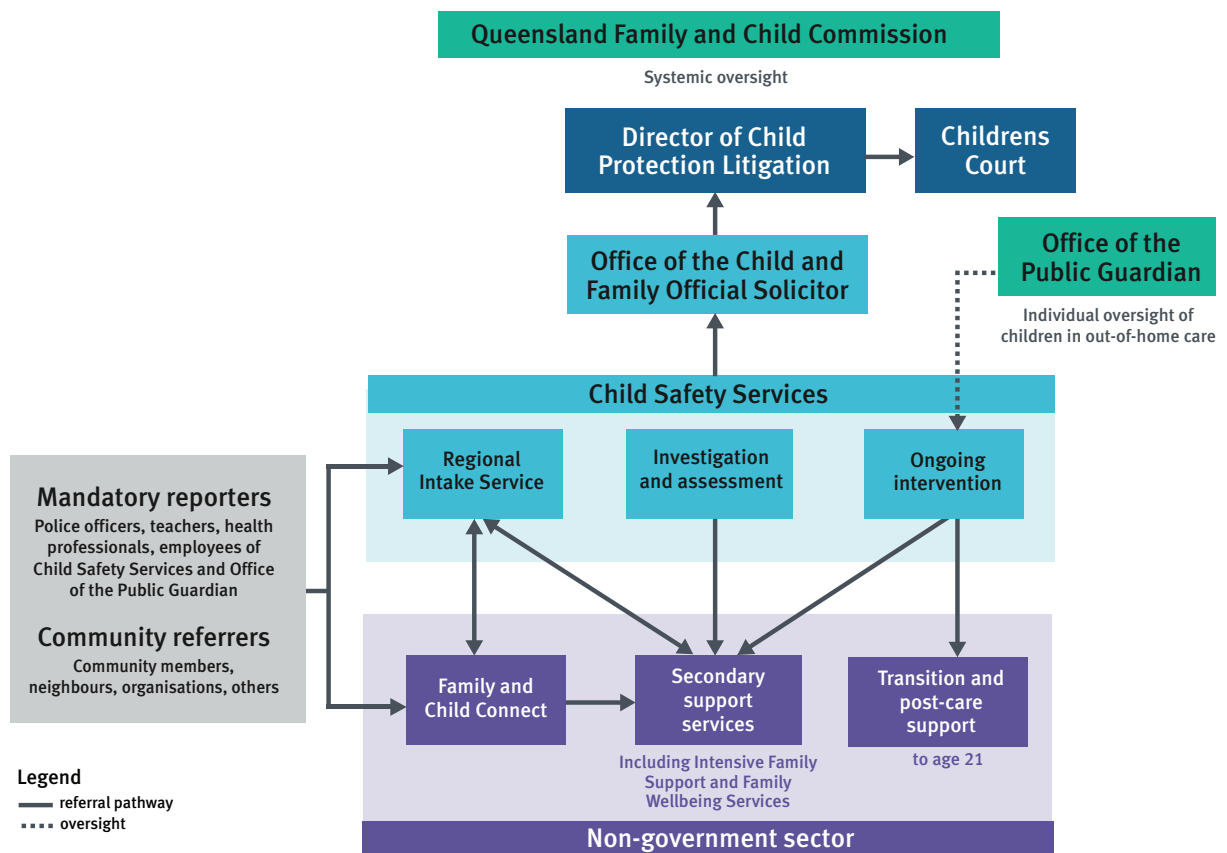


Figure 3-2: Post-QCPCOI child protection and family support system



### 3.1.1 Secondary system

Figure 3-3 shows important trends within the secondary support system (non-government sector).

As the rollout of FaCC and IFS services was staggered between 2015 and 2017, not all services have been operating for sufficient time for trend data to be captured.<sup>33</sup> However, data collected for 2016–17 demonstrates promising trends, with a considerable number of families referred to and accessing support from FaCC services.

In 2016–17, FaCC services responded to 24,704<sup>34</sup> closed enquiries, of which almost two-thirds (15,134; 61.3 per cent) required active engagement by FaCC, while only 0.2 per cent (52) required a report to Child Safety Services.

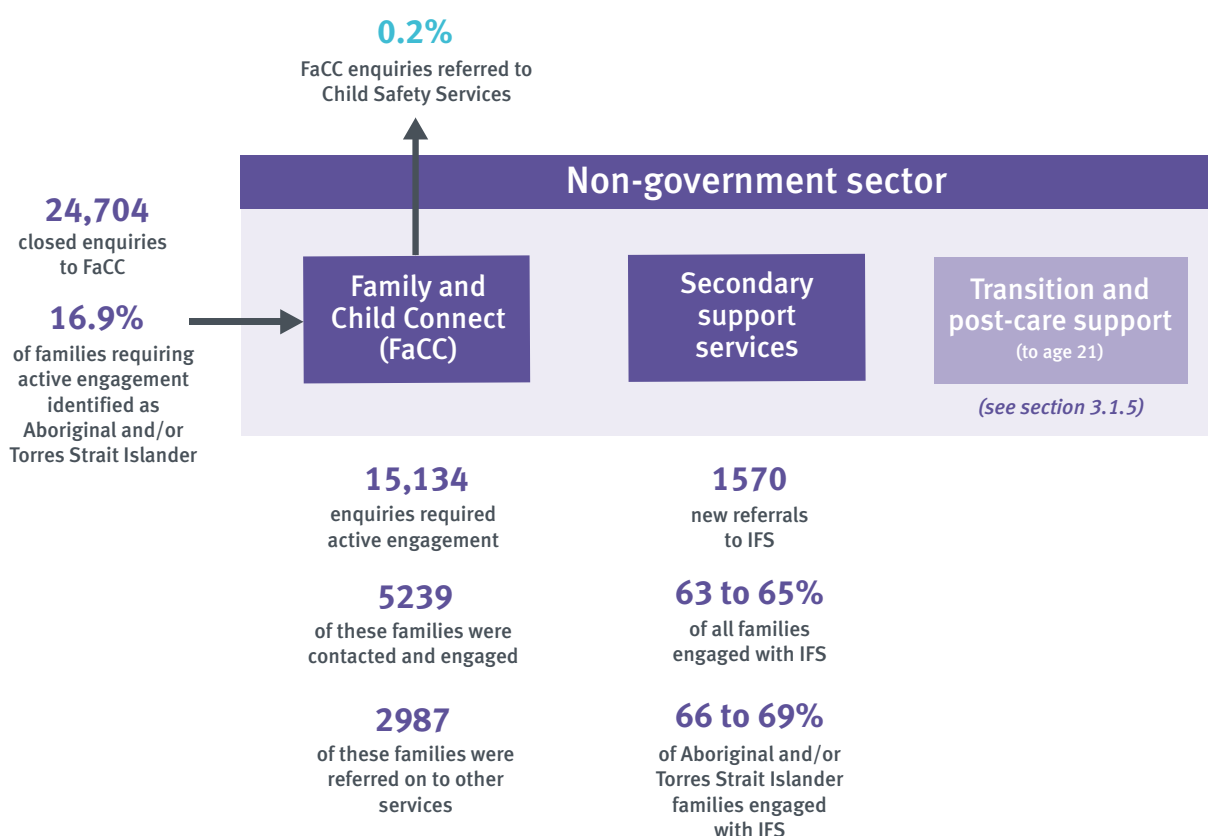


Figure 3-3: System changes and key statistics—Secondary support system (non-government sector), 2016–17

32 As they are intended to summarise aspects of the child protection and family support system that changed following the QCPCOI, the figures are not a comprehensive map of the system. Only some parts of the secondary service system are included, and the figures do not include agencies that interact with the child protection and family support system if their role was not significantly impacted by the reform program (for example, the Queensland Civil and Administrative Tribunal).

33 This evaluation uses 2016–17 data captured from FaCC services established as part of the Stage 1 (that is, services established in January 2015), Stage 2 (July 2015), 3A (January 2016) and 3B (June 2016) rollout. Data for services established after June 2016 is not included.

34 This figure excludes enquiries that are still open, and may differ from counts presented elsewhere.



Of the families FaCC was able to respond to (9369),<sup>35</sup> the majority (5239; 55.9 per cent) accepted assistance and had their needs met either through FaCC intervention without need for an onward referral (2252; 43.0 per cent) or through a referral to a secondary support service (2987; 57.0 per cent). Those families requiring onward referral were most commonly (921; 30.8 per cent) referred to an intensive family support service.<sup>36</sup>

Families who have been identified as having a higher potential risk of escalation into the tertiary system may be referred to IFS services. Between October 2016 and March 2017, IFS services recorded 1570 new referrals.<sup>37</sup> Of all families with open IFS cases in the October–December 2016 quarter and January–March 2017 quarter, the majority had already engaged with the service (63.3 per cent and 65.0 per cent), suggesting IFS is responding to referrals and encouraging families to engage.<sup>38</sup>

Early evidence also suggests Aboriginal and Torres Strait Islander families are accessing and engaging with these new services. Compared with representation in the Queensland population (4.0 per cent),<sup>39</sup> a high proportion of families referred to FaCC services requiring active engagement were Aboriginal and Torres Strait Islander families (2551; 16.9 per cent). The majority (901; 60.5 per cent) of Aboriginal and Torres Strait Islander families that FaCC was able to respond to accepted assistance and had their needs met either through FaCC intervention without need for an onward referral (367; 40.7 per cent) or through a referral to a secondary support service (534; 59.3 per cent), including Family Wellbeing Services.<sup>40</sup>

Similar patterns were reported for IFS services, with approximately two-thirds of Aboriginal and Torres Strait Islander families with open IFS cases already engaged with IFS services in the October–December 2016 quarter (66.5 per cent) and January–March 2017 quarter (69.2 per cent).<sup>41</sup>

The Family Wellbeing Services provide Aboriginal and Torres Strait Islander families with culturally responsive support to improve their social, emotional, physical and spiritual wellbeing and their capacity to care for and protect their children. Family Wellbeing Services were rolled out progressively between December 2016 and April 2018, so statewide performance data is not yet available, and only a small number of services were in place (for a short amount of time) within the first three years of reform program implementation.

35 Reasons that FaCC may be unable to respond to a referral include: being unable to contact the family; the family not requiring active engagement or already being supported by a service; or other reasons including referral errors.

36 Department of Child Safety Youth and Women: Advice, Referrals and Case Management (ARC) Database. Accessed 2 August 2018.

37 Data for a 6 month period only, for the IFS services established before 2017.

38 Department of Child Safety Youth and Women: ARC Database. Accessed 2 August 2018.

39 Queensland Government Statistician's Office (2017), [Aboriginal and Torres Strait Islander peoples in Queensland, Census 2016](#). Accessed 8 May 2018.

40 Department of Child Safety Youth and Women: ARC Database. Accessed 2 August 2018.

41 *ibid.*

### 3.1.2 Child Safety Services

Key data trends within Child Safety Services are illustrated in Figure 3-4.

#### Intakes

Since the implementation of the reform program, Child Safety Services data shows a 13.6 per cent decrease in the number of children subject to an intake (from 76,301 in 2012–13 to 65,946 in 2016–17). This reduction was more significant for non-Indigenous children (15.6 per cent) than for Aboriginal and Torres Strait Islander children (6.2 per cent).<sup>42</sup>

However, while the number of children subject to an intake in 2016–17 (65,946) remains below pre-reform levels, this number has increased 6.7 per cent since 2015–16 (61,804). This increase was more significant for Aboriginal and Torres Strait Islander children (12.3 per cent) than non-Indigenous children (5.1 per cent).

Intake trends have primarily been driven by changes to Child Concern Reports,<sup>43</sup> with the number of notifications<sup>44</sup> remaining relatively unchanged between 2012–13 and 2016–17. As such, they likely reflect changes in child safety reporting requirements.

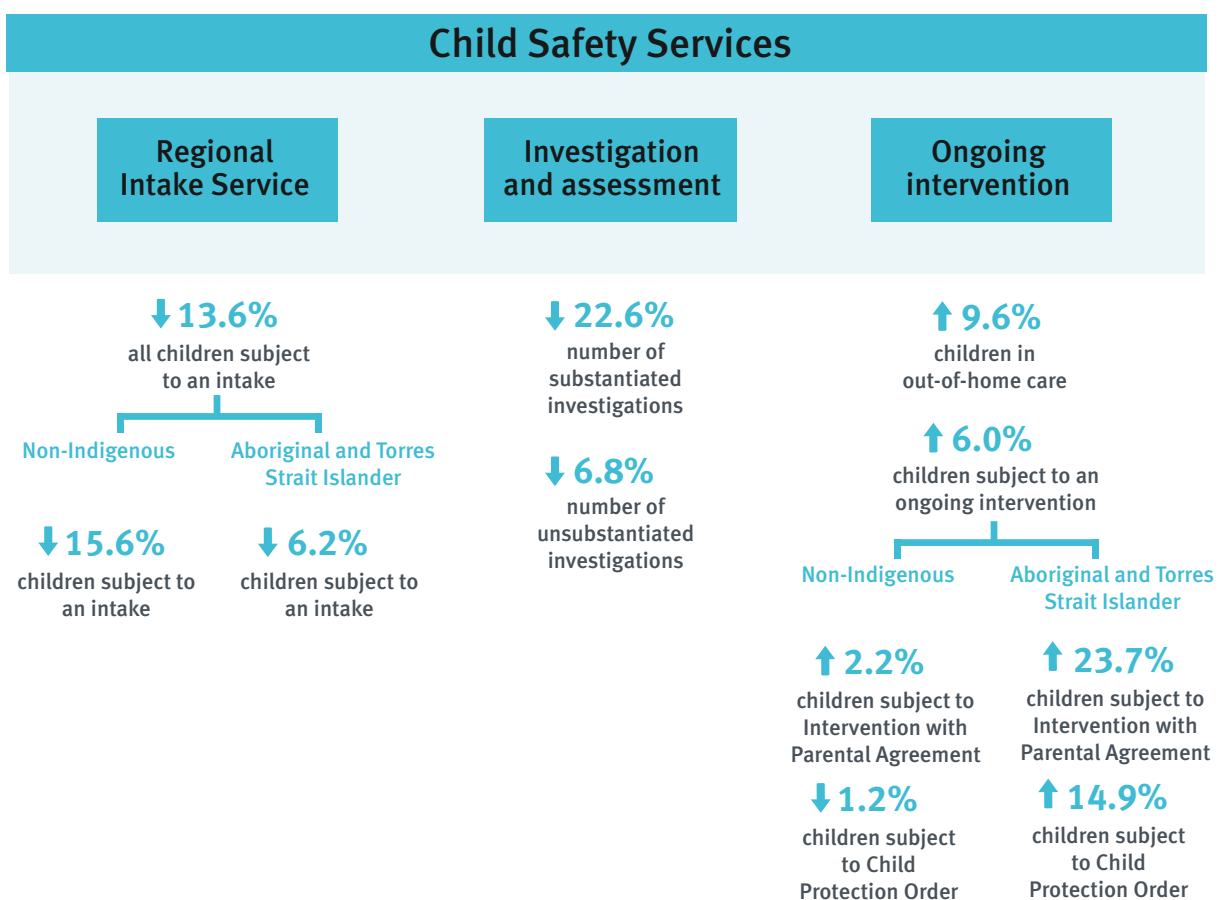


Figure 3-4: System changes and key statistics—Child Safety Services, 2012–13 to 2016–17

<sup>42</sup> Department of Child Safety, Youth and Women (2018), *Our Performance*. Accessed 26 March 2018.

<sup>43</sup> Child Concern Reports are recorded when information relating to a child protection concern does not reach the legislative threshold for a notification. A Child Safety Officer may respond to a Child Concern Report by providing information and advice, making a referral to an appropriate agency or service, or providing information to the police or another state authority.

<sup>44</sup> Information received about a child who may be harmed or at risk of harm which requires an investigation and assessment response. A notification is also recorded on an unborn child when there is reasonable suspicion that they will be at risk of harm after they are born.



The greatest decrease in Child Concern Reports was recorded between 2013–14 and 2014–15 (19.9 per cent, from 106,359 in 2013–14 to 85,229 in 2014–15), coinciding with:

- amendments to the Child Protection Act 1999<sup>45</sup> allowing families to be referred to support services
- establishment of the first seven FaCCs and eight IFS services
- cessation of the Queensland Police Service's mandatory reporting of children living in homes with domestic and family violence incidents.<sup>46</sup>

In 2016–17, a large proportion of FaCC enquiries were received from Child Safety Services (7931; 31.6 per cent), suggesting families referred to Child Safety Services that do not meet the threshold for tertiary intervention are being referred to FaCC services.<sup>47</sup> It is acknowledged that this data is limited to the early stage of FaCC implementation and that some services had only been recently established or operating for 12 months or less. As FaCC and IFS services embed and become more widely known across Queensland, and new reporting behaviours stabilise, it is expected that intake patterns will continue to change, and more community members and prescribed entities<sup>48</sup> will refer directly to FaCC, where appropriate.

## Investigation and assessment

Between 2012–13 and 2016–17, there was an 8.4 per cent decrease in the number of notifications received by Child Safety Services. As the number of notifications has decreased, so too has the number of families subject to an investigation process. Despite a reduced number of notifications, there has been limited change in the percentage of investigations commenced within the required policy timeframe (24 hours, five days and 10 days).<sup>49</sup>

Between 2012–13 and 2016–17, the majority of commenced investigations and assessments requiring a 24-hour response remained relatively high (between 89 per cent and 92 per cent). However, the percentage commenced within the five day and 10 day timeframe remained low (between 26 per cent and 33 per cent, and 21 per cent and 26 per cent respectively).<sup>50</sup>

Once an investigation and assessment has been finalised, a decision is made regarding the outcome for the child and the need for ongoing intervention. The overall number of substantiated investigations<sup>51</sup> has decreased considerably (22.6 per cent; from 8069 in 2012–13 to 6242 in 2016–17), while the number of unsubstantiated investigations<sup>52</sup> decreased 6.8 per cent (from 13,977 in 2012–13 to 13,031 in 2016–17).

As the total number of substantiations has decreased, the proportion with a child in need of protection has increased slightly from 62.7 per cent to 65.7 per cent (from 5062 of 8069 substantiations in 2012–13 to 4100 of 6242 substantiations in 2016–17).<sup>53</sup> This may suggest that children who are not in need of protection are being diverted from the system earlier in the process.

45 Child Protection Act 1999 (Qld).

46 Department of Child Safety, Youth and Women. (2018), *Our Performance*. Accessed 26 March 2018.

47 Department of Child Safety, Youth and Women: ARC database. Accessed 2 August 2018.

48 Government agencies/entities that have operations relevant to child protection.

49 A response priority is completed whenever a notification, or additional notified concerns that meet the threshold for a notification, are recorded. The response priority guides consideration of the child protection concerns, the child's need for immediate safety and the likelihood of harm occurring to the child in the near future. The recommended response timeframe for commencing the investigation and assessment will be 24 hours, 5 days, 10 days.

50 Department of Child Safety, Youth and Women. (2018), *Our Performance*. Accessed 26 March 2018.

51 The outcome of an investigation and assessment where it is assessed that the child or young person has suffered significant harm and/or there is unacceptable risk of significant harm and there is no parent able and willing to protect the child (Substantiated—child in need of protection), or where it is assessed that the child or young person has suffered significant harm, but there is no unacceptable risk of significant harm as the child has a parent able and willing to protect them (Substantiated—child not in need of protection).

52 The outcome of an investigation and assessment where it is assessed that there is no evidence that the child has experienced significant harm and there is no unacceptable risk of significant harm.

53 Department of Child Safety, Youth and Women. (2018), *Our Performance*. Accessed 26 March 2018.



### Ongoing intervention and out-of-home care

When it is determined that a child is in need of protection, an ongoing intervention is required. The number of children and young people subject to an ongoing intervention has increased 6.0 per cent (from 11,420 in 2012–13 to 12,108 in 2016–17).<sup>54</sup>

During this period, the proportion of Aboriginal and Torres Strait Islander children subject to an ongoing intervention increased 23.7 per cent for Interventions with Parental Agreement and 14.9 per cent for Child Protection Orders. For non-Indigenous children, the number subject to an Intervention with Parental Agreement increased 2.2 per cent, while the number subject to a Child Protection Order has decreased 1.2 per cent.<sup>55</sup>

There has been a 9.6 per cent increase in the number of children in out-of-home care (from 8136 in 2012–13 to 8920 in 2016–17). However, a reduction was not expected to be achieved during the first three years of the reform program, as new investments in the secondary system are still embedding. Aboriginal and Torres Strait Islander children continue to be disproportionately represented in out-of-home care. In 2016–17, they were 8.6 times more likely to be in out-of-home care than their non-Indigenous peers (up from 7.8 in 2012–13).<sup>56</sup>

Children and young people who are placed in out-of-home care should have access to safe, stable placement options. Between 2012–13 and 2016–17, an increase in the number of carer families (9.8 per cent, from 4728 in 2012–13 to 5192 in 2016–17) has paralleled the increase in the number of children in out-of-home care. An increased pool of carers allows for better placement matching and more long-term home-based placement options. Despite the increase in the number of children in out-of-home care, the proportion placed in home-based care over this period has remained relatively stable (between 92.0 per cent and 92.8 per cent).<sup>57</sup>

In 2016–17, 56.7 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Aboriginal and Torres Strait Islander carers, or Aboriginal and Torres Strait Islander residential services. Despite an initial drop between 2012–13 and 2013–14, this percentage has continued to rise, and is currently the highest it has been in the past five years.<sup>58</sup>

Where reunification with families is not possible, Child Safety Services pursues other permanent arrangements, including long-term orders,<sup>59</sup> to provide children and young people with stability. Of the 9627 children subject to a Child Protection Order in 2016–17, 6042 were subject to long-term orders. For 27.0 per cent of those on long-term orders, guardianship had been granted to a relative or other suitable person.<sup>60</sup>

The number of children subject to a long-term Child Protection Order increased 19.3 per cent from 2012–13 to 2016–17. The number of children subject to a long-term Child Protection Order granting guardianship to a relative or other suitable person has increased 38.0 per cent over the same period.<sup>61</sup>

Between 2012–13 and 2016–17, the proportion of children and young people leaving care who had experienced one to three placements steadily decreased (from 73.7 per cent in 2012–13 to 69.2 per cent in 2016–17). At the same time, the proportion of children and young people who had been in care for five years or more and who had experienced 10 or more placements increased from 10.4 per cent in 2012–13 to 20.4 per cent in 2016–17.<sup>62</sup>

54 *ibid.*

55 *ibid.*

56 All rates have been calculated using numbers sourced from the Department of Child Safety, Youth and Women Our Performance and estimate resident population of people aged 0–17 at 30 June of each year from the Queensland Government Statistician's Office. Rates may differ to those reported elsewhere.

57 Department of Child Safety, Youth and Women (2018). *Our Performance*. Accessed 26 March 2018.

58 *ibid.*

59 An order made under the [Child Protection Act 1999](#) can grant long-term guardianship of the child to a suitable family member (other than a parent of the child), another suitable person nominated by the chief executive (Director-General of Child Safety Services), or to the chief executive until the child's 18th birthday.

60 The remainder are on long-term orders granting custody or guardianship to the chief executive (Director-General of Child Safety Services).

61 Department of Child Safety, Youth and Women. (2018). *Our Performance*. Accessed 26 March 2018.

62 *ibid.*



### 3.1.3 New court model

Key data trends within the court system are illustrated in Figure 3-5.

The QCPCOI recommended that an independent legal officer position be created to act as the litigant in child protection proceedings. The establishment of the Director of Child Protection Litigation introduced an additional layer to child protection proceedings, intended to provide greater accountability and oversight for child protection applications. As the Director of Child Protection Litigation was established on 1 July 2016, performance data is limited to its first year of operation and may not be indicative of future trends.

In 2016–17, 2414 matters were referred to and dealt with by the Director of Child Protection Litigation. It requested additional evidence or information about 52.3 per cent (1262) of matters before deciding how to deal with them.

Most matters (1991; 82.5 per cent) were dealt with by applying for the order recommended by Child Safety Services, while the remainder were referred back to Child Safety Services (41; 1.7 per cent) or applied for a different order than what was recommended by Child Safety Services, either with (363; 15.0 per cent) or without (19; 0.8 per cent) their agreement.<sup>63</sup> This data suggests Child Safety Services is seeking the appropriate order for children in the majority of matters.

Between 2012–13 and 2016–17, the proportion of pending applications older than six months from the date of lodgement increased by 9.1 percentage points, and those older than 12 months increased by 6.2 percentage points.<sup>64</sup> Timeliness in the new court model is discussed in greater detail in section 3.4.2.

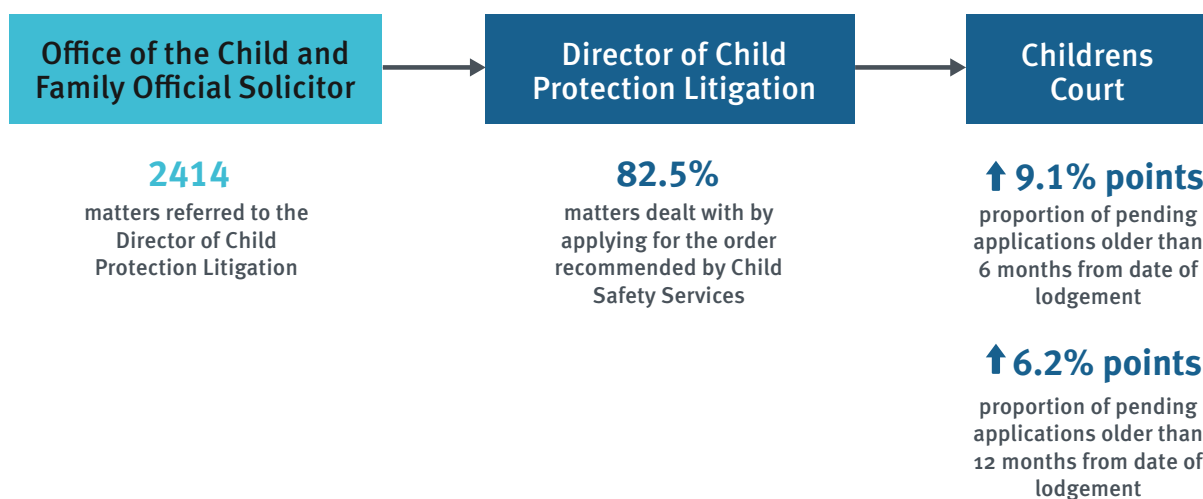


Figure 3-5: System changes and key statistics—Court system, 2012–13 to 2016–17

<sup>63</sup> Director of Child Protection Litigation [Annual Report \(2016–17\)](#), Accessed 26 July 2018.

<sup>64</sup> Queensland Wide Inter-linked Courts (QWIC) Database, Accessed 14 May 2018.

### 3.1.4 Advocacy and oversight

Key data trends in advocacy and oversight are illustrated in Figure 3-6.

The recommendations of the QCPCOI resulted in a number of changes to oversight and advocacy for children and young people in the child protection system, including:

- the establishment of the QFCC to provide systemic oversight and advocacy
- the creation of the Office of the Public Guardian, which assumed functions previously undertaken by the former Child Guardian (such as the Community Visitor Program<sup>65</sup>) and the Office of the Adult Guardian, in addition to a new legal advocacy function
- a strengthened role in the oversight of Child Safety Services for the Queensland Ombudsman.

Additionally, the QCPCOI recommended that each agency with child protection responsibilities establish a robust and child-friendly complaints and oversight process.

In line with QCPCOI recommendations, the Community Visitor Program has been remodelled to focus on children and young people who are most vulnerable. It does this by establishing visiting schedules matching their level of vulnerability. In 2016–17, most visitable children and young people were on a monthly visiting schedule (31.7 per cent), followed by quarterly (28.2 per cent), bi-monthly (23.5 per cent), six-monthly (14.4 per cent), annual (1.5 per cent) and no visit (0.7 per cent).<sup>66</sup>

Community Visitors and Child Advocate Legal Officers have advocated on behalf of, and provided a voice for, an increasing number of vulnerable children and young people. In 2016–17, Community Visitors conducted 32,749 visits, reaching 8025 children and young people in care.<sup>67</sup> Aboriginal and Torres Strait Islander children continue to represent approximately four in 10 of the children visited by a Community Visitor.<sup>68</sup>

In 2016–17, Community Visitors also advocated for 19,007 issues and closed 18,474 issues on behalf of children and young people. The number of issues created and closed by Community Visitors has increased substantially (by approximately 65 per cent each) since 2014–15.

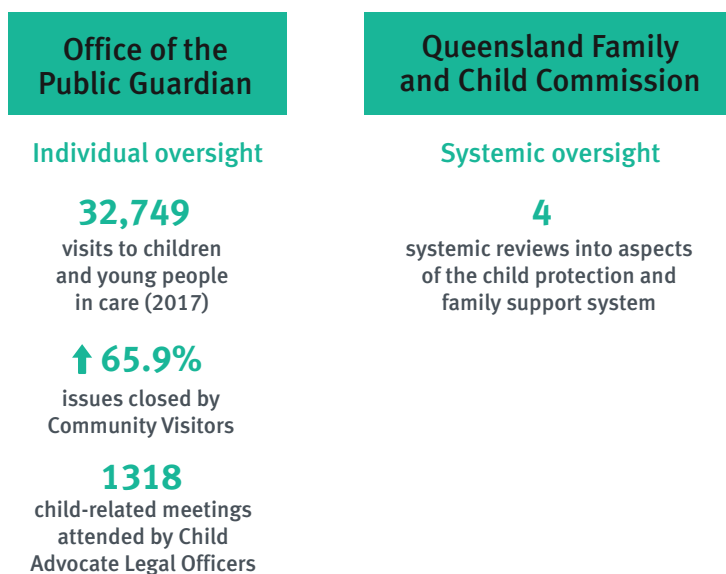


Figure 3-6: System changes and key statistics—Advocacy and oversight, 2014–15 to 2016–17

65 The Community Visitor Program is designed to protect the rights and interests of children and young people in foster care, kinship care, residential care, a youth detention centre, a disability service or a mental health facility. Under the [Public Guardian Act 2014](#), Community Visitors may also exercise child advocacy functions as required to advance outcomes for a client.

66 Office of the Public Guardian [Annual Report \(2016–17\)](#).

67 *ibid.*

68 Office of the Public Guardian Community Visitor and Child Advocate Legal Officer Database, Accessed 20 April 2018.





### 3.1.5 Post-care support

Key changes in relation to post-care support are illustrated in Figure 3-7.

Between 2012–13 and 2016–17, young people aged 15–17 represented the largest proportion of those exiting care (36.0 per cent in 2012–13 and 35.4 per cent in 2016–17), suggesting young people are ageing out of the care system. This is the main target group for transition planning and post-care support.<sup>69</sup>

Between 2012–13 and 2016–17, the proportion of young people aged 15 years and over subject to a Child Protection Order<sup>70</sup> with transition to independence planning<sup>71</sup> decreased (from 72.5 per cent in 2012–13 to 68.6 per cent in 2016–17). However, over this period, the proportion who participated in their planning has increased (from 91.2 per cent in 2012–13 to 93.3 per cent in 2016–17).<sup>72</sup>

Since the reform program began, changes have been made to the way post-care support is delivered. Prior to the QCPCOI, young people leaving care were supported up to the age of 18, whereas they are now supported up to the age of 21.<sup>73</sup> New transition and post-care support services have been established to provide practical support and advice for young people transitioning from care.

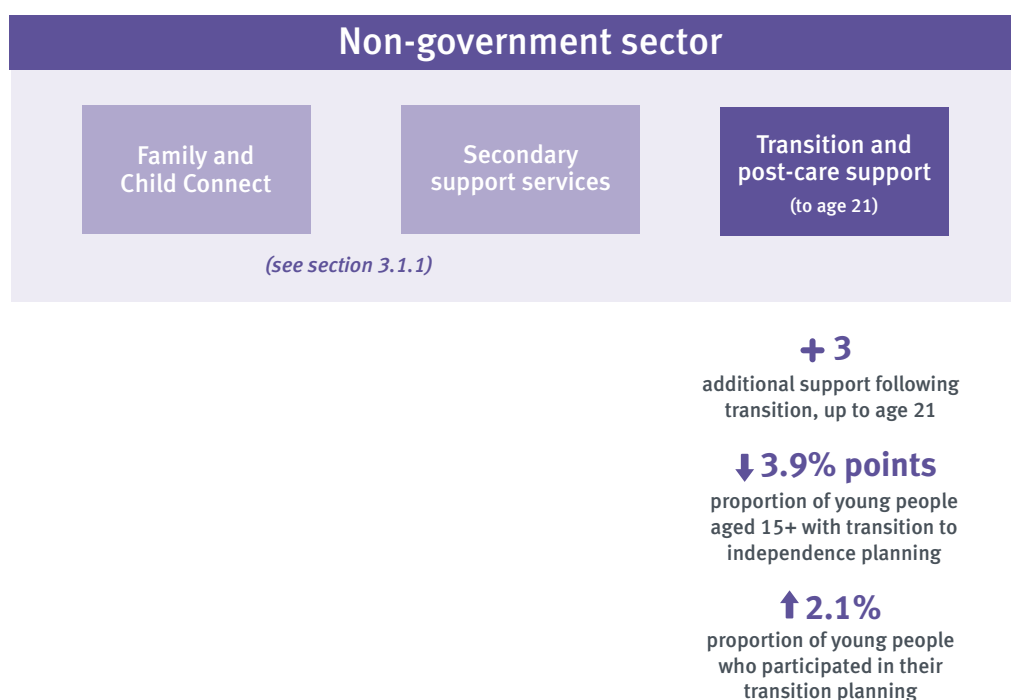


Figure 3-7: System changes and key statistics—Post-care support, 2012–13 to 2016–17

<sup>69</sup> Department of Child Safety, Youth and Women (2018), [Our Performance](#). Accessed 26 March 2018.

<sup>70</sup> Count is limited to those on a child protection order granting custody or guardianship to the chief executive (Director-General of Child Safety Services). Those with custody or guardianship granted to a relative or another person are not included in this count.

<sup>71</sup> The planning process occurs as part of the ongoing case work and review process with a young person from the year they turn 15.

<sup>72</sup> Department of Child Safety, Youth and Women (2018), [Our Performance](#). Accessed 26 March 2018.

<sup>73</sup> The Queensland Government has since announced it is extending support up to the age of 25.



## 3.2 Process evaluation: Reform foundations

This evaluation component assessed the extent to which the foundations identified in the QCPCOI report are in place, and how they have affected implementation.

The QCPCOI identified nine foundations for the reform program,<sup>74</sup> emphasising that these would need to be in place for implementation to be successful. For this evaluation, they were combined into five overarching foundational concepts to reduce overlap in evaluation data collection and reporting (see Table 3-1).

Table 3-1: Foundational concepts for the evaluation

Foundational concepts	Reform program foundations
Governance and shared responsibility	<ul style="list-style-type: none"><li>• Responsibility by each agency including Administrative Arrangements, senior executive performance, performance frameworks and terms of reference</li><li>• Efficient, sound governance and fair distribution of resources<sup>75</sup></li></ul>
Collaboration and information sharing	<ul style="list-style-type: none"><li>• Collaboration across sectors and disciplines—incorporated as a principle in the terms of reference, and included in the performance framework</li><li>• Open communication and reliable, comprehensive information</li></ul>
Policy and legislative frameworks	<ul style="list-style-type: none"><li>• A sound research base to guide policy and service delivery</li><li>• A clear legislative and policy framework</li></ul>
Sector capacity	<ul style="list-style-type: none"><li>• A strong community services sector</li><li>• A skilled and supported community services workforce</li></ul>
Service system linkages	<ul style="list-style-type: none"><li>• Linkages to effective universal and other services to address risk factors</li></ul>

<sup>74</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. 527.

<sup>75</sup> Stakeholder views on the fair distribution of resources were only considered if stakeholders chose to comment on this issue as part of the overall process evaluation. However, this was not a direct focus of the evaluation.



### 3.2.1 Governance and shared responsibility

This section presents evaluation findings about the extent to which governance and shared responsibility are in place and affecting reform program implementation.

Key findings are summarised below, with a more detailed description in the following pages.

#### To what extent is the foundation in place?

- Four tiers of reform program multi-agency governance groups have been established.
- Regional and local governance structures were reshaped in some locations to better suit the location, and to facilitate place-based reform implementation.

#### How is implementation affected?

- There were mixed findings as to the functionality and operability of reform program governance groups.
- Communication between the governance tiers was occurring inconsistently (sometimes poorly) and without structure.
- Poor information sharing from senior governance groups to regional and local groups about strategy, decisions and direction was evident.

#### What improvements could be made?

- A whole-of-reform program outcomes framework would refocus efforts on intended outcomes and clearly detail the role of each reform partner. This would reinvigorate the shared sense of responsibility and minimise the culture of blame-shifting.

#### Governance structure

The current governance structure for the reform program includes place-based implementation groups, as well as approval and oversight bodies (see Figure 3-8).

The initial governance structure was reviewed in 2015 and an Interdepartmental CEO Committee was introduced to oversee both the Child Protection and the Domestic and Family Violence reform programs.<sup>76</sup>

Interviews with reform stakeholders confirmed that the four tiers of reform governance groups are established and operational, although perspectives on the effectiveness and value of these groups are mixed.

<sup>76</sup> In 2018 (that is, after the first three years of the reform program, which are the focus of this evaluation), further changes in the governance structure for the reform program were announced, including the cessation of the Reform Leaders Group, and expansion of the role of the Interdepartmental CEO Committee (now Interdepartmental Committee) to oversee reforms to youth justice in Queensland.

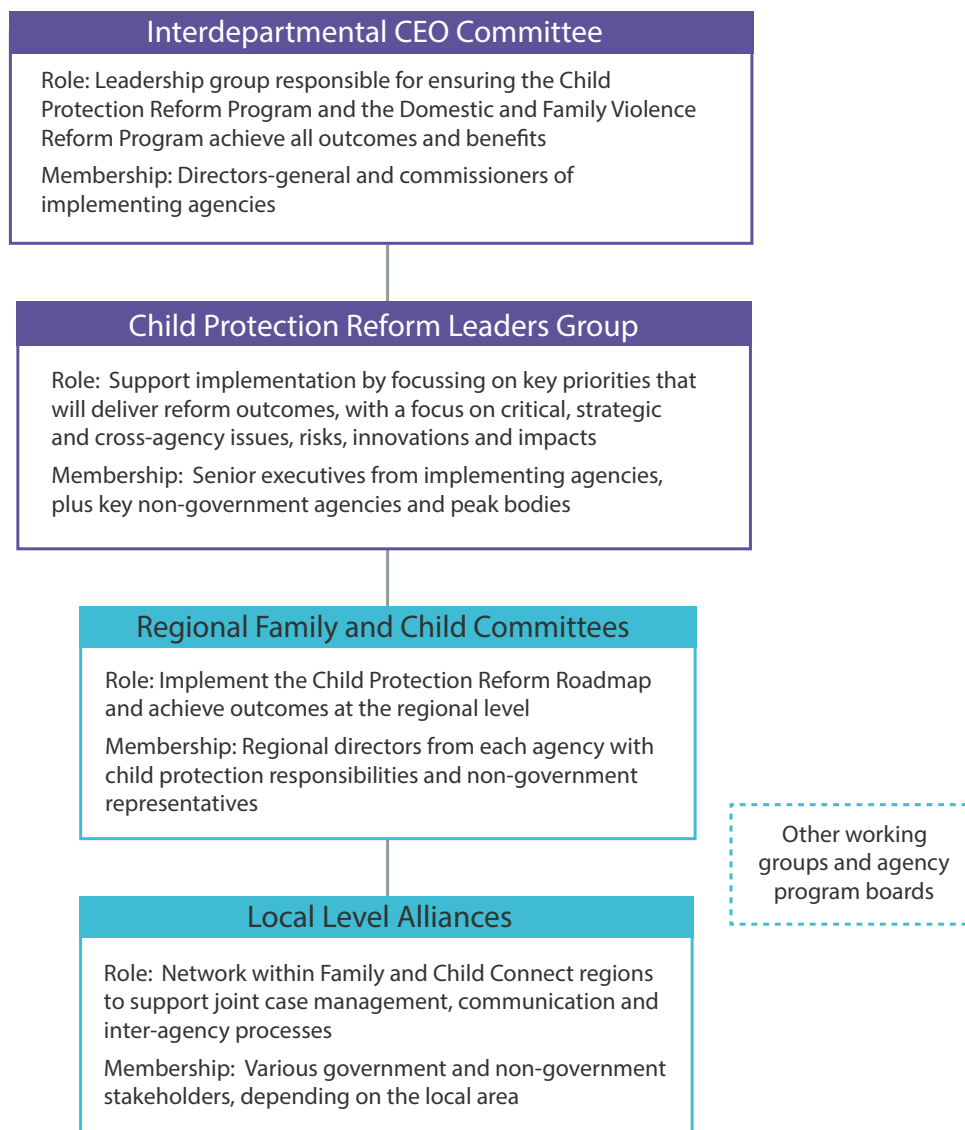


Figure 3-8: Governance structure for the reform program in Year 3

### Strategic leadership

Membership of the Reform Leaders Group was raised frequently in interviews. The frequent delegation of duties to proxies is perceived by reform stakeholders to indicate a lack of buy-in from reform agencies. They feel this undermines the effectiveness of the Reform Leaders Group. Reform stakeholders suggested the initial sense of shared responsibility among Reform Leaders Group members has diminished, potentially as a result of these issues.

Reform stakeholders also expressed strong views that the Reform Leaders Group has reduced its role in governance and performance monitoring over time. Throughout the interviews, there was a strong sense that the Reform Leaders Group was operating as an information-sharing forum, rather than harnessing the opportunity to collaborate to achieve the strategic intent of the reform program.



It was suggested that members are hindered by a lack of data and information to support strategic decision making. This challenge is consistent with findings from research in other jurisdictions, which found senior governance groups are considered important in the planning and administration of programs but were less effective in strategic planning.<sup>77</sup>

Strategic leadership is seen as an issue by a number of reform stakeholders. During the initial stages of implementation, a Child Protection Inquiry Taskforce was established by the Department of the Premier and Cabinet to facilitate cross-agency coordination and to support agencies in implementation. The taskforce was disbanded in 2015, and responsibility for monitoring implementation devolved to agencies.

Reform stakeholders reported being unclear as to the role of the Department of Premier and Cabinet in the reform program, and noted that the leadership, accountability and coordination mechanisms formerly executed by the Department of Premier and Cabinet had been discontinued. There were concerns that this had reduced oversight of the reforms.

**'The DPC [Department of Premier and Cabinet] do traffic light reports against recommendations but there is no quality assurance process. There's no way to check whether things are on track—the accountability lies with the DG [director-general] of each agency. It is certainly not the level of reporting that it used to be.'**  
(Reform stakeholder 24)

### Place-based governance structures

Views on the effectiveness of regional and local governance bodies are mixed, and vary by location. There is evidence that the Regional Family and Child Committees and Local Level Alliances have been used to engage with key stakeholders at regional and local levels.

When well-coordinated and attended, the groups are highly valued for their role in supporting the review of the Child Protection Act 1999 and in promoting the functionality of the dual referral pathway. It was noted that governing groups in some areas were in place before the reform program commenced, and had the existing social infrastructure in place to quickly adapt to the new reform governance model.

However, the perceived effectiveness and value of the Regional Family and Child Committees and Local Level Alliances was variable and often seen to depend on the individuals driving them.

The purpose of these committees and alliances, and the roles and responsibilities of their members, is unclear to many reform stakeholders and participants in place-based studies.

The workforce survey results also suggest that there may be limited awareness of the reform governance structure, as more than three in 10 responses fell into the 'don't know' category for all items relating to governance bodies (see Figure 3-9).

### Information flow between governance bodies

Stakeholders share strong perceptions of a gap in connectivity between the governance tiers. While there were occasions where information flows as intended between governance bodies, this is perceived to occur inconsistently and without structure. No clear solutions were identified, although reform stakeholders noted discussions and efforts to address the issue have been ongoing.

In addition to having concerns about information flow between governance bodies, reform stakeholders reported that information flows within agencies was variable. Some commented that they did not have access to the information needed in a timely manner, which was particularly problematic when progressing activities that relied on a decision made by a senior governance body. Others commented that, while information flowed, it could be difficult to interpret in the form in which it was fed back.

77 Wigfall, V & Moss, P (2001), *A study of a multi-agency childcare network*. Joseph Rowntree Foundation. Accessed 8 August 2018.

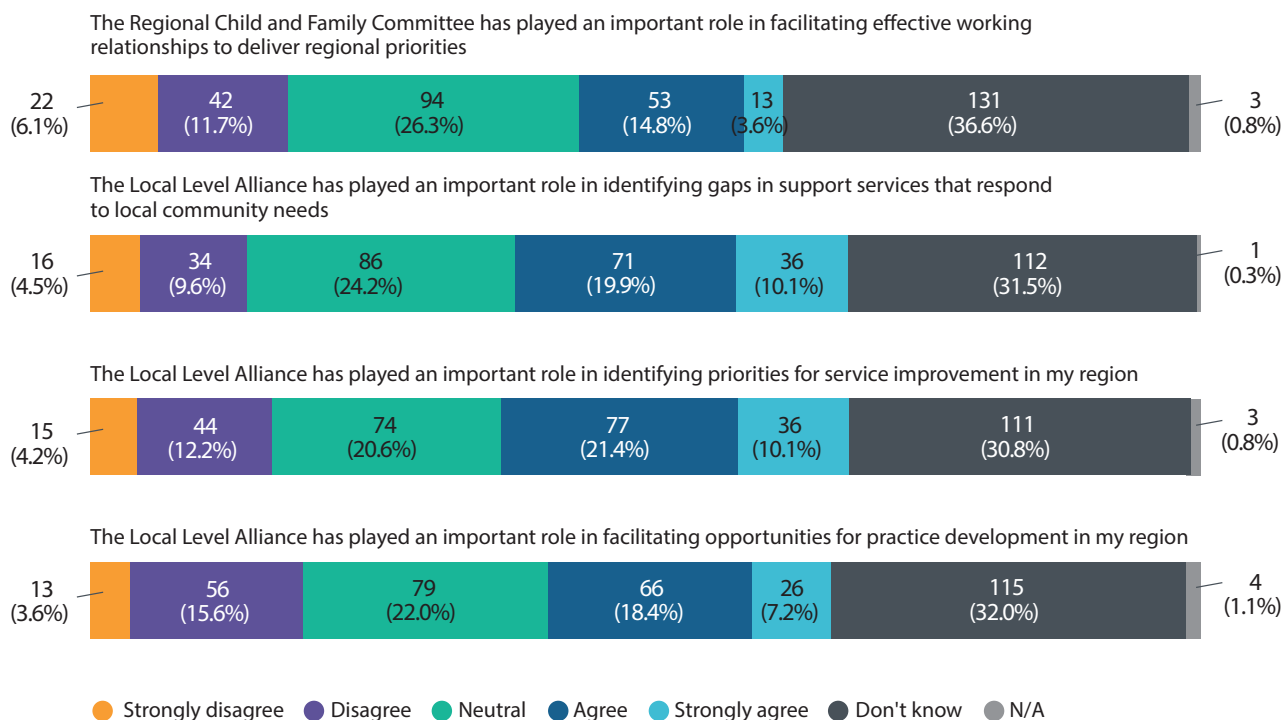


Figure 3-9: Service provider views of local governance bodies

‘RLG and IDCC minutes are distributed out to relevant people [in this agency], but what the minutes actually mean/reflect is the hard part to unpack.’ (Reform stakeholder 35)

‘Information was shared by the RLG/IDCC Secretariat, but it was not always shared consistently well within [this agency]. The information I received on RLG and the IDCC outcomes was sporadic. I can’t remember the last time I saw meeting papers from those meetings.’ (Reform stakeholder 7)

‘Whilst the reshaping of RLG [Reform Leaders Group] and IDCC [Interdepartmental CEO Committee] has improved, I had limited visibility of decisions made in IDCC or RLG. The only way I got that was by following up with individuals myself. Again, when leading Work Packages it’s challenging ... you don’t really know what the conversations were, what the direction is, or what that means for the Work Package.’ (Reform stakeholder 1)



Local stakeholders consulted during place-based studies also confirmed that information flows are challenging on the ground. They rarely observe information flowing from the Reform Leaders Group to the Regional Child and Family Committees and reported the flow of information from the Regional Child and Family Committees to the Local Level Alliances to be variable. The same is true for information flow from regions to the Reform Leaders Group, with some regional groups reportedly functioning better than others in this regard.

The Regional Child and Family Committee secretariat and Local Level Alliance coordinator roles are highly valued and seen to be critical to the effective functioning and coordination of governance groups. To date, funding for administrative support positions (that is, Regional Child and Family Committee secretariat) has been uncertain, and in some areas, Local Level Alliance coordinators support multiple Local Level Alliances. This diminishes the quality of the support they are able to provide.

#### Shared responsibility

Reform stakeholders described several examples of a diminished sense of shared responsibility and a culture of 'blame-shifting', particularly following high-profile events like the death of a child. This has led to a sense of concern at the yet-unchanged culture of treating child protection as 'Child Safety's business' rather than 'government's business'. It is widely recognised that more needs to be done to ensure an ongoing commitment and shared responsibility to the reform program, and to reduce the blame-shifting culture.

'Shared responsibility was the intended vision, but it hasn't stuck. With the negative media over the past year, all agencies didn't come together to address this and responsibility is always seen to rest with Child Safety.' (Reform stakeholder 28)

Despite a number of stakeholders alluding to the perception that child safety is the (sole) business of Child Safety Services, this was balanced out by a number of stakeholders reporting on the extensive work of other agencies to keep children and young people safe.

'It's certainly raised the notion of making sure that our children are safe and protected. It's really raised the bar for everyone. What we've heard a lot is that child protection is everyone's business but [agency] have been living and dying by that creed for a long time.' (Reform stakeholder 42)

'I think [the system] is in pretty good shape. The really encouraging thing for me was there was a sincere concern for the safety of children. All the sectors that were involved, and everyone saw them as the future. If we can't look after them now then we don't have anything to look forward to. Very much a focus on the kids.' (Reform stakeholder 61)

'It's becoming 'everyone's business' ... which is what we wanted.' (Reform stakeholder 16)



### 3.2.2 Collaboration and information sharing

This section presents evaluation findings about the extent to which collaboration and information sharing is occurring and affecting reform program implementation. Key findings are summarised below, with a more detailed description following.

The QCPCOI called for a multi-agency approach to responding to families at high-risk of entering the tertiary system, or requiring greater intervention.<sup>78</sup> It cited international literature suggesting that collaboration is most effective for vulnerable and at-risk children and families with complex needs that cannot be met by a single agency operating in isolation, or who have disengaged from the system.<sup>79</sup>

#### To what extent is the foundation in place?

- Several mechanisms and tools support collaboration and information sharing, though knowledge and application of these is variable.
- Co-design processes are growing in popularity and use and are increasingly involving local stakeholders/community.

#### How is implementation affected?

- Local governance groups and networks have supported and promoted collaborative practice and information sharing.
- Myths about legislation and policy (e.g. that legislation prevents the sharing of information) continue to act as barriers to information sharing.

#### What improvements could be made?

- Improved awareness of agency policies and legislation (particularly relevant where more than one piece of legislation governs a process) is required.
- Improved risk management processes would minimise concerns stemming from risk aversion.
- All participant groups identified barriers to information sharing which should be addressed. They require a stronger commitment to information sharing and collaborative processes at all levels of the system.

#### Collaboration

Considerable focus and effort have gone into building collaborative partnerships at different levels of the child protection and family support system. These involve government and non-government stakeholders, and in some cases, community stakeholders. Many stakeholders are optimistic about the shift in the way reform agencies have been working together, united under a common purpose to keep children and young people safe.

**‘Views around collaboration have evolved over the past three years. I now see collaboration as a central effort of work and without it we won’t succeed.’**  
(Reform stakeholder 36)

Reform stakeholders are generally positive about the extent of collaboration occurring between mainstream and Community-Controlled Organisations during the establishment and ongoing operation of new secondary services in local areas. Many new partnerships have been established and existing partnerships strengthened through these processes.

<sup>78</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. xix.

<sup>79</sup> McDonald, M and Rosier, K (2011), *Interagency collaboration part B: does collaboration benefit children and families? Exploring the evidence*. Melbourne: Australian Institute of Family Studies.



When effective, local governance groups (for example, Local Level Alliances) and networks have been a key mechanism supporting collaborative practice and promoting information sharing across the child protection and family support system. In the majority of place-based study locations, strong existing relationships among core service providers are an important facilitator of collaboration.

Co-design processes (that is, participatory approaches to collaborative creation and design) are growing in popularity and use. It is likely that collaborative practice involving local stakeholders will proliferate and continue to change the shape of child and family support systems at a local level.

#### Information sharing

Information-sharing practices between reform agencies remains a work in progress. There are mixed perceptions among reform stakeholders about information-sharing processes within their own agencies. It becomes more challenging when information needs to be shared with other agencies. This is consistent with findings across the QFCC's systemic reviews (see section 1.2.2), which found information sharing across government and non-government agencies needs improving.

Questions were also raised about the lack of transparency as to what information is collected and held by agencies, the quantum of data requests and extent of information requested, as well as the extent to which information is used.

There were mixed views among reform stakeholders about whether information sharing in the secondary service system had improved. While there appears to be goodwill to share information, some reform stakeholders said pervading myths relating to information sharing restrictions continue to influence information-sharing behaviour.

**'You get a lot of feedback around information sharing being 'you can't' due to legislation, but QFCC did a factsheet or a myth buster which actually says 'no—it's not actually legislation, it's your [individual agency] policies and practices that inhibit information sharing.' I think there is perhaps a lack of understanding more than anything.'**  
(Reform stakeholder 50)

This finding is echoed in the results of the workforce survey (see Figure 3-10). Approximately two thirds of service providers agreed that information sharing occurred regularly, and more than eight in 10 agreed this supports service delivery. However, almost half of respondents agreed information-sharing restrictions limit the ability of their organisation to support children, young people and families.

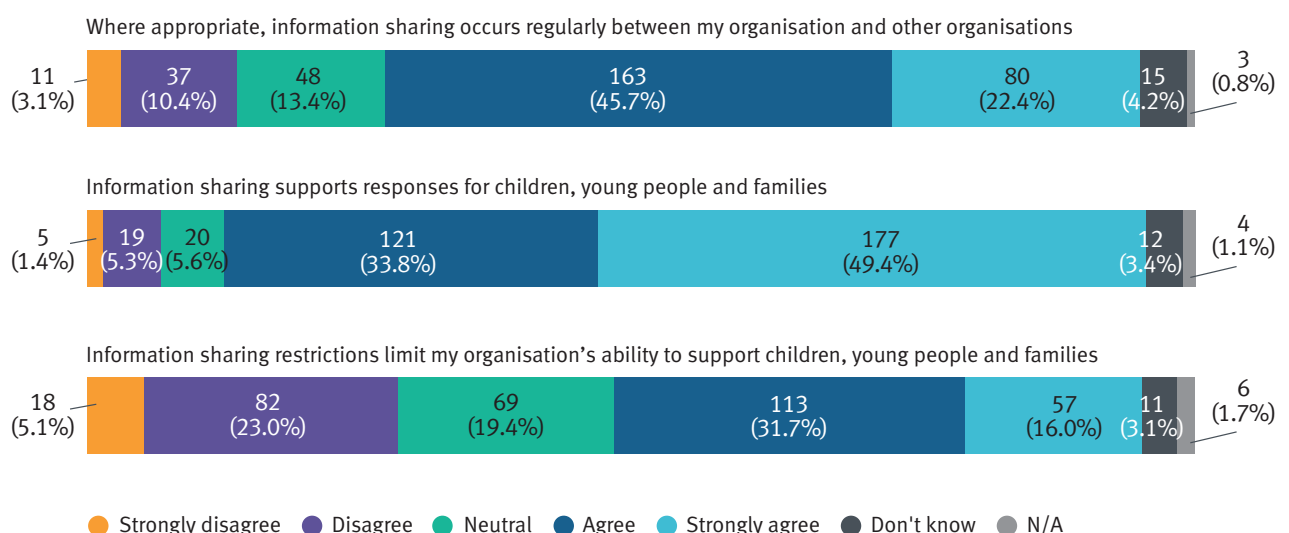


Figure 3-10: Service provider views on information sharing



Perceptions about the extent to which information is shared with children, young people and families were mixed. While reform stakeholders consider information to be flowing well, carers (who participated in the Foster Care Queensland Survey and Work Package 45 evaluation) expressed frustration with a lack of information sharing regarding Community Visitor and Child Safety Officer turnover.

Reforms aimed at increasing the disclosure of information to children and families, and efforts to ensure their views are heard in decision making, are viewed positively. However, it is too early to determine whether these changes have achieved their intended outcomes.

#### Barriers and facilitators

The key factor that has facilitated collaboration and information sharing was the commencement of cross-agency positions. These are seen to be of particular importance and value. The Principal Child Protection Practitioner positions (in the Department of Child Safety, Youth and Women) and the Principal Advisor Student Protection positions (Department of Education) are seen to facilitate process improvement, improve response timeliness and information sharing, and broaden networks across the child protection and family support system.

The workforce survey identified a number of barriers to collaboration and information sharing. The most common issues raised by service providers were:

- workload pressure and the resulting lack of time to invest in collaborative work
- a workplace culture that does not support collaboration.

(see Figure 3-11, where 'n' refers to the number of times a particular barrier was cited by service providers.)

These were also common themes from consultation with local stakeholders in place-based studies. They mostly highlighted examples of good collaborative practice but also raised some anecdotes of competition. The barrier to collaborative practice most often cited by reform stakeholders in interviews related to the lack of shared responsibility for child protection.

In relation to information sharing, the key barriers cited by reform stakeholders were:

- a perceived lack of understanding of particular agency policies and relevant legislation (particularly where there is more than one piece of legislation governing the process)
- a continued propensity for risk aversion
- agency delegation that limits communication between stakeholders
- the current incompatibility of information technology systems.

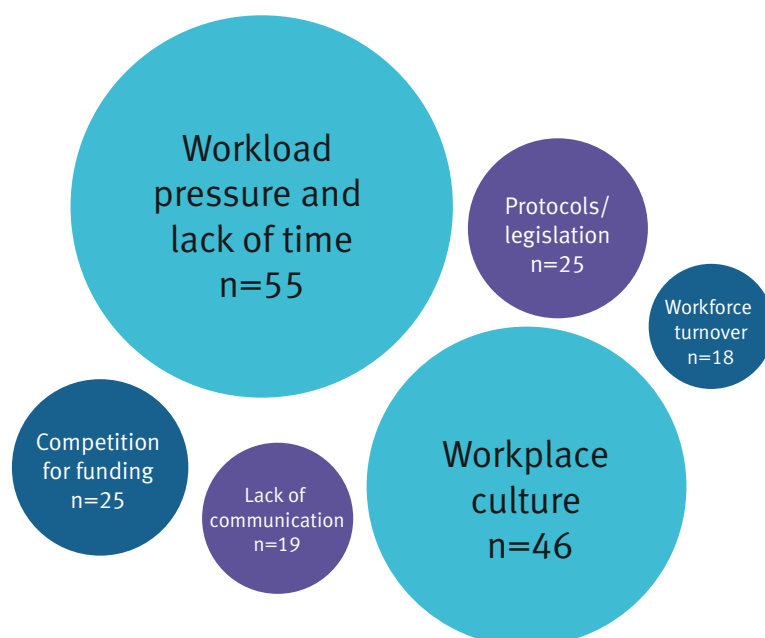


Figure 3-11: Service provider views on barriers to collaboration and information sharing



### 3.2.3 Policy and legislative frameworks

This section presents evaluation findings about the extent to which policy and legislative frameworks are in place and affecting reform program implementation. Key findings are summarised below, with a more detailed description in the following pages.

The QCPCOI recommended a comprehensive review of Queensland's child protection laws, and identified priority amendments and opportunities for reform.<sup>80</sup> In particular, it was of the view that a coherent legislative framework for mandatory reporting<sup>81</sup> across agencies should be the first step in achieving greater consistency and reducing pressure in the system.<sup>82</sup>

#### To what extent is the foundation in place?

- Policy and legislative frameworks are largely in place and considerable effort has been made to communicate changes.

#### How is implementation affected?

- The rollout of changes across the sector has been supported by communication and training. Awareness of legislative changes is generally good.
- The staged rollout of reform initiatives was supported by early policy and legislative work.
- Frontline staff still face complexities in navigating intersecting policy and legislative frameworks.
- Behaviour change lags behind policy and legislative changes in some instances.

#### What improvements could be made?

- Improved awareness of policy and legislative changes is required, particularly in the non-government sector.
- Efforts should be directed at ensuring culture and practice keep pace with policy and legislation changes.

<sup>80</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. xxv.

<sup>81</sup> Under the Child Protection Act 1999, certain professionals, referred to as 'mandatory reporters', are required to make a report to Child Safety Services if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them. Section 13E of the Child Protection Act 1999 identifies relevant persons who have mandatory reporting responsibilities.

<sup>82</sup> Queensland Child Protection Commission of Inquiry. (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. xviii.



Table 3-2 provides a brief description of the significant legislative amendments enacted to support reform implementation.

The requisite policy and legislative frameworks to implement the reform program are largely in place, having been prioritised in the early stages of reform. This was to support a staged rollout of the more sizeable bodies of work, such as the establishment of a dual referral pathway and court reforms.

As shown in Table 3-2, legislation passed in the first year of implementation (2014) provided the policy framework for sharing information about child protection concerns. Since 'system stress' was an impetus for the reform program, the enactment of this amended legislation is significant, opening the door for the establishment of secondary support services such as FaCC.

Together with changes to the tertiary system, such as the establishment of the Director of Child Protection Litigation, legislative amendments have supported a significant change in the way child protection services are delivered in Queensland. These system impacts are discussed in section 3.1.

The majority of reform stakeholders agreed that legislation and policy development has kept pace with reform implementation. It is evident that careful consideration was required to stage the implementation of certain activities where dependencies were identified.

*'The decisions to start with priority amendments, and coming back to other changes at a later time, was reflective of stakeholder's concerns to be careful of doing 'too much reform too quickly', and the impacts that has on the service system's ability to respond to the children already in the system, and implement the range of reforms already underway. The process needed to be staged.'* (Reform stakeholder 12)

Despite the careful staging of legislative amendments, there is a perception among some reform stakeholders that this delayed certain aspects of the reforms.

Table 3-2: Summary of key legislative changes

Legislation	Description
Family and Child Commission Act 2014	Established the Queensland Family and Child Commission on 1 July 2014. This is a statutory body providing systemic leadership, research and oversight for the child protection and family support system.
Public Guardian Act 2014	Established the Office of the Public Guardian on 1 July 2014 and provided for a new legal advocacy function.
Child Protection Reform Amendment Act 2014	Made changes to the mandatory reporting regime and oversight mechanism, including child death reviews and complaints. Commenced on 28 May 2014.
Child Protection Reform Amendment Act 2016	Made a number of technical amendments improving how child protection matters are dealt with in the Childrens Court. Commenced on 1 July 2016.
Director of Child Protection Litigation Act 2016	Established an independent statutory agency, the Director of Child Protection Litigation, on 1 July 2016 to litigate child safety proceedings in the Childrens Court.
Child Protection Amendment Act 2017	Progressed priority changes to establish an information-sharing framework, provide for permanency and stability for children in out-of-home care, encourage connection of Aboriginal and Torres Strait Islander children with their culture, and support implementation of other key reforms. Assented to on 10 November 2017. <sup>83</sup>

83 Although this legislation was not assented to until after Year 3, it is included in this table for completeness.



‘There were a number of priority legislative amendments that required immediate attention including the establishment of the QFCC which needed to happen first. One of the challenges we’ve seen, is that there were a number of reforms that sit inside Chapter 11 [QCPCOI chapter relating to Aboriginal and Torres Strait Islander children and the child protection system] that would only be viable with significant legislative and policy reform to support them. Aboriginal and Torres Strait Islander specific reforms were very slow to roll out.’ (Reform stakeholder 14)

Reform stakeholders described the considerable effort made to disseminate information in regard to policy and legislative changes, using a range of formats, media and channels. Collaboration with partners and peak bodies was seen as essential for communicating and enacting changes of this size and scale. This meant there was widespread awareness of the changes, as shown in the workforce survey, where 76.8 per cent of respondents agreed or strongly agreed they were aware of legislative changes (see Figure 3-12). More than half of respondents agreed that ‘changes to the child protection legislation were communicated clearly’ to them.

We also asked service providers about the impact of legislative changes on service delivery and about outcomes for children and young people. These results were less positive than the results for awareness, with less than half of respondents agreeing that changes to child protection legislation have had a positive effect on service delivery or that changes to child protection legislation are keeping children and young people safer and better protected (see Figure 3-13).

#### Barriers and facilitators

Reform stakeholders identified a series of facilitators and barriers for policy and legislative change that they considered influential to the success of the reform program. These are summarised in Table 3-3.

The key facilitators they identified included the considerable effort made to communicate policy and legislative changes, as well as the consultative approach taken to designing legislative amendments.

The barriers identified by reform stakeholders all relate to the implementation of policies and legislation in practice. Reform stakeholders offered practical examples illustrating the complexity that frontline workers face when navigating different pieces of policy and legislation, and the influence the changed policy settings of one agency may have on another.

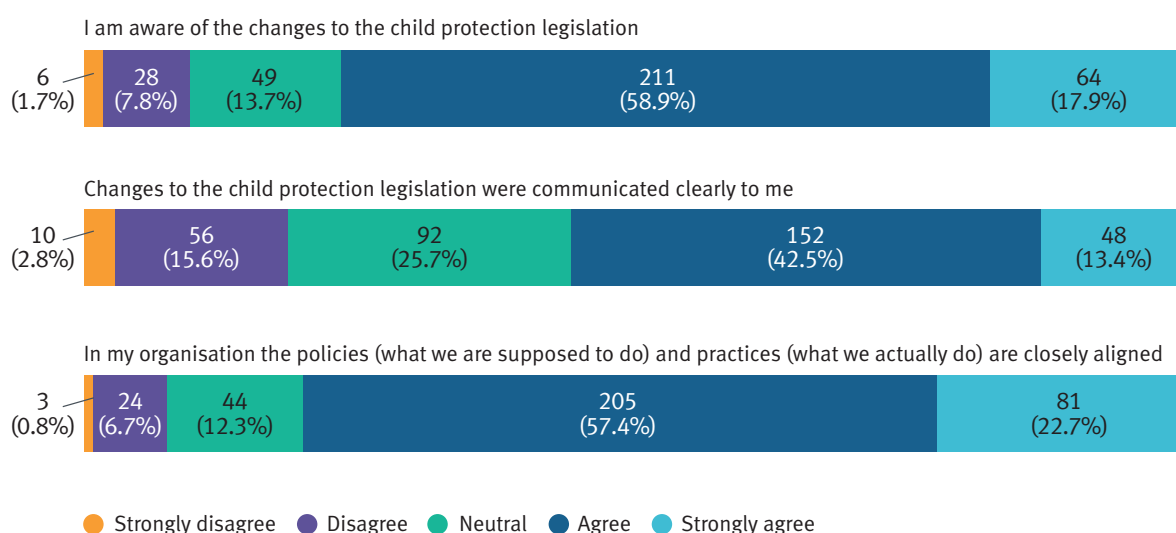


Figure 3-12: Service provider awareness of legislative changes

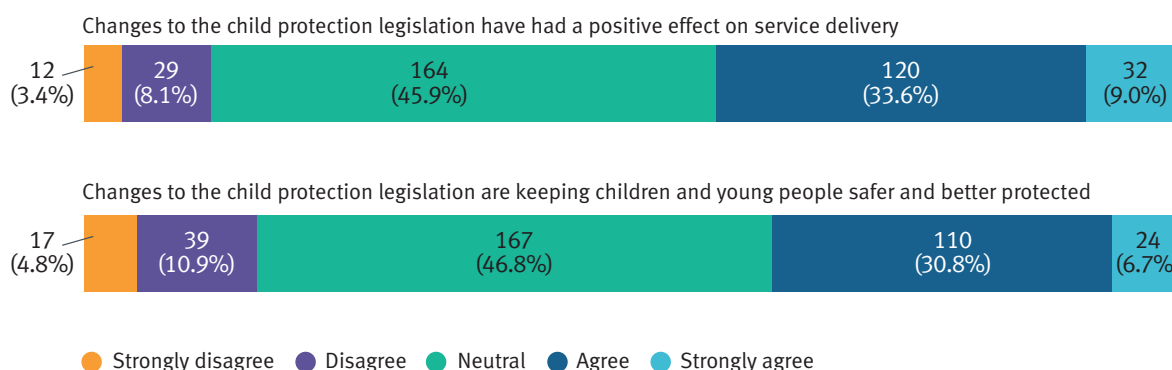


Figure 3-13: Service provider views on the impact of legislative changes

‘One of the biggest challenges we’ve had has to do with the policy settings of other government departments.’ (Reform stakeholder 77)

‘Every department is guided by different pieces of legislation that intersect, override each other and compete. It’s really tricky to find the right balance and to find an operationally efficient way of information sharing that’s not just request based; that can be automated but then protects the privacy and confidentiality of people.’ (Reform stakeholder 42)

This complexity is compounded by intersecting reform programs at the state and national levels, such as the National Disability Insurance Scheme and the Royal Commission into Institutional Responses to Child Sexual Abuse. Reform stakeholders continue to work through the complexities these intersecting reforms present.

Some reform stakeholders raised concerns that practice may not reflect the genuine policy intent of the reforms in some instances. Despite this perception, the workforce survey found that over three quarters of respondents (80.1 per cent, n=286) agreed practices in their organisation align with policy (see Figure 3-12).

There are also instances where behaviour change has lagged behind policy and legislative change. The most frequently cited example related to referral behaviour, with some frontline staff continuing to make referrals directly to Child Safety Services rather than to FaCC services. The impact of referrer behaviour on the reform program is discussed further in sections 3.1.2 and 3.4.2.

Table 3-3: Barriers and facilitators to policy and legislative change

Facilitators	Barriers/challenges
<ul style="list-style-type: none"> <li>Dissemination of (and ensuring awareness of and access to) information about policy and legislative change to frontline workers help them implement the changes.</li> <li>Training and support assists with navigating complex and intersecting legislation/policy frameworks.</li> <li>Community and sector consultation to inform the design and development of new policies and legislation is beneficial.</li> </ul>	<ul style="list-style-type: none"> <li>Intersecting policy or legislation frameworks can create frontline practice challenges.</li> <li>Changed policy settings can have implications for reform partner agencies.</li> <li>Policy intent may not translate to practice.</li> <li>Behaviour change may lag behind policy change.</li> </ul>



### 3.2.4 Sector capacity

This section presents evaluation findings about the extent to which sector capacity is in place, and how sector capacity affects reform program implementation. Key findings are summarised below, with a more detailed description in the following pages.

The QCPCOI report stated that:

‘... successful implementation of the recommendations in this report will depend in large measure on the capacity of the government and non-government child protection workforces to deliver services to children and families. Families cannot be supported, nor children protected, unless the child protection workforce has the necessary skills, ability, knowledge and aptitude for the task. In addition, workers need to feel valued.’<sup>84</sup>

Specifically, the QCPCOI recommended:

- developing a workforce planning and development strategy spanning the frontline government and non-government workforces
- decreasing caseloads and increasing training, supervision and support
- making the sector more professional, including making improvements to practice culture and the cultural capability of the sector.

Several initiatives have been implemented to improve the capacity and the capability of the frontline child protection and family support workforce, including the development of the QFCC’s Strengthening our Sector strategy and action plans.<sup>85</sup>

Demand and resourcing for child protection services was analysed in a report<sup>86</sup> commissioned as part of the QFCC’s review into the Blue Card and Foster Care Systems. This resulted in additional frontline resources being made available. While outside the scope of this evaluation, this additional funding will have implications for frontline child protection service delivery as reform implementation progresses.

#### To what extent is the foundation in place?

- The secondary child and family support system and tertiary child protection workforces have expanded considerably.
- Substantial professional development and training opportunities have been offered to frontline staff to support changes under the reform program.

#### How is implementation affected?

- The roles of frontline staff have shifted focus and now require a different way of working. Training and support requirements have not always been foreseen.
- Significant work has occurred to shift the professional practice culture of the sector, particularly the Strengthening Families Protecting Children Framework for Practice.

#### What improvements could be made?

- The reach of training and resources across agencies and levels of the system should be extended.
- More specialised training is needed to better support the complex needs of clients.

<sup>84</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. xxii.

<sup>85</sup> Queensland Family and Child Commission (2018), *Strengthening our sector strategy & action plans*. Accessed 27 August 2018.

<sup>86</sup> Queensland Family and Child Commission and Apelt, L (2017), *Blue Card and Foster Care Systems Review Report on Term of Reference 5 Strengthening capacity across Queensland’s child protection system*.



## Capacity

Considerable additional investment has been made in both the secondary and tertiary child protection workforces since the start of the reform program. However, any reduction in caseloads has been somewhat offset by the increased complexity of cases coming to the attention of the system. Department of Child Safety, Youth and Women performance data indicates that Child Safety Services are increasingly working with more complex family situations.

In households where a child had experienced or was at risk of significant harm, the rate of parents presenting with four or five parental risk factors increased 10.0 percentage points between 2012–13 to 2016–17.<sup>87</sup> Over this period, the prevalence of the five parental risk factors deemed most indicative of harm in substantiated households<sup>88</sup> has increased (see Table 3-4). The greatest increase was mental illness, which increased by 12 percentage points from 2012–13 to 2016–17.

While additional investment has been welcomed, local stakeholders at all place-based study locations reported that positions can be difficult to fill and turnover is widespread across the sector. Despite this perception, Department of Child Safety, Youth and Women Human Resource data suggests the Child Safety Officer retention rate has remained relatively stable over the past five years, ranging between 97.1 per cent and 98.0 per cent.<sup>89,90</sup>

Table 3-4: Prevalence of five parental risk factors most indicative of harm, 2012–13 to 2016–17

Year	Inter-generational abuse or neglect as a child	Criminal history	Domestic violence	Drug and alcohol abuse	Mental illness
2012–13	39%	45%	43%	58%	41%
2013–14	42%	45%	43%	60%	42%
2014–15	42%	45%	44%	62%	45%
2015–16	45%	53%	46%	65%	49%
2016–17	45%	53%	48%	67%	53%

Source: Department of Child Safety, Youth and Women: Our Performance

87 Department of Child Safety, Youth and Women (2018), [Our Performance](#). Accessed 26 March 2018.

88 Substantiated households include families subject to a finalised investigation and assessment where the assessment outcome for any child in the household was substantiated.

89 Department of Child Safety, Youth and Women: Human Resources Database. Accessed 19 April 2018.

90 Retention rates are based on counts for the June quarter in 2013 to 2017. The method of calculating retention rates was slightly different in quarters June 2013 and June 2014, but the difference is marginal when calculated following the current rules. Therefore, the rates are still valid and comparable.





The perceived recruitment challenges experienced by local stakeholders are attributed to a range of factors including:

- the limited pool of workers and competition with other sectors (for example, disability) for community services workers, particularly in regional and remote areas
- relatively low pay for what is considered to be complex, demanding work
- negative portrayal of child safety workers in the media.

In relation to workforce retention, local stakeholders expressed concerns about caseload burden, the stress and strain of the role, and the struggle in dealing with constant changes in priorities and processes. This issue was also raised by reform stakeholders, who commented on the significant strain the reform program has placed on the frontline workforce, requiring them to fundamentally shift the way they work to align with new policy.

### Capability

The capability of the child protection workforce has been supported since the commencement of the reform program by sector-wide initiatives under the QFCC's Strengthening our Sector Strategy, as well as by initiatives of individual reform agencies.

Considerable professional development has been offered to support changes under the reform program, such as the extensive training rolled out across the state to support implementation of the new Strengthening Families Protecting Children Framework for Practice.

Reform stakeholders also listed a broad range of specialist training on offer to their workforce and stressed the need for highly specialised training for frontline workers to address issues of drug addiction, trauma and domestic and family violence and to build skills in engaging with vulnerable young people. For Child Safety Services staff, Practice Connect<sup>91</sup> was valued for the practice and professional judgement support it offers workers.

*'Down the track we will have to make an assessment about whether it is realistic to expect the front line to have the skills to work across all the levels of intervention ... We have to be cautious of this because it is a big expectation for workers who have traditionally worked in the sector to suddenly have the capacity to do much more intensive work.'* (Reform stakeholder 25)

The majority of frontline staff surveyed as part of the evaluation agreed they had been provided with enough training (skills, knowledge and tools) to undertake their role, and that their organisation supports professional development of staff (see Figure 3-14).

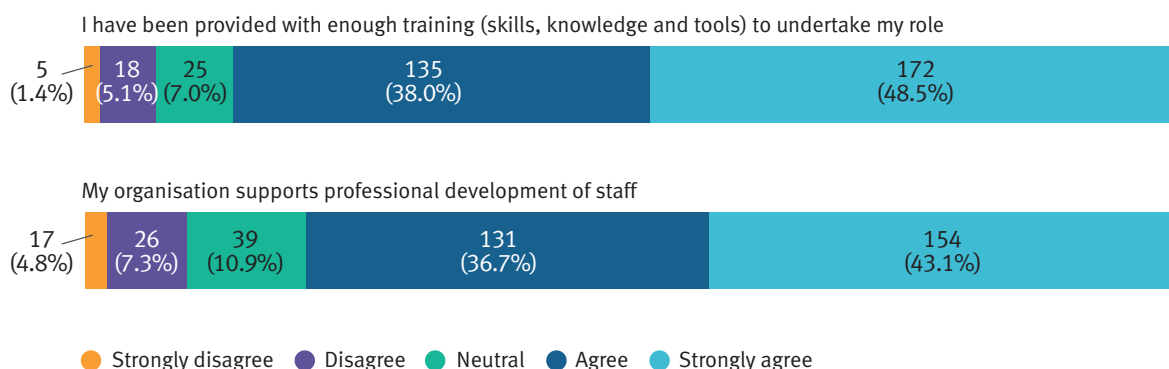


Figure 3-14: Service provider views on training and professional development

91 Practice Connect is a work unit within the Department of Child Safety, Youth and Women that is internally-focussed on building workforce capacity and promoting best practice approaches to working with children, young people and families.



Although frontline staff reported they had enough training to undertake their role, many local stakeholders expressed concern at the limited training given to new Child Safety Officers, who work with highly vulnerable and complex families. There is a perception that many join the front line soon after graduating from university and would benefit from additional training.

One of the challenges local stakeholders identified as being important in terms of improved workforce capability is the balance between the amount of time spent in training and time spent with clients. This issue was particularly prevalent in regional areas, where local stakeholders have to travel long distances to take advantage of professional development opportunities (which also carries time cost implications).

These issues were echoed in baseline evaluations and reviews of key reform initiatives (including IFS/FaCC and Advocacy<sup>92</sup> recommendations [Work Package 45]) and the Your Workforce, Your Future Survey.<sup>93</sup> More than three in 10 respondents identified budget, time and travel as constraints on their ability to access training.<sup>94</sup> Foster carers expressed further frustrations about travel and child care arrangements creating barriers to them accessing training.<sup>95</sup>

With the changing service landscape, workers who move around the sector may require new skills. Local stakeholders indicated that existing family support workers are taking on roles that require them to operate in a different capacity, thereby requiring a shift in focus and skills (for example, managing cases, facilitating networks and convening group meetings). Stakeholders described a sector largely comprised of 'competent generalists' who would benefit from more specialised training, particularly where the role requires a certain skill. Ongoing improvements for the FaCC and IFS training programs were considered in the Implementation Evaluation of these services, including capacity building for particular databases or tools.

## Culture

The evaluation found that significant work has occurred to shift the professional practice culture of the sector. The strengths-based practice<sup>96</sup> approach outlined in the Strengthening Families Protecting Children Framework for Practice and associated tools are perceived as influential in achieving the intent of the reform program. They were widely cited by reform stakeholders as a key reform success.

Supported by extensive training for government frontline workers, the new practice approach has been credited with delivering improved, client-centred practice that is increasingly culturally appropriate. The Strengthening Families Protecting Children Framework for Practice is also seen to have facilitated more consistent practice in relation to common assessment tools, language and case management.

It is also evident that considerable work has been undertaken to improve cultural competency across the mainstream frontline workforce. This finding is supported by workforce survey findings showing that service providers agreed strongly that their organisation provided cultural training for staff to support their work with Aboriginal and Torres Strait Islander peoples (74.2 per cent, n=267) and that they feel competent to meet the needs of Aboriginal and Torres Strait Islander children, young people and families (73.9 per cent, n=264).

Initiatives to improve cultural safety for clients include:

- identified positions, such as Indigenous Practice Leaders (in Child Safety Services)
- an Indigenous career progression project aimed at recruiting Indigenous frontline workers to the child protection and family support sector
- work undertaken to invest in and support Community-Controlled Organisations operating in the child protection and family support system.

At the local level, stakeholders also identified a range of projects being delivered in consultation and/or collaboration with Elders and leaders from the Aboriginal and Torres Strait Islander community.

92 The Advocacy recommendations established a new statutory body—the Office of the Public Guardian—to provide advocacy for children and young people in the tertiary child protection system.

93 Queensland Family and Child Commission and Health and Community Services Workforce Council (2016), *Your Workforce, Your Future 2016 Survey Report*.

94 *ibid.*

95 Foster Care Queensland (2016), *Foster and Kinship Care 2016 Carer Survey Report*.

96 Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.



Regarding professional practice, concerns were expressed at the continued performance focus on outputs. This is said to influence professional behaviour. As workers tend to focus on what is being measured, outputs are seen to be core areas of focus to satisfy targets in funding agreements. Stakeholders believe the focus should be on outcomes for families.

Research has highlighted this focus, and found that workers believe that funders care more about outputs, which in turn overshadows the outcomes that the agencies consider most important.<sup>97</sup> This can have the adverse effect of producing transactional rather than relational interactions with clients. It is understood that work is underway to improve the sector's ability to measure and report on outcomes rather than outputs. This has potential to shift the focus onto the end result rather than outputs and may alleviate some of these concerns.

In relation to family culture and responsibility, community education initiatives including Talking Families and Play Your Part encourage families to seek help and take responsibility for their children. While it is too soon to measure the impact of these initiatives, it is acknowledged that a significant body of work is underway to address societal expectation and family responsibility.

### 3.2.5 Service system linkages

This section presents evaluation findings about the extent to which service system linkages are in place and affecting reform program implementation. Key findings are summarised below, with a more detailed description in the following pages.

#### To what extent is the foundation in place?

- Dual referral pathways have been established and partnerships exist between the universal, secondary and tertiary systems.
- Despite the efforts made to work across all levels of the system, services remain somewhat siloed (isolated).
- New initiatives offer promise to provide well-coordinated support to families spanning the universal, secondary and tertiary levels of the system.

#### How is implementation affected?

- Although policy and legislative frameworks are in place, referrer behaviour continues to impact on how families access support across the continuum of the system.
- There is little feedback provided when referrals are made, which impacts referrer behaviour in some cases.

#### What improvements could be made?

- Senior level support and promotion of the dual-pathway model should be ongoing.
- Increased and targeted promotion of FaCC services is required.
- The mechanisms to allow feedback loops for referrals between service providers require improvement.
- Improved service coordination is needed to reduce duplication and improve stakeholders' awareness of services.

<sup>97</sup> Carnochan, S, Samples, M, Myers, M, and Austin, MJ (2014), Performance measurement challenges in nonprofit human service organizations. *Nonprofit and Voluntary Sector Quarterly*, 43(6), 1014–1032. p.8.



The recommendations made by the QCPCOI were based on an assumption that there are sufficient services to support families at all stages of need.<sup>98</sup> While resourcing was acknowledged as a perennial challenge, the report emphasised the need to address the lack of adequate and accessible secondary support services and build linkages to universal services (that is, education or health services) to address familial risk factors.

The QCPCOI report stated:

**'The contribution of the universal service system to child protection depends on the development of strong links to other family support services and more targeted services for families who are vulnerable to the presence of risk factors.'**<sup>99</sup>

#### Service system linkages

The evaluation found that all levels of the child and family support system (universal, secondary and tertiary) have been actively engaged and have formed partnerships in implementing the reform program. Linkages have been established between partners operating across all levels of the system, although some could be strengthened.

Reform stakeholders have mixed views about whether lines between universal, secondary and tertiary should be 'blurred' to ease families' movement across system levels. The argument for centred on the 'right service at the right time' refrain. However, the argument against warned of the potential confusion that may come with blending statutory and non-statutory services, where the differentiation between these becomes lost.

This relates to pervasive concerns about government intervention in people's lives, even with non-government services funded by government agencies. These concerns were apparent in the FaCC and IFS Establishment Reviews, IFS Implementation Evaluation and the Family-Led Decision Making trial evaluation, where staff reported concerns about their perceived association with tertiary intervention and the resulting risk of diminished trust in their services.

#### Referrals and service coordination

Referrals facilitate families' movement around the system. However, the QCPCOI found that existing referral pathways were ineffective in providing families with timely and responsive access to support. It recommended the establishment of a dual pathway.<sup>100</sup>

Despite the work undertaken to reshape mandatory reporting (including the development of guidelines and the establishment of cross-agency positions such as Principal Student Protection Officers situated with the Department of Education) reform and local stakeholders frequently raised issues about the referral process. While stakeholders believed this has challenged implementation of the dual-pathway model, it is too soon to tell whether it has affected its success.

While the requisite agency policies and legislation are in place to support this significant change in practice, behavioural change appears to have lagged behind (see section 3.1.2 and 3.4.2). Reform stakeholders provided details of the promotional and educational work undertaken to facilitate referrals to the secondary service system rather than the Child Safety Services Regional Intake Service, though this seems to have occurred within individual agencies rather than at a whole-of-government level.

Consolidating the dual-pathway model will require ongoing commitment to behaviour change. The literature highlights the importance of leadership in facilitating and maintaining culture change<sup>101</sup> as well as the importance of collaborative practices of appropriate information sharing and a common practice approach.<sup>102</sup>

98 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. 125.

99 *ibid.* p. 136.

100 *ibid.* p. 91.

101 Commissioner for Children and Young People Tasmania (2016), *Children and young people's unique experience of family violence: family violence and children and young people in Tasmania*; See Drumm (2012); Pettigrew et al. as cited in O'Donnell, O and Boyle, R (1955) and Committee for Public Management Research (Ireland) & Institute of Public Administration (Ireland) (2008), *Understanding and managing organisational culture*. Institute of Public Administration, Dublin, Ireland.

102 Muir, K, Katz, I, Edwards, B, Wise, S, Hayes, A and the Stronger Families and Communities Strategic evaluation team (2010), *The National Evaluation of the Communities for Children Initiative*. Family Matters, (84), 35–42.



Local stakeholders consulted during place-based studies cited a range of possible barriers to embedding new referral pathways including:

- a lack of confidence in FaCC staff having the ability and capacity to respond to and address families' needs
- the consent-based nature of FaCC and other services (a large proportion of families requiring active engagement [43.1 per cent] refused assistance from FaCC in 2016–17)<sup>103</sup>
- general risk aversion and an ongoing tendency to make a referral to Child Safety Services.

Stakeholders commented on the continued perception that a report to the Child Safety Services Regional Intake Service would be addressed whereas a referral to FaCC may not. This perception is somewhat supported by FaCC staff who participated in the FaCC Implementation and Impact Evaluation.

*'The Regional Intake Service is still seeing a lot of traffic. There needs to be more work focussed on getting professional notifiers comfortable with referring to FaCC services and knowing how they can engage and support families to self-refer to the types of services that they may need.'*  
(Reform stakeholder 39)

Where stakeholders expressed concerns about whether a referral to FaCC would be addressed, this was fuelled in part by a lack of feedback about the progress or outcome of a case. Less than half (44.4 per cent, n=158) of service providers surveyed agreed that they received confirmation from referral partners that referrals were received. It was very clear in interviews that feedback is important and local stakeholders indicated this has a strong influence on future reporting behaviour. Reform stakeholders are aware of the training and resources developed to support improved practice, but the evidence suggests that behaviour is lagging behind policy change.

Another concern expressed by several reform stakeholders related to a lack of awareness by some professionals as to what the 'other' parts of the system do or how they operate. However, more than three quarters of service providers who participated in the workforce survey said they have sound knowledge of the services in their area (83.4 per cent, n=297) and they know where to refer families for specialist services (83.9 per cent, n=303). Reform stakeholders described the impacts on connectivity and collaboration between partners due to a lack of understanding of policies and functions.

Stakeholders also expressed concern at the lack of 'whole picture' awareness of a family's situation and support structure, where multiple agencies and organisations are simultaneously working with the family. The lack of coordination across the service system and a lack of awareness of its components seems to be resulting in systemic inefficiencies. Stakeholders in four of the five place-based study locations suggested that the system was siloed and lacked coordination. However, there are a number of promising services and interventions that may improve system linkages by addressing families' vulnerabilities more holistically.

Reform stakeholders expressed optimism about Assessment and Service Connect,<sup>104</sup> which links families with non-statutory support from an early stage of intervention. This promotes continuity of relationship with the provider and minimises any gaps in services/ support for families at risk of entering the statutory child protection system. This was noted by several reform stakeholders as being a promising model to watch.

Reform stakeholders are also relatively optimistic about the Family Wellbeing Services model, which offers Aboriginal and Torres Strait Islander families a coordinated mix of services to address need across the universal, secondary and tertiary levels of the system. This holistic model of support is said to have strong potential to wrap support around families, using established networks and connections to both mainstream and Community-Controlled Organisations.

<sup>103</sup> Department of Child Safety, Youth and Women: ARC Database. Accessed 2 August 2018.

<sup>104</sup> Assessment and Service Connect is a model of working with families, in partnership with other services working with the family, to complete an assessment process and response planning to provide intervention to children and families to increase safety.

### 3.2.6 Summary

A rubric was developed to synthesise data from the stakeholder interviews to enable us to form an overall judgement about the extent to which the foundational concepts are in place and may be contributing to the achievement of the outcomes of the reform program. The ratings and criteria are presented in Table 3-5. The full description of this process, including the analytical rubric, is provided in Addenda Report 1.2.

Ratings of foundations from the perspective of semi-structured interview participants, and key findings from other evaluation methods (where the foundation was addressed), are presented in Table 3-6.

Table 3-5: Ratings and criteria for assessment of reform program foundations from the perspective of semi-structured interview participants







Rating	Criteria
 <b>Proven</b>	The foundation is in place, functional, and facilitating positive outcomes. There is strong evidence to suggest the foundation is influencing reform progress.
 <b>Established</b>	The foundation is largely in place with some gaps, and solutions are being implemented or matters are being proactively managed. Evidence suggests the foundation is on track to influence reform progress.
 <b>Developing</b>	The foundation is developing or consolidating. There is evidence of some functionality/progress, but more effort is needed to elevate the level of maturity. There is limited evidence to suggest any influence on reform progress.
 <b>Undeveloped</b>	The foundation is not in place. There are major issues with implementation. There is no evidence of influence on reform progress. Evidence may suggest adverse influence on reform progress.





Table 3-6: Summary of evaluation findings about the extent to which reform program foundations are in place, by evaluation method

	Stakeholder interviews	Workforce survey	Data and documents	Place-based studies
Governance and shared responsibility	 <p><b>Established</b></p>	Close to one third of respondents selected 'don't know' as a response to items on governance, suggesting frontline workers may have limited awareness of governance bodies.	Not addressed by this method	The success of place-based governance bodies depends on the individuals driving them. Well-coordinated and attended groups are seen as beneficial in supporting key reforms, such as the dual referral pathway.
Collaboration and information sharing	 <p><b>Established</b></p>	About two thirds of respondents agreed that information-sharing occurs regularly, but close to half agreed information-sharing restrictions limit the ability of their organisation to support clients. Workload pressure and lack of time were the main barriers.	There are positive internal collaboration and working relationships within frontline services and with funding bodies. There appears to be room for frontline services to improve information sharing and working relationships with carers.	Consultation with local stakeholders mostly highlighted examples of good collaborative practice but also raised some anecdotes of competitiveness.
Clear policy and legislative framework	 <p><b>Established</b></p>	Approximately three quarters of respondents agreed they were aware of the changes to child protection legislation and more than half agreed changes were communicated clearly.	Not addressed by this method	Not addressed by this method
Sector capacity	 <p><b>Established</b></p>	The majority of respondents agreed they had been provided with enough training to undertake their role and that their organisation supports professional development. Most organisations provide cultural training to support work with Aboriginal and Torres Strait Islander clients.	Capacity building challenges experienced during implementation of some initiatives include staff recruitment and retention, workloads, and limited Aboriginal and Torres Strait Islander staff. New training and tools to support reform changes are viewed positively, with some training access issues.	Workforce issues were discussed across all place-based studies. Vacant positions can be difficult to fill, and turnover is widespread across the sector. Recruitment challenges are attributed to the limited pool of workers, relatively low pay, and negative portrayal of Child Safety Services.
Service system linkages	 <p><b>Established</b></p>	Most respondents are confident in their ability to refer clients to various secondary support services and agreed they would be confident referring to FaCC. However, fewer than half agreed they receive confirmation feedback from referral partners.	New secondary services have been implemented, with families being referred between, and engaging with, these services. It is acknowledged that it will take time for changes to referral pathways to embed and for referral behaviour to change.	Local stakeholders cited a range of possible barriers to embedding new referral pathways, including a lack of confidence in FaCC capacity, the consent-based nature of it, and general risk aversion. This is resulting in a tendency to report directly to Child Safety Services.





### 3.3 Overall process evaluation

The overall process evaluation explored high-level reform evaluation issues not captured by the discussion on foundations in section 3.2.

#### Key findings

- The reform environment has evolved in a number of ways since implementation began, and the system has changed alongside it.
- There are many elements of the reform program that have been implemented as planned. These include the phased approach to implementation and the focus on partnerships.
- Other aspects, such as governance, have evolved in response to the changing child protection and family support context and current human services reform context.
- Overall, implementation has occurred as planned, although progress in some areas has been slower than others. In particular, Aboriginal and Torres Strait Islander reforms have been slow to roll out, although many stakeholders feel this reflected the high value placed on consultation during the design phase.

Decisions made about the implementation of the reform program can be characterised as either decisions to implement the reforms as planned from the planning phase, or decisions made to evolve aspects of reform implementation (adaptively manage them) beyond the original design. These decisions are shown in Table 3-7.

Overall, progress against reform program recommendations is occurring at the anticipated pace. This is reflected in the status of recommendations at 30 June 2017 (see Table 3-8).

Although implementation has generally occurred as expected, some aspects of the reforms are more embedded than others. This is reflected in the ratings given to the reform program foundations described in section 3.2.6.

At a broader level, reform and local stakeholders spoke about the substantial increase in the footprint (coverage) of early intervention (secondary support) services, and also an increase in the footprint of Aboriginal and Torres Strait Islander-specific support services for children and families. These changes have reshaped the child protection and family support system (see section 3.1) and funded services are reportedly working hard to keep up with the pace and scale of change.

**'It is a rapidly changing environment ... Organisations themselves have changed. Small organisations have become large providers, delivering a lot of services. Some have contracted, moved away from it, and we have new ones too. The environment in which the reforms are being delivered is a rapidly changing environment. The pace of change has been dramatic.'**  
(Reform stakeholder 6)



Table 3-7: Adaptive management of the implementation of the reform program

Decision	Description
As planned: Phasing implementation of the reform program over five years	<p>A program implementation plan and schedule were developed that included timeframes, deliverables and dependencies for implementation to assist agencies to navigate intersecting and dependent work packages. Logically, the phased approach prioritised work packages of urgency, and those with associated, dependent work packages.</p> <p>To date, the phased rollout has been implemented as intended, starting with a planning period followed by substantial implementation of reform work packages. Work packages currently remain as originally grouped and progress continues on their implementation.</p>
As planned: Staggering of key reform initiatives	<p>There were critics of the reform program's pace and scope. Some reform and local stakeholders perceive it to be too large and moving too quickly, which they believe has had an adverse effect on implementation.</p> <p>In some instances, the staging of large-scale reform projects has created confusion. For example, staged legislative change prioritised certain aspects of the reform program, but for some reform stakeholders this created misconceptions (i.e. underestimates) of the full scale and scope of the work.</p>
As planned: Emphasis on a partnership approach	<p>Relationships are seen to be a key facilitator for reform success. From the start, government approached the reform program using a cross-agency approach. The suite of recommendations was grouped into 45 work packages, and each was assigned a lead agency and supporting partner agencies (which also occasionally led components of the work package).</p> <p>The quality of partnerships as described by reform stakeholders was variable, some being more effective, respectful, equitable and open than others. Many reform stakeholders considered sector peaks as valued partners in the reform program.</p>
Evolved: Reform governance structure	<p>Reform governance has evolved considerably since the inception of the reforms. A review of governance in 2015, undertaken to determine if the structure was still appropriate, resulted in a key reform governing body becoming a virtual network (i.e. the Senior Officers Network, formerly the Senior Officers Group) while a chief executive-level governance group was added (i.e. the Interdepartmental CEO Committee).</p> <p>A number of changes were also made at the regional and local levels of governance to better fit the needs of the respective locales. The impact of governance on reform implementation is discussed in detail in section 3.2.1.</p>
Evolved: Child protection and family support system	<p>In addition to the recommended changes to the system made in the QCPCOI report, a series of targeted reviews substantially expanded the scope of the reform context within the child protection and family support system. The amount of reform-specific change that has occurred (and continues to occur) is continuing to transform the system.</p> <p>Several reform stakeholders expressed frustration at reporting requirements that are no longer fit for purpose due to the significant amount of changes that has transpired, including major legislative change.</p>

Table 3-8: Status of QCPCOI recommendations at 30 June 2017

Recommendation status	Number of recommendations
Delivered	57
Commenced	64



Stakeholders also identified some areas of the reform program that are less established. A number of stakeholders criticised a perceived lack of early focus on Aboriginal and Torres Strait Islander over-representation and the slow pace of reforms designed to address this issue.

**'Aboriginal and Torres Strait Islander-specific reforms were very slow to roll out. After two years the numbers are still escalating so it's difficult to talk about successes and failures because they haven't rolled out.'** (Reform stakeholder 14)

However, these views were balanced by stakeholders who considered it essential to consult and engage extensively with communities and undertake research prior to rolling out any major changes affecting Aboriginal and Torres Strait Islander children, young people and families. Aboriginal and Torres Strait Islander over-representation is discussed in more detail in section 3.4.3.

A second area of reform implementation that continues to affect overall progress is referral behaviour. The success of the dual-pathway model depends on a changed culture amongst mandatory reporters. However, the evaluation found that this has not yet occurred across the board. This was widely acknowledged, and reform stakeholders highlighted a number of strategies designed to mitigate the impact of this issue (see 3.1.2 and 3.4.2 for more information).

## 3.4 Effectiveness against Supporting Outcomes

This section considers progress in achieving the four Supporting Outcomes for the reform program. As this evaluation focussed on implementation, this section presents emerging evidence of progress towards outcomes. Future evaluations will assess the extent to which the reform program is successful in achieving its intended outcomes.

### 3.4.1 Children and families have timely access to high-quality services

The overall intention of the reform program is to increase the amount of direct support offered to children and families, either to prevent them escalating to the tertiary child protection system or to better meet their needs while they are in it.<sup>105</sup> Thus, a key outcome of the reform program is that children, young people and families have timely access to high-quality services.

To examine progress towards achieving this outcome, the evaluation considered evidence relating to:

- the statewide child protection and family support service footprint
- referral pathways within the system
- guidelines, protocols and policies for coordinating service delivery to assist children, families and communities in need of support.

This section considers the progress of the reform program in providing children and families with timely access to high-quality services.<sup>106</sup>

## Key findings

- Reform stakeholders have diverse views on the extent to which this Supporting Outcome is trending towards achievement.
- While it is widely acknowledged that considerable effort and investment has been put into laying the groundwork for achieving this outcome, this remains a work in progress.
- Evidence suggests that access and service quality has improved, but timeliness of response is more contentious.
- There is an opportunity to further streamline families' movement through the system to ensure they receive an appropriate service when they need it.

<sup>105</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 317.

<sup>106</sup> Quality of services is not covered in this section, as most reform stakeholders perceived quality as an outcome of other aspects of the reform program, particularly workforce capacity, cultural appropriateness, and client-centredness. Findings in relation to service quality are dealt with in these sections.



## Access

Universal services (such as education and health) are an important part of the child protection and family support system. They are critical for child and family wellbeing as they offer a 'non-stigmatising gateway to early intervention services for families by identifying the need for help, and linking a child or family to a relevant service.'<sup>107</sup>

Stakeholders outlined a range of universal early intervention and prevention programs and initiatives available to support families across the state. However, while universal services are widely available and accessible, they may not offer the right service for a family's particular situation at a given time.

The significant investment made to expand the secondary service system is regarded by reform stakeholders as a key success of the reform program.

'The positive is that there has been a lot of investment and building of capability of the secondary system which is absolutely making a difference.' (Reform stakeholder 1)

'Certainly there are now a lot more services out there than there was three years ago, and to date the sector has been able to absorb that ... So the system was very small prior to FaCC and IFS being funded—there has been rapid growth since implementation of FaCC and IFS.' (Reform stakeholder 2)

A significant component of the investment in the secondary service system has been the introduction of the FaCC and IFS services, whose services and coverage expanded considerably over the first three years of reform implementation. Given the phased rollout of FaCC and IFS, not all services have been operating for sufficient time to allow annual trend data to be recorded or analysed.

However, data for 2016–17 suggests a considerable number of families have been accessing and engaging with FaCC services (see Figure 3-15). It is supporting referrals to secondary services, potentially helping families access support to prevent concerns from escalating.

Although there has been significant additional investment in the secondary support system, a number of reform stakeholders remain concerned about the accessibility of services for vulnerable families across the secondary and statutory levels of the service system. Not surprisingly, this concern is elevated in relation to service provision in regional and remote areas of the state where issues of geography, service footprint and workforce are cited as challenges.

Reform stakeholders, service providers and activity-level evaluations identified a range of barriers to service access (see Figure 3-16). These included personal factors such as transportation challenges and stigma or shame, organisational factors such as service capacity and capability, and systemic factors such as poor service coordination and a lack of information or awareness about support services.

107 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 136.

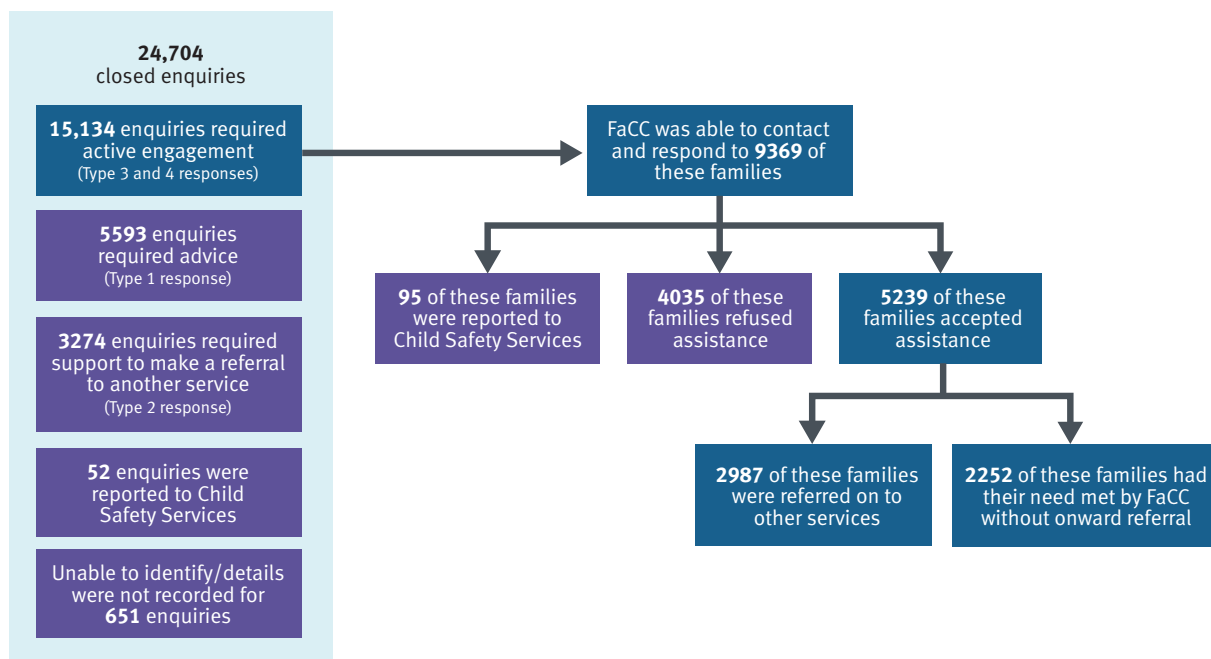


Figure 3-15: Types of assistance provided by FaCC, 2016–17

Source: Department of Child Safety, Youth and Women: Advice, Referrals and Case Management (ARC) Database

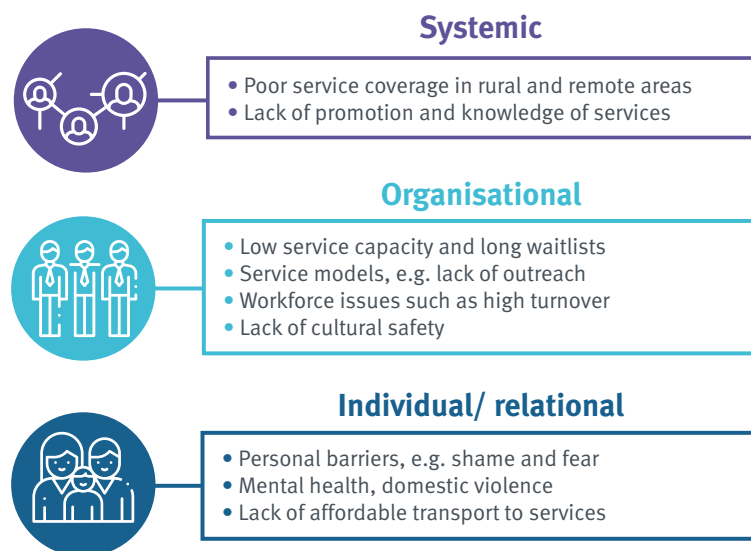


Figure 3-16: Barriers to service access



Frontline service providers also perceived service awareness to be an issue, with only two in five workforce survey respondents (41.7 per cent, n=150) agreeing that children, young people and families know where to find services and supports and close to one third disagreeing with this statement (31.7 per cent disagreement, n=114: 3.9 per cent strongly disagree, 27.8 per cent disagree) (see Figure 3-17).

Personal access barriers are exacerbated by service models that require vulnerable children, young people and families to be proactive in seeking support. This is supported by Talking Families<sup>108</sup> research findings which found that three quarters of parents who responded to the baseline research survey believed they would be thought of in a less favourable way if they were struggling as a parent and used support services.<sup>109</sup>

Reform stakeholders noted that work is underway to improve and streamline the referral system at central, regional and local levels. As the expanded secondary service system embeds, it is expected that appropriate non-statutory referrals will increase as inappropriate reports to Child Safety Services decrease (as discussed in section 3.1.2).

## Timeliness

The evidence strongly suggests that timeliness has not yet been achieved. Reform stakeholders are particularly concerned about timeliness of the response for vulnerable families across the secondary and tertiary levels of the service system. Alarming, a number of reform stakeholders expressed views that children and families receive the most active responses when they are at crisis point, or commented that a state of crisis must be reached before support becomes available. Timeliness was also raised as a concern in the workforce survey, with 17.7 per cent (n=63) of service providers disagreeing that the service they provide is timely for families.

Concerns were also raised about the timeliness of investigation and assessment processes. Stakeholders said this may cause gaps in support for families, because most service providers are required to discontinue service provision for families subject to an investigation and assessment process.

With the availability of alternative services, families can be diverted at the intake stage. Department of Child Safety, Youth and Women data reports an 8.4 per cent decrease in notifications requiring investigation between 2012–13 and 2016–17 (see Figure 3-18). This potentially indicates that appropriate families are being referred to early support rather than being subject to an investigation process.

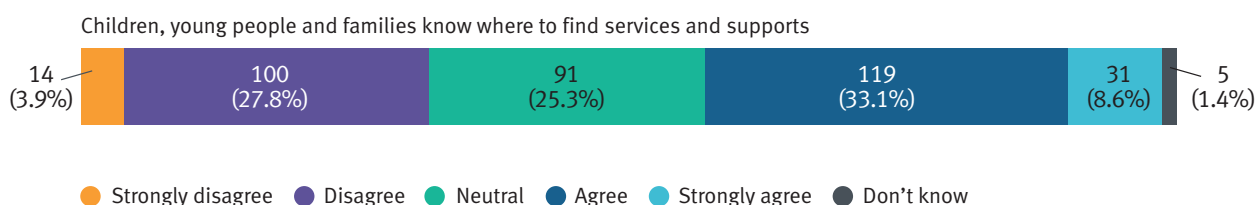


Figure 3-17: Service provider views on children's and families' awareness of services

<sup>108</sup> Talking Families is a community education initiative supporting parents, carers and families through challenging times, so they can find the right information at the right time.

<sup>109</sup> Ipsos (2016), Talking Families Campaign Detailed Findings and Technical Report: 1 June 2016.

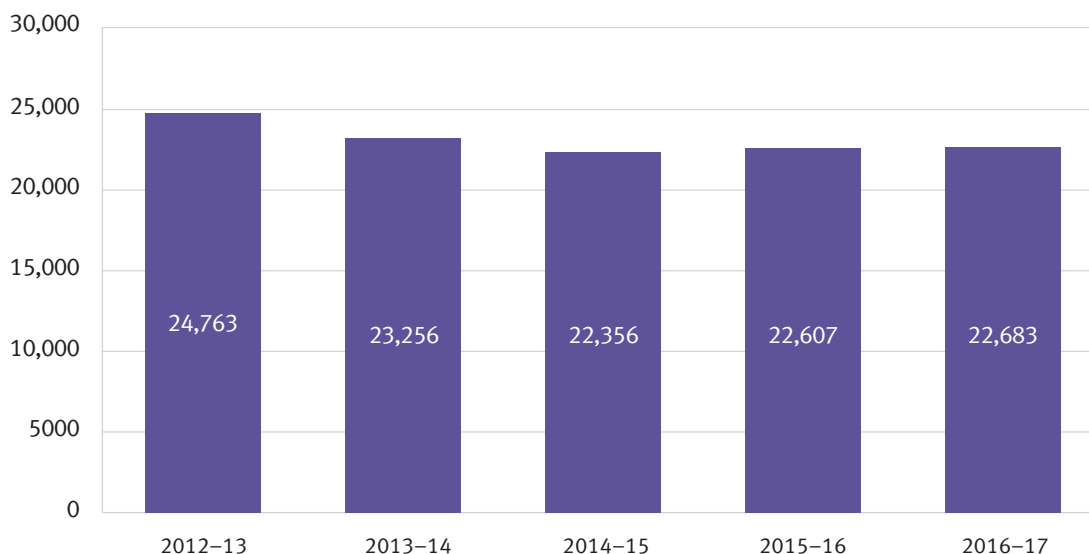


Figure 3-18: Notifications requiring investigation 2012-13 to 2016-17

Source: Department of Child Safety, Youth and Women: Our Performance

However, despite the reduced number of notifications, there has been limited change in the percentage of investigations and assessments commenced within the policy timeframe (24 hours, 5 days and 10 days) (see Figure 3-19). While the percentage of investigations and assessments commenced within the required 24-hour response remains relatively high, the percentage commenced within the 5-day and 10-day timeframes remains low. Some reform stakeholders are critical of the five- and 10-day response timeframes to investigate notifications, which they do not consider to be timely for families in crisis.

Data suggests that timeliness remains an issue in child protection proceedings before the court, although a long-term goal of the court recommendations is to address this issue. Between 2012-13 and 2016-17, the proportion of backlog cases has increased. This includes pending applications older than 6 months from the date of lodgement and older than 12 months from the date of lodgement (see Figure 3-20). The average time (in days) taken to finalise Child Protection Order applications has also increased to 228 days, after tracking at 156 days between 2013-14 and 2015-16.<sup>110</sup>

Data also shows that the Director Child Protection Litigation received only 2.0 per cent of existing child protection orders from the Office of the Family and Child Official Solicitor within the prescribed timeframe<sup>111</sup> in 2016-17, although the majority of emergency orders were received within the timeframe (see Figure 3-21).

This has implications for the ability of the Director of Child Protection Litigation to assess the appropriateness of the order requested and to request additional information to ensure the Children's Court receives applications that are of a high quality of evidence. Over time, as the working relationship between the Director of Child Protection Litigation and Child Safety Services becomes embedded, it is expected this figure will increase.

Literature suggests that there is a relationship between client service access and the engagement timeframe. If a service takes too long to reach out, the family may be less inclined to engage<sup>112</sup> or may have moved beyond the challenges they faced at the time of the referral.

<sup>110</sup> Queensland Wide Inter-linked Courts (QWIC) Database

<sup>111</sup> Under the Director's Guidelines issued on 2 August 2016, where Child Safety Services must refer a matter to the Director that concerns a child who is subject to a child protection order, the matter should be referred as soon as practicable. Where possible, this should be not less than two months before the child protection order ends. As at 1 July 2018, timeframes have been revised to no less than 28 calendar days before the child protection order ends. Director of Child Protection Litigation *Annual Report 2016-2017*, p. 22.

<sup>112</sup> See Reardon et al. (2017); Rockhill et al. (2008).



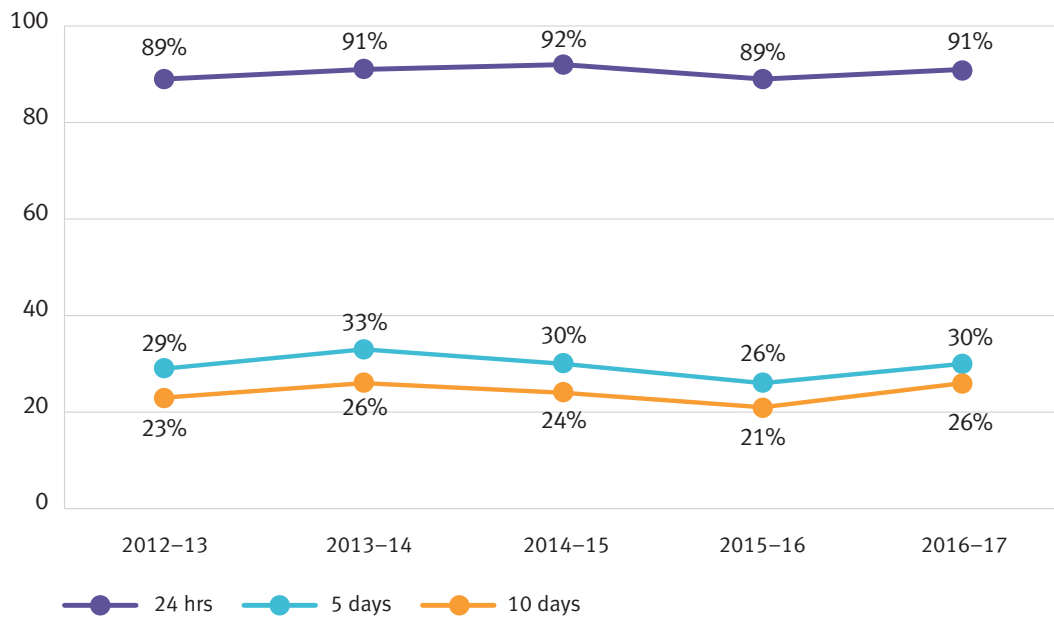


Figure 3-19: Notifications for which the investigation & assessment commenced within the specified timeframe, 2012-13 to 2016-17

Source: Department of Child Safety, Youth and Women: Our Performance

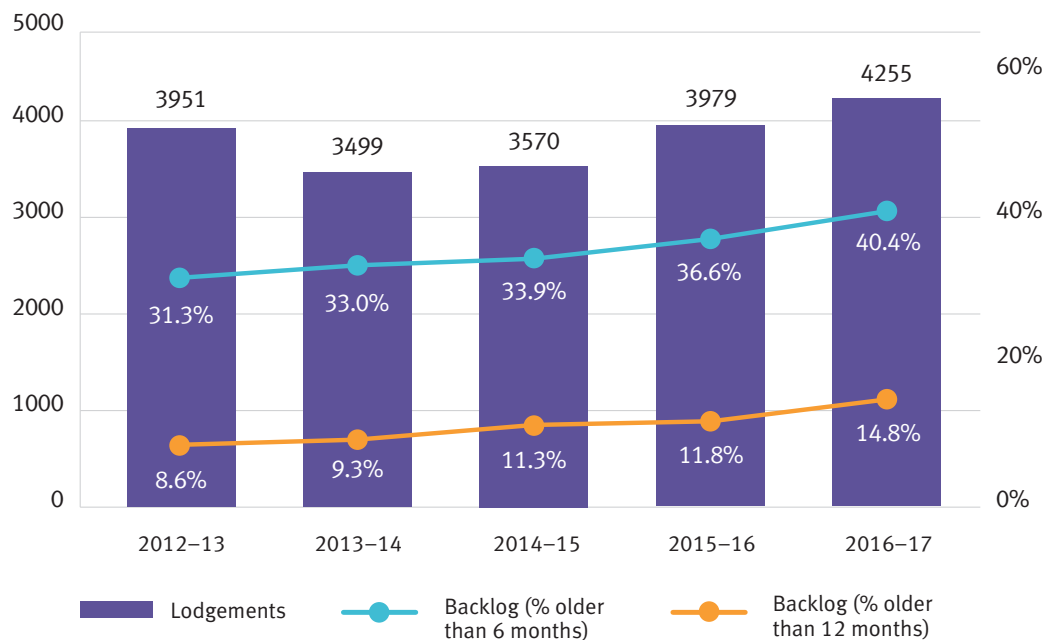


Figure 3-20: Lodgements and backlogs for child protection proceedings in the Children's Court, 2012-13 to 2016-17

Source: Queensland Wide Inter-linked Courts (QWIC) Database

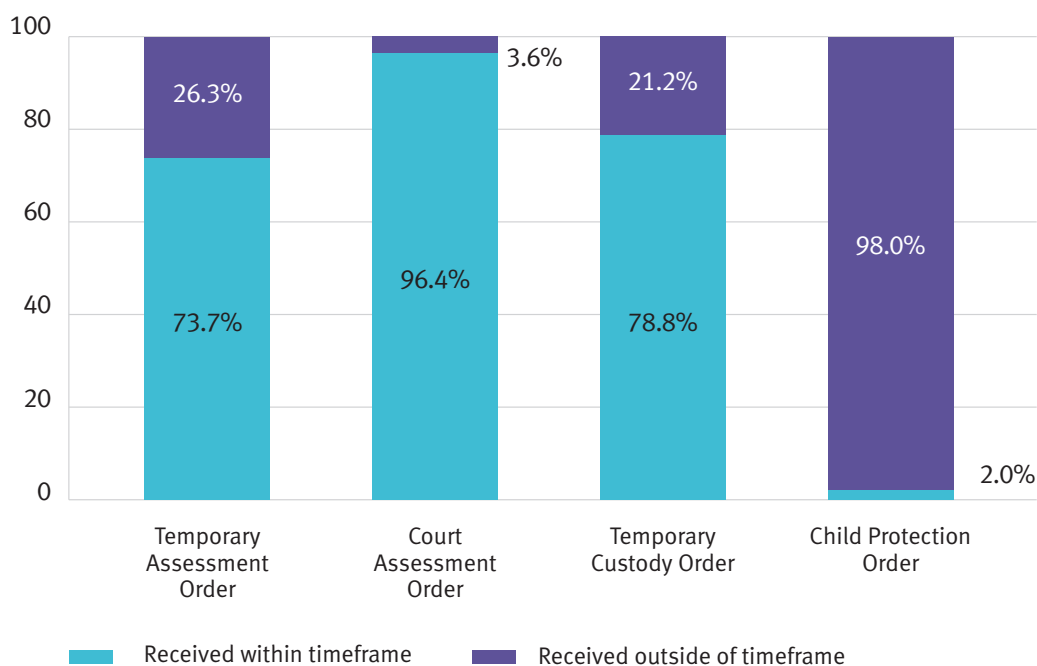


Figure 3-21: Percentage of matters received by Director of Child Protection Litigation within and outside the prescribed timeframe, 2016–17

Source: Director of Child Protection Litigation Annual Report (2016–17)

### 3.4.2 Queensland's child and family support system is efficient, effective, client-centred and focusses on prevention

The QCPCOI report describes 'efficiencies' in terms of strategies intended to reduce burden on the system (that is, workloads, duplication, and capability and capacity issues of the non-government sector). The QCPCOI recommended specific areas for efficiency improvements, such as referrals from mandatory reporters and outsourcing of services to non-government organisations.<sup>113</sup> Over-reporting of children to Child Safety Services was specifically noted in the report as leading to inefficiencies in the system.<sup>114</sup>

The term 'effective' is widely used throughout the QCPCOI report in the context of the resourcing, outsourcing of services to non-government organisations, interagency collaboration, supporting secondary services, strengthening Aboriginal and Torres Strait Islander agencies to deliver services, and improving the discord between policy and practice.<sup>115</sup> A range of indicators of effectiveness of the child protection and family support system are outlined in the Department of Child Safety, Youth and Women performance data.

'Client-centred' is inclusive of the terms 'family-centred' and 'child-centred' and involves tailoring decisions and case plans to the individual needs of children and families.

'Prevention' is defined in the QCPCOI report as promoting the responsibility of families and communities to care for their children, and providing them with appropriate early intervention and secondary services to help them to care for their children at home.<sup>116</sup>

<sup>113</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 67.

<sup>114</sup> *ibid.* p. 68.

<sup>115</sup> *ibid.* pp. 69, 151, 369, 426, 503.

<sup>116</sup> *ibid.* p. xi.



## Key findings

- There are mixed findings with regards to system efficiency and effectiveness.
- Stakeholders suggested that effectiveness will not be evident until the reforms are fully embedded and, as such, there was overwhelming consensus to keep on track for now and allow the changes to mature.
- The redirecting of referrals to the secondary service system is not working as efficiently as it should be. More work needs to be done on the challenges associated with this.
- The client-centredness of the child protection and family support system was commended by stakeholders particularly in terms of:
  - increased participation in decision making and planning
  - improved representation and procedural fairness in court processes
  - improved service responses supported by strengths-based practice.
- While FaCC and IFS have been branded as 'early intervention' support services, reform stakeholders have mixed views on the extent to which IFS actually provides an 'early' intervention service as opposed to an intervention service. There is broad recognition among stakeholders that prevention begins at birth and continues through childhood into adulthood.

### Efficiency

The evaluation found mixed results in terms of system efficiency. At the tertiary level of the system, data indicates a reduction of demand in some areas but points to issues in others.

The change to mandatory reporting of children living in homes with domestic violence incidents, so that a referral can be made to family support services instead of a notification to Child Safety Services, has resulted in a substantial reduction in Child Concern Reports from Queensland Police Service (see Figure 3-22).

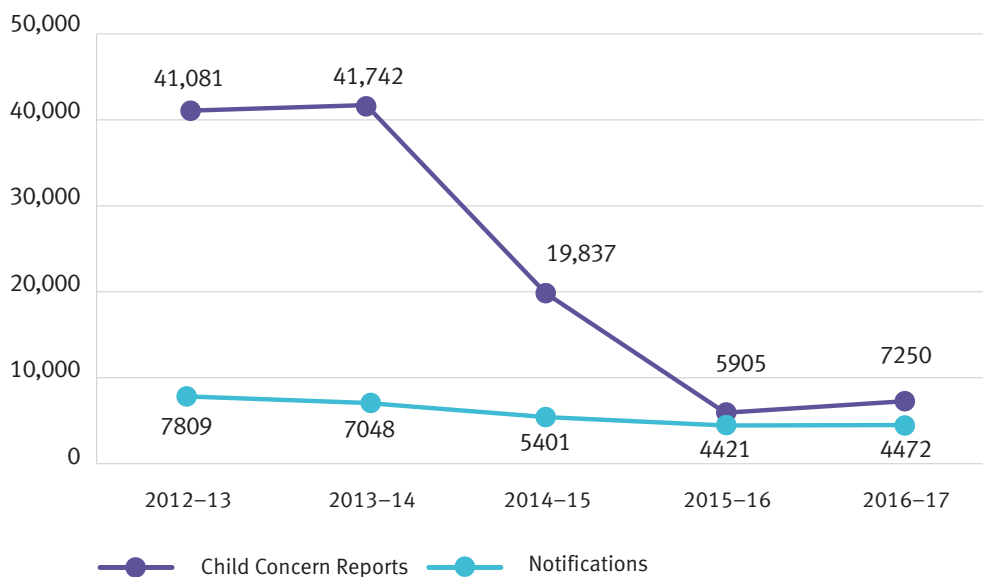


Figure 3-22: Number of intakes from police, by intake type, 2012-13 to 2016-17

Source: Department of Child Safety, Youth and Women, Our Performance



Despite the efficiency gains in some areas, the challenges associated with rerouting referrals to the secondary (non-statutory) service system remain pervasive. Reform stakeholders raised concerns about reports to Child Safety Services Regional Intake Services that did not meet the threshold for reporting and should have been directed to FaCC services. Child concern reports received by Child Safety Services continue to represent over three-quarters of intakes (see Figure 3-23).

Overall, these findings suggest some progress has been made towards addressing key contributors to unsustainable demand on the system. The evaluation recognises that it is too soon to expect such a substantial shift to have fully embedded. This, and the accompanying behaviour change, will take considerable time, energy and effort. The impacts of the reform program on the system overall are discussed in more detail in section 3.1.

#### Effectiveness

From a whole-of-reform program perspective, participants were not able to provide much comment about the effectiveness of the child protection and family support system. The concerns expressed by reform stakeholders about the siloing (isolating) of reform implementation and the absence of strategy were fuelled by their limited awareness of reform progress and outcomes from a whole-of-government perspective.

A whole-of-government system performance and outcomes framework has the potential to address this, rejuvenate strategic reform leadership and ensure ongoing reform commitment across partnering agencies.

*'At the start there was a lot of good will, but I feel like over time this has fallen off without someone to drive a whole-of-government view. There needs to be someone driving it ... Particularly as pressures in the system mount, and individual agencies are faced with their own service pressures. Over time, we've moved back into a more siloed way of thinking.'*  
(Reform stakeholder 49)

*'If at the systemic level you want to bring systems together you need co-design, co-planning, co-delivery—and to have responsibility for co-accountability and co-reporting on outcomes. Unless we achieve this at a systemic level, we won't achieve it at a service delivery level. We all still focus on our own portfolio silos. Then we shift the blame—I did my bit, did you?' (Reform stakeholder 32)*

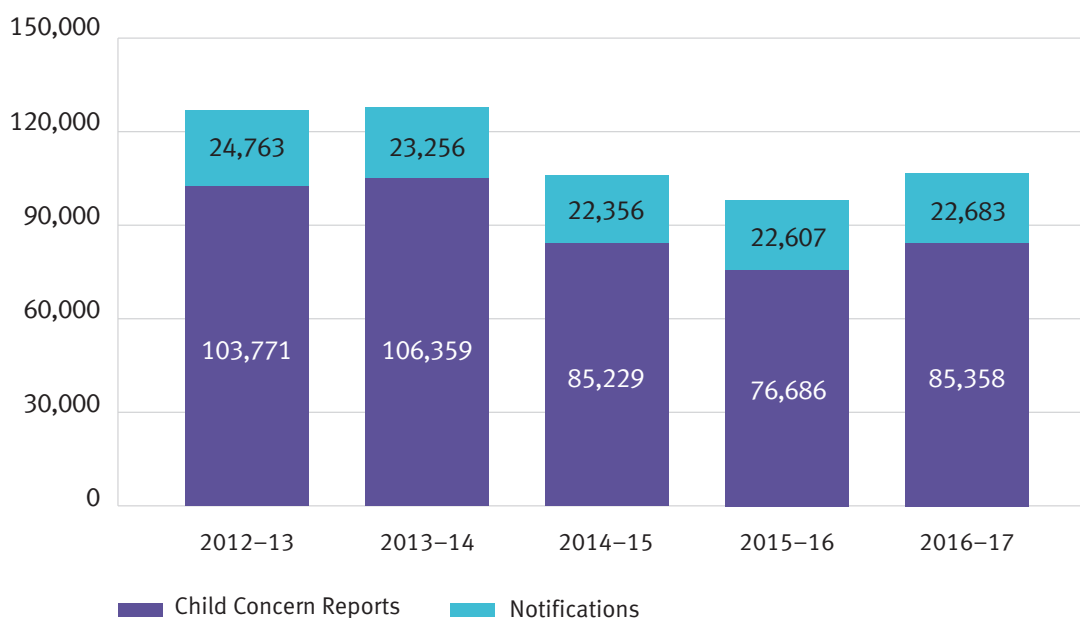


Figure 3-23: Child Safety intakes, by intake type, 2012-13 to 2016-17

Source: Department of Child Safety, Youth and Women, Our Performance



In the absence of a framework of this nature, the evaluation sourced data from partner agencies to identify progress towards system effectiveness.

We also considered stakeholder views. They varied depending on where the stakeholders were situated within the system. There was overwhelming consensus among reform stakeholders to continue the path of reform to allow changes to consolidate, embed and mature so that the true benefits might be realised.

*'I guess you've got to give the system a chance to catch up and for the recommendations to take hold. For the money to be spent, to follow through on recommendations to give them a chance to work. In many ways I think it's a bit premature to make those sorts of opinions.'* (Reform stakeholder 61)

*'Stick with it, we need to overcome the teething issues.'* (Reform stakeholder 63)

*'We really need to follow through with this.'* (Reform stakeholder 16)

They suggested opportunities for improving system effectiveness, pointing to a range of strengths and weaknesses in the system and offering suggestions for improvement. They were generally careful to position their views in the context of an evolving child protection and family support system, acknowledging that a true measure and understanding of effectiveness will not be evident until the reforms are fully embedded.

There is evidence that available data and information (that is, performance reports and baseline evaluations) has been used to inform decision making and adaptively manage reform rollout. Some reform stakeholders see data as a driver of performance in an environment where intense scrutiny has been placed on data utility (that is, data usage). Numerous agency-level examples were provided where decisions were influenced by data, indicating a culture of evidence-based decision making to support reform rollout.

While only a handful of activity-level evaluations were completed in the first three years of reform implementation, these demonstrate that agencies are monitoring and reporting on implementation strengths and challenges and any early outcomes to inform future program delivery (see Appendix B). More broadly, reform stakeholders identified other research and performance reviews that are either planned or in progress.

However, some local stakeholders cautioned that practice is being driven by performance measures rather than the best interests of children and families.

*'There's something there about what is measured. It's about practice, but it's also about what is measured and what staff are asked to report on that is more important. What you have to report on is what's the focus [for staff], so if you focus on [x] in the first, second, third, and fourth instance, that's what people will do. Whereas we actually need to be thinking about what's in the best interests of the child in the first instance.'* (Reform stakeholder 1)

Stakeholders highlight resourcing as a major inhibitor to system effectiveness. Despite the sizeable increase in frontline Child Safety Officers since 2016, recruitment and retention of both government and non-government workers were regularly cited as constraints to effective service delivery.

Reform stakeholders identified a range of issues in relation to the new model (Director Child Protection Litigation and Office of the Child and Family Official Solicitor) for managing child protection legal matters. They gave examples of operational, structural and cultural challenges. Specifically, they outlined the significant underestimation of caseloads to be transferred when the new operating model commenced (they continue to be higher than anticipated). Communication, resourcing and timeliness also continue to impact on the effectiveness of the new model.

As an independent review of this model is underway, this evaluation will limit commentary to noting the challenges raised by reform stakeholders. However, the model itself is viewed positively by many reform stakeholders as a means of improving procedural fairness and disclosure for families, and as adding an additional protective layer to ensure appropriate orders are being sought. In this regard, reform stakeholders find the model promising.



## Client-centredness

Reform stakeholders are generally positive about the client-centredness of the child protection and family support system. Key facilitators are seen to be:

- increased participation in decision making and planning
- improved representation and procedural fairness in court processes
- improved service responses supported by strengths-based practice.

The new Strengthening Families Protecting Children Framework for Practice<sup>117</sup> was held up as a key reform success and as an example of the government's priority of basing practice on engaging with families and improving information sharing. Stakeholders reported that this is resulting in improved, client-centred practice that is culturally appropriate and facilitates common assessment, language and case management.

'The really positive story is the [Strengthening Families Protecting Children] Practice Framework. We are not doing things to families, we are working with families—helping them to identify their own strengths and challenges. We are having a much more honest conversation with families about what we need for them to do.' (Reform stakeholder 22)

'There are some good news stories with the [Strengthening Families Protecting Children] Practice Framework. It is making a difference in engagement and how families respond.' (Reform stakeholder 23)

Staff who participated in the Intensive Family Support (IFS) Implementation Evaluation held mixed views about the value of using structured decision-making tools. While staff recognised the tools could potentially increase information sharing and the consistency of risk assessments, they expressed concerns that the tools were not culturally appropriate and did not align with the strengths-based approach of IFS. They identified the need for more training to build frontline workers' confidence and consistency in using these tools.

More generally, the evaluations of the FaCC and IFS initiatives found that staff in these services were using engagement approaches intended to empower families and tailor responses to their individual needs and the local context.

In the court context, the baseline evaluation of the court recommendations (Work Package 36)<sup>118</sup> found there were multiple barriers to the participation of children, young people and families in the court process. Legal stakeholders and Magistrates were unanimous about the value of participation, and were optimistic that the court recommendations would improve participation in the future.

The introduction of the Office of the Public Guardian Child Advocate Legal Officer function was cited as one of the most significant early changes. It provides children and young people with support in having their views heard. However, stakeholders noted some difficulties in clarifying how the role relates to existing legal representation structures.

As reported in the baseline evaluation of the advocacy recommendations (Work Package 45),<sup>119</sup> the revised role of the Public Guardian was viewed positively in that it improves children's and young people's knowledge of their rights and the options available to them.

Changes to the Community Visitor role, so that children in out-of-home care are visited based on vulnerability, is also generally supported because it offers a more flexible and tailored approach. Stakeholders recognise the reduced burden the visiting schedule changes places on foster carers where children are in stable placements, allowing children to feel part of the family, without the stigma associated with living in out-of-home care.

117 Department of Child Safety, Youth and Women (2018), *Child Safety Practice Manual*. Accessed 22 August 2018.

118 Department of Justice and Attorney-General (2017), *Improving child protection matters in Queensland courts: A baseline evaluation of Work Package 36 reforms*.

119 Office of the Public Guardian (2017), *Evaluation of the Office of the Public Guardian Child Protection Reforms: Baseline evaluation 2015–16*.



However, an evaluation of the Office of the Public Guardian Advocacy Hub Model<sup>120</sup> found the physical hubs and statewide virtual hub did not work as well as initially intended. Few appointments or case management meetings were held at the hubs. Stakeholders identified several access barriers, including location of hubs, limited or expensive transport options, stigma associated with government buildings, and a design that would require vulnerable young people to be proactive in seeking support.

These access issues, in addition to carers' preference for young people to be visited in their homes, were seen to have impacted on service uptake. These learnings informed early decisions to modify provision of advocacy support. The hubs have since been repurposed as work spaces to allow staff to work collaboratively, rather than as drop-in centres for clients.

#### Focus on prevention

Stakeholders tend to link the prevention focus of the child protection and family support system to the universal service system rather than the secondary system.

While FaCC and IFS have been branded as 'early intervention' support services, reform stakeholders have mixed views on the extent to which IFS actually provides an 'early' intervention service as opposed to an intervention service. Some reform stakeholders consider it to be 'intervention' where families seek (or are referred to) help at the point at which they are experiencing issues, or crisis (which is considered to be beyond the scope of early intervention).

'I think FaCC was envisioned as an alternative gateway to Child Safety but I heard early on that one of the roles that they do is doing short term and one off interventions that isn't readily available. When families have a query or need short term interventions then FaCC are well placed to do those one-offs. I think that's a bit more extended in some of our regional and remote catchments where they don't have the array of service options or referral options so I think they pick up a bit more in those areas ... There's a lot of examples of one off interventions. The flexibility of the FaCC has been good, meeting that urgent and immediate prevention need. It's not Child Safety but that prevention realm, not just a gateway through but an intervention on its own.' (Reform stakeholder 55)

Stakeholders outlined a range of early intervention and prevention activities available to support families across the state, including FaCC, IFS and Family Wellbeing Services. There is a broad range and variety of services available to address the social determinants of health and wellbeing, and there is recognition that their appeal to families lies in non-stigmatising and appropriate design and delivery.

Preventative universal services (such as education and health) often get little credit for the work that is done to keep families from escalating towards crisis. There is broad recognition among stakeholders that prevention begins at birth and continues through childhood into adulthood.

<sup>120</sup> *ibid.*





### 3.4.3 The level of over-representation of Aboriginal and Torres Strait Islander children in the child protection system is significantly reduced

The QCPCOI report described the over-representation of Aboriginal and Torres Strait Islander children in the child protection system as ‘alarming’. It acknowledged that addressing this over-representation cannot be achieved without focussing on broader socio-economic factors, rather than focussing exclusively on the child protection system.<sup>121</sup>

#### Key findings

- It is evident that the issue of Aboriginal and Torres Strait Islander over-representation in the child protection system is at the forefront of stakeholders’ minds.
- However, agency data shows that the degree of over-representation at various stages of the tertiary child protection system has increased.
- Despite the concerning data trends, reform stakeholders are positive about the introduction of key initiatives in this area, including Family Wellbeing Services and Family-Led Decision Making trials. They are also optimistic about the Our Way strategy.

The level of over-representation of Aboriginal and Torres Strait Islander children and young people at each stage of the child protection continuum persists (see Figure 3-24), suggesting more needs to be done to address this issue and improve the experience for children, young people and families interacting with the child and family support system.

Despite representing 7.9 per cent of the population of children and young people,<sup>122</sup> in 2016–17,<sup>123</sup> Aboriginal and Torres Strait Islander children were:

- 3.6 times more likely to be subject to a Child Safety Services intake (up from 3.3 in 2012–13)
- 5.5 times more likely to be subject to a notification (up from 4.5 in 2012–13)
- 8.4 times more likely to be subject to ongoing intervention (up from 7.3 in 2012–13)
- 8.6 times more likely to be placed in out-of-home care (up from 7.7 in 2012–13)

than their non-Indigenous peers.<sup>124</sup>

However, for those Aboriginal and Torres Strait Islander children and young people already in the child protection and family support system, reform stakeholders suggested that the tertiary response has improved. They highlighted the extent of work across the sector that has occurred, described in the following paragraphs.

#### Reforms to address over-representation

There is broad recognition of the benefits of a partnership approach to reducing over-representation, and acknowledgement that this is a systemic issue. While there was some criticism of the response to addressing over-representation, stakeholders are positive about the manner in which government is engaging with Aboriginal and Torres Strait Islander stakeholders by using co-design processes and ensuring community ownership of programs and initiatives.

Data from the workforce survey also indicates there is a prevalence of partnership approaches, with the majority of respondents agreeing (81.8 per cent, n=293) that their organisation partners with Aboriginal and Torres Strait Islander organisations to support service delivery.

121 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. 352.

122 Queensland Government Statistician's Office. Accessed 28 March 2018.

123 Rates have been calculated using numbers sourced from the Department of Child Safety, Youth and Women Our Performance and estimate resident population of people aged 0-17 at 30 June of each year from the Queensland Government Statistician's Office. Rates may differ to those reported elsewhere.

124 Trends in over-representation may differ to those reported elsewhere due to different rate calculation methods.

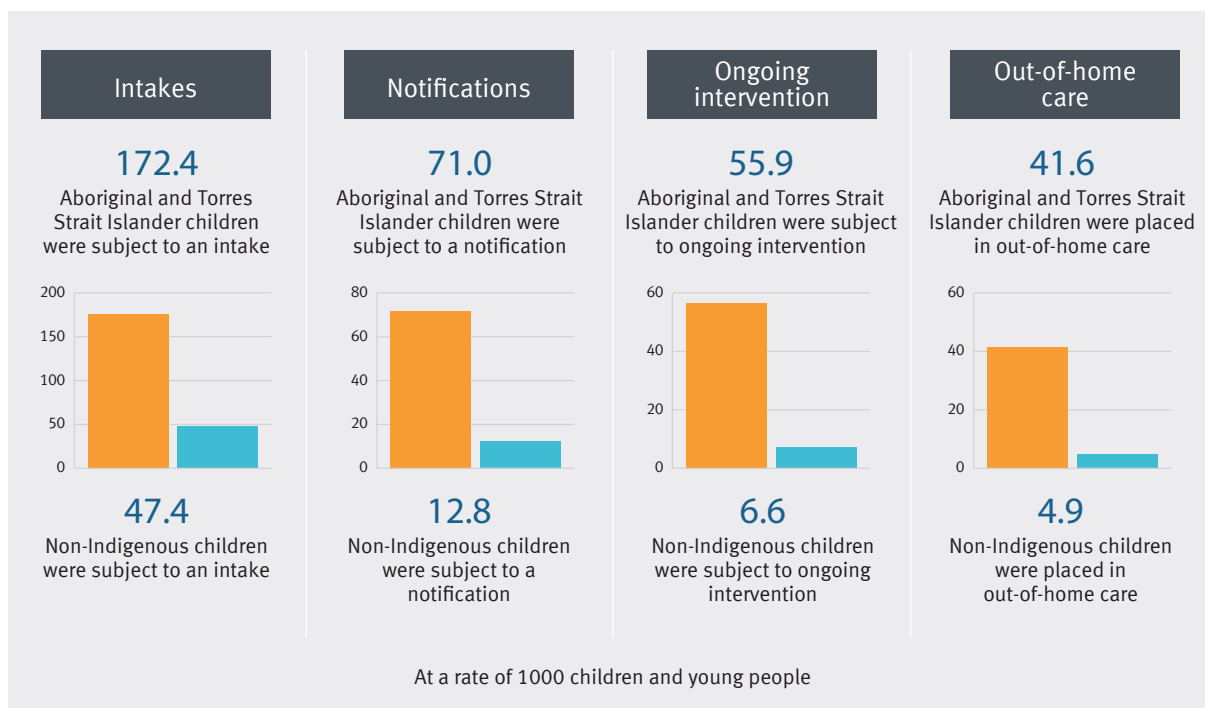


Figure 3-24: Representation of children and young people along the child protection continuum, 2016–17, by Aboriginal and Torres Strait Islander status

Source: Department of Child Safety, Youth and Women: Our Performance (Number of children subject to an intake, notification, ongoing intervention or placed in out-of-home care); Queensland Government Statistician's Office (Estimated resident population)

The Queensland Government's Our Way strategy<sup>125</sup> was designed to address intergenerational disadvantage. While out of scope of the evaluation, this strategy holds promise and is celebrated among reform stakeholders as a means of addressing this and other issues facing Aboriginal and Torres Strait Islander children and families. It is also seen as a positive example of 'sharing responsibility' across the system.

Reform stakeholders described a range of systemic and organisational changes across the child protection and family support system aimed at reducing over-representation and improving the experiences of Aboriginal and Torres Strait Islander children, young people and families in the system. Examples were Family Wellbeing Services and the Family-Led Decision Making trials. However, there is not yet sufficient evidence to determine whether these efforts will be successful in reducing over-representation.

Reform stakeholders are largely positive and optimistic about the new Family Wellbeing Services. These are described as more intensive, provided over a longer duration, and offered in the family home to support and build the capacity of families to care for their children.

'The FWB [Family Wellbeing] service is a powerful shift to the approach and the culture that it's building—it's about engaging earlier and steering families down a different pathway. And when families come to the attention of the system, there's more work done in a collaborative approach. Departments as well as NGOs [non-government organisations] are trying to work differently together so families don't end up in the system, or if they do—to get them out quickly. Once the system takes hold, it's very hard to undo that.' (Reform stakeholder 4)

125 Queensland Government (2017), *Strategy and action plan for Aboriginal and Torres Strait Islander children and families*. Accessed 3 September 2018.



'The [community-controlled] sector has been buying into new prevention models. The FWB service has brought a lot more organisations and services to the table, those that weren't necessarily playing in that area, and they are doing so very professionally.' (Reform stakeholder 2)

The Family Wellbeing Services were newly established at the time of evaluation, and there was insufficient data to consider the effectiveness or impact at this time.

Reform and local stakeholders are also largely positive about the Family-Led Decision Making trials, which increased families' involvement in decision making about their own circumstances. The evaluation of the Family-Led Decision Making trials demonstrated the value of this approach for engaging Aboriginal and Torres Strait Islander families. Positive outcomes for families, service providers and Child Safety Services were achieved when Aboriginal and Torres Strait Islander convenors truly led the process to create a culturally safe space for families.

The trials were seen as less successful when Child Safety Services maintained control over the process and outcomes of the meetings. The stage along the child protection continuum at which the trial was held was critical. For example, staff involved with the tertiary trial relied on Child Safety Services for knowledge and support more than those involved with the early intervention trial. This was attributed to limited training/resources. In turn, a dependence on Child Safety Services was perceived as diminishing families' trust in the process.

While evidence on the performance of Aboriginal and Torres Strait Islander-specific reform initiatives is limited to the evaluation of the Family-Led Decision Making trial, some mainstream services are also seen to be adopting measures to improve the cultural appropriateness of their services. In particular, stakeholders viewed efforts to develop partnerships with Aboriginal and Torres Strait Islander organisations and enhance the role of extended families in court processes as promising practices.

It is understood that work is underway to assess the suite of tools used by frontline child safety workers to ensure that they are culturally appropriate and unbiased. The role of the Recognised Entity is also under review to ensure cultural considerations are taken into account when decisions are made in relation to Aboriginal and Torres Strait Islander children and families.

#### Aboriginal and Torres Strait Islander access to services

To reduce over-representation, Aboriginal and Torres Strait Islander children, young people and families must have access to appropriate, accessible and quality supports and services to address their needs before they escalate.

FaCC service data presented in Figure 3-25 is consistent with a perception among stakeholders that Aboriginal and Torres Strait Islander families are accessing and engaging with the secondary service system.

As described in section 3.1.1, a relatively high proportion of FaCC referrals requiring active engagement are Aboriginal and Torres Strait Islander families (16.9 per cent; 2551). The majority of these families are then engaged by FaCC and provided with support or assisted to access other services (see Figure 3-25).<sup>126</sup>

The FaCC data is similar to the IFS data, as about two thirds of all Aboriginal and Torres Strait Islanders with open IFS cases between October 2016 to March 2017 had engaged with IFS services (66.5 per cent in Oct-Dec quarter and 69.2 per cent in Jan-Mar quarter).

The workforce survey also asked about access to services for Aboriginal and Torres Strait Islanders children, young people and families. Views were mixed. About one third of those surveyed agreed there are barriers for Aboriginal and Torres Strait Islander children, young people and families in accessing their organisation's services (32.3 per cent, n=115) and close to half disagreed (46.3 per cent, n=165).

More than half (61.5 per cent, n=222) agreed Aboriginal and Torres Strait Islander families participate in and have control over decisions that affect their children.

#### Increasing the cultural capability of the sector

Evidence from stakeholder interviews indicates that considerable investment and effort has gone into building the capacity of the mainstream, community-controlled and volunteer (carer) workforce to better engage with Aboriginal and Torres Strait Islander children and families.

<sup>126</sup> FaCC was unable to respond to 1063 families. Reasons that FaCC may be unable to respond to a referral include: being unable to contact the family; the family not requiring active engagement or already being supported by a service; or other reasons, including referral errors.

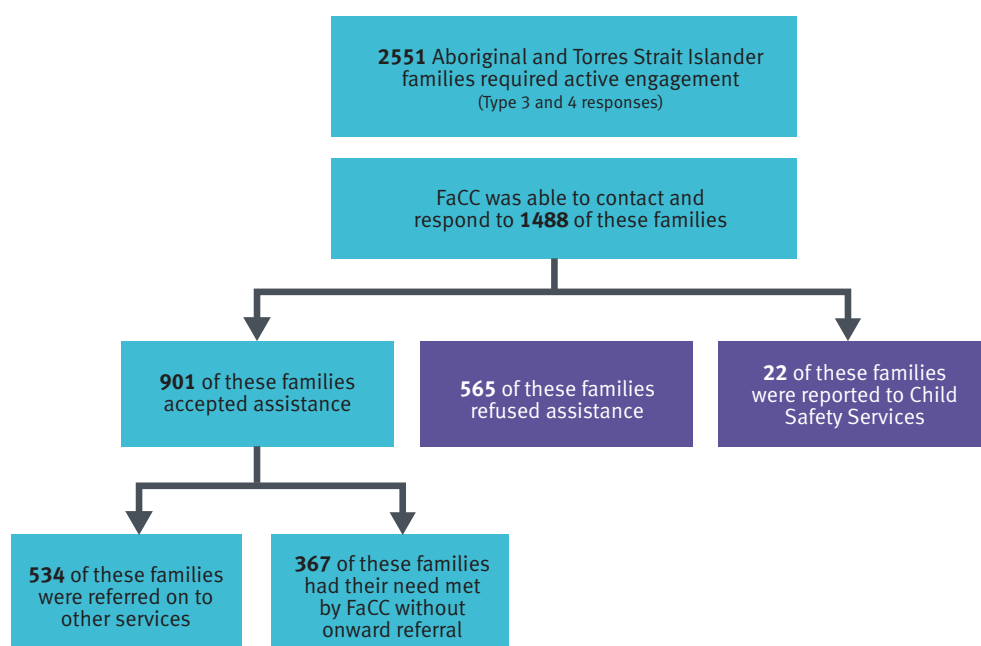


Figure 3-25: Aboriginal and Torres Strait Islander families requiring active engagement assisted by FaCC, 2016–17

Source: Department of Child Safety, Youth and Women: ARC Database

‘We have focussed a lot as well, internally and externally on building cultural capability of our staff in delivering services to Indigenous families. The focus is really on that cultural capability. Across government, we haven’t reached over into cross-government partnerships as much as we could yet ... We’ve got some programs rolling out across the region to work with Elders and Traditional Owner groups to deliver programs to children in care and to carers, with a particular focus on non-Indigenous carers caring for Indigenous children. Where it’s worked well, the Traditional Owners and Elders groups have led this rather than a paid service—that’s been a nice feature of it’ (Reform stakeholder 77)

Cultural capability training was seemingly a ubiquitous offering within government agencies, and 74.2 per cent (n=267) of frontline workers surveyed agreed their organisation provided access to cultural capability training.

However, cultural capability training was identified as an issue in the Foster Care Queensland survey. More than half of non-Indigenous carers who had cared for an Aboriginal and Torres Strait Islander child or

young person reported not having a cultural plan for the child or young person and not receiving any cultural awareness training.<sup>127</sup>

Some agencies have established identified positions to ensure Aboriginal and Torres Strait Islander peoples fill particular roles, and reform stakeholders described efforts to increase the pipeline of Aboriginal and Torres Strait Islander recruits into the frontline child and family workforce. Evaluations of the Family-Led Decision Making trial and Next Steps After Care<sup>128</sup> reported challenges in recruiting Aboriginal and Torres Strait Islander staff, triggering concerns about the cultural appropriateness of services when delivered by non-Indigenous staff.

Some concerns were expressed regarding the support for frontline Aboriginal and Torres Strait Islander workers, as they are often required to perform in their role as well as upskilling their co-workers to work in a culturally safe and appropriate manner. Reform and local stakeholders reported that this expectation puts strain on Indigenous workers and limits the amount of time they have available to spend with families.

In addition to their roles as frontline workers, Aboriginal and Torres Strait Islander peoples are also members of the community. Local stakeholders noted that it can be particularly challenging to navigate between these roles.

127 Foster Care Queensland (2016), *Foster and Kinship Care 2016 Carer Survey Report*. Accessed 10 April 2018.

128 This is a targeted after-care support service providing support for young people (aged 15–21 years) leaving care. Services 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.



### 3.4.4 Communities have confidence and trust in the Queensland child protection system

The QCPCOI report described factors influencing confidence and trust in the child protection system. Public trust was seen to increase when the child protection system intervenes at the right level, balances child protection risks with the harm of infringing on parental rights,<sup>129</sup> has sound oversight processes in place, and each agency is seen to take responsibility for its role in protecting children.<sup>130</sup> The Community Visitor function provided by the Office of the Public Guardian was specifically identified as being crucial to generating public confidence in the child protection system.<sup>131</sup>

The QCPCOI report also refers to transparency in relation to disclosure of information to families in the child protection system, and in relation to how complaints are handled. It suggests recommendations for improving public confidence through the complaints process, such as:

- examining the responsiveness of agencies to complaints by regular survey
- publishing an annual report of complaints
- working with the Child Guardian to provide a child-friendly complaints process
- ensuring performance data is transparent and accountable.<sup>132</sup>

This section discusses oversight, complaints management and reporting as factors that improve public confidence. It also presents views about confidence in the system overall.

#### Key findings

- Community confidence is a continual work in progress.
- Several factors influence confidence, and the evaluation found mixed views among the general public and reform stakeholders as to the extent of confidence in the child protection and family support system.
- Complaints management processes of agencies with child protection responsibilities have been reviewed and information is readily available on agencies' websites. However, investigations into complaints management suggest there is still room for improvement.
- Public confidence can be fleeting, which is most evident in the aftermath of a tragedy involving a child or young person. However, a unified front from government is seen as essential in promoting ongoing public confidence in government systems.

129 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*, p. xiii.

130 *ibid.* p. 395.

131 *ibid.* pp. 420–565.

132 *ibid.* pp. 420–422.



## Oversight and reporting

The QCPCOI report stated that, agencies involved in delivering services to children and families in Queensland had built sufficiently mature internal processes, so it was not necessary to have both internal and external oversight mechanisms.<sup>133</sup> However, the focus of post-QCPCOI systemic reviews indicate that oversight and accountability mechanisms are not as mature as expected. The reviews take the strategic intent of the reform program further in terms of improving accountability and public confidence.

The QCPCOI recommended that each department with responsibility for child protection outcomes establish quality assurance and monitoring mechanisms to provide sufficient internal oversight, as well as a schedule of internal audit and review.<sup>134</sup>

Oversight and reporting occur at a number of levels. Several entities provide external oversight of child protection matters, such as the Queensland Ombudsman, the Queensland Civil and Administrative Tribunal and the Coroner. These agencies have different functions, but all are required to report publicly on their work. Reporting varies by agency, from business-as-usual reporting to subject-specific reporting on investigations, reviews or research.

Systemic oversight of the child protection and family support system is provided by the QFCC. Individual oversight is provided by the Office of the Public Guardian.

Oversight of the reform program is provided by the reform governance groups: the Interdepartmental CEO Committee and the Reform Leaders Group.<sup>135</sup> At the service delivery level, government agencies are expected to monitor and report on their own performance, as well as oversee the effectiveness of the services they fund.

The evaluation asked service providers, community members and reform stakeholders their views on performance monitoring and reporting. In general, these views were positive.

The majority of service providers (83.7 per cent, n=297) agreed their organisation regularly assesses its own performance through, for example, monitoring and/or evaluating programs. Close to three quarters agreed this information is used to improve performance.

The majority of community survey respondents agreed that government monitors and reviews, and provides information on, child protection decisions (see Figure 3-26).

Several reform stakeholders identified transparency and open communication as factors that facilitated public confidence in the system. Confidence was seen as being built through a culture of integrity, whereby the government and frontline workforce do what they say they're going to do.

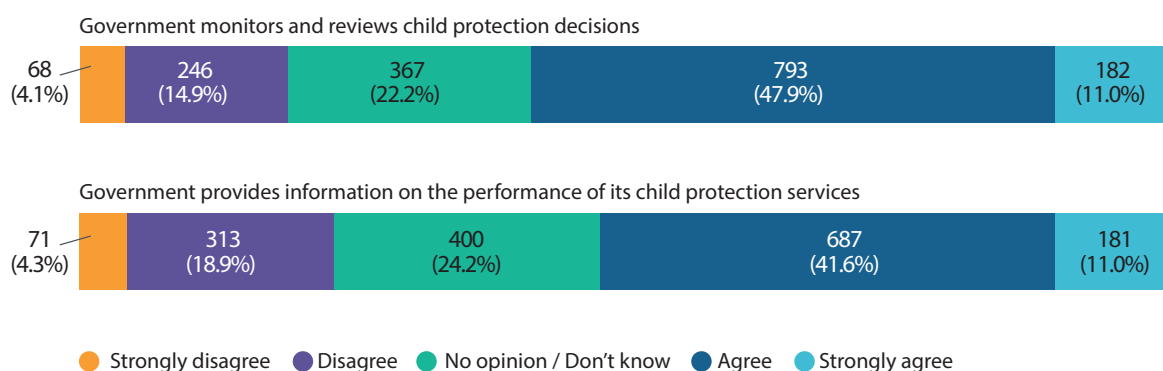


Figure 3-26: Community member views on whether government monitors, reviews and provides information on child protection decisions

<sup>133</sup> *ibid.* p. 446.

<sup>134</sup> *ibid.* p. 412.

<sup>135</sup> This was correct during the first three years of the reform program. In 2018, the Reform Leaders Group was dissolved.





## Complaints management

Prior to the reform program, complaints were managed by the Commission for Children and Young People and Child Guardian (the Child Guardian) as the overseeing body for the tertiary child protection and youth justice systems. The Child Guardian had responsibility for investigating and resolving complaints about the quality of service delivery to children in the tertiary child protection system. The bulk of these complaints were resolved through the Community Visitor function.<sup>136</sup>

The QCPCOI found this system to be inefficient. It recommended that agencies with direct service delivery functions establish their own complaints functions, to be overseen by the Queensland Ombudsman.<sup>137</sup> Complaints were to be regularly surveyed and reported upon annually, and the Child Guardian was to facilitate a child-friendly complaints process.<sup>138</sup>

Complaints relating to child protection are currently managed by four key agencies:

- the Department of Child Safety, Youth and Women
- the Office of the Public Guardian
- the Queensland Ombudsman
- the Queensland Civil Administrative Tribunal.

The Public Service Act 2008 requires that each agency establishes and implements a system for dealing with customer complaints, and publishes this information annually on its website.<sup>139</sup>

In addition to meeting the requirement to report on the number of complaints lodged, those resulting in further action and those resulting in no further action, the Department of Child Safety, Youth and Women publishes a significant amount of complaints data. The data is disaggregated by service type; service area; referral manner; informant (including gender, location and age group); type of complaint (including sub-categories); and closure type, reason and process for closure.<sup>140</sup>

Although complaints information is publicly available, a 2016 Queensland Ombudsman report was critical of the management of Child Safety Services complaints.<sup>141</sup> The Ombudsman reported 'significant concerns' with the accuracy and reliability of complaints data and identified a need for greater collaboration between Child Safety Services and the Office of the Public Guardian. The Ombudsman made a number of recommendations to improve the management and reporting of complaints made to Child Safety Services.

In contrast to these findings, service providers and community members are generally positive about complaints mechanisms. More than 95 per cent of service providers who responded to the workforce survey agreed with the statement 'My organisation has clear and transparent processes for how to respond to a complaint from a client.' (95.5 per cent, n=331).

A strong majority of community survey respondents agreed that children, parents, family and friends are able to make a complaint about a child protection decision (see Figure 3-27).

## Community perceptions and confidence in the child protection system

In a survey of community members about the extent of their confidence in the child protection system, more respondents agreed than disagreed with the statement 'Overall, I have confidence and trust in the Queensland child protection system.' although the total number in agreement was less than half (see Figure 3-28).

The factors that had the biggest influence on overall confidence in the child protection system were:

- having confidence in the way reports of child abuse or neglect are managed
- agreeing that children removed from their families are safe and well cared for
- agreeing that services and support are available to those who need them
- agreeing that decisions are made in the best interest of the child
- agreeing that government monitors and reviews child protection decisions.

136 Commission for Children and Young People and Child Guardian Annual Report (2013–14).

137 Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. 421.

138 *ibid.* p. 421.

139 *Public Service Act 2008 (Qld)* s.219a.

140 Queensland Government data (2018), *Complaints—Department of Communities, Child Safety and Disability Services*. Accessed 4 September 2018. Due to a machinery of government change, no disaggregated data has been released by the Department of Child Safety, Youth and Women after December 2017.

141 Queensland Ombudsman (2016), *Management of Child Safety Complaints: An investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services* July 2016.



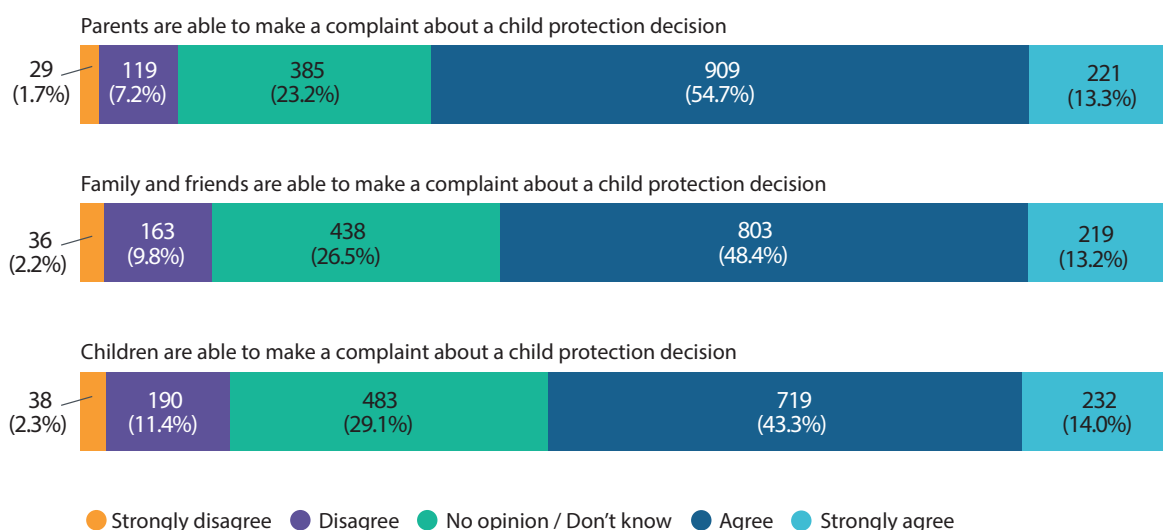


Figure 3-27: Community member views about complaints relating to the child protection system

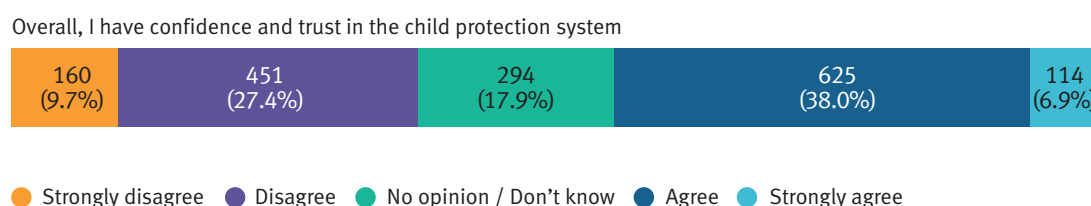


Figure 3-28: Community members' overall confidence and trust in the child protection system

In addition, the survey found that those with knowledge of the reform program were more likely to strongly agree they had confidence and trust in the child protection system and less likely to have no opinion.<sup>142</sup>

It follows that if scores on these factors were to increase, confidence and trust in the Queensland child protection system should increase. These results suggest public education could increase awareness of the reforms and positively influence community perceptions of the system.

The evaluation also asked reform stakeholders their views on factors impacting on community confidence. The most common issue raised by stakeholders was the impact of the media. Several reform and local stakeholders expressed concern about the stigmatising influence of the media on the system and its workforce. The media is seen to focus on outlier events (particularly high-profile child deaths) resulting in the development of 'policy on the run', which, in some cases, undermines reform progress.

<sup>142</sup> A chi-squared test was conducted to determine if there was a relationship between level of knowledge of the reform program and confidence in the child protection system. The results were significantly different than expected if there was no relationship ( $\chi^2(4, N = 1640) = 35.91, p < .001$ , Cramer's  $V = .148$ ). Full results can be accessed in Addenda Report 1.4.



Some reform stakeholders suggested confidence could be improved by balancing unfavourable media with positive stories. However, an analysis commissioned by the QFCC of 2130 media reports about the Queensland child protection system between May 2016 and May 2017 found 35.6 per cent were rated as favourable towards the system, 24.3 per cent were unfavourable and 40.1 per cent were neutral.<sup>143</sup> This finding contrasts with reform stakeholders' perceptions of one-sided reporting.

The survey of community members also analysed the relationship between confidence in the child protection system and reliance on media as a source of information. The results showed that those who agreed the media was their main source of information were more likely to agree they had confidence and trust in the child protection system.<sup>144</sup>

The findings of the community survey and media analysis conflict with stakeholders' perceptions of media influence on confidence in the child protection system. It is not possible to determine why these views are divergent without collecting further qualitative data.

#### Culture and perceptions of performance

Reform stakeholders highlighted the importance of community and government culture as a means of improving confidence. Evidence from stakeholder interviews suggests more work is needed to shift the collective mindset to embrace the philosophy that child protection is everybody's business. This is particularly challenging in an environment where partners are focussing on their core business while also grappling with the changes rolling out across multiple reforms.

There are mixed views amongst reform stakeholders on the extent of commitment, shared vision and responsibility for reform implementation and more broadly, on keeping children safe. Many reform stakeholders commented that community confidence is undermined by the lack of a unified front by government agencies in the face of tragedy.

### 3.5 Place-based studies

Place-based studies focussed on the front end of the child protection and family support system. These studies had a dual focus to:

1. consider the overall operation of the reform program in a distinct location using a systems approach, taking into account the interaction and interrelation of key aspects of the reform program
2. explore, using a realist evaluation approach that takes into account location and context, the extent to which prevention and early intervention supports for children, young people and families are diverting families from entering the tertiary child protection system.

Because these questions are site-specific, a detailed analysis and answer is not provided in this section. Rather, this section provides a summary of findings, highlighting commonalities across the sites. Place-based study findings can be found in Addenda reports 1.5 to 1.9.

A range of reform programs and services were implemented in study sites, with the exception of Cloncurry, which accesses reform-related services from neighbouring Mount Isa. The place-based study locations were also subject to reform changes driven by statewide initiatives such as amendments to legislation and changes in policy settings and instruments.

While no attempt was made (or intended) to compare or contrast the sites, areas of convergence and divergence of findings emerged. Table 3-9 provides a high-level summary of findings where common issues emerged in at least two sites. Issues have been grouped into categories to align with the reform program foundations and Supporting Outcomes.

<sup>143</sup> Isentia insights (2017), Media analysis report: May 2016–May 2017, Queensland Family & Child Commission.

<sup>144</sup> A chi-squared test was conducted to determine if there was a relationship between confidence in the child protection system and reliance on media as a source of information. The results were significantly different than would have been expected if there were no relationship between source of information and confidence in the system ( $\chi^2$  (4, N = 1492) = 35.43,  $p < .001$ , Cramer's V = .154).



Table 3-9: Common findings across place-based study sites

Issue	Roma	Redlands-Wynnum	Rock-hampton	Cloncurry	Waiben
<b>Sector capacity</b>					
Recruitment/retention of appropriately skilled and trained staff is challenging across government and non-government agencies.	●	●	●	●	●
Turnover is common and the workforce is fluid.	●	●	●	●	●
There are mixed perceptions about the adequacy of training, professional development and supervision.	●	●	●	●	●
The Child Safety Services workforce faces significant workload pressures.	●	●	●	●	
Providing outreach services puts constraints on service capacity.	●	●	●		●
Training has been offered by government agencies but without much take up by local services.				●	●
The importance of strong local relationships in gaining the trust of families was highlighted.	●		●	●	●
<b>Policy and legislative frameworks</b>					
Practice is seen to be more client-centred and consistently strengths-based since the introduction of the Strengthening Families Protecting Children Framework for Practice.	●	●	●	●	●
<b>Collaboration and information sharing</b>					
Extensive service networks pre-dated the Child Protection Reform Program, and the large number of meetings can cause fatigue.		●	●	●	
Very strong relationships among core service providers foster collaboration.	●	●		●	●
Competitive procurement processes have caused tension and strained collegiate relationships.	●		●	●	
<b>Service system linkages</b>					
Cross-sector/cross-agency positions (e.g. Principal Advisor Student Protection and Principal Child Protection Practitioner) are highly valued.	●	●	●		
Referral pathways to FaCC are still being embedded.	●	●	●	●	●
Siloed service system and/or lack of coordination is an issue.	●		●	●	●



Issue	Roma	Redlands-Wynnum	Rock-hampton	Cloncurry	Waiben
<b>Timely access to high-quality services</b>					
There has been significant investment since the reform program and accompanying expansion of the service system.	●	●	●		
Families have improved access to services and more flexible access, including outreach to the home. There are challenges in engaging some clients.	●	●	●	●	●
Family Intervention Services have low capacity, putting pressure on them and the secondary service system.	●	●	●		
Organisations (particularly Community-Controlled Organisations) are providing services outside of their mandate, stretching their capacity.			●		●
<b>Efficient, effective, client-centred and prevention-focussed system</b>					
The burden of administrative tasks reduces the time available for services to work with families in a meaningful way.	●	●	●	●	●
High rates of turnover and workforce issues impact on client engagement with services.	●	●	●	●	●
Concerns that Child Safety Services is using IFS to absorb high demand for statutory services.	●		●		
<b>Aboriginal and Torres Strait Islander over-representation</b>					
Family Wellbeing Services are seen as positive and a promising way to address over-representation.	●	●	●	●	●
Family Wellbeing Services are at capacity and/or operating a waitlist.		●	●		●



## 4 Conclusion and recommendations

The reform program introduced considerable changes to the child protection and family support system. The information available to inform the Implementation Evaluation suggests that progress is being made in implementing the reform program, to an extent that would be expected after three years.

The Implementation Evaluation of the Queensland Child Protection Reform Program included three domains:

- Impact: system-level trends
- Process: implementation progress up to year three (of the 10-year reform program), and the extent to which reform program foundations are in place
- Outcomes: progress towards achieving the intended supporting outcomes.

Data collected through a range of evaluative methods was triangulated to assess the progress of the reform program to date. A summary of this is provided in section 4.1.

Section 4.2 describes the limitations of the Implementation Evaluation that should be borne in mind when interpreting the findings.

Section 4.3 proposes next steps for the implementation and program-level evaluation of the Queensland Child Protection Reform Program.

### 4.1 Summary of key findings

Significant changes have occurred during the first three years of implementation. There is preliminary evidence to suggest new policies, practices and services are functioning as intended, with opportunities for further refinements noted.

In particular, substantial investment in the secondary service system is viewed positively and uptake rates demonstrate there is positive service demand for new community-based referral services and intensive family supports. Several initiatives have also been undertaken to improve the capacity and capability of the frontline workforce.

Opportunities exist to further improve and refine current implementation practices, including in terms of governance groups, collaboration and information sharing.

Aboriginal and Torres Strait Islander children and young people continue to be over-represented at various stages of the child protection system. This issue requires priority attention in future. While the Queensland Government's Our Way strategy is out of scope of this evaluation, it holds promise and is celebrated among reform stakeholders as a means of addressing this issue and other issues facing Aboriginal and Torres Strait Islander peoples. It is also seen as a positive example of 'sharing responsibility' across the system. New investment in Aboriginal and Torres Strait Islander initiatives (including the Family-Led Decision Making trials and Family Wellbeing Services) demonstrate promising practice, although they need time to embed.

Major reform takes time to embed before the benefits can be realised. There is no evidence to suggest that the current reform program should be stopped or that there should be a significant change in direction. Rather, there is optimism among reform stakeholders about the potential impacts of reform activities and consensus to stay on track and allow the reforms to fully embed.



#### 4.1.1 Impact evaluation findings

The reform program has resulted in large-scale, structural changes to the way the child protection and family support system operates in Queensland. A range of new policies, procedures, legislation, services and practices have been implemented over the first three years of the reform program. These have transformed the system.

The secondary service system has been expanded significantly, making earlier intervention support services more widely available to children, young people and families in Queensland. Some families experience barriers accessing these services. This was explored in the place-based studies.

Tertiary child protection practice has fundamentally changed, guided by a new strengths-based framework (Strengthening Families Protecting Children Framework for Practice) that aims to build families' capacity to care for their children, and to keep children at home with their families unless it is unsafe to do so.

The new model for child protection litigation involved major structural and procedural changes to improve court processes for families. It is intended to provide greater accountability and oversight for child protection applications, and improved procedural fairness for families in the system.

System-level change is evident at the front end of the tertiary child protection system, with a decreased number of intakes compared to pre-reform levels. In contrast, the number of children and young people in out-of-home care continued to increase in the first three years of reform program implementation, placing significant pressure on the system. Although a decrease was not expected for this evaluation (as the QCPCOI predicted a reduction would occur after five years), it will be important to continue to monitor and revisit this data point during the Outcomes Evaluation (after Year 5).

A number of mechanisms have been put in place to improve the ability of children and young people to have their voices and views heard, including changes to the Community Visitor Program and the introduction of dedicated legal advocates.

While the Implementation Evaluation did not directly engage with children and families to determine the impact of the reform program on these groups, data from other sources has been analysed to the extent that it is available at this point in time.

Data collected from reform stakeholders, the workforce survey and activity-level data and documents provide some indication of the impacts of reform program initiatives on children, young people and families. Overall, reform stakeholders are mostly optimistic about the potential for reform initiatives to improve the operation of the child protection and family support system and the experiences of (and outcomes for) children, young people and families.

Activity-level data collected from children, young people and families suggests that new reform program initiatives need more time to embed before this cohort is able to recognise system changes. Lack of awareness of and access to new services, practices and processes are identified as key barriers to engagement.

The forthcoming Outcomes and Impact evaluations will consult directly with these groups when the reform program initiatives have reached enough maturity for the outcomes to become apparent. The perspectives of children, young people and families will be complemented by appropriate data analysis techniques.

#### 4.1.2 Process evaluation findings

The reform program itself has evolved in a number of ways since implementation began, resulting in further systemic changes. While most elements of the reform program have been implemented as intended, some have evolved in response to the changing child protection and family support context.

Overall, implementation progress has occurred as planned, although progress in some areas has been slower than others. In particular, there is concern about the slow pace at which the Aboriginal and Torres Strait Islander reforms have rolled out, given the extent of over-representation. However, many stakeholders feel this reflects the high value placed on consultation during the design phase.

The reform foundations (governance and shared responsibility, collaboration and information sharing, policy and legislative frameworks, sector capacity, and service system linkages) are largely in place. Some gaps and areas for improvement include improving the strategic focus of governance bodies and making sure training for frontline staff keeps pace with systemic change. Where issues have been identified, solutions are either planned, being proactively managed or have been implemented. Evidence suggests that the foundations are on track to influence reform outcomes.



Reform governance is largely in place, though the quality and functionality of the various governance groups is variable. Reform stakeholders have concerns about the lack of strategic leadership in the Reform Leaders Group. Overall, local and regional governance operates with varying degrees of effectiveness, but the various groups are generally seen to be supporting implementation, including the dual-pathway model, in their respective locations.

The governance structure has been adaptively managed (that is, changes have been made) at all levels as issues and challenges have presented. Communication and information sharing between governing tiers could be improved, and there would be benefit in refocusing on strategic direction and outcomes.

Collaboration is widely practised, with varying degrees of success. New partnerships have been established and existing partnerships strengthened to implement reform initiatives. This includes new partnerships between mainstream and Aboriginal and Torres Strait Islander Community-Controlled Organisations to deliver new secondary services. Local governance groups and networks are also seen as a key mechanism in supporting collaborative practice across the system. More broadly, information sharing practices remain a work in progress for both government and non-government partners.

Policy and legislative frameworks are largely in place, with early legislative and policy work undertaken to support staged rollout of reform initiatives. While considerable effort has been made to communicate changes, misconceptions about legislative and policy barriers persist within the sector workforce.

The secondary and tertiary frontline workforces have expanded considerably since reform implementation began. Despite this additional investment, stakeholders report difficulties with recruitment and retention of qualified staff.

A considerable amount of professional development was offered across the sector alongside the rollout of key initiatives (such as the new Strengthening Families Protecting Children Framework for Practice). The reform program has also resulted in increased focus on professional practice culture and on efforts to improve the cultural competency of the workforce.

A number of new initiatives, including the new Family Wellbeing Services, offer promise to provide well-coordinated support across the universal (for example, education and health), secondary and tertiary levels of the system. The dual pathway has been established, resulting in a large number of referrals into the secondary service system.

The importance of receiving feedback on referrals (as well as reports to Child Safety Services) was emphasised by local stakeholders, as it affects referral behaviours in some cases.

#### 4.1.3 Effectiveness evaluation findings

There are mixed views on the extent to which the Supporting Outcomes of the reform program are tracking towards achievement.

It is widely acknowledged that considerable effort and investment has gone into laying the groundwork to improve children's and families' access to high-quality services. This remains a work in progress at Year 3. Evidence suggests that access and service quality have improved, but timeliness of response is more contentious. There is an opportunity to further streamline families' movement through the system to ensure they receive the appropriate services when they need them.

There are mixed findings regarding system efficiency and effectiveness. Reform stakeholders suggested effectiveness will not be evident until the reforms are fully embedded. There is overwhelming consensus on the importance of allowing time for the changes to mature.

The redirecting of referrals to the secondary service system is not working as efficiently as it should be. More work needs to be done on the challenges associated with this.

The level of over-representation of Aboriginal and Torres Strait Islander children and young people at each stage of the child protection system persists. While new initiatives and activities are underway, they have not been sufficiently embedded to determine their impact.

Despite these concerning data trends, there is recognition that this is a systemic issue. Reform stakeholders are positive about the introduction of key initiatives in this area, including Family Wellbeing Services and Family-Led Decision Making trials. However, they acknowledged that reform goals cannot be achieved without significant impacts for Aboriginal and Torres Strait Islander children and families.





The client-centredness of the child and family support system was commended by stakeholders particularly in terms of:

- improved participation in decision making and planning
- increased mechanisms to support procedural fairness in court processes
- improved service responses supported by strengths-based practice.

There are many aspects that influence community confidence, and the evaluation found mixed views among the general public and reform stakeholders as to the extent of confidence in the child protection and family support system. In general, complaints processes and government accountability are viewed positively by service providers and the general public.

Complaints management processes relating to child safety have been reviewed, and information is readily available on partner agencies' websites. However, investigations into complaints management suggest there is still room for improvement.

Public confidence can be fleeting, and this is most evident in the aftermath of a tragedy involving a child or young person. A unified front from government is seen as essential in promoting ongoing public confidence in government systems.

## 4.2 Limitations

Limitations relevant to each method are discussed in the relevant Addenda report. Broader limitations associated with the Implementation Evaluation are described in this section.

The Implementation Evaluation was conducted three years into a 10-year reform program. According to the QCPCOI report, implementation of the reform program would be the focus for the first five years, with consolidation of the transformed system to occur in the following five years. For this reason, it would be unrealistic to expect full implementation and achievement of outcomes at this time. This evaluation reflected on implementation progress to date. Full assessment of implementation and early outcomes will be assessed in the Outcomes Evaluation, after Year 5.

Only a small number of evaluations of reform program activities have been conducted to date. These evaluations have typically been baseline or pre-implementation reviews, focussed on the establishment of services rather than achievement of outcomes. They have also focussed on discrete pilot interventions rather than areas of significant reform investment. These issues limit our ability to comment substantively on reform outcomes or trends at this stage.

It will be advantageous to delay the Outcomes Evaluation until after the full five years of reform program investment. This will allow for a more complete assessment of the outcomes of this investment. Also, more evaluations (including outcomes evaluations) of reform program activities should be completed and available for analysis by then.

The experience of children and families as they move through the child protection and family support system was not a direct focus of this evaluation. While stakeholders often referred to the experiences of clients, it was considered too early to assess client outcomes after only three years of reform program implementation. This will be a focus in the Outcomes Evaluation, which will include the perspectives of children, young people and their families.

Finally, it is acknowledged that the reform program has not been implemented in a static environment. Other systemic reviews have been conducted and further changes have been implemented that are also transforming the child protection and family support system. This has implications for future attempts to attribute observed systemic changes to the reform program.

## 4.3 Recommended next steps

The Implementation Evaluation found that while progress is being made, and to a level expected after three years of implementation, there are some areas for improvement. In terms of next steps for the ongoing implementation of the reform program, it is recommended that reform agencies:

1. build on successes to date and continue to work together to fully implement the reform program. This will allow sufficient time for the changes to embed and outcomes to emerge
2. reflect on areas where progress is not meeting expectations (such as strategic oversight of reform implementation, focus on Aboriginal and Torres Strait Islander children and families, and information sharing and collaboration) and take appropriate action.



The Implementation Evaluation did not focus on the impact of the reform program on children, young people and families. It is too early to expect evidence of outcomes when reform program initiatives are still being implemented, or there has been a relatively short time since implementation. Once full implementation has occurred,<sup>145</sup> the Outcomes Evaluation will determine whether the intended outcomes of the reform program have been achieved.

To address the limitations of the Implementation Evaluation and enhance future program-level evaluations of the reform program, it is recommended that:

3. reform agencies work collaboratively to determine the system-level outcomes that the current reform environment (not just the QCPCOI) is aiming to achieve, which can then be assessed in the Outcomes Evaluation. To allow sufficient time for this to occur, and to assess the full five years of reform program investment, the Outcomes Evaluation should start after Year 5
4. reform agencies continue to collect data and conduct evaluations on the programs and services they deliver, and provide these to the QFCC to support the Outcomes and Impact evaluations
5. the Outcomes and Impact evaluations assess whether the reform program has achieved the intended outcomes for children, young people and families by:
  - a. analysing cross-agency data on trajectories through the child protection and family support system
  - b. incorporating the perspectives of children, young people and families.

<sup>145</sup> The QCPCOI expected this to take the first five years of the 10-year reform program.



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## 6 Appendices

### Appendix A: Detailed method

This Appendix includes detailed information about the methods used in the Implementation Evaluation. Complete information about the purpose, methods and findings of each method are presented in the Implementation Evaluation Addenda Report series.

This appendix is broken up into the following subsections:

Appendix A–1: Analysis of existing data and documents

Appendix A–2: Semi-structured interviews

Appendix A–3: Workforce survey

Appendix A–4: Survey of community members

Appendix A–5: Place-based studies.





## Appendix A–1: Analysis of existing data and documents

This method drew on activity-level sources of reform program partner agencies. The data and documents related to implementation and operation of the reform program and the current performance of the child protection and family support system.

Activity-level data and documents relevant to the scope of the Implementation Evaluation were identified through a review of the reform program SharePoint website and in consultation with reform program partners.

Relevant baseline evaluations and establishment reviews were requested from reform partner agencies. These included:

- Aboriginal and Torres Strait Islander Family-Led Decision Making trials Evaluation
- Child Protection Resources (recommendation 13.26) Evaluation Report 2017
- Evaluation of the Office of the Public Guardian child protection reforms: Baseline evaluation 2015–16
- Family and Child Connect rounds 1 to 3 establishment review findings
- Family and Child Connect Implementation and Impact Evaluation: Final Report
- Intensive Family Support Services rounds 1 to 3 establishment review findings
- Intensive Family Support Services Evaluation reports:
  - Collaborative Case-Planning Report (March 2018)
  - Implementation Evaluation Report (July 2018)
  - Longitudinal Outcomes Case Study Review (June 2018)
  - Outcomes Evaluation Report (July 2018)
  - Review of Specialist Domestic and Family Violence Supports (April 2018)
- Improving child protection matters in Queensland Courts: A baseline evaluation of Work Package 36 reforms
- Next Steps After Care Services Evaluation
- oneplace Community Services Directory (recommendation 6.1) Annual Evaluation Report 2016.

These reports were supplemented by agency data sources and other early reporting mechanisms (that is, business-as-usual reports, surveys and research reports). These include:

- Department of Child Safety, Youth and Women: Advice, Referrals and Case Management (ARC) Database
- Department of Child Safety, Youth and Women: Our Performance
- Department of Education Queensland Student Protection Profiles
- Foster Care Queensland—Foster and Kinship Care 2016 Carer Survey Report
- Legal Aid Queensland Financial Performance Database
- Office of the Public Guardian: Community Visitor and Child Advocate Legal Officer Database
- Queensland Wider Inter-linked Courts (QWIC) Database
- Talking Families Detailed Findings and Technical Report 2016
- Your Workforce Your Future Survey
- agency annual reports.

As the scope of the Implementation Evaluation is the first three years of reform program implementation, data was requested for a five-year period (1 July 2013–30 June 2017) to also consider pre-reform program data. Where available, data was disaggregated by Aboriginal and Torres Strait Islander status.

Table A–1 shows our approach to analysing these data and documents.



Table A-1: Approach to analysing existing data and documents

Aspect of method	Summary of approach
Analysis	<ul style="list-style-type: none"><li>• Qualitative data from activity-level reports was thematically coded and analysed using NVivo Pro 12 qualitative coding software. Agency data was graphed and analysed using Microsoft Excel.</li><li>• Data was organised, coded, analysed and interpreted by a minimum of two evaluators to improve consistency and cross-check analysis.</li><li>• We consulted original data custodians to confirm the accuracy of our analysis and reporting, prior to including it in this report.</li></ul>
Limitations	<ul style="list-style-type: none"><li>• The small number, and the nature of, these evaluations (baseline or pre-implementation reviews focussed on establishment of services and informing future rollout, rather than achievement of outcomes), limits our ability to comment substantively on reform outcomes or trends at this stage. Instead, we focussed on early implementation strengths and challenges and preliminary progress towards reform program outcomes. This is consistent with the scope of the Implementation Evaluation.</li><li>• As reform partner agencies are responsible for reporting on the performance of the reform activities and services they deliver, their data and activity-level evaluation reports do not directly measure progress towards program-level reform goals.</li><li>• As previously stated, this method relies on activity-level data and documents captured and reported by reform partners. While the QFCC consulted reform partner agencies throughout the evaluation process, it is possible that some data and documentation has not been identified or made available for this evaluation. Depending on its relevance and availability, this will be considered for future program-level evaluations.</li><li>• The Queensland Child Protection Commission of Inquiry (QCPCOI) emphasised that it is the responsibility of each reform partner agency to monitor, oversee and evaluate their own reform program activities. For the purpose of the Implementation Evaluation, we have presented findings as reported in activity-level evaluation reports. Some of these evaluations may have methodological limitations (such as small sample sizes or short timeframes), which may impact the quality of findings. Key limitations associated with each activity-level document (as reported by the relevant authors) are summarised in Appendix B. It is expected that future activity-level data and documents will seek to address these limitations and provide quality data to inform program-level evaluations.</li></ul>



## Appendix A-2: Semi-structured interviews

Semi-structured interviews are a means of collecting focussed, qualitative data from key stakeholders. The semi-structured format, guided by a pre-determined set of questions, allows flexibility in the discussion, which can vary considerably depending on the context in which the interviewee (or interviewees) are positioned.

Table A-2 describes our approach to undertaking the stakeholder interviews.

The interview guide for the stakeholder interviews is presented in Table A-3. Not all questions were asked of all stakeholders. The semi-structured format allowed for a tailored discussion depending on the perspective of the interviewee and their depth of knowledge of the reform program's implementation.

Table A-2: Method for stakeholder interviews

Aspect of method	Summary of approach
Sample	<ul style="list-style-type: none"><li>The target population included program-level and activity-level reform program leaders, including government and non-government stakeholders, from the child protection and family support sector in Queensland.</li><li>There were 81 interviewees, including representatives from government (76.5%, n=62) and non-government agencies (23.5%, n=19).</li></ul>
Materials	<ul style="list-style-type: none"><li>An interview guide containing 22 questions (complemented by a series of sub-questions) was used to guide the semi-structured interviews (see Table A-3).</li><li>The interview guide included questions relating to reform foundations, overall implementation process, reform outcomes, and impact (i.e. early evidence of trends that may indicate reform impact).</li></ul>
Recruitment and procedure	<ul style="list-style-type: none"><li>QFCC executive leaders invited reform agencies and relevant peak body organisations to identify relevant participants (i.e. program-level and activity-level reform stakeholders) to participate in the interviews. The communication specified that target participants should be staff involved with implementing the Child Protection Reform Program.</li><li>Nominated individuals were approached to participate in the evaluation, and were encouraged to extend the invitation to any appropriate agency colleagues involved with implementing the reform program. We scheduled interview dates and times with key contacts.</li><li>We conducted interviews between September 2017 and April 2018.<sup>146</sup> Where consent was forthcoming, interviews were audio recorded to aid transcription and analysis.</li><li>We sent participants a copy of their transcribed notes following the interview and gave them the opportunity to check them for accuracy.</li></ul>
Ethics and consent	<ul style="list-style-type: none"><li>Ethical clearance was provided by the Townsville Hospital and Health Service Human Research Ethics Committee (HREC/17/QTHS/47).</li><li>With the interview invitation, we sent participants a Participant Information Sheet and Consent Form outlining the interview process and potential risks. They were also sent a copy of the interview guide to prepare and identify colleagues who should also attend.</li><li>We sought signed consent to participate, and to have the interview recorded, from all participants prior to the interview.</li></ul>

<sup>146</sup> The interview process was paused due to caretaker conventions associated with the Queensland State Government election on 25 November 2017. The interview process resumed in late January 2018, allowing a sufficient period of time for stakeholders to return to work following the holiday break.



Aspect of method	Summary of approach
Analysis	<ul style="list-style-type: none"><li>• We analysed qualitative data from interviews with NVivo Pro 12 (qualitative coding software). We used deductive thematic analysis, which involved using a pre-determined framework, aligned with our evaluation domains and key areas of focus, to code and analyse themes in the data.</li><li>• The coding structure was made up of conceptual categories that mirrored the interview structure: reform foundations, overall process, outcomes, and impact.</li><li>• Data was organised, coded, analysed and interpreted by a minimum of two evaluators to improve consistency and cross-check coding and analysis.</li><li>• We conceptually mapped preliminary findings to lift the level of analysis to a program level.</li><li>• Evaluation rubrics are used to set clear criteria for assessing performance. We developed rubrics to synthesise participant perspectives about the extent to which the foundational concepts are in place and may be contributing to the achievement of the outcomes of the reform program.</li></ul>
Limitations	<ul style="list-style-type: none"><li>• Not all invited program-level and activity-level reform stakeholders participated in an interview. Some declined the offer to participate, and some were unavailable.</li><li>• The sample of stakeholders who agreed to take part in interviews may have stronger opinions about the reform program than those who declined (i.e. volunteer bias).</li><li>• Semi-structured interviews were undertaken using a pre-determined set of questions, and not all questions were asked of each participant.</li><li>• The stakeholder interviews were conducted in Year 4 of the reform program to allow participants to reflect on the full first three years. Consequently, some responses may have been outside the scope of the first three years of implementation.</li><li>• No children, young people or families were interviewed, which limits the extent to which outcomes for children, young people or families can be determined. Given the evaluation focus on reform implementation, it was considered inappropriate to engage with anyone other than reform implementers at this evaluation point.</li></ul>



Table A-3: Interview guide for stakeholder interviews

Section	Questions and sub-questions
Governance	<ul style="list-style-type: none"> <li>To what extent are these three governance tiers operating and functional? To what extent do the three tiers interact with your work program?</li> <li>How are decisions made regarding your work program? To what extent is there senior support for reform implementation?</li> <li>What mechanisms exist to monitor the implementation progress and performance of your work program? Where does responsibility rest for troubleshooting and mitigating risks?</li> <li>How are priorities determined and communicated to regions?</li> </ul>
Service linkages	<ul style="list-style-type: none"> <li>Are you in a position to comment on the functioning of networks and alliances in the family and child support system?</li> <li>What have been the barriers/enablers to developing and sustaining these networks?</li> </ul>
Information sharing and collaboration	<ul style="list-style-type: none"> <li>Do you believe that there is a genuine commitment to collaboration and a shared vision between reform implementers?</li> <li>To what extent have these partnerships impacted upon reform delivery?</li> </ul>
Policy and legislative framework	<ul style="list-style-type: none"> <li>Have policy and legislative changes kept pace with the reform program implementation?</li> <li>To what extent do policies and legislation reflect current practice?</li> <li>What, if any, policy and legislative barriers/facilitators have been experienced in implementing your work program?</li> </ul>
Sector capacity	<ul style="list-style-type: none"> <li>To what extent has the capacity of the frontline sector been enhanced, and how has this affected operation of the reform program?</li> </ul>
Overall process	<ul style="list-style-type: none"> <li>What key decisions regarding the design of reform activities have affected implementation in your region? How do these diverge from what was originally planned? Have the outcomes been satisfactory?</li> <li>What factors have hindered or enabled the reform implementation?</li> <li>What unexpected factors have positively or negatively affected reform implementation?</li> <li>What have been the key challenges to governing the reforms?</li> </ul>
Supporting outcomes	<ul style="list-style-type: none"> <li>What key activities have been delivered under your work program?</li> </ul>
Timely access to high-quality services	<ul style="list-style-type: none"> <li>One of the outcomes of the reforms is that children and families have timely access to high-quality services. What do 'timely' and 'high-quality' mean to you, and are we achieving this?</li> <li>What barriers exist for children/families in accessing services?</li> <li>What mechanisms are in place to support and improve coordination of services to children and families?</li> <li>To what extent does the system have increased capacity to recognise and respond to the needs of individual children and families?</li> </ul>



Section	Questions and sub-questions
Efficient, effective, client-centred, and focussed on prevention	<ul style="list-style-type: none"> <li>• We're interested in the strategies used to reduce burden on the tertiary system. To what extent has the development of dual pathways reduced this burden and improved responses to children and families in need of support?</li> <li>• What have been the challenges/barriers to introducing these reforms? Enablers?</li> <li>• Does available evidence suggest that the burden on the tertiary system is reducing? If not, why not?</li> <li>• To what extent has there been an increased focus on preventative efforts?</li> <li>• To what extent are services and system responses client-centred?</li> </ul>
Aboriginal and Torres Strait Islander over-representation	<ul style="list-style-type: none"> <li>• We know that Aboriginal and Torres Strait Islander peoples are over-represented in the statutory service system. To what extent has there been an increased focus on preventative and early intervention efforts for Aboriginal and Torres Strait Islander children, families and communities?</li> <li>• Are we making progress in reducing over-representation? Why or why not? What have been the challenges? What strategies can we employ to improve this?</li> <li>• How have Aboriginal and Torres Strait Islander voices been integrated into the design and delivery of the reform program?</li> <li>• To what extent do Aboriginal and Torres Strait Islander families have control over decisions that affect their children?</li> </ul>
Community confidence	<ul style="list-style-type: none"> <li>• Are we improving community confidence in the child protection system through the work of the reforms?</li> <li>• What can be done to improve this public image?</li> <li>• To what extent is the community better engaged and informed?</li> <li>• To what extent has the child protection system experienced culture change?</li> <li>• Has there been a shift away from being risk averse and towards the least intrusive principle?</li> </ul>
Impact	<ul style="list-style-type: none"> <li>• To what extent has the child and family support system changed with the implementation of the reform program?</li> <li>• What system-level trends are evident and to what extent can these be attributed to the reforms?</li> </ul>



### Appendix A–3: Workforce survey

An online survey was used to gather the perspectives of the frontline service delivery workforce.

Table A-4 describes the approach taken in undertaking the workforce survey.

The workforce survey items are presented in Table A-5.

Table A-4: Method for workforce survey

Aspect of method	Summary of approach
Sample	<ul style="list-style-type: none"><li>• Participation was sought from government and non-government staff working in the child protection and family support sector across Queensland.</li><li>• The target sample was staff with both frontline and management responsibilities.</li></ul>
Materials	<ul style="list-style-type: none"><li>• The 27 survey questions were predominantly rating-style with several open-ended questions included so both qualitative and quantitative data could be collected.</li><li>• Basic demographic information was included to allow stratified analysis.</li><li>• The survey covered a broad range of topics relevant to the child protection reforms (e.g. access to services and information, workforce, meeting the needs of Aboriginal and Torres Strait Islander peoples, information sharing, and collaboration).</li></ul>
Recruitment and procedure	<ul style="list-style-type: none"><li>• The survey was open for eight weeks between January and March 2018 via the Queensland Government's 'Get Involved' platform.</li><li>• The QFCC Principal Commissioner invited organisations (by email) to forward the survey link to relevant staff.</li><li>• Three email reminders were provided to encourage participation.</li><li>• Organisations were sent an information pack containing hard copy surveys and promotional materials.</li><li>• Participants from non-government organisations were invited to enter a prize draw to win one of five artworks produced by a Queensland Aboriginal artist (valued at \$1000).</li></ul>
Ethics and consent	<ul style="list-style-type: none"><li>• Ethical clearance was provided by the Townsville Hospital and Health Service Human Research Ethics Committee (HREC/17/QTHS/47).</li><li>• Information to inform consent was provided on the front page of the online survey, and a participant information sheet was provided with the hard copy surveys.</li><li>• Completion of the survey was taken to imply informed consent.</li></ul>





Aspect of method	Summary of approach
Analysis	<ul style="list-style-type: none"> <li>We analysed quantitative survey data using Microsoft Excel and the Statistical Package for the Social Sciences (SPSS). <ul style="list-style-type: none"> <li>Analyses were stratified by Child Safety region, employment type (government/non-government), and prior knowledge of the reform program.</li> <li>We performed a series of Chi-square (<math>\chi^2</math>) tests for independence to determine whether the relationships were statistically significant (i.e. the p value for the test was less than .05). The strength of the relationship is indicated by Cramer's V, which varies between zero and one. Larger values indicate stronger relationships. Adjusted residuals show which cells are significantly different than what we would expect if there was no relationship between the variables. Adjusted residuals greater than +/-2 are considered important.</li> </ul> </li> <li>We analysed qualitative data using NVivo Pro 12 qualitative coding software. We used inductive thematic analysis, which involved coding and analysing themes in the data without any pre-determined ideas about what the themes would be.</li> <li>Data was organised, coded, analysed and interpreted by a minimum of two people to improve consistency and cross-check analysis.</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>The survey population could not be calculated because the survey was forwarded to an unknown number of individuals.</li> <li>The target population was staff with both frontline and management responsibilities, but approximately 40% of respondents had no supervisory responsibilities.</li> </ul>

Table A-5: Workforce survey items

Item	Response scale
1. What is your residential postcode?	Free text
2. Do you work for a government or non-government organisation?	<input type="checkbox"/> Government <input type="checkbox"/> Non-government
3. Which of the following best describes the service you provide to children, young people and families? (tick all that apply)	<input type="checkbox"/> Statutory child protection services <input type="checkbox"/> Residential care <input type="checkbox"/> Foster and/or kinship care <input type="checkbox"/> Family support services <input type="checkbox"/> Information, intake and referral <input type="checkbox"/> Legal aid/support <input type="checkbox"/> Counselling and other mental health services <input type="checkbox"/> Advocacy and liaison <input type="checkbox"/> Cultural support <input type="checkbox"/> Housing assistance/transition services <input type="checkbox"/> Disability services <input type="checkbox"/> Domestic and family violence <input type="checkbox"/> Other (please specify)



Item	Response scale
4. In your work with children, young people and families, do you regularly work with any of the following groups? (tick all that apply)	<input type="checkbox"/> Aboriginal and Torres Strait Islander peoples <input type="checkbox"/> Culturally and linguistically diverse peoples <input type="checkbox"/> People with disabilities <input type="checkbox"/> People experiencing issues relating to mental illness, domestic and family violence or alcohol and other drugs
5. How long have you worked in the child and family support sector?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1–2 years <input type="checkbox"/> 3–5 years <input type="checkbox"/> 6–9 years <input type="checkbox"/> 10+ years
6. How many roles have you held in the sector (including roles held in your current employing organisation)?	Free text
7. At which level do you operate in your organisation?	<input type="checkbox"/> No supervisory responsibilities <input type="checkbox"/> Mid-level manager (supervisor/team leader) <input type="checkbox"/> Senior manager/executive
8. What is the nature of your employment?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Volunteer
9. What is your highest level of tertiary qualification relevant to your role?	<input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> PhD
10. Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No
11. Which gender do you identify as?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say



Item	Response scale
<p>Access to information</p> <p>The Queensland child protection system is undergoing a 10-year reform program in response to the Queensland Child Protection Commission of Inquiry (the Carmody Inquiry), referred to as Supporting Families Changing Futures. This transformation of the child protection and family support system aims to deliver the right services to families at the right time to provide them with the support they need to keep children safely at home.</p> <p>The reform program aims to improve access to information and support services for vulnerable and at-risk children, young people and families.</p>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> N/A</p>
<p>12. Thinking about the services your organisation provides, how much do you agree or disagree with the following?</p> <p>a. The service we provide is affordable.</p> <p>b. The service we provide is fair/unbiased.</p> <p>c. The service we provide is accessible and easy to use.</p> <p>d. The service we provide is timely for families.</p> <p>e. The service we provide is culturally appropriate for Aboriginal and Torres Strait Islander peoples.</p> <p>f. The service we provide is appropriate for culturally and linguistically diverse peoples.</p> <p>g. The service we provide is appropriate for children with disabilities and their families.</p>	
<p>13. Thinking about the children, young people and families you work with, how much do you agree or disagree with the following?</p> <p>a. Children and young people have good access to information about services and supports.</p> <p>b. Families have good access to information about services and supports.</p> <p>c. Children, young people and families know where to find services and supports.</p>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Don't know</p>
<p>14. What barriers may prevent the children, young people and families you work with from accessing support services?</p>	<p>Free text</p>



Item	Response scale
<p>Workforce and training</p> <p>The success of the reform program relies on a workforce that is qualified, skilled and supported in order to be effective in their roles.</p> <p>15. Thinking about your current organisation, how much do you agree or disagree with the following?</p> <ul style="list-style-type: none"> <li>a. My work roles and responsibilities in ensuring vulnerable children and young people are protected and families are supported are made clear to me.</li> <li>b. I know my organisation's policies and procedures for referring children, young people or families to appropriate services.</li> <li>c. I have been provided with enough training (skills, knowledge and tools) to undertake my role.</li> <li>d. I am able to spend enough time with children, young people and families to do my job well.</li> <li>e. I receive the right amount of supervision to do my job well.</li> <li>f. My organisation supports professional development of staff.</li> <li>g. My organisation supports the decisions I make when working with children, young people and families.</li> <li>h. I have experienced barriers to accessing training.</li> <li>i. I have experienced barriers to using the new practices, knowledge and skills I have learned from training.</li> <li>j. My caseload/workload is manageable.</li> <li>k. My organisation has a positive workplace culture.</li> <li>l. Where possible, children, young people and families are able to work with the same staff member (for continuity).</li> </ul>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> N/A</p>
<p>Referral pathways</p> <p>One of the key changes of the reform program is the introduction of new pathways for referring children, young people and families so they can access the support they need earlier to prevent them from entering the statutory (child safety) system. Frontline service workers have a key role in referring families to a broad range of these support services and directly providing these services to families.</p> <p>16. How much do you agree or disagree with the following?</p> <ul style="list-style-type: none"> <li>a. I am confident in my ability to identify concerns about a child's or young person's safety.</li> <li>b. I have sound knowledge of the services in my area.</li> <li>c. I am confident referring families to Family and Child Connect.</li> <li>d. I am confident that I know where to refer families for specialist services (i.e. domestic and family violence, disability, mental health, and alcohol and drugs).</li> <li>e. I receive confirmation from referral partners when referrals are received.</li> <li>f. I am confident that the support services I refer to are capable of delivering services to families.</li> </ul>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> N/A</p>



Item	Response scale
Information sharing and collaboration	<input type="checkbox"/> Strongly disagree
The reform program intends to remove barriers to collaboration and information sharing and introduce new processes to improve working relationships between organisations where they benefit children, young people and families.	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Agree
17. How much do you agree or disagree with the following?	<input type="checkbox"/> Strongly agree
a. Where appropriate, information sharing occurs regularly between my organisation and other organisations.	<input type="checkbox"/> N/A
b. Information sharing supports responses for children, young people and families.	<input type="checkbox"/> Don't know
c. Information sharing restrictions limit my organisation's ability to support children, young people and families.	
d. The Regional Child and Family Committee has played an important role in facilitating effective working relationships to deliver regional priorities.	
e. The Local Level Alliance has played an important role in identifying gaps in support services that respond to local community needs.	
f. The Local Level Alliance has played an important role in identifying priorities for service improvement in my region.	
g. The Local Level Alliance has played an important role in facilitating opportunities for practice development in my region.	
18. What barriers prevent collaboration and effective working relationships in your region?	Free text
Meeting families' needs	<input type="checkbox"/> Strongly disagree
Providing high-quality services to children, young people and families means that their individual circumstances are taken into account when decisions are made that impact on them.	<input type="checkbox"/> Disagree
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Agree
19. How much do you agree or disagree with the following?	<input type="checkbox"/> Strongly agree
a. The services my organisation provides are tailored to meet the needs of individual children, young people and families.	
b. My organisation makes decisions that prioritise the needs of children, young people and families.	
c. In my organisation, children, young people and families have the opportunity to have a say in decisions affecting their lives.	
d. My organisation demonstrates (or is working towards) a child safe/child friendly culture.	
e. My organisation applies consistent service standards when engaging with children, young people and families.	
f. My organisation actively seeks child/family feedback (e.g. through complaints processes, voices on their board, inclusion in service design or evaluation) to improve the quality of services we provide.	



Item	Response scale
<p>Engaging Aboriginal and Torres Strait Islanders</p> <p>Meeting the requirements and needs of Aboriginal and Torres Strait Islander children, young people, families and communities is a key initiative of the reform program. This involves working to build the capacity of the family support sector by increasing training and support for staff in order to better support children, young people and families.</p> <p>20. How much do you agree or disagree with the following?</p> <ul style="list-style-type: none"> <li>a. I feel competent to meet the needs of Aboriginal and Torres Strait Islander children, young people and families.</li> <li>b. Aboriginal and Torres Strait Islander families participate in and have control over decisions that affect their children.</li> <li>c. My organisation has provided cultural training for staff to support their work with Aboriginal and Torres Strait Islander children, young people and families.</li> <li>d. There are barriers for Aboriginal and Torres Strait Islander children, young people and families in accessing my organisation's services.</li> <li>e. I feel competent to support the Aboriginal and Torres Strait Islander workers I supervise.</li> <li>f. My organisation partners with Aboriginal and Torres Strait Islander organisations to support the delivery of services to Aboriginal and Torres Strait Islander children, families and communities.</li> </ul>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> N/A</p>
<p>Legislation</p> <p>The Queensland Government is introducing new child protection legislation to ensure that it keeps Queensland's children and young people safe, protected and able to reach their full potential. Some priority changes have already been made to existing legislation, starting from January 2015.</p> <p>21. How much do you agree or disagree with the following?</p> <ul style="list-style-type: none"> <li>a. I am aware of the changes to the child protection legislation.</li> <li>b. Changes to the child protection legislation were communicated clearly to me.</li> <li>c. In my organisation the policies (what we are supposed to do) and practices (what we actually do) are closely aligned.</li> <li>d. Changes to the child protection legislation have had a positive effect on service delivery.</li> <li>e. Changes to the child protection legislation are keeping children and young people safer and better protected.</li> </ul>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p>



Item	Response scale
Community confidence	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Don't know
<p>The reform program intends to improve the community's trust and confidence in the child and family support system to protect children and young people at risk and support families in need of help. Confidence is built by refocusing oversight on learning, improving and taking responsibility.</p> <p>22. How much do you agree or disagree with the following?</p> <p>a. My organisation has clear and transparent processes for how to respond to a complaint from a client.</p> <p>b. My organisation regularly assesses its own performance (e.g. monitoring and/or evaluating programs and performance and business sustainability).</p> <p>c. My organisation uses performance information when making management and service delivery decisions.</p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Don't know
<p>23. How much do you agree or disagree with the following?</p> <p>a. The child protection sector does a good job of balancing the best interests of at-risk children and young people with parental rights and responsibility to care for their children.</p> <p>b. The reforms have improved access to early intervention services for children, young people and families.</p> <p>c. The reforms have improved families' ability to care for their children.</p> <p>d. The child protection sector is able to protect children and young people who are in need of protection.</p> <p>e. The child protection sector is intrusive in the lives of struggling families.</p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Don't know
<p>24. Prior to completing this survey, were you aware of the Supporting Families Changing Futures reform program, implemented in response to the Queensland Child Protection Commission of Inquiry (the Carmody Inquiry)?</p>	<input type="checkbox"/> I didn't know anything about it <input type="checkbox"/> I only knew a little about it <input type="checkbox"/> I knew some details about it <input type="checkbox"/> I knew a lot about it
<p>25. Which of the following reform initiatives are you familiar with?</p>	<input type="checkbox"/> Family and Child Connect <input type="checkbox"/> Intensive Family Support <input type="checkbox"/> Strengthening our sector strategy <input type="checkbox"/> Talking Families <input type="checkbox"/> oneplace
<p>26. In your opinion, what could be done to improve the child protection and family support system?</p>	Free text
<p>27. Do you have any other feedback or comments you would like to add?</p>	Free text





## Appendix A–4: Survey of community members

Online and computer-assisted telephone surveys are an efficient means of gathering the perspectives of a geographically-diverse sample of respondents. Our survey of community members aimed to gather information about community confidence and trust in the Queensland child protection system.

Table A-6 describes our approach to undertaking the community survey. The community survey items are presented in Table A-7.

Table A-6: Method for community survey

Aspect of method	Summary of approach
Methods	<ul style="list-style-type: none"><li>The survey was administered online and via computer-assisted telephone interviews (CATI).</li></ul>
Sample	<ul style="list-style-type: none"><li>The target sample size was 1500 Queensland adults, representative of the resident population in terms of age, gender and geographic region. However, Queenslanders who identify as Aboriginal and Torres Strait Islander were to be over-sampled.</li><li>The survey was completed by 1703 individuals (1524 participated online, 179 by CATI). The survey sample was representative of the Queensland adult population in terms of gender, age and geographic region. Almost one third of respondents currently had caring responsibilities for a child aged 0–17 years.</li></ul>
Materials	<ul style="list-style-type: none"><li>The survey instrument was specifically developed for this evaluation.</li><li>The 16-item (34 response points) survey is presented in Table A-7. Respondents were also given the opportunity to provide additional comments at the completion of different stages of the survey.</li><li>The survey took approximately 7.5 minutes to complete online and 5 minutes via telephone.</li></ul>
Recruitment and procedure	<ul style="list-style-type: none"><li>The survey was conducted by Market &amp; Communications Research (MCR) on behalf of the QFCC. The online survey was live between 28 July and 18 August 2017, while the CATI survey was conducted between 11 August and 4 September 2017.</li><li>MCR's panel supplier generated the sampling frame for the online survey and distributed invitations. The overall response rate was 9 per cent.</li><li>A sub-contractor for MCR conducted the CATI survey. The overall response rate was 28 per cent.</li><li>Respondents were able to skip questions they did not wish to answer.</li></ul>
Analysis	<ul style="list-style-type: none"><li>Survey results were analysed by MCR using Q research software. Analysis included frequency counts for each question and cross tabulation analysis by selected demographic and behavioural factors. Z-tests were used to assess the statistical significance of differences in proportions of responses between groups.</li><li>We conducted additional analysis using the Statistical Package for the Social Sciences (SPSS). Our analysis included cross tabulation, correlation and regression analyses.</li></ul>



Table A-7: Community survey items

Item	Response scale
1. What is your residential postcode?	Free text
2. In what year were you born?	Free text
The Queensland child protection system is responsible for protecting Queensland's children from abuse and neglect.	<input type="checkbox"/> I don't know anything about it <input type="checkbox"/> I only know a little about it <input type="checkbox"/> I know some details about it <input type="checkbox"/> I know a lot about it
3. Which of the following <u>best</u> describes how much you know about how the child protection system works?	
4. Over the past five years, would you say that the child protection system overall has got better, worse, or stayed the same?	<input type="checkbox"/> Better <input type="checkbox"/> Stayed the same <input type="checkbox"/> Worse
5. Do you have any suggestions for how the child protection system could be improved?	Free text
6. In your view, how much are each of the following groups responsible for protecting children from abuse and neglect?	<input type="checkbox"/> Not at all responsible <input type="checkbox"/> Partly responsible <input type="checkbox"/> Mostly responsible
a. Parents/families/kin. b. The general community (e.g. neighbours, community groups). c. Government (e.g. Child Safety Services, courts). d. People who work with the public such as police, teachers and doctors.	
7. How much do you agree or disagree about the following statements about protecting children?	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> No opinion/Don't know
a. Protecting children from abuse and neglect is a big concern in my community. b. Protecting children from abuse and neglect is a big concern for me/my family, personally. c. Protecting children from abuse and neglect is a big concern for the Queensland Government.	
8. Have you ever needed to get information about protecting children from abuse or neglect, for yourself or someone you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Where did you get this information?	Free text
If no: If you did need this information, where would you look for it?	Free text
9. To what extent do you agree or disagree with the following statements?	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> No opinion/Don't know
a. The media (e.g. TV or internet news, newspapers, social media, etc.) is my <u>main</u> source of information about the child protection system. b. I trust the media to provide a balanced and unbiased view when reporting about the child protection system in Queensland.	



Item	Response scale
10. How much do you agree or disagree with the following statements about the current child protection system in Queensland?	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> No opinion/Don't know
a. I have confidence in the way reports of child abuse or neglect are managed. b. Services and support are provided for families who need them. c. Children are only removed from their families when it is unsafe for them to remain at home. d. Decisions are made in the best interests of the child. e. When making child safety decisions, the rights of parents are just as important as the safety of children. f. Parents are able to make a complaint about a child protection decision. g. Children are able to make a complaint about a child protection decision. h. Family and friends are able to make a complaint about a child protection decision. i. Government monitors and reviews child protection decisions. j. Government provides information on the performance of its child protection services. k. When government removes children from their families, they are safe and well cared for. l. Overall, I have confidence and trust in the Queensland child protection system.	
The Queensland child protection system is undergoing a 10-year reform program. This aims to deliver the right services to families at the right time and provide them with the support they need to keep children safely at home.	<input type="checkbox"/> I didn't know anything about it <input type="checkbox"/> I only knew a little about it <input type="checkbox"/> I knew some details about it <input type="checkbox"/> I knew a lot about it
11. Before today, how aware were you of the Queensland Child Protection Reform Program?	
12. What gender do you identify as?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neither
13. Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No
14. What is the main language spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Language other than English



Item	Response scale
15. Are you currently responsible for the care of a child aged 0–17 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you currently, or have you in the past five years, been in contact with the child protection and family support system as: a. A parent b. A child c. A carer d. A child protection and family support system worker or service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Appendix A-5: Place-based studies

Realist evaluation is a theory-based approach grounded in scientific realism, in which outcomes are explained by the action of particular mechanisms in particular contexts.<sup>147</sup> The realist model operates on the assumption that reform resources (for example, investment, activities and initiatives) are introduced into a particular context in a way that facilitates a change in reasoning that alters the behaviour of participants, and leads to outcomes (see Figure A-1).<sup>148</sup>

Put simply, realist evaluation posits that a program will work under certain circumstances for certain groups of participants in certain contexts, but will not work for everyone. The context in which a program is delivered provides insights into why it works for some and not others.

The place-based studies examined how aspects of the reform program (mechanisms) are working in each location (context) and explored whether this is working for some and not others (outcomes). We did this by conducting a systematic, high-level analysis of findings described in the Queensland Child Protection Commission of Inquiry final report.<sup>149</sup>

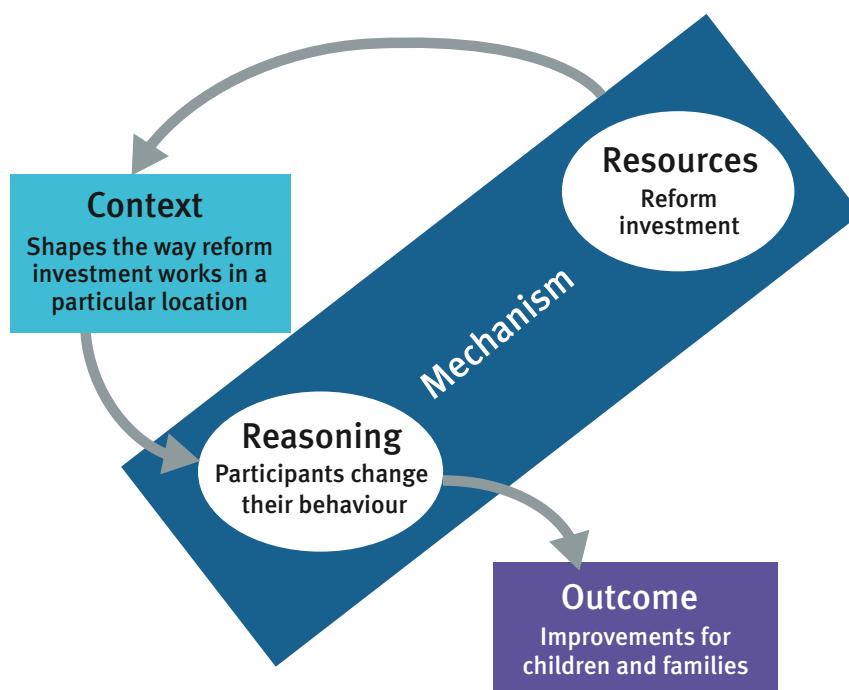


Figure A-1: Relationship between context, mechanism and outcomes in realist evaluation

Table A-8 describes the approach used to conduct the five place-based studies. Place-based study data collection involved semi-structured interviews and a workshop. The interview guide for the place-based studies is presented in Table A-9. The workshop guide for the place-based studies is presented in Table A-10.

<sup>147</sup> Pawson, R and Tilley, N (1997), *Realist Evaluation*. Los Angeles: SAGE Publications.

<sup>148</sup> Dalkin, SM, Greenhalgh, J, Jones, D, Cunningham, B, and Lhussier, M (2015), What's in a mechanism? Development of a key concept in realist evaluation. *Implementation Science*, 10(1), 49.

<sup>149</sup> Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: A Roadmap for Queensland Child Protection*.



Table A-8: Approach to conducting place-based studies

Aspect of method	Summary of approach
Sample	<ul style="list-style-type: none"> <li>Of the 202 stakeholders who participated in the place-based studies: <ul style="list-style-type: none"> <li>171 participated in semi-structured interviews (42.7% government, 67.3% non-government)</li> <li>42 local stakeholders attended a workshop (62.5% government, 37.5% non-government)</li> <li>11 stakeholders participated in both a semi-structured interview and the workshop.</li> </ul> </li> <li>The target population included program-level and activity-level stakeholders working in the child and family support sector who were familiar with, or had experienced changes as a result of, the reform program.</li> <li>Participants included members of the Local Level Alliances and Regional Child and Family Committees, state government officers, representatives from local government, and funded non-government organisations.</li> </ul>
Materials	<ul style="list-style-type: none"> <li>Two methods for collecting primary data were used: semi-structured interviews and a stakeholder workshop.</li> <li>An interview guide containing 22 questions (complemented by a series of sub-questions) was used to guide the semi-structured interviews (see Table A-9).</li> <li>Not all questions were asked of all stakeholders. The semi-structured interview format allowed for a tailored discussion depending on the perspective of the interviewee and their depth of knowledge of the reform program's implementation.</li> <li>The workshop guide contained 15 questions and was used to guide discussions (see Table A-10). The workshop covered three areas: access to family support services; robust service networks; and high-quality services. We used a realist approach to explore the resources/reasoning, context and outcomes of the reform program in each location.</li> </ul>
Recruitment and procedure	<ul style="list-style-type: none"> <li>Key stakeholders, identified through the QFCC's networks, provided guidance and support in identifying and connecting with the target population.</li> <li>We made contact with relevant stakeholders to invite them to participate in the place-based studies.</li> <li>We spent one week in each location.</li> <li>We supplemented primary data with desktop analysis of relevant administrative documents and available location-specific data. We used this to develop a local profile and service map for each study location.</li> <li>Where possible, we met with local Elders and/or Traditional Owners prior to commencing the place-based studies. This provided an overview of each study location from a cultural perspective.</li> </ul>
Ethics and consent	<ul style="list-style-type: none"> <li>Ethical clearance was provided by the Townsville Hospital and Health Service Human Research Ethics Committee HREC/17/QTHS/47.</li> <li>Participants were given a Participant Information Sheet and Consent Form outlining the process and potential risks to participants. Prior to starting, we sought signed, informed consent to participate, and to have the interview or workshop recorded.</li> </ul>



Aspect of method	Summary of approach
Analysis	<ul style="list-style-type: none"> <li>We analysed qualitative data from interviews using NVivo Pro 12 (qualitative coding software). We used deductive thematic analysis, which involved using a pre-determined framework, aligned with our evaluation domains and key areas of focus, to code and analyse themes in the data.</li> <li>The coding structure was comprised of conceptual categories mirroring the interview structure: reform foundations, overall process, outcomes, and impact.</li> <li>Data was organised, coded, analysed and interpreted by a minimum of two people to improve consistency and cross-check analysis.</li> <li>We conceptually mapped preliminary findings to lift the analysis to the program level.</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Not all invited stakeholders participated in the place-based studies. Some declined the offer to participate, and some were unavailable.</li> <li>As the Implementation Evaluation focusses on the first three years of implementation, we considered that is too early to observe any outcomes for children, young people and families. As a result, we didn't directly consult them for this evaluation. Any outcomes reported for this cohort are based on the views of local stakeholders.</li> <li>For limitations specific to each place-based study, see Addenda Reports 1.5 to 1.9.</li> </ul>

Table A-9: Interview guide for place-based studies

Section	Questions and sub-questions
Governance and service linkages	<ul style="list-style-type: none"> <li>To what extent do the governance three tiers interact in your region?</li> <li>What are the priorities for [location]? How are these determined? What mechanisms exist to monitor the performance of regions in addressing priorities and delivering reform activities?</li> </ul>
Information sharing and collaboration	<ul style="list-style-type: none"> <li>Do you believe that there is a genuine commitment in this region to collaboration and shared vision between reform government and non-government partners? To what extent have these partnerships impacted upon reform delivery?</li> </ul>
Policy and legislative framework	<ul style="list-style-type: none"> <li>Have policy and legislative changes kept pace with the reform program implementation?</li> </ul>
Sector capacity	<ul style="list-style-type: none"> <li>Are you in a position to comment on the regional capacity of the frontline sector?</li> </ul>
Overall process	<ul style="list-style-type: none"> <li>What key decisions regarding the design of reform activities have affected implementation in your region? How do these diverge from what was originally planned? Has the outcome been satisfactory?</li> <li>What factors have hindered or enabled reform program implementation?</li> <li>What unexpected factors have positively or negatively affected reform program implementation?</li> <li>What have been the key challenges to governing the reform program?</li> </ul>
Supporting outcomes	<ul style="list-style-type: none"> <li>What key activities or achievements have been delivered in your region?</li> <li>Do other reform programs in the region affect the Child Protection Reform Program? If so, how?</li> </ul>





Section	Questions and sub-questions
Timely access to high-quality services	<ul style="list-style-type: none"> <li>• What do 'timely' and 'high quality' mean to you, and are we achieving this? What barriers exist for children/families to access services? Are there certain groups that can't access services? If so, who and why?</li> <li>• To what extent does the system have increased capacity to recognise and respond to the needs of individual children and families?</li> </ul>
Efficient, effective, client-centred, focussed on prevention	<ul style="list-style-type: none"> <li>• To what extent has the development of dual pathways reduced this burden and improved responses to children and families in need of support? What have been the challenges/barriers to introducing these reforms? Enablers? Does available evidence suggest that the burden on the tertiary system is reducing? If not why not?</li> <li>• To what extent has there been an increased focus on preventative efforts?</li> <li>• To what extent are services and system responses client-centred?</li> </ul>
Aboriginal and Torres Strait Islander over-representation	<ul style="list-style-type: none"> <li>• To what extent has there been an increased focus on preventative and early intervention efforts for Aboriginal and Torres Strait Islander children, families and communities?</li> <li>• Are we making progress in reducing over-representation? Why or why not?</li> <li>• How have Aboriginal and Torres Strait Islander voices been integrated into the design and delivery of the reform program? To what extent do Aboriginal and Torres Strait Islander families have control over decisions that affect their children?</li> </ul>
Community confidence	<ul style="list-style-type: none"> <li>• Are we improving community confidence in the child protection system through the work of the reform program? What can be done to improve this public image?</li> <li>• To what extent has the child protection and family support system experienced culture change? Has there been a shift away from being risk averse and towards the least intrusive principle?</li> </ul>
Impact	<ul style="list-style-type: none"> <li>• To what extent has the child protection and family support system changed with the implementation of the reform program? What system-level trends are evident—and to what extent can these be attributed to the reform program?</li> </ul>



Table A-10: Workshop guide for the place-based studies

Section	Questions and sub-questions
Improve access to family supports	<p>Resources/Reasoning</p> <ul style="list-style-type: none"> <li>• Are there clear entry points and access to prevention and early intervention services in [location]? (think beyond the Family and Child Connect service and Intensive Family Support—are services visible?)</li> <li>• Are professional/mandatory reporters and referrers aware of the range of universal and secondary services in the local area? <ul style="list-style-type: none"> <li>- Are families aware of the range of supports and services to assist them when they need support?</li> </ul> </li> <li>• How does the reasoning of clients, service providers and decision makers affect these intended outcomes?</li> </ul> <p>Context</p> <ul style="list-style-type: none"> <li>• What is keeping families from accessing/helping families to access prevention and early intervention services?</li> <li>• Are there particular groups of people that are having trouble accessing these services? Who can easily access services and supports?</li> </ul>
Establish robust service networks	<p>Resources/Reasoning</p> <ul style="list-style-type: none"> <li>• To what extent do networks and alliances support the service system and ultimately improve outcomes for families?</li> <li>• How connected is the service system (mental health services, alcohol/drug services, and disability supports)?</li> <li>• Which networks exist in [location] and how do they relate to the outer regions?</li> </ul> <p>Context</p> <ul style="list-style-type: none"> <li>• How do existing networks affect families' ability to access services and services' ability to meet clients' needs?</li> <li>• How is the professional culture of information sharing and collaboration between partners in the networks?</li> <li>• Are networks well supported to support children, young people and families?</li> </ul>
Ensure high-quality of services	<p>Resources/Reasoning</p> <ul style="list-style-type: none"> <li>• What new services have rolled out since 2014, specifically related to the reforms? Has there been a noticeable enhancement to the service system?</li> <li>• What training has been rolled out for frontline staff in [location]? Are frontline staff skilled, trained and confident to provide high-quality services?</li> <li>• How is service quality monitored? Has this changed since the reforms have been implemented?</li> </ul> <p>Context</p> <ul style="list-style-type: none"> <li>• What factors affect service quality in this area?</li> </ul>



## Appendix B: Evaluation summaries

This appendix provides summaries of evaluations of reform program recommendations and work packages (of the reform program) conducted to date, and other relevant documents examined in this report, including:

- Aboriginal and Torres Strait Islander Family-Led Decision Making trials Evaluation (see Appendix B–1)
- Child Protection Resources (recommendation 13.26) Evaluation Report 2017 (see Appendix B–2)
- Evaluation of the Office of the Public Guardian child protection reforms: Baseline evaluation 2015–16 (see Appendix B–3)
- Family and Child Connect rounds 1 to 3 establishment reviews (see Appendix B–4)
- Family and Child Connect Implementation and Impact Evaluation: Final Report (see Appendix B–5)
- Foster Care Queensland—Foster and Kinship Care 2016 Carer Survey Report (see Appendix B–6)
- Intensive Family Support Services rounds 1 to 3 establishment reviews (see Appendix B–7)
- Intensive Family Support Services Evaluation reports:
  - Implementation Evaluation Report (July 2018) (see Appendix B–8)
  - Outcomes Evaluation Report (July 2018) (see Appendix B–9)
  - Longitudinal Outcomes Case Study Review (June 2018) (see Appendix B–10)
  - Collaborative Case-Planning Report (March 2018) (see Appendix B–11)
  - Review of Specialist Domestic and Family Violence Supports (April 2018) (see Appendix B–12)
- Improving child protection matters in Queensland Courts: A baseline evaluation of Work Package 36 reforms (see Appendix B–13)
- Next Steps After Care Services Evaluation (see Appendix B–14)
- oneplace Community Services Directory (recommendation 6.1) Annual Evaluation Report 2016 (see Appendix B–15)
- Talking Families Detailed Findings and Technical Report 2016 (see Appendix B–16)
- Your Workforce Your Future Survey (see Appendix B–17).



## Appendix B-1: Aboriginal and Torres Strait Islander Family-Led Decision Making trials Evaluation

### Background

The Department of Child Safety, Youth and Women, in partnership with Aboriginal and Torres Strait Islander Community-Controlled Organisations, trialled Aboriginal and Torres Strait Islander Family-Led Decision Making and shared practice models in three regions between April 2016 and June 2017. The trial was designed to empower families to make informed choices about their children while Child Safety Services worked with families to ensure the safety of the children.

### Purpose

The evaluation aimed to identify implementation challenges and strengths for each trial and location, assess how well each location has achieved the short-term objectives of each trial model, and collect cost information associated with participating families to contribute to a cost analysis.

### Approach

The evaluation adopted a realist approach, to demonstrate the extent to which the trials worked depending on the way they were implemented and administered in each site. Data was collected through interviews with families, convenors, community leaders, support service stakeholders and Department of Child Safety Youth and Women staff in Ipswich (n=13), Mount Isa (n=22), Cairns (n=10) and the Torres Strait (n=19). The evaluators also analysed case files, administrative data, performance reports and a reviewed of documentation.

### Key limitations

- Findings reflect the unique contexts of each community in which the trials were delivered, and are thus are not generalisable to other sites.
- Limited administrative data was recorded for the trials, although it was considered unlikely that the data would be appropriate for the context to allow evaluators to draw firm conclusions about the trials.
- Only a small number of stakeholders and families were consulted in each site.
- This baseline evaluation was conducted during reform program rollout before this model had time to embed. Furthermore, the trials did not occur over a long enough time period to allow outcomes to emerge or be measured. It is anticipated that future evaluations will be able to collect and report more mature data and address these limitations.

### Summary of key findings

- The evaluation demonstrated the value of Family-Led Decision Making and shared practice models when implemented appropriately. Where trials were successful and Aboriginal and Torres Strait Islander peoples truly led the process, they were able to facilitate a 'culturally safe space' for families. Positive outcomes were reported for families, Family-Led Decision Making service providers and Child Safety Services. For example, families were motivated and committed to plans, and Child Safety Services staff developed an awareness of the value of cultural authority and knowledge and were able to engage with families who had previously not engaged.
- The stage of the child protection continuum at which the trial was applied was important. In the early intervention and secondary services stage, Family-Led Decision Making providers could work more independently with families and build trust through engagement. When applied at the tertiary stage, Family-Led Decision Making providers had to work more closely with Child Safety Services, thus limiting the trust of families. For the trial to work successfully at this later stage, Family-Led Decision Making service providers' capacity and knowledge about Child Safety Services processes has to be built.
- Reported strengths of the trials included:
  - the commitment of Family-Led Decision Making service providers and Child Safety Services to work collaboratively to resolve issues
  - the use of an independent third-party implementation consultant to navigate tensions between service providers and Child Safety Services.



- Reported challenges of the trials included:
  - adequate resourcing to ensure integrity and independence of Family-Led Decision Making service providers
  - staff turnover and its impact on partnerships with clients and other organisations
  - the need to change entrenched individual and organisational cultures in Child Safety Services to empower Family-Led Decision Making service providers and families.
- If resourced appropriately, the Family-Led Decision Making model could facilitate the Aboriginal and Torres Strait Islander child placement principle.
- Each trial experienced challenges related to the diverse needs of the communities in which it was implemented. These challenges included accommodating the diversity of cultural needs within the community as well as capacity and resource constraints for Family-Led Decision Making staff in travelling to clients.

## Appendix B–2: Child Protection Resources (recommendation 13.26) Evaluation Report 2017

### Background

The QCPCOI recommended that resource material and information be developed for children and families to better assist them in understanding their rights, how the child protection system works including courts and tribunal processes and complaints and review options in response to child protection interventions (Recommendation 13.26).

### Purpose

This is the first evaluation of the child protection resources. It intends to evaluate the initiative's performance progress towards achieving its outcomes.

### Approach

The evaluation included an analysis of dashboard reports (Jan–Jul 2017), a review of website analytics, a survey of partner organisations and a review of electronic direct mail campaign records and postage records.

### Key limitations

- Measuring whether long-term outcomes (that is, children and feel better supported finding out information and seeking help within the child protection sector and information about the child protection system is readily available, accurate, clear, consistently updated and includes further contact details) have been achieved is outside the scope of this evaluation. It is anticipated that other factors will also contribute towards achieving these outcomes.
- This evaluation is also unable to address the short-term outcome of whether children and families are able to find, read and use the resources. Instead, data demonstrates that the QFCC has created multiple pathways for children and families to find resources.
- The survey data is based on a small sample.

### Summary of key findings

- This initiative has mostly met its short-term outcomes (that is, information on the child protection system, distributed through the QFCC website, brochures and posters, is distributed throughout Queensland; and children and families are able to find and read and use resource material).
- 3000 copies of the Information kit on child protection for parents resource, 5300 copies of the Finding out about child protection in Queensland resource and 2500 copies of the Did you know? poster were distributed through multiple channels. All resources are available on the QFCC website.
- 54.5 per cent of survey respondents believed the resources were 'good' or 'excellent' for children between the ages of 12 and 18, and for adults.
- One-third of respondents had displayed the Information kit on child protection for parents resource, and one in five had used the booklet to explain concepts and processes to families.
- 47 per cent of respondents had displayed the Finding out about child protection in Queensland resource. 27 per cent had used the booklet to explain concepts and processes to children and families.
- One third of respondents displayed the Did you know? poster in a location where children are likely to visit. One respondent felt the poster was popular with children and families.
- Dashboard reports demonstrate that the number of page views per day has been consistent after an initial spike.
- Spikes of interest occurred during initial release and following consultation with Local Level Alliances.



### Appendix B–3: Evaluation of the Office of the Public Guardian child protection reforms: Baseline evaluation 2015–16

#### Background

These reforms sought to reframe the visiting function of the former Community Visitor Program for children and young people in out-of-home care. It aimed to do this by refocusing on the most vulnerable group and by establishing a new statutory body, the Office of the Public Guardian, with a child advocacy function operating from statewide advocacy hubs and predominantly delivered by Child Advocate Legal Officers.

#### Purpose

This evaluation reported on data collected in 2015–16, with supplementary data captured in 2016–17, regarding the implementation and operation of the Office of the Public Guardian's visiting and advocacy reforms. The evaluation aimed to determine whether reforms were implemented as proposed, establish a comparison point to assess future effectiveness, and identify emerging outcomes and implementation issues to inform future delivery of this work package.

#### Approach

The Office of the Public Guardian worked closely with the Department of Justice and Attorney-General, the Queensland Government Statistician's Office and the CREATE Foundation (the national consumer body representing the voices of children and young people with an out-of-home care experience) to deliver this evaluation. A multi-method approach was used, triangulating data from semi-structured interviews with children and young people (n=24) and Magistrates, QCAT Members and legal professionals (n=15), a survey of justice stakeholders (n=44) and focus groups with legal professionals, foster and kinship carers, parents and non-government organisations (n=86). Supplementary data was collected through interviews with Community Visitors in June 2017. The Queensland Government Statistician's Office led a separate evaluation of the advocacy hub model, using a survey (n=115) and semi-structured interviews (n=17) with Office of the Public Guardian staff and key stakeholders, administrative data and hub visits and direct observations.

#### Key limitations

- This evaluation used data collected from justice stakeholders, children and young people, parents and foster and kinship carers as part of the Work Package 36 evaluation (see Appendix B–13), which was based on small sample sizes.
- The Child Advocate Legal Officer role (and its associated functions) was relatively new and few positions had been established across the state at the time evaluation data was collected. Supplementary interviews with Community Visitors regarding the Child Advocate Legal Officer role were thus conducted in June 2017, a year after the collection of other baseline data. As such, this data may not be directly comparable.
- This baseline evaluation was conducted during reform program rollout before advocacy reform initiatives had time to embed. It is anticipated that future evaluations will be able to collect and report more mature data and address these limitations.

#### Summary of key findings

- The physical hubs and statewide virtual hub were not used as expected, with limited numbers of children and young people accessing the hubs and few family group meetings or case management meetings occurring there. This was attributed to client-specific characteristics and the location of services serving as barriers to access, in addition to limited initial promotion of the service among clients and stakeholders.
- Office of the Public Guardian services are 'person-centred', in that Community Visitors, Child Advocate Legal Officers and guardians travel to clients to meet with them in their homes or other familiar places, to overcome access issues.
- Early feedback on the performance of physical hubs enabled the Office of the Public Guardian to repurpose them as office spaces for Office of the Public Guardian staff to work collaboratively, rather than as drop-in centres for children and young people.
- Stakeholders were positive about the advocacy role that Child Community Visitors and Child Advocate Legal Officers are playing in providing information to children and young people and representing their views and interests.



- The introduction of the Child Advocate Legal Officer function was viewed positively by stakeholders. It allows stakeholders to hear the direct views and wishes of children and young people. The child-friendly tools and approaches used by Child Advocate Legal Officers, as well as their neutrality, were reported as strengths.
- Changes to Community Visitor visiting schedules were generally viewed positively, with stakeholders recognising the reduced burden this placed on foster carers and children in long-term secure placements. Some concerns were expressed about the ability of Community Visitors to recognise issues when visitation occurred less frequently.

## Appendix B–4: Family and Child Connect rounds 1 to 3 establishment review findings

### Background

Family and Child Connect (FaCC) services are a key element of the government response to the Queensland Child Protection Commission of Inquiry. FaCC services provide a community-based intake and referral pathway, assessing families and referring them to appropriate support. FaCC does not provide case management services.

### Purpose

The purpose of the reviews was to identify lessons learned from the establishment of FaCC services, in order to inform future rounds of service establishment where possible.

### Approach

The multi-phase establishment reviews used multiple methods, including document analysis, surveys, workshops and follow-up interviews. A report was prepared for each of the three establishment rounds.

### Key limitations

These reviews focus on the early strengths and challenges experienced during three phases of FaCC rollout to inform further program delivery. They were conducted while FaCC providers were establishing their services and staff were still being recruited and trained. They should not be interpreted as reporting on the implementation or effectiveness of FaCC services.

### Summary of key findings

- Departmental support: FaCC staff were generally positive about the relationships they formed with Department of Child Safety, Youth and Women staff, and about the way central and regional departmental representatives worked together to support the rollout. While the first two reviews found communication could be streamlined, this had improved by the third review.
- Training: In general, stakeholders were positive about the comprehensiveness of training, and ongoing coaching was well received. Several issues were noted in relation to training, including the burden of time taken away from service delivery and the timing of training (for example, delays in training on the Advice, Referrals and Case Management [ARC] database and the Structured Decision-Making tool).
- Service establishment: Tight establishment timeframes posed a challenge for some services in identifying appropriate premises. However, where existing premises could be used, this challenge was mitigated. Short timeframes also impacted on the ability of FaCC services to recruit staff (see below).
- Staff recruitment and specialist positions: All three reviews noted difficulties in recruiting appropriately skilled staff. Flexibility in recruitment processes and the ability to stagger recruitment worked well. The Principal Child Protection Practitioner role (a seconded departmental officer in FaCC services) was well-received, but early establishment reviews noted some confusion about the purpose of the role. In subsequent reviews, the clarity of the role description was noted as a strength. Recruiting and retaining a suitable Domestic and Family Violence Worker was also identified as an early issue.
- Service promotion: The consistent branding and single telephone line for FaCC were seen as working well, and several services leveraged existing relationships and networks to promote FaCC. However, government branding and a lack of culturally appropriate promotional material were reported as issues in all reviews.
- Referrals and incorporation of FaCC into the service system: The Round 1 review noted significant issues with the online referral form and concerns that eligibility criteria resulted in some families 'falling through the cracks'. Subsequent reviews noted improvements in the number of referrals to FaCC, resulting in fewer inappropriate referrals to IFS services. However, a lack of understanding in the community about the role of FaCC was still noted as a challenge. The strength of existing networks and relationships was seen as a facilitator in multiple reviews, enabling the FaCC services to become incorporated into local service systems.





## Appendix B–5: Family and Child Connect (FaCC) Implementation and Impact Evaluation Final Report

### Background

The QCPCOI recommended the establishment of a dual pathway with a community-based intake gateway as an alternative to the Child Safety Services intake process. Family and Child Connect (FaCC) was established to:

- implement alternative referral pathways to community services (and, where appropriate, to assist vulnerable and at-risk families to access community services)
- improve service coordination and access for families
- assist in reducing the high volume of reports to Child Safety Services.

### Purpose

Griffith University conducted an independent statewide evaluation of the implementation of FaCC services and the early impacts of the FaCC initiative.

### Approach

The evaluation adopted a mixed method design to explore the implementation, operation and impact of FaCC services. Data was collected using interviews with FaCC staff and stakeholders (n=102), an online survey of FaCC staff (n=14) and stakeholders (n=130), site visits and administrative data. Two evaluation team members were also embedded in two of the FaCC sites for a month (June to July 2017), engaging in informal discussions with staff and stakeholders and attending meetings, training and community events.

### Key limitations

- There was no baseline/pre-existing data to determine the impact of FaCC (before and after) implementation. As such, it was not possible to determine the number of families referred to community services before the implementation of FaCC.
- This baseline evaluation was conducted during reform program rollout before the FaCC initiative had time to embed. Furthermore, it focussed on FaCC services established in stage 1, 2, 3a and 3b (up to June 2016) of program rollout (that is, 16 sites). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

### Summary of key findings

- The alternative pathways for referring concerns about a child to Child Safety Services or FaCC have been implemented. FaCC is receiving enquiries from a range of sources (including other agencies), although a substantial proportion of enquiries are received from Child Safety Services. FaCC staff suggested that lack of awareness of FaCC, misalignment of professionals' and Child Safety Services' judgments of 'significant harm' and risk aversion may explain professionals' preference to report concerns to Child Safety Services instead of FaCC.
- Different service centres were using different processes for intakes and engagement (within the bounds of the Program Guidelines).
- The majority of enquiries made to FaCC are appropriate, with only a few enquiries resulting in a report to Child Safety Services.
- FaCC staff and stakeholders view the FaCC model as valuable and effective in terms of assisting families to navigate complex service systems.



- FaCC staff were generally supportive of the available tools to guide risk assessments. However, concerns were raised about whether some tools (for example, the Structured Decision-Making Family Risk Evaluation) were better suited for the tertiary child protection system, where information about risk factors is more accessible.
- Some staff identified a need for further training on tools, databases and assessment criteria.
- FaCC staff were tailoring responses to individual families' needs and using strengths-based approaches to empower families.
- FaCC service delivery was client-centred and tailored to the family's needs. Staff were using approaches intended to empower families.
- Compared to urban areas, remote and regional areas were reported to have considerably fewer support services available for clients. Furthermore, FaCC services in these regions also experienced capacity and resource constraints, where staff were required to travel long distances to engage families.
- Support for families can be delayed due to service gaps and waitlists for other services, including IFS.
- Where IFS services were at capacity and experiencing waitlists, FaCC staff reported experiencing push-back on their referrals to IFS. Relationships between some FaCC and IFS services were affected by these capacity issues.
- Collaboration and commitment on the Local Level Alliance varied across regions and between members. Interviews with Local Level Alliance coordinators highlighted that while some members are actively attending and engaging in meetings, others are not.
- Opportunities exist to streamline referral pathways, fill service gaps and improve FaCC service delivery (including intake, engagement, assessment and referral processes).

## Appendix B–6: Foster Care Queensland— Foster and Kinship Carer 2016 Survey Report

### Background

The Foster Care Queensland Foster and Kinship Carer survey invites carers to submit their views and experiences. The 2016 survey was open from June to December 2016.

### Purpose

The survey intended to identify strengths and areas of concern to inform future initiatives and opportunities to better support carers.

### Approach

The survey was completed by 574 foster and kinship carers (11.07 per cent of 5186 registered carers recorded as at June 2016).<sup>150</sup> The survey asked carers a series of questions relating to Child Safety Services processes, Centrelink, foster and kinship care services, training, support and more. Carers were also able to provide free text comments.

### Key limitations

Surveys rely on subjective data and may not reflect actual behaviour.

150 Department of Child Safety, Youth and Women. (2018). *Our Performance*.



### Summary of key findings

- Survey data is presented for both statewide responses and a breakdown of Child Safety Services regions. The following summary findings relate to statewide data.
- Data indicates that in the majority of cases, children's cultural needs may not be met, as a number of carers of Aboriginal and Torres Strait Islander children did not have a cultural plan in place, or stated they had not completed any cultural awareness training. The majority of carers also indicated they access cultural information from family and friends, with only a small number sourcing information from Elders, Recognised Entities, and cultural centres.
- Carers held mixed views on their experiences with Child Safety Service Centres, with the majority feeling always or mostly respected (64 per cent) but were less satisfied with being treated like part of a team (43 per cent), feeling supported (42 per cent) or that their views being heard (42 per cent).
- The majority of carers reported low satisfaction with Child Safety Services processes, including inclusion in Family Group Meeting processes (34.7 per cent) or review processes (34.56 per cent).
- The majority of carers who had experienced either a standard of care review and/or harm report reported low satisfaction for communication (44 per cent), sensitivity (48 per cent), information sharing (37 per cent) and timeliness of the process (41 per cent).
- Carers highlighted issues with confidentiality and information sharing relating to the day-to-day care of children. Key issues related to not being provided with information relating to the child or young person at the time of placement or as it becomes available to Child Safety Services.
- While carers reported a 65.04 per cent satisfaction rate with financial matters, this was an 18.6 per cent decrease from the 2014 Foster Care Queensland Survey. The cost of child care was identified as a key concern for carers.
- Carers highlighted a range of concerns for the local practice of their Child Safety Service Centres. Only 28 per cent of carers reported feeling always or mostly satisfied with how Child Safety Office changeover had occurred for children in their care.
- The majority of carers (95.96 per cent) reported being supported by a foster and kinship care agency. Over three-quarters reported feeling always or mostly satisfied with the services provided by their foster and kinship care agency.
- The majority of carers reported feeling always or mostly satisfied with the relevance (63 per cent), amount (72 per cent), frequency (60.9 per cent) and provision of information (66 per cent) of training. Some issues were identified for training accessibility, including travel, lack of child care arrangements, as well as the times that training can be held, such as in the middle of the day, making it difficult for some carers who work to attend.
- Complaints and appeals were found to be areas in need of further education and training for carers. A portion of carers reported not knowing about complaints and appeal processes, and a large number of carers have never accessed them.
- Carers were asked about their future as carers, with 85.65 per cent reporting they intended to foster for three or more years. Carers further reported a range of factors which may influence their decision to continue fostering or not. These included, support from Child Safety Services, finance, being treated as part of the team or a change in their health or care situation (such as if long-term children in their care left).
- 55.8 per cent of carers stated that they would advise a friend to become a carer.



## Appendix B–7: Intensive Family Support Services rounds 1 to 3 establishment review findings

### Background

Intensive Family Support (IFS) services provide case management support to families at risk of entering the tertiary child protection system. The services work with vulnerable families with complex needs, providing tailored support.

### Purpose

The purpose of the reviews was to identify lessons learned from the establishment of IFS services, in order to inform future rounds of service establishment where possible.

### Approach

The multi-phase establishment reviews used multiple methods, including document analysis, surveys, consultation workshops, and follow-up interviews. A report was prepared for each of the three establishment rounds.

### Key limitations

These reviews focus on the early strengths and challenges experienced during three phases of IFS rollout to inform further program delivery. They were conducted while IFS providers were establishing their services and staff were still being recruited and trained. They should not be interpreted as reporting on the implementation or effectiveness of IFS services.

### Summary of key findings

Findings from the IFS establishment reviews were largely consistent with findings from the Family and Child Connect establishment reviews. There were issues identified with: staff recruitment and retention, timing of training, tight timeframes for the establishment of premises, problems with the online referral system, and lack of clarity about the role of IFS impacting on the referral process. Support and communication from the Department of Child Safety, Youth and Women was generally noted as positive and there was overall satisfaction with the quality of the training provided.

There were a number of findings from the establishment reviews related specifically to IFS services, including:

- **Referrals:** In the Round 1 review, the relatively low volume of referrals was a concern, but in subsequent rounds it was noted that IFS services were receiving referrals from a range of sources. However, the reviews noted that there was initial confusion or lack of clarity about the role of IFS within the service system. Local networks, including the Local Level Alliances, were seen as important for service promotion.
- **Referral criteria and eligibility:** In each review, there were questions asked about the definition of ‘multiple and/or complex needs’ as a criterion for access to IFS services. In some instances, this resulted in differing interpretations about the eligibility of clients (both among IFS services and between IFS services and the Department of Child Safety, Youth and Women). Information technology was noted as a challenge in each review, with stakeholders reporting the online process was difficult to use and created an issue with incomplete referrals in some instances.
- **Models of operation:** There were some concerns noted about the prescriptive nature of the IFS guidelines relating to opening hours and eligibility, with calls for flexibility in two reviews. However, issues were also raised in relation to the resourcing implications of extended opening hours and the relative under-use of the services by families.



## Appendix B–8: Intensive Family Support Services Evaluation—Implementation Evaluation July 2018

### Background

Intensive Family Support (IFS) services is a model developed, in response to the Queensland Child Protection Commission of Inquiry, to support vulnerable families with children.

### Purpose

The IFS Implementation Evaluation focussed on the implementation of the IFS services across Queensland and whether the functions of the IFS services are occurring as intended. An evaluation of the implementation of the IFS model was conducted over a nine-month period from March to December 2017.

### Approach

The evaluation was undertaken collaboratively by the Parenting Research Centre and the University of Queensland, funded by the Department of Child Safety, Youth and Women.

A mixed method design was used to collect quantitative and qualitative data. This included focus groups and interviews with IFS frontline staff and managers (n=199), interviews with departmental staff (n=14), an online survey of IFS staff (n=104), administrative data and a Stages of Implementation Completion tool (an observation-based measure, used to record the dates at which most or many services in each rollout stage had initially implemented service delivery and practice).

### Key limitations

- Interviews and surveys rely on self-reported data from a predominantly purposive sample. As such, there is likely to be bias towards positive responses.
- The survey sample size was not large enough to allow for regional analysis of data.
- This baseline evaluation was conducted during reform program rollout before the IFS initiative had time to embed. Furthermore, it focussed on IFS services established in stage 1, 2, 3a and 3b of program rollout (22 services). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

### Summary of key findings

- Family engagement with IFS was slower when referred from Child Safety Services. These families were more reluctant to engage and took longer to build trust with. In some cases, workers were concerned that families may only engage to prevent further attention from Child Safety Services.
- There was a range of views on the implementation of IFS assessment tools, some seen by staff as unhelpful or uninformative. In particular, Structured Decision Making tools were criticised by some staff as difficult to use, not incorporating all pertinent information and not aligning with the strengths-based approach of IFS services.
- Upon entry to IFS services, families had an average of about eight presenting needs or risks associated with increased risk of child abuse and neglect. Staff reported that the IFS model is effective for supporting families with complex needs.
- Case-planning was considered by staff to be important for setting goals, planning, and tracking changes in their work with families. They also considered the use of specialist services to be important, although this is limited in rural areas due to a lack of service availability.
- Active engagement and participation by families were considered key to working with families effectively to achieve outcomes.



- Collaborative case-planning was seen as an essential tool for IFS staff, families and other services to be on the same page, especially when multiple services were supporting families. However, case-planning with other agencies varied across sites due to an array of factors including availability of support services willing to participate, partnerships and local networks.
- The length of engagement with IFS by families, as well as completion rates, varied by location and needs of families (that is, families with more complex needs or those who lived in regional communities with limited step-down services were typically engaged with IFS for longer).
- A families' unwillingness to accept support, poor access to appropriate specialist or step-down services and limitations on brokerage funding were identified as major challenges for effective service provision.

## Appendix B–9: Intensive Family Support Services Evaluation: Outcomes Evaluation July 2018

### Background

Intensive Family Support (IFS) services is a model developed, in response to the Queensland Child Protection Commission of Inquiry, to support vulnerable families with children.

### Purpose

The evaluation examines whether outcomes were achieved by families engaging with IFS services and whether the IFS model has met its objectives. The evaluation of the IFS model was conducted over a nine-month period from June 2017 to February 2018.

### Approach

A mixed method design was used to collect quantitative and qualitative data. This included focus groups and interviews with IFS staff (n=199), interviews with departmental staff (n=14), an online survey of IFS staff (n=104) and an analysis of administrative data.

### Key limitations

- During the evaluation period, the Advice, Referral and Case Management database was relatively new and did not allow some analyses (such as an analysis of regional variation). Furthermore, some data was limited to a subset of IFS families (n=340).
- Interviews and surveys rely on self-reported data from a predominantly purposive sample. As such, there is likely to be bias towards positive responses.
- The survey sample size was not large enough to allow for regional analysis of data.
- This baseline evaluation was conducted during reform program rollout before the IFS initiative had time to embed. Furthermore, it focussed on IFS services established in stage 1, 2, 3a and 3b of program rollout (22 services). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

### Summary of key findings

- The most commonly presenting needs of families engaging with IFS was trauma associated with suspected child abuse or neglect, housing problems, parent mental health, family relationship problems and domestic and family violence.
- There was some regional variation in outcomes for families receiving IFS, influenced by their ability to access step-down support services and availability of in-house specialist staff (for domestic and family violence or mental health). However, in the absence of data, this finding was based on the perceptions of staff.
- IFS services in rural and remote areas experienced challenges with a limited range of adequate supports or step-down services and long distance travel times.
- Over 60 per cent of families (with exit data) had their presenting needs partially or completely resolved through IFS engagement. Furthermore, where case plans had been completed, 85 per cent of survey respondents felt that IFS had addressed families' presenting needs. The approach of IFS staff which influenced uptake of supports included:
  - using a strengths-based approach
  - building trust with families
  - being flexible and reliable
  - being culturally competent
  - providing the right service at the right time
  - strong linkages with other services.





- Barriers to service uptake included a lack of available services and resources, transport difficulties, and families only superficially engaging with services.
- IFS staff are confident that IFS has been effective in achieving positive outcomes for families and reported parents were more insightful about their own needs, though less so for Aboriginal and Torres Strait Islander families on both accounts.
- Preliminary data showed a reduction in the rates of escalation to a child protection notification following IFS engagement from 12 per cent (pre-IFS: October 2013–September 2014) to 7 per cent (post-IFS: July–December 2016). Sixty per cent of survey respondents agreed that IFS has been effective in reducing family entry and re-entry to the child protection system.

## Appendix B–10: Intensive Family Support Services Evaluation: Longitudinal Outcomes Case Study Review June 2018

### Background

Intensive Family Support (IFS) services is a model developed, in response to the Queensland Child Protection Commission of Inquiry, to support vulnerable families with children.

### Purpose

The Longitudinal Outcomes Review examined whether improved outcomes are sustained after families leave IFS. It used case studies of a sample of families engaged with IFS services to examine the support they received during their engagement, the outcomes they achieved at exit, and whether their outcomes had been sustained three months after leaving IFS. This component is a companion piece to their Outcomes Evaluation.

### Approach

This evaluation used mixed methods to collect quantitative and qualitative data. This included face-to-face and telephone interviews with a sample of families (who had exited IFS three months prior) (n=40) as well as a review of case files from the same 40 families. Family interview and case file data were analysed thematically.

### Key limitations

- Only families who had completed their IFS plans were sampled. As such, there is likely to be bias towards positive responses. Families who did not complete their case plans (and potentially had poorer outcomes following completion of IFS) were not consulted.
- This baseline evaluation was conducted during reform program rollout before the IFS initiative had time to embed. Furthermore, it focussed on IFS services established in stage 1, 2, 3a and 3b of program rollout (22 services). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

### Summary of key findings

- Sampled families presented to IFS with multiple needs and concerns. These were commonly addressed by targeted IFS supports. The main forms of support included brokerage, practical supports and parenting supports, child mental health and wellbeing, counselling, advocacy and domestic and family violence support. Families reported that their needs were addressed through IFS support.
- Families reported that IFS supports were appropriate, tailored and that they had sufficient input in choosing their goals and priorities.
- Some families reported challenges with accessibility of services in their area, due to an absence of support services, or long distance and poor transport options.
- The majority of families interviewed reported feeling that they had achieved positive outcomes. These outcomes included personal development, improved parenting, child behaviour and wellbeing, family functioning and reduced or ceased domestic and family violence, and reduced substance use.
- No single type or amount of support is able to predict better outcomes, although tailoring support to a family's needs and goals was considered important.
- Duration of engagement with IFS alone did not appear to predict outcomes achieved at exit from IFS. Outcomes were also likely to be affected by the baseline functioning of family members before referral to IFS and the chronicity and complexity of their needs.





- Outcomes for families were limited by factors at the family-level (such as presenting with needs that are difficult to resolve), IFS service-level (such as untrained staff or supports that don't match the family's needs) and regional-level (such as reduced accessibility and availability of services).
- Facilitating factors for assisting families with high and complex needs included:
  - good relationships between the worker and the family
  - the worker's capacity to work intensively with the family and over a long period of time
  - using strengths-based approaches and positive reinforcement
  - reliability, but also flexibility, regarding appointments
  - co-ordination of multiple services
  - advocacy with other support services to create a cohesive stakeholder group in the community to support the family's needs
  - setting achievable goals.
- Interviews with families three months following IFS engagement showed that many families experienced positive outcomes. Some families reported still experiencing challenges, but were now able to better manage them as a result of IFS support.
- A moderate proportion of families reported that some risks were still present including poverty, child behaviour and wellbeing concerns, and a threat of continued family violence and substance use. Many had developed skills to better manage these stressors.
- Only four of the 40 sampled families reported that they had experienced subsequent reports to Child Safety Services.

## Appendix B–11: Intensive Family Support Services Evaluation—Collaborative Case-Planning March 2018

### Background

Intensive Family Support (IFS) services is a model developed, in response to the Queensland Child Protection Commission of Inquiry, to support vulnerable families with children. Collaborative case-planning is the development and implementation of an agency shared (when necessary) single case plan, coordinated by a case lead. It is intended to ensure families receive a comprehensive response for complex and multiple needs. The case lead works with families to identify goals and design a service intervention. This promotes seamless service delivery so families do not have to repeat their goals and needs to several service providers.

### Purpose

The evaluation describes how case planning has been implemented by IFS services. It also explores stakeholder views of the process and outcomes of case planning.

### Approach

This evaluation adopted a mixed method design to explore how the model has been implemented within IFS, how effectively family support has been coordinated, and regional differences in the implementation and functioning of this model. The evaluation used quantitative and qualitative methods. Data was collected using focus groups and interviews with IFS staff (n=199), an online survey of IFS staff (n=106), administrative data and a Stages of Implementation Completion tool (an observation-based measure, used to record the dates at which most or many services in each rollout stage had initially implemented service delivery and practice). Case plan reviews (n=27) and interviews with families currently receiving IFS in five sites (Townsville, Browns Plains/Beaudesert, Kingaroy, Brisbane South and Ipswich) were also used (11 families participated in both interviews and case reviews).



#### Key limitations

- The evaluation only consulted a small number for Aboriginal and Torres Strait Islander people.
- The experience of families was based on a small purposive sample. This sample was limited to families who consented to the study and had maintained context with IFS for duration of their case plan. Only 26 families were interviewed for the evaluation.
- This baseline evaluation was conducted during reform program rollout before the IFS initiative had time to embed. Furthermore, it focussed on IFS services established in stage 1, 2, 3a and 3b of program rollout (22 services). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

#### Summary of key findings

- The collaborative case-planning process was viewed by families and staff as effective in meeting the multiple and complex needs and risks of families.
- Numerous families raised concerns about the sustainability of support following completion of IFS, and the lack of ability to navigate the service system without a professional advocate.
- Participants held mixed views about common assessment tools. While some thought they contributed to a shared understanding of family needs and risk, others reported that they:
  - may not align with strengths-based approaches
  - weren't culturally appropriate
  - may contribute to the perception (by families) that tertiary child protection and IFS services were linked.
- Regional IFS services experienced more challenges with implementing the collaborative case-planning model than urban areas. This was due to the limited availability of secondary and universal services. In turn, IFS staff were reportedly addressing a wider range of family needs and engaging with families for longer periods. This was limiting their caseload capacity.

- The evaluation was conducted during the early stage of the Local Level Alliance rollout. Stakeholders held mixed views about whether Local Level Alliances were being used as a forum for identifying service gaps and providing support for families.
- Building families' knowledge and skills to independently navigate the service system was highly valued, though families expressed concern about their ability to do this.

## Appendix B–12: Intensive Family Support Services Evaluation: Review of Specialist Domestic and Family Violence Supports April 2018

### Background

Intensive Family Support (IFS) services is a model developed, in response to the Queensland Child Protection Commission of Inquiry, to support vulnerable families with children. This support includes a Specialist Domestic and Family Violence role to provide advice, assist with screening and undertaking domestic and family violence risk assessments and help families engage with other services.

### Purpose

The evaluation explored how the Specialist Domestic and Family Violence position has been implemented within IFS, services (including stakeholder views about the process) and early impacts of the domestic and family violence supports within IFS. The evaluation of the IFS model was conducted over a nine-month period from March to December 2017.

### Approach

A mixed method design was used to collect quantitative and qualitative data. This included focus groups and interviews with IFS staff (n=199), interviews with departmental staff (n=14), an online survey of IFS staff (n=106), administrative data and case plan reviews (n=25) for families currently receiving IFS in six sites (Gold Coast, Browns Plains/Beaudesert, Kingaroy, Ipswich, Townsville and Brisbane South).



### Key limitations

- The evaluation only used a small sample of families' case files (n=25). This sample was limited to families who consented to the study and had maintained context with IFS for duration of their case plan.
- The survey sample size was not large enough to allow for regional analysis of data.
- This baseline evaluation was conducted during reform program rollout before the IFS initiative had time to embed. Furthermore, it focussed on IFS services established in stage 1, 2, 3a and 3b of program rollout (22 services). It is anticipated that future evaluations will be able to collect and report on more mature data (including data from a greater number of services) and address these limitations.

### Summary of key findings

- The majority of participating IFS frontline workers, managers and departmental staff thought the Specialist Domestic and Family Violence role had been implemented as intended and most participants perceived the role as highly valuable.
- Services experienced challenges with recruiting and retaining workers with knowledge and skills in the area of domestic and family violence.
- Families experiencing domestic and family violence also typically experienced other risks.
- There were discrepancies in how the role operated in different IFS agencies, particularly whether the worker in the role had their own caseload of high-risk families. This was perceived by some staff to limit the value of the role if they were spending time doing casework.
- Most IFS agencies had a Specialist Domestic and Family Violence position, but those who did not sought support from external services, recruited senior workers with knowledge and experience in working with families affected by domestic and family violence, or shared the responsibility across the IFS team.
- Staff raised concerns about the Structured Decision-Making tools, such as its appropriateness for Aboriginal and Torres Strait Islander families and its use for identifying cumulative harm.
- Regional areas reported having a limited range of support services for families compared to urban areas. This was seen to contribute to long wait lists, limited availability of specialist services and difficulty in accessing programs due to long travel distances.

- Effective support strategies included:
  - Positive professional working relationships with specialist domestic and family violence services in the community
  - Workers' ability to build a trusting relationship with families
  - Workers' ability to be an advocate and assist families to access services
  - Providing specialised education on domestic and family violence and its impact on children
  - In-home support and safety planning.
- Common challenges of this position included:
  - Recruitment and retention of experienced and qualified domestic and family violence workers
  - Lack of services for perpetrators of domestic and family violence
  - Capacity limitations
  - A lack of other domestic and family violence services in rural areas.

## Appendix B–13: Improving child protection matters in Queensland Courts: A baseline evaluation of Work Package 36 reforms

### Background

These reforms sought to achieve fair, timely and consistent outcomes in courts processes by providing the Childrens Courts with tools and processes to actively manage child protection proceedings and ensure consistent outcomes. This was to create greater accountability and oversight for applications, improve access to legal advice and support, and enable children and young people to participate in tribunal processes.

### Purpose

This evaluation reports on data collected in 2015–16 regarding the implementation and operation of Work Package 36 (excluding recommendation 13.10). The aim of this evaluation was to determine whether reforms were implemented as proposed, establish a comparison point to assess effectiveness in future, and identify emerging outcomes and implementation issues to inform future delivery of this work package.



### Approach

A multi-method approach was used, triangulating data from surveys of justice stakeholders (n=74), semi-structured interviews with children and young people (n=24) and Magistrates, QCAT Members and legal professionals (n=15), focus groups with legal professionals, foster and kinship carers, parents and non-government organisations (n=86), a review of court files and appeals and administrative data.

### Key limitations

- The evaluation consulted a small number of parents and kinship carers. Participant recruitment was primarily managed by non-government organisations and peak bodies, thus the evaluation team had limited control over the end sample size.
- There was limited representation of Aboriginal and Torres Strait Islander participants (including parents and kinship carers).
- This baseline evaluation was conducted during reform program rollout, before many court reform initiatives had time to embed. It is anticipated that future evaluations will be able to collect and report more mature data and address these limitations.

### Summary of key findings

- The appointment of dedicated Childrens Court Magistrates was viewed as a promising change to court processes, providing increased specialist knowledge of child protection proceedings, ensuring orders were minimally intrusive, and holding the Department of Child Safety, Youth and Women accountable.
- Stakeholders acknowledged the value of children's and young people's participation and were supportive of initiatives such as the introduction of Child Advocate Legal Officers. However, it was too early to tell whether participation had improved. Most stakeholders were largely supportive of the role of the Child Advocate Legal Officer and valued hearing the views and wishes of children and young people directly. This was reported as a previous gap in service delivery.

- Barriers to children's and young people's participation included awareness of their right to participate and a lack of understanding of their options for involvement. Legal representation and advocacy were suggested as ways to facilitate their participation.
- Of the few parents who participated in this evaluation, most reported overwhelmingly negative experiences and perceptions of court processes, due to a lack of understanding of processes and decisions, and feelings of fear, intimidation and disempowerment. These issues were pronounced for Aboriginal and Torres Strait Islander families. Legal representation and knowledge of processes may facilitate parents' participation.
- Stakeholders anticipated the efficiency of court matters would improve with the commencement of key reforms; however, the data does not yet show clear evidence of improved timeliness.
- There were mixed views about the cultural competency of courts and tribunals. A number of stakeholders were positive about changes to legislation (Section 113 of the Child Protection Act 1999) enabling a broader range of community members to become a party to proceedings, which may facilitate greater involvement from Aboriginal and Torres Strait Islander community members, and foster and kinship carers.
- Legal stakeholders, particularly Magistrates, valued the cultural knowledge provided by Recognised Entities. However, Recognised Entities felt their legal standing (that is, lack of party status) limited the extent to which they could engage in proceedings.

## Appendix B–14: Next Steps After Care Services Evaluation

### Background

The Next Steps After Care (NSAC) initiative aims to support young people (aged 15–21) to transition to independence from out-of-home care. The initiative supports young people through two services:

1. the Connections program, which provides support, information, referral and check-in services through online platforms and an all-hours phone number
2. Tailored Individual Support, which is delivered by non-government agencies in 11 locations.



### Purpose

The evaluation aimed to provide a detailed description and analysis of the implementation and efficacy of the service model, and to identify the impact of the initiative in terms of improving outcomes for young people leaving care.

### Approach

The evaluation adopted a mixed-methods design, using literature and policy document reviews, semi-structured interviews with staff from the Department of Child Safety, Youth and Women (n=28) and non-government organisations providing NSAC (n=28), a survey of NSAC staff (n=22) and stakeholders who receive or make referrals to NSAC (n=71), site visits (n=9) of organisations providing Connections and a review of administrative data. Data collection for a client outcomes component was conducted between June and September 2017, using interviews (n=18) and a survey (n=17) of young people and a case file review (n=23).

### Key limitations

- Interviews and surveys rely on self-reported data from a predominantly purposive sample. As such, there is likely to be bias towards positive responses.
- Consultation with young people engaged with NSAC was limited to a relatively small sample (n=18 for interviews, n=17 for online survey).
- This baseline evaluation was conducted during reform program rollout before this reform initiative had time to embed and outcomes for clients to emerge. It is anticipated that future evaluations will be able to collect and report more mature data and address these limitations.

### Summary of key findings

- In general, young people, NSAC staff and other stakeholders in the sector viewed this initiative positively and considered it to be an important form of support for care leavers. The small number of young people consulted reported that the service had made noticeable improvements to their lives.
- Due to the level of unmet needs for care leavers over 21, evaluation participants suggested that the service should be extended to support those aged up to 25 years.

- Access to NSAC services was affected by young people's eligibility and awareness. Child Safety Service Centre local practice culture was reported to influence whether young people were placed on orders or if orders were left to lapse, impacting on their eligibility for NSAC services. Limited awareness of NSAC services among Child Safety Officers and young people themselves was also reported as impeding service access.
- While each provider was delivering NSAC in a manner that suited their own agency and local practices (due to a lack of collaboration between services), they were said to be working well together and facilitating transfer of cases between services.
- The Connections component is providing young people with 24/7 access to support. However, this component requires young people to be confident using the phone or online platform and proactive in seeking support. Young people expressed a preference for contacting the Tailored Individual Support team if an issue arose.
- Young people who received Tailored Individual Support valued the relationship-driven practice, the trusting relationships they developed with workers, and the practical support offered.
- Improvements are required to ensure NSAC services are culturally appropriate for Aboriginal and Torres Strait Islander young people. Issues were identified with the low uptake of Connections among this cohort given:
  - their preference for relationship-driven practice
  - limited phone and internet connection in rural or remote communities
  - the capacity for staff to raise cultural issues for clients, given that the majority of Tailored Individual Support workers are non-Indigenous.



## Appendix B–15: oneplace Community Services Directory Annual Evaluation Report 2016

### Background

The QCPCOI recommended the establishment and maintenance of an online statewide information source of community services available to families and children (Recommendation 6.1). The oneplace Community Services Directory was launched on 16 November 2015 and aims to:

- provide an easily accessible directory of community services to help Queensland families get access to the right services at the right time
- provide a comprehensive listing of Queensland service providers and their services
- be the go-to resource for Queensland children, families, community members and professionals looking to find local support provided by government and non-government organisations
- support alternative pathways of referral to reduce families' unnecessary contact with the statutory child protection system.

### Purpose

This is the first annual evaluation of the oneplace Community Services Directory which looks at its performance throughout 2016.

### Approach

The evaluation included analysis of the quarterly dashboard reports, a review of website analytics, a survey of registered service users and Local Level Alliance coordinators (n=13), a review of online feedback form submissions (n=52), a review of promotional campaigns and a directory desktop audit (that is, an audit of service report accessibility and service entry currency).

### Key limitations

- The service reporting function was released in September 2016. There is limited data to report on whether Local Level Alliances use service reports for service planning.
- The survey data is based on a small sample.

### Summary of key findings

- Community members and service providers were using oneplace to identify services.
- Website analytics indicated a steady increase in user activity over the 2016 reporting period. There was a 92 per cent increase in visits to oneplace, which exceeded the performance target of 5 per cent. There was also a 25 per cent increase in projected annual searches of oneplace, which exceeded the performance target of 5 per cent.
- Of users who completed the feedback survey, 92 per cent felt they were able to identify the right services using the directory sometimes or often and 92 per cent agreed or somewhat agreed that the directory helps them connect their clients to services.
- Of users who completed the feedback survey, 100 per cent agreed or somewhat agreed that oneplace had a comprehensive listing of services.
- There was a 92 per cent increase in visits to oneplace across the evaluation period and a high rate of return visitors (approximately 30 per cent).
- Sampling of service entries demonstrated that the directory's content is current and accurate with 42 per cent of the sample entries being updated within the last 6 months.
- Young people provided feedback that oneplace was user friendly. For example, 'extremely easy to search' and 'I love how the maps are intertwined and you can get contact details and information directly off the website'.
- The number of services listed in oneplace increased 1.8 per cent. While this measure did not meet the performance target of 5 per cent, this is likely due to the comprehensive initial entry of services. It may also be attributed to organisations streamlining listings or limited new services.





## Appendix B–16: Talking Families Campaign: Detailed Findings and Technical Report (June 2016)

### Background

The Talking Families campaign is part of a public communication strategy which uses a community social marketing approach to encourage the uptake of early intervention and support services by normalising help-seeking behaviours. Talking Families aims to:

- help reduce the pressures on families
- encourage parents and caregivers to ask for help
- encourage others to offer help if they see a parent struggling
- provide information about where to access support services
- demystify the child and family support sector
- emphasise the shared responsibility we all have for protecting and caring for Queensland kids.

### Purpose

The aim of this research was to understand what drives parents' help-seeking and help offering behaviour, and to identify opportunities to influence behaviour through social marketing.

### Approach

This research used a mixed-methods design, including literature review, secondary data analysis, ethnographic observations, qualitative interviews and quantitative data collection conducted between October 2015 and January 2016 to inform the second phase of the Talking Families campaign.

### Key limitations

- Surveys rely on subjective data and may not reflect actual behaviour.
- The ethnographic and qualitative components of this report use small samples and may not be representative of the Queensland population.

### Summary of key findings

- Of the parents surveyed, 53 per cent reported that at times they found it hard to cope with the stress of being a parent or caregiver and 28 per cent reported that they had been worried at some point that they were not able to keep their children healthy and safe.
- Of the parents surveyed, 72 per cent worried that others would view them unfavourably when struggling with parenting and 76 per cent avoided telling others outside their immediate family when they struggled.
- For the parents surveyed, the most important sources of information about parenting were from family members outside the home (51 per cent), doctors (46 per cent), partners (42 per cent), and neighbours (38 per cent).
- The majority of parents surveyed were comfortable accepting help and support, with 71 per cent reporting that they had received help or support from friends, families or neighbours and would ask for it again. Only 13 per cent of parents surveyed reported that they would never ask for help from these groups.
- The majority of non-parents (84 per cent) and parents (82 per cent) reported that they had helped and supported friends, family or neighbours and would do so again.
- Few parents (17 per cent) had used a parenting support service or attended a parenting education program. However, 93 per cent of parents who had used a parenting support service or parenting education program felt that it had made a positive difference for them.
- Respondents were concerned that they would be judged for using a parental support service.
- Overall, the research found that it was more acceptable to accept and offer help and support than it was to ask for help and support. Many parents feared they would be judged or stigmatised if they admitted needing help.
- It was concluded that the new narrative should target community norms around accessing support services and rather than focusing on individuals they should be about the wider social context.





## Appendix B–17: Your Workforce Your Future 2016 Survey Report

### Background

A limitation with undertaking workforce reform was the lack of available data relating to the size and make-up of the child protection and family support workforce. The Your Workforce, Your Future Survey was undertaken through a partnership between the Health and Community Services Workforce Council and the Queensland Family and Child Commission to provide an evidence base for workforce reform through the Strengthening our Sector Strategy and to inform future planning and investment in the sector.

### Purpose

This research aimed to provide a snapshot of the child protection and family support sector workforce which would be used to identify key themes and support implementation and investment in workforce initiatives under the Queensland Family and Child Commission's Strengthening our Sector Strategy.

### Approach

Approximately 300 organisations were invited to participate in the survey between February and May 2016. Organisations included non-government organisations funded to deliver child protection and family support services, those known to the Health and Community Services Workforce Council and anyone who pre-registered interest in the survey. The report presented descriptive findings and did not attempt to draw any conclusions or discuss implications of the data. In total, 86 organisations completed the survey, representing 12,418 employees from child protection and family support services in Queensland.

### Key limitations

- The survey collected data from 86 organisations, and as such does not represent the entire sector.
- Surveys rely on subjective data and may not reflect actual behaviour.

### Summary of key findings

- The majority of respondents (75 per cent) were employed in non-government organisations and 5 per cent were employed in Aboriginal and Torres Strait Islander organisations.
- The majority of responses (81 per cent) were from large organisations with over 200 employees. Workforce sizes ranged from 1 to 2924 employees.
- The majority of the respondents (55 per cent) were employed full-time; however this varied considerably between government (83 per cent) and non-government (46 per cent) organisations. Small organisations were most likely to report employing part-time workers (44 per cent).
- The workforce consisted primarily of frontline workers (74 per cent) who are responsible for directly engaging with children, families and the community. Within government organisations, 67 per cent of their workforce were frontline employees and within non-government organisations, 76 per cent of their workforce were frontline employees. Almost 300 job titles were provided for the frontline category, highlighting the vast array of roles that related to both traditional statutory (tertiary) child protection and family support roles and also holistic and innovative approaches to care.
- Aboriginal and Torres Strait Islander people made up 8 per cent of the reported workforce. Forty-five per cent of the Aboriginal and Torres Strait Islander workforce were employed by Aboriginal and Torres Strait Islander organisations.
- The majority of the reported workforce were female (73 per cent) and under 50 years of age (72 per cent).
- Minimum employment qualifications were common among organisations (68 per cent); however, this varied according to the role being undertaken. Many organisations highlighted that experience contributes to the overall skill level of staff.
- Government organisations had significantly longer tenure than the non-government organisations, indicating greater movement within the non-government sector.
- Attracting, recruiting and retaining qualified and experienced staff was identified as the most common challenge impacting the workforce.

# Glossary

Term	Description
Advocacy Hub Model	The QCPCOI recommended the establishment of advocacy hubs that are readily accessible to children and young people. In response, the Office of the Public Guardian trialed four physical hubs (Brisbane, Ipswich, Townsville and Cairns) which would act as drop-in centres for children and young people seeking advocacy support. An additional seven regional virtual hubs (Gold Coast, Logan, Toowoomba, West Moreton, South Burnett, Sunshine Coast, Central South and Central North) were also designed to enable a regional visiting manager to communicate with clients and stakeholders via email or phone. A statewide virtual hub, accessible by phone, email and social media, was also introduced.
Assessment and Service Connect	Assessment and Service Connect aims to ensure children and families are provided with the right service, at the right time, in the right place to meet their safety needs. It is an approach to assessment of whether a child is in need of protection and the provision of needs-based intervention and support. It is a model of working with families, in partnership with other services working with the family, to complete an assessment process and response planning to provide intervention to children and families to increase safety.
Carmody	See Queensland Child Protection Commission of Inquiry (QCPCOI).
Child Advocate Legal Officer	Child Advocate Legal Officers are lawyers who protect the rights of children and young people in the child protection system and ensure their voices are heard, particularly in decisions which may affect them. This includes those in foster care, the home of a kinship carer, a residential care facility, a youth detention centre, disability service or mental health facility. Child Advocate Legal Officers can provide information and advice on legal issues, help resolve disputes or make a complaint, and support or represent children and young people in legal meetings or court proceedings.
Child Concern Report/s	Child Concern Reports are recorded when information relating to a child protection concern does not reach the legislative threshold for a notification. A Child Safety Officer may respond to a Child Concern Report by providing information and advice, making a referral to an appropriate agency or service, or providing information to the police or another state authority.
Child Protection Order/s	An order made by the Childrens Court under the Child Protection Act 1999, when a child is considered in need of protection.
Co-design	A participatory approach to collaborative creation and design.
Community Visitor Program	The Office of the Public Guardian Children oversees the Community Visitor Program. The Community Visitor Program is designed to protect the rights and interests of children and young people in foster care, kinship care, residential care, a youth detention centre, a disability service or a mental health facility. Under the Public Guardian Act 2014, Community Visitors may also exercise child advocacy functions as required to advance outcomes for a client.



Term	Description
Dual pathways	People can refer concerns about a child to Child Safety Services or alternatively to a community-based referral point.
Evaluation rubric	Transparent criteria, set within a matrix, used to assess different levels of performance.
Family and Child Connect	Family and Child Connect (a non-government community-based intake and referral service) was established to provide an alternative pathway for referring concerns about children and their families (other than a referral to Child Safety Services). Families, community members and professionals can access Family and Child Connect to get information, advice and/or referral support to access services so that families experiencing vulnerability receive the support they need as early as possible and without the involvement of the tertiary child protection system.
Family-Led Decision Making trials	The Department of Child Safety, Youth and Women worked in partnership with Aboriginal and Torres Strait Islander Community-Controlled Organisations to trial three Aboriginal and Torres Strait Islander Family-Led Decision Making and shared practice models. The trials and the approach are designed to empower families to make informed decisions about their children while the Department of Child Safety, Youth and Women work with them to ensure children's safety.
Family Matters	Family Matters: Strong Communities. Strong Culture. Stronger Children is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. Family Matters aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040.
Family Wellbeing Services	<p>Family Wellbeing Services provide culturally responsive support to Aboriginal and Torres Strait Islander families to improve their social, emotional, physical and spiritual wellbeing, and build their capacity to safely care for and protect their children. The service combines the functions of Aboriginal and Torres Strait Islander Family Support Service, tertiary family support services, targeted family support services and secondary family support services.</p> <p>Aboriginal and Torres Strait Islander Community-Controlled Organisations lead the design and delivery of services and collaborate with universal, secondary and specialist services, Recognised Entities,<sup>151</sup> placement services and individual families to plan and provide a tailored, holistic and coordinated response for families.</p>
Intake	Intake is the first phase of the child protection continuum, and is initiated when Child Safety Services receives information or an allegation about harm or risk of harm to a child, or when a request for departmental assistance is made.
Intensive Family Support	A consent-based support service provided by non-government community organisations that responds to families experiencing vulnerability with children and young people who are at high risk of involvement in the tertiary child protection system. Families may refer themselves or be referred to services directly from Child Safety Services, Family and Child Connect, other government agencies and non-government organisations with the consent of the family, or from prescribed entities and Regional Intake Services without the families' prior knowledge or consent.

<sup>151</sup> Recognised Entities were removed from the Child Protection Act 1999 in 2018. However, this definition is correct for the time period of the Implementation Evaluation.



Term	Description
Interdepartmental CEO Committee (IDCC)	<p>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. It is focussed on achieving outcomes and mitigating any critical issues impacting the implementation of an integrated program of reform.</p> <p>IDCC members are responsible for:</p> <ul style="list-style-type: none"> <li>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</li> <li>enabling, within their organisations and across government, a culture that delivers strong interagency and community collaboration.</li> </ul>
Intervention with Parental Agreement	<p>Following an assessment that a child is in need of protection and that the parents are able and willing to work actively with Child Safety Services to meet their child's protection and care needs, an Intervention with Parental Agreement case may be opened. This allows Child Safety Officers to work intensely with children, young people and families to meet their protection and care needs while they remain in the family home for all, or most of, the intervention period. This type of intervention does not require a court order.</p>
Investigation and assessment	<p>The process of investigating a notification of alleged harm or risk of harm. It involves an investigation of the alleged harm and an assessment of the child's protective and safety needs. The outcome of an investigation and assessment may be:</p> <ul style="list-style-type: none"> <li>Substantiated—child in need of protection</li> <li>Substantiated—child not in need of protection</li> <li>Unsubstantiated</li> <li>No investigation and assessment outcome</li> </ul> <p>No subject child (where it is determined the child does not exist or is not a member of the household being investigated).</p>
Local Level Alliance	<p>Local Level Alliances across Queensland are responsible for identifying the family support services that local communities need, and how that need can be met. The alliances are a key element of Family and Child Connect services, and are designed to ensure families are supported with an integrated mix of services that respond to local needs and issues. Membership varies depending on local needs and priorities. However, each alliance includes representatives from government and non-government organisations who work with vulnerable families and children.</p>
Local stakeholders	<p>A place-based study participant who shares their views on reform program implementation and associated issues in their local context.</p>
Long term order/ guardianship	<p>An order made under the Child Protection Act 1999 can grant long-term guardianship of the child to a suitable family member (other than a parent of the child), another suitable person nominated by the chief executive (Director-General of Child Safety Services), or to the chief executive until the child's 18th birthday.</p>
Mandatory reporting	<p>Under the Child Protection Act 1999, certain professionals, referred to as 'mandatory reporters', are required to make a report to Child Safety Services, if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them. Section 13E of the Child Protection Act 1999 identifies relevant persons who have mandatory reporting responsibilities.</p>



Term	Description
Next Steps After Care	This is a targeted after-care support service providing support for young people (aged 15–21 years) leaving care. It offers two types of services: a 24/7 online and phone-based referral and support platform (known as Connections) and Tailored Individual Support delivered by non-government organisations. These services 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.
Notification	Recorded by Child Safety Services when information received indicates significant harm or risk of significant harm to a child, and a reasonable suspicion the child is in need of protection.
Out-of-home care	The provision of care outside the family home to children who are in need of protection or who require a safe placement while their protection and safety needs are assessed. Out-of-home care includes placement with kin, other home-based care or residential care services.
Prescribed entities	<p>According to section 159D of the Child Protection Act 1999, prescribed entities include:</p> <ul style="list-style-type: none"> <li>• the chief executive</li> <li>• an authorised officer</li> <li>• a licensee</li> <li>• the public guardian</li> <li>• the chief executive of a department that is mainly responsible for any of the following matters: <ul style="list-style-type: none"> <li>- adult corrective services</li> <li>- community services</li> <li>- disability services</li> <li>- education</li> <li>- housing services</li> <li>- public health</li> </ul> </li> <li>• the chief executive officer of the Mater Misericordiae Health Services Brisbane Ltd (ACN 096 708 922)</li> <li>• a health service chief executive within the meaning of the Hospital and Health Boards Act 2011</li> <li>• the police commissioner</li> <li>• the principal of a school that is accredited, or provisionally accredited, under the Education (Accreditation of Non-State Schools) Act 2001</li> <li>• the person in charge of a student hostel</li> <li>• the chief executive of another entity, that provides a service to children or families, prescribed under a regulation.</li> </ul>
Queensland Child Protection Commission of Inquiry	The Queensland Child Protection Commission of Inquiry (QCPCOI) was established on 1 July 2012 to review Queensland's child protection system. The final report of the QCPCOI, Taking responsibility: A roadmap for Queensland child protection, was delivered to the Queensland Government on 1 July 2013. The QCPCOI report includes 121 recommendations, which form the Child Protection Reform Roadmap. They are the basis of the reform program, which is now referred to as Supporting Families Changing Futures.



Term	Description
Realist evaluation	Realist evaluation is a theory-based approach grounded in scientific realism, in which outcomes are explained by the action of particular mechanisms in particular contexts. The realist model operates on the assumption that reform resources (for example, investment, activities and initiatives) are introduced into a particular context in a way that facilitates a change in reasoning that alters the behaviour of participants, and leads to outcomes.
Recognised Entity/Entities <sup>152</sup>	Recognised Entities are Aboriginal and Torres Strait Islander organisations (or individuals) mandated by their communities, and approved by the Department of Child Safety, Youth and Women, to provide culturally appropriate and family advice regarding Aboriginal and Torres Strait Islander child protection matters. Recognised Entities are consulted about matters relating to, and participate in key decisions about (including decisions about the child or young person's case plan), Aboriginal and Torres Strait Islander children, young people, their families, their carers and their communities.
Referral pathway	The channel used to send a family from one service to another.
Reform Leaders Group	Until mid-2018, the Child Protection Reform Leaders Group supported the Interdepartmental CEO Committee by providing a forum for coordinating the whole-of-government implementation of the Child Protection Reform Program and resolving interagency issues as they arose. The group was established in response to Recommendation 4.13 of the QCPCOI and was chaired by the Deputy Director-General of Policy in the Department of the Premier and Cabinet. Membership included senior executives from government and non-government agencies representing the social services and child protection sectors.
Reform stakeholders	Representatives of agencies delivering programs or services relevant to the reform program.
Regional Child and Family Committee	Regional Child and Family Committees determine 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 Interdepartmental CEO Committee and the Child Protection Reform Leaders Group. They also play a key role in facilitating effective working relationships at regional and local levels. Nine committees have been established across the state.
Secondary (system, services, sector)	Non-crisis child and family support services that are predominantly outsourced to non-government organisations to deliver. These intend to avert crisis and/or the need for a tertiary response. In some cases, they involve supporting families to re-establish themselves following a tertiary intervention.
Strengthening Families Protecting Children Framework for Practice	A strengths-based, safety-oriented practice framework that guides child protection practice in Queensland.

<sup>152</sup> Recognised Entities were removed from the Child Protection Act 1999 in 2018. However, this definition is correct for the time period of the Implementation Evaluation.



Term	Description
Strengths-based practice	<p>Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. The approach views clients as being resourceful and resilient in the face of adversity. The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:</p> <ul style="list-style-type: none"> <li>• their personal resources, abilities, skills, knowledge, potential, etc.</li> <li>• their social network and its resources, abilities, skills, etc.</li> <li>• community resources, also known as 'social capital' and/or 'universal resources'.</li> </ul> <p>This is in contrast to a deficit-focussed approach focussed on risks, needs and addressing weaknesses.</p>
Substantiated—child in need of protection	The outcome of an investigation and assessment where it is assessed that the child or young person has suffered significant harm and/or there is unacceptable risk of significant harm and there is no parent able and willing to protect the child.
Substantiated—child not in need of protection	The outcome of an investigation and assessment where it is assessed that the child or young person has suffered significant harm, but there is no unacceptable risk of significant harm as the child has a parent able and willing to protect them.
Substantiated households	Substantiated households include families subject to a finalised investigation and assessment where the assessment outcome for any child in the household was substantiated.
Talking Families	Talking Families is a community education initiative supporting parents, carers and families through challenging times, so they can find the right information at the right time.
Tertiary (practice, system, services, sector)	Tertiary services are child protection services designed to respond to abuse and neglect in situations where children have been harmed or are in immediate danger of harm.
Threshold (of harm)	The level at which a reasonable suspicion has been formed that a child may be in need of protection and should be reported to Child Safety Services. A reasonable suspicion can be formed when there is information to suggest that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm and may not have a parent able and willing to protect them from harm. Harm is described under the Child Protection Act 1999.
Transition to independence/adulthood planning	Transition to adulthood is the planning process that occurs as part of the ongoing case work and review process with a young person from the year they turn 15. This planning provides an opportunity for young people to identify their future goals and needs, and to work towards these goals with the support of Child Safety Services staff and significant people within the young person's community. As of October 2018, the chief executive (Director-General of Child Safety Services) is responsible for supporting a young person who has been in care until the age of 25.
Universal (system, services, sector)	Publicly available services targeting the whole of community, such as healthcare or schooling.
Unsubstantiated	The outcome of an investigation and assessment where it is assessed that there is no evidence that the child has experienced significant harm and there is no unacceptable risk of significant harm.







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