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Keeping children in focus

A systemic review of supports delivered to
Queensland children and families during
Intervention with Parental Agreement



Queensland
Family & Child
Commission



Queensland
Government



The Queensland Family and Child Commission acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to Elders past, present and emerging.

We acknowledge the important role played by Aboriginal and Torres Strait Islander communities and recognise their right to self-determination, and the need for community-led approaches to support healing and strengthen resilience.

About the Queensland Family and Child Commission (QFCC) and this report.

The QFCC is a statutory body of the Queensland Government. Its purpose is to influence change that improves the safety and wellbeing of Queensland children and their families. Under the *Family and Child Commission Act 2014*, the QFCC has been charged by government to review and improve the systems that protect and safeguard Queensland children. The QFCC also hosts the Child Death Review Board, which undertakes system reviews and makes recommendations for systemic improvement following the death of a child connected to the child protection system.



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Principal Commissioners' foreword

In almost every case, the best place for a child to grow and develop is with their family.

Two of the overarching principles of the *Child Protection Act 1999* (Qld) are that the State should only take action that is warranted in the circumstances to protect the child, and that the preferred way of protecting the child is by supporting their family.¹

In Queensland the use of **Intervention with Parental Agreement** provides an option to keep families together while actions are taken to safeguard children who have been found to be in need of protection. Using this intervention type is an important statutory response to help prevent a family's separation and the entry of children into out-of-home care. It applies when Child Safety is satisfied that the child's parents are able and willing to work with them to meet the child's protection and care needs.

Using an Intervention with Parental Agreement gives the family an opportunity to demonstrate responsibility for reducing the level of risk in their home and it gives the State an opportunity to provide support and education that builds the capacity of the family to meet the child's safety needs. This helps maintain their connection and prevents the disruption and distress of court proceedings and the forced removal of children.

A great challenge for the child protection system is to accurately assess the safety risks and protective factors in a family environment and to respond appropriately to safeguard each child.

This review looks at the use of Intervention with Parental Agreements. Over 190 stakeholders including parents and staff from community organisations and Child Safety Offices across Queensland shared their experiences and insights. The views of frontline workers and parents captured in this report provide valuable insights.

We are grateful to the parents who openly shared their experiences with us for this review and the insights provided by staff from every Child Safety region and the community sector. Their voices are prominent throughout this report. They are a reminder of the importance of partnership and collaboration in making sure children are safe and at the centre of interventions.

It is clear that families who are subject to an intervention with parental agreement often have multiple and complex needs. For these families intensive case management, regular home visiting and prioritised service intervention is important, however the empowerment of them and their support network is fundamental to resolving the long-term safety of their children.



Luke Twyford

¹ *Child Protection Act 1999* (Qld), section 5B (c) (e).

Executive summary

When a child needs protection in Queensland, the Department of Children, Youth Justice and Multicultural Affairs² (Child Safety) can intervene to provide support with the agreement of the parents. This is called Intervention with Parental Agreement (IPA). To use IPA, Child Safety must be satisfied that the child's parents are willing and able to work with them to meet the child's protection and care needs without the need for court-ordered intervention.

This report sets out findings of the Queensland Family and Child Commission's review of the use of IPAs. The systemic review was conducted to better understand how the policy and practice settings promote the safety and rights of children receiving support through IPA. It investigated the experiences of children and their families, the nature of the interventions, the systems and process that support IPA, and the factors that affect a child's safety. We reviewed historical and contemporary literature and reports about voluntary and participatory child protection interventions and spoke to IPA parents, frontline Child Safety staff and non-government organisations, who contributed important experiences and insights about how IPAs work in practice.

The QFCC visited 31 organisations and spoke with over 190 participants about the strengths, challenges and areas for improvement across IPA processes, practices, support services, programs, resourcing and training. We also reviewed 21 IPA cases to examine child characteristics, child protection history and case planning. Six cases related to children who had passed away and 15 cases comprised three randomly selected cases across the Child Safety's five regional areas. Information from discussions, case file reviews and Child Safety corporate data were analysed and are presented in this report.

Stakeholders generally reported that IPA is an important intervention option as it enables children to remain with their family and community and stay connected to culture while child protection concerns are addressed. They said that successful IPA processes (including Child Safety case planning³ and home visits)⁴ require the active participation and involvement of parents and children. Stakeholders reported significant delays in IPA case planning processes which impact the momentum of intervention and access to timely support. They highlighted the rigid requirements for developing and reviewing case plans that tend to obstruct meaningful engagement and obscure the views of children and families. However, achieving genuine engagement and meaningful participation is challenging, as Child Safety is responsible for both surveillance and support. This is particularly complex for Aboriginal and Torres Strait Islander families due to the impact and legacy of historical child protection and removal policies.

The review identified that children receiving IPA support are living in increasingly complex and high-risk family situations. Reducing risk and increasing safety for children is complicated by limitations in the capacity and capability of the service delivery system to provide timely and quality support on a priority basis. Risk assessments, decisions, supports and actions were all reported to be affected by the pressures, complexities and constraints within the system.

² Department of Child Safety, Youth Justice and Multicultural Affairs is the lead government agency in Queensland for child protection responses.

³ A case plan provides a clear statement about why the child or young person is in need of protection and the roles and responsibilities of all participants in addressing their protection and care needs. Case planning is an inclusive and participative process with the child, young person, their family and other significant people in the development of the case plan. Case plans are goal directed and clearly identify outcomes, key actions and how the progress of the plan will be measured.

⁴ When a family is working with Child Safety to meet their child or young person's protection and care needs, a child safety officer or child safety support officer visits the family home to provide support and assistance to the child, young person and their family.

This review found the policy intent for using IPA is sound, however, system limitations mean this intent does not always translate into practice. This is in part due to support services prioritising children living in care and the statutory system, risk assessment and engagement is not timely, and the ability to properly empower families and their support network is reduced within the administrative processes that apply to IPA. There is foreseeable risk the intervention will not always uphold the rights, safety and wellbeing of children. Policy, program and practice changes can be implemented to improve how children remain at the centre of the intervention and families are empowered to reduce the level of risk to their children while they remain safe and together at home.

Stakeholders highlighted five areas for improvement:

1. The secondary and statutory sectors need the capacity to deliver timely and effective support to children and families on IPA that:
 - gives the necessary time and support for workers to frequently identify and respond to risk factors and assess the appropriateness of the intervention to increase safety for children as part of an ongoing assessment process;
 - delivers a broader range of responses that are timely, comprehensive and inclusive (such as extending eligibility to health assessments and services, education and disability supports and ensuring appropriate levels of funding to deliver practical supports, and services).
2. The secondary and statutory sectors need flexible approaches that promote family empowerment and the active participation of children and families. Policy, processes and practices for obtaining informed agreement, family participation, case planning and visitation need to be fit-for-purpose and responsive to the needs of children and families on IPA.
3. Community Controlled Organisations and First Nations people need to be appropriately resourced to design and deliver services for First Nations children and families on IPA to redress structural inequity.⁵ The overreliance on Child Safety Cultural Practice advisors for support, the inconsistent use of Independent Persons⁶ during IPA and the lack of consistent implementation to a standard of active efforts of the Aboriginal and Torres Strait Islander Placement Principle need to be addressed.
4. New mechanisms need to be put in place for system leaders to hear, learn and respond to children, families, community and frontline workers' experiences of IPA so that improvements are targeted at closing the gaps between the system's intent and the experiences of those involved. In our process stakeholders identified two actions to improve the use of IPAs. These were:
 1. using Child Safety's structured case discussion processes, known as practice panels, at key decision-making points to ensure decisions are child-and-family-centred; and
 2. adopting practices to quickly establish (and regularly review) the child and family's informal network (such as extended family, friends and community) to engage the family in ongoing support—stakeholders said this was critical for ongoing safety for the child when statutory intervention and services were unavailable to respond, or when the intervention ended.
5. Child Safety's Performance data does not measure the medium to long-term impact of decisions and actions on the life outcomes of children receiving support through IPA. A critical measure for the success of IPAs would include an assessment of the number of children who later become subject to a CPO or have a subsequent IPA. This performance reporting should be implemented.

⁵ [Principle Focus | Queensland Family and Child Commission \(qfcc.qld.gov.au\)](https://qfcc.qld.gov.au/principle-focus)

⁶ [Glossary | Child Safety Practice Manual \(csyw.qld.gov.au\)](https://csyw.qld.gov.au/glossary)

Section one: The use of IPAs in Queensland

The review found:

- IPA legislation and policy allows government to provide valuable support to children while they remain living with their family and stay connected to community and culture, and help parents reduce the likelihood of future harm to their child.
- Proportionally, the use of IPA is reducing when compared to court ordered removals of children which appears to be influenced by broader systemic issues (refer to sections one and two). Government knows that children receiving support through IPA are living in increasingly high-risk situations and that IPA cannot remove or control all risks and uncertainty for the child.
- The use of IPAs is challenging – workers must determine, and constantly reassess risk to ensure that children are not left in unsafe situations, nor are families separated.
- Interventions using IPA are usually urgent because children are living in high-risk situations.

What is IPA and when is it used?

In Queensland, concerns about the safety of children are investigated by Child Safety. When an investigation finds that a child is in need of protection,⁷ Child Safety can intervene to provide support with the agreement of the parents. This is called Intervention with Parental Agreement (IPA).

To use IPA, Child Safety must be satisfied that the child's parents are able and willing to work with them to meet the child's protection and care needs generally without the need for court-ordered intervention. IPA allows the child to keep living with family for all, or most, of the intervention period, and stay connected to community and culture, while helping parents reduce the likelihood of future harm to their child.

The factors Child Safety must consider when deciding to provide IPA for children and families are outlined in Table 1.

⁷ A child in need of protection is one who has suffered, or is at unacceptable risk of suffering, significant harm and has no parent willing and able to protect them.

Table 1: Deciding to provide intervention with parental agreement⁸

To assess if intervention with parental agreement is appropriate, Child Safety must consider:	Intervention with parental agreement is not appropriate when one or more of the following apply:
<ul style="list-style-type: none"> ✓ The immediate safety of a child—the safety assessment must be ‘safe’ or ‘safe with immediate safety plan’ ✓ The professional judgement formed during the investigation and assessment about the likelihood of future harm ✓ The child protection history ✓ A child’s views and wishes, depending on their age and ability to understand ✓ The parents’ capacity to understand and acknowledge the child protection concerns. ✓ The parents’ ability and willingness. At least one parent must: <ul style="list-style-type: none"> — be both able and willing to work with Child Safety to meet the safety, belonging and wellbeing needs of the child — agree to participate in the development and implementation of a case plan — be assessed as likely to be able to meet the child’s needs when the intervention is completed. 	<ul style="list-style-type: none"> ✗ If the parents withdraw their agreement to the intervention, the child will be at immediate risk. ✗ There are serious risk factors linked with the parents’ ability to consent, such as current alcohol or substance misuse or intellectual disability. ✗ There are serious risk factors linked with the parents’ ability to carry out safety planning or meet case plan goals, for example: <ul style="list-style-type: none"> — are highly mobile — are unwilling to work with Child Safety or a family support service — a parent is the victim of coercive control or violence by another parent. ✗ The child would be at unacceptable risk of harm if the parents did not meet the case plan goals.

⁸ DCYJMA [Intervention with parental agreement | Child Safety Practice Manual \(csyw.qld.gov.au\)](https://www.csyw.qld.gov.au)

The importance of IPA

The rights of a child are embedded throughout the *Child Protection Act 1999*. All decisions and actions taken under this Act must ensure the welfare and best interests of a child are paramount.⁹ Two of the overarching principles are that the State should only take the action that is warranted in the circumstances to protect the child and that the preferred way of protecting the child is by supporting their family.¹⁰

Across Queensland, families play a fundamental role in bringing up children. When Child Safety intervenes it recognises, *families are best placed to care for children, and when safe to do so, working with parental agreement means families are provided with the services they require to meet their needs and their children's needs.*¹¹ To this end, IPA is designed to:

- reduce the level of risk in the home
- increase safety for the child
- enable parents to provide the care, support and protection from harm their children require.

Working with parents by agreement enables parents to take a greater lead in how they will reduce the safety risks for their children and partner with Child Safety. It is considered less intrusive and stigmatising for the family, than an intervention compelled by a court order. It also ensures the child remains at home, thereby not exposing the child to the trauma of forced removal and entry into care.

IPA gives the family an opportunity to correct the safety risks to their children by changing their circumstances.

“

[IPA is] definitely our preferred space to work in... it's about preserving the family... you can see what's happening in the family dynamic. And it points to, I guess, great insights into what support's needed for that family unit...

(non-government organisation)

”

“

... you're putting the onus of responsibility and giving power to the family for their own outcomes. That it's very engagement driven... that you're working alongside and with, rather than for. It's very strength based in terms of focus and very child-centred... you're believing that the family have their own resources at their own disposal to be able to assess risk and to build safety.

(Child Safety)

”

⁹ Child Protection Act 1999 (Qld), section 5 (1).

¹⁰ Child Protection Act 1999 (Qld), section 5B (c) (e).

¹¹ DCYJMA [Intervention with parental agreement - Department of Children, Youth Justice and Multicultural Affairs](http://cyjma.qld.gov.au) (cyjma.qld.gov.au).

Stakeholders from Child Safety and non-government organisations spoke of IPA as an important intervention option as it allows:

- preservation of the family unit and family networks
- a family's choice and ownership over the intervention, where change involves the routines of children so families to quickly see the difference change is making to family functioning
- a focus on family strengths, empowerment and autonomy
- specialist, intensive, fast paced and targeted support
- a partnership approach between families and Child Safety
- a step down from orders where a family can have support of Child Safety when the child returns to the family home.

Stakeholders from Child Safety spoke about actively considering the different intervention options when children need protection and ongoing support. Their comments show that the requirements and intent of IPA are well understood and supported. They appreciate that IPA is an intervention option which is less stigmatising and punitive for families and children than a court order. Stakeholders believe that IPA is generally well targeted, as the families being supported have usually already received family support services and are high risk.

“

... I see IPA [as] a piece of work that you do with the family that's holistic but it's in real time. It's progressive. As you know, families and people don't often stay the same. Their needs change, things move. An IPA allows a case to move with it, a little bit more than a child being out of home... while the child is in the home and the family's need shift and move, you shift and adapt your intervention to suit that. Whereas, with a reunification you're bringing a child back in at a point in time. [IPA intervention] evolves while the children are there, so the needs of everybody's getting that in real time rather than addressing one thing, then bringing the child back in... the dynamic of the family actually moves with the case in an IPA... the changes are hopefully occurring while they are all together.

(Child Safety)

”

“

... I definitely think that we are working really hard as an agency to keep kids out of care when previously we probably wouldn't have done that... [Reforms] which are positive but we're eternally catching up to make sure we're doing it well and right and we're comfortable with it'.

(Child Safety)

”

The number of children on IPA

Number of children on IPA

There were **1,863** children subject to IPA in Queensland in 2020–21
(a rate of **1.6 per 1000 children** in the state).



First Nations children were **8 X** more likely to be subject to IPA than non-Indigenous children
8.0 per 1000 Aboriginal and Torres Strait Islander children compared
with **1.0 per 1000** non-Indigenous children

Age of children on IPA



Change in number of children on IPA

Between 2016-17 and 2020-21 use of IPA decreased overall by **25%**. As a percentage of children receiving ongoing support, IPAs are decreasing for all age groups, with the greatest decreases in the younger age groups.



Case file review



80% of the case files reviewed had multiple siblings in the IPA case.

The median number of siblings being **3**, and **7** being the highest number recorded.

In **13%** of the cases, the IPA ended with a child protection court order being sought.

The family environment

By the time children receive support through IPA, the situation for families is intense and, for some, overwhelming. As one stakeholder described it, ‘...with a lot of families, you’re knocking on their door on the worst day of their life already.’

Stakeholders observed that children receiving support through IPA:

- are usually known to services, sometimes before birth, due to service involvement with older siblings or extended family
- can be associated with multiple reports or interventions, including periods in out-of-home care, prior to IPA
- have experienced harm and trauma because of adverse childhood experiences
- present at a younger age with concerning behaviours, which can deteriorate rapidly.

Stakeholders expressed particular concern about an ‘explosion’ of substance misuse, large increase in domestic and family violence (sometimes involving weapons) and more intense mental health issues than previously occurring in families of children receiving support through IPA.

“

... some parents that desperately want help, and they've got their issues impacting on the family are so complex, and often these are the ones where they've got multiple kids in the household. They have all got complex needs. And then they they're living in poverty, there's family violence happening at home, the kids are starting to replicate those behaviours, mum's crying out for help. And it's really like, it's hard to, sort of, without, like, without a really strong community response to some of these families. Like we can't just say it's mum's deficits, or dad's deficits, because they're actually systemic issues.

(Child Safety)

”



Stakeholders described the destructive impacts of domestic and family violence on families and the challenges of working with victims and children when they remain living with the perpetrator.

“

[Domestic violence is] the undoing for many families that might have been functioning okay, up until this point.

As the sector itself has become more aware of domestic violence over the years, it's certainly become an increased concern. And as we become more educated then it's basically realising just how much, or how dangerous some of our children, their risk is in those spaces... with education and insight... we're more aware of risks and complexities that come with those risks.

(non-government organisations)

”



Stakeholders described a surge of problematic substance use by parents, particularly methamphetamines (ice), polysubstances (multiple drugs) and prescription medication. For First Nations communities, stakeholders expressed more concern about alcohol and marijuana.

“

... the minute you've got drugs, the unpredictability, just absolutely increases, and I know that was one of the factors for us having some low IPAs for a while. They're on the increase again now, but if you've got parents using drugs in an unsafe way, it's too unpredictable to know which way they're going to go.

... perhaps if it was one particular drug we could maybe talk about safe use, but when it's polysubstance use I think that one turns into a too high risk. It's just too hard.

So if we're getting constantly IPAs and there's Ice use, it feels unsafe.

(Child Safety)

”



Stakeholders described serious mental health concerns being common and widespread for parents receiving support through IPA. Most parents have chronic issues that impact their health and parenting. They struggle to access affordable, community-based treatment.

“

... there's generally a lot of mental health issues. It's quite prominent as well, sometimes due to the drug use, sort of drug induced mental health issues.

... there is some of that hardcore mental health happening, it's a very fine line to be able to work with a parent to create safety if they're not able to stabilise their mental health.

(Child Safety)

... we have a family where we helped stabilise the mental health issues and all these other issues are coming out and none of them are easy... And on the referral it was her mental health was the issue. Now we've stabilised mental health, all these other issues are coming out and none of them are easy, none of them are.

(non-government organisations)

”

Table 2: Stakeholder views on factors impacting a child's experience

Many children are living in volatile, increasingly complex, high-risk situations relating to:	
Social and economic adversity	<p>This includes poverty, with many families (particularly in regional and remote areas) reliant on income support and social housing, which are magnified for families living on islands off the coast of Queensland. This can result in frequent mobility, with families crossing regional and state boundaries through identified corridors. Families leave their support networks and their connection to community and culture, often staying for short periods and moving before intervention is complete.</p>
Co-existing parental risk factors	<p>Active problematic substance use, domestic and family violence, and mental health issues are of particular concern. The severity of the impact of these factors on parenting is reportedly increasing.</p>
Intergenerational trauma	<p>For many families in contact with the statutory child protection system, trauma is often not well addressed and can affect a child's development and reduce their capacity to participate positively in their communities. Past and ongoing government policies, social adversity and marginalisation all contribute to intergenerational trauma and have a significant impact on Aboriginal and Torres Strait Islander children and families.</p>
Disability and health concerns	<p>These are often not diagnosed, well managed or supported.</p>
Both children and parents experiencing issues	<p>Sometimes all household members can require support, and for families living in regional and remote locations it is particularly challenging to assist effectively.</p>
COVID-19	<p>The pandemic has brought heightened or new challenges for families relating to health, housing, employment, finance, isolation and domestic violence.</p>

“

... a lot of our vulnerable families can't get housing and they're going further out, or they're not keeping their housing. So they're highly transient. I think what I've seen is the rise in homelessness and people living out of their cars. And I think over the years I've seen little patches of that, but I see more of that now with our parents.

(Child Safety)

”

“

...families are getting more and more and bigger and bigger complexities. Yet the same amount of time, the same amount of resources we're allowed per family or we're allowing.

(non-government organisation)

”

“

... we've got... all these very, very high risk factors in there and I think it's about how it all interplays with each other as well.

(Child Safety)

”

Decrease in use of IPA

Child protection orders (CPOs) remain the most common mechanism for Child Safety to provide ongoing statutory support to children. CPOs are mainly used when Child Safety assesses children are unsafe in their parents' care due to the presence of immediate harm indicators, and their parents are not able and willing to let Child Safety help keep their child safe (although directive and supervision orders can be used when children remain at home).¹²

Data trends show the use of IPA as a way of supporting children and families is declining, both in actual numbers and as a proportion of the total. While the number of children receiving ongoing support from Child Safety has increased by 16.6 percent over the last five years, the number of children receiving support through IPA has fallen by 24.9 per cent.¹³

Table 3: Number of children subject to a notification and substantiated investigation conducted by Child Safety each year (2016–21)¹⁴

Investigation and Assessment		2016–17	2017–18	2018–19	2019–20	2020–21
	Children subject to a notification ¹⁵	20,076	20,899	22,767	23,273	25,233
	Substantiated investigations – Child in need of protection ¹⁶	3,710	3,910	4,404	3,990	3,828

¹² Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) [Child Protection Order](#).

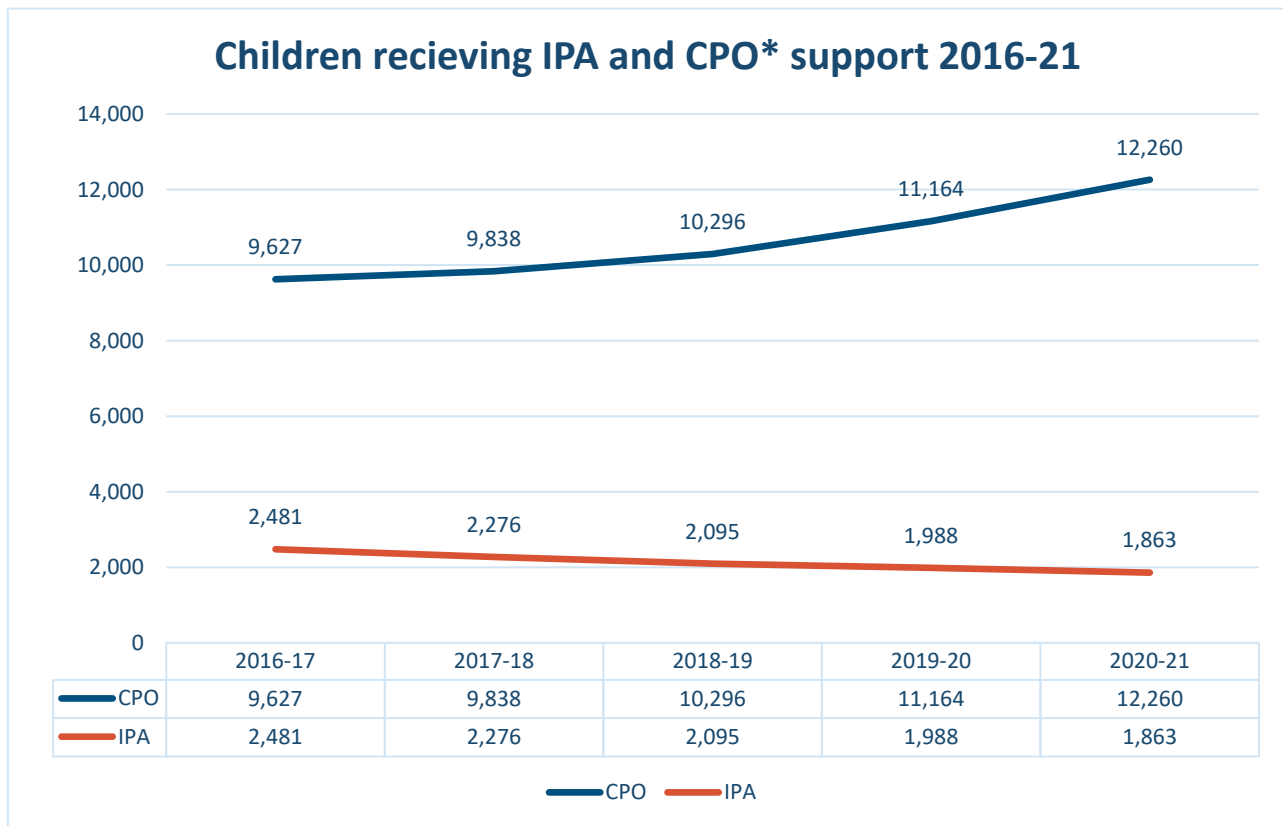
¹³ Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) [Our Performance](#).

¹⁴ Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) [Our Performance](#).

¹⁵ A notification is recorded when child protection information received suggests a child may be in need of protection. When a notification is recorded, the department must investigate and assess the concerns. Not all notifications result in substantiated investigations. If a child was subject to more than one notification during the period, the child is counted once.

¹⁶ 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, is suffering, or is at unacceptable risk of suffering future, significant harm and there is no parent able and willing to protect the child.

Figure 1: Children receiving IPA and *Child Protection Order (CPO)* each year (2016–21)



Section Two: How IPAs are working in Queensland

The review found:

- An IPA requires the active participation and involvement of parents to continue, improve and sustain their parental responsibility. This requires clear communication and active monitoring and risk assessment.
- The success of an IPA relies on the effectiveness of Child Safety and support services' home visiting and case planning processes and comprehensive and continual risk assessment.
- Establishing the child and family's informal networks is critical for supporting families (this increases when statutory intervention and related services are unable to respond in a timely way, or when formal intervention ends).
- Unlike children on child protection orders and in out-of-home care placements, children receiving support through IPA are not clearly visible to other agencies and consequently they may not be prioritised for services such as health and education services.
- The limited number of Aboriginal and Torres Strait Islander organisations and staff embedded and involved in all levels and aspects of the system mean IPA decisions and actions may not adequately incorporate culturally appropriate services for Aboriginal and Torres Strait Islander children and families.
- Achieving genuine engagement and meaningful participation of families is challenging, as it is based on parents' agreement within a statutory framework and Child Safety playing a dual role of both surveillance and support. This is particularly complex for Aboriginal and Torres Strait Islander families due to the impact and legacy of past child protection and removal policies.
- Practice panels are a valuable internal process, that can address systemic pressures and help to ensure decisions remain child-centered.
- Limited data monitoring and evaluation reduces accountability across the service delivery system and restricts opportunities to learn and improve IPA processes and the experiences of children, families and sector.

Keeping children safe and at the centre of IPA

The greater the risk for the child's safety, health and development and the higher the probability that harm will occur, the greater the responsibility on government to act to prevent risk for the child.¹⁷

Governments must take preventative and responsive action to protect children from harm and must justify any failure to meet these responsibilities. Stakeholders raised several systemic factors that influence assessments and decisions for children receiving support through IPA, such as limitations on resources constraining appropriate and timely action.

Stakeholders identified risk assessment processes, safety and support networks, and service delivery systems as key to enabling the safety of children through IPA. Importantly, for Child Safety staff to effectively support families, both formal and informal supports and services must be available, accessible and well-coordinated.

Stakeholders also spoke to the need for active participation and genuine and meaningful partnerships with families and providers to ensure children remain at the centre of the intervention and families are empowered to address the concerns for their children.

Stakeholder views on the most common systemic factors that influence assessments and decisions for children receiving support through IPA were:

- Assessment of parent capacity to work with Child Safety
- Supportive practice panels
- Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)
- Increased regulation and oversight
- Placement system capacity
- Changes in boundaries between the secondary and tertiary system.

Stakeholder views on factors the keep children safe and at the centre of the intervention include:



¹⁷ Tobin, J. (Ed.). (2019). *The UN convention on the rights of the child: A commentary*. OUP Oxford.

Commencing an IPA

Child Safety must be satisfied that parents are able and willing to work with them to meet the child's needs to use an IPA.¹⁸ This is a complex and challenging assessment, especially within the context of statutory intervention where parents have been assessed as unable and/or unwilling to protect the child. This assessment is key to the decision to commence IPA with a family.

Stakeholders expressed concern that Child Safety's assessment and parental agreement does not always consider:

- parents' confusion about the nature of an IPA and the intervention, including the seriousness of the concerns, believing it to be like voluntary family support services or a type of order
- parental capacity to understand and agree, which can be influenced by cultural and language backgrounds, mental illness, substance use and intellectual disability (stakeholders stated that a formal capacity assessment for parents is often not available) information provided, including via the IPA brochure, which may not be read or understood by all families and is not always supported by explanations and conversations (workload pressures across Child Safety can impact the time available to explain to parents the nature of IPA—often several conversations are needed to ensure parents fully understand what agreement entails and parents rarely seek legal advice before agreeing to an IPA).

“

... you've assessed them as not willing or able or willing but not able because that's where they're in need of protection. But in the manual, it says, you can work in IPA if the family are willing and able to work with you. So, even the CSOs get really confused. And trying to say to them, well, they're willing and able, they say they can work with you, but they're not willing and able to look after their children. It's very, very confusing for CSOs if you look at the terms.

(Child Safety)

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“

...And they said, “Yes, well we can put you on this IPA and that will allow us to assist you with these things,” which was a big sigh of relief for me. Thank God there's assistance. But I did ask, “Do I have to sign this?” Because I did read the fine print. And they're like, “Well, yes, you do. Because if you don't then we're going to do this,” and it was like fear – there's no option. I didn't find out until not very long ago that they were optional to sign the IPA at one of our last meetings.

“

I've handed out those brochures before and I followed up with them, “Have you read it?” And most of them say no. I generally find I'm able to better explain it to them and they're able to better understand when I can sit with them and go through that form again and have a good hour, two-hour long conversation with them about what I'm actually doing with them and what our goals are going to be together. I generally find that's a lot more helpful.

(Child Safety)

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¹⁸ Child Protection Act 1999 (Qld) Section 51ZB.

Stakeholders and reports into the deaths of children identified that assessments of parents' ability and willingness to work with Child Safety are not always supported in case records. In particular, parents' statements about their capacity and willingness are not always supported by other information sources. In addition, decisions about opening an IPA to support the child and family is inconsistent within and across regions.

Impact of increased regulation and oversight

In 2005, a new legal framework for IPA was introduced into the *Child Protection Act 1999*, and additional provisions enacted in 2018. In 2016, a new child protection court work model commenced. Stakeholders told us these new legal processes have influenced decisions and assessments particularly about whether or not to open an IPA.

- There is lack of clarity about whether the agreement of both parents is needed to commence an IPA, for example, if one parent is a domestic and family violence perpetrator or cannot be located.
- Different guidance and advice is given by the legal stakeholders such as Office of Child and Family Official Solicitor (OCFOS)¹⁹ and Director of Child Protection Litigation (DCPL)²⁰ to IPA staff and their team leaders.
- DCPL seeks information to inform an affidavit which Child Safety does not have, particularly if concerns relate solely to a pattern of escalating harm for the child.
- Opening an IPA case is becoming the default intervention rather than the recommended one, if DCPL does not agree to apply for a child protection order or the court does not grant an order. Workers then are supporting families and children they have assessed as in need of protection and unsafe at home through IPA.

“

... I did not realise that signing an IPA meant what it meant. Even though at the time I read through it, it wasn't until I sat down and had a meeting with a services officer... and their team leader and my support worker and myself, that I realised what I've done... I think the IPAs could have been explained better at the time and I didn't realise how much I was giving up in regard to the children.

(Parent Advocacy Group)

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“

... we need to be very careful about making sure that they're assessing that they are actually able to work with us instead of just lip service and saying... "Yes, we'll work with you." Because there's a difference... that's where this gets difficult for us when we take an IPA forward, where that really good intensive work hasn't been done at an I&A phase to make sure whether they are able to work with us and who are willing to work with us and have got the capacity to work with us on an IPA.

(Child Safety)

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¹⁹ Child Safety established a team of legal officers, headed by a Child and Family Official Solicitor, to provide legal advice and assist Child Safety Officers prepare for court.

²⁰ An independent body called the Director of Child Protection Litigation has been established by the Department of Justice and Attorney-General to apply for Child Protection Orders.

Impact of limited placement capacity

Stakeholders also reported that the out-of-home care system is under pressure and placement options for children are very limited. As a result, IPAs may be recommended for children at higher risk on the basis that this was a better option than entry to care.

“

That worries me. The fact that new staff will follow DCPL's direction... And then the next time they're more reluctant to go for the order if they haven't got the IPA or PSO first... Because you'll hear them say, "DCPL said I don't have enough evidence. I've got to do an IPA." What evidence are you looking for if the child's unsafe?... I think maybe became more evident as well. It's increasing in the frequency of all that happening... That worries me in the fact that we may be leaving some kids out there that shouldn't be out there.

[DCPL ask], have you got someone saying the same stuff that we're saying... We're seeing it, it's in our case notes, it's in our discussions, but we're not paid to do that.

Because there are a lot of staff across the service centre and the region that have had sort of anxiety and stressful experiences about taking matters to court where they were certain that they had sufficient but then they didn't. So then they've got to go back and then really risk manage cases where they feel are very unsafe. And it creates a lot of staff anxiety... We can't be driven by what a magistrate might say but that's still a work in progress because there are still a lot of stuff that will be like, "Yes, but I do all this and then they still don't come up with the same outcome that I think is so right for this family."

(Child Safety)

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“

... we've got some really high-risk IPAs out there that because of our placement space [no placements]. ... I've made decisions now to leave children at home that I probably wouldn't have made 10 years ago, simply because... what are we offering this child? There is definitely secondary trauma in our system for these kids right now. So whilst we would never have considered the constraints of the system, and what we haven't been able to provide, historically, and we were taught and educated not to do that, it is very much forefront of our mind right now, in terms of we're going to remove this child, what are we offering them... Is it safe enough? And is it safe enough for them?

A stakeholder from non-government organisation said:

"I've um tried to do safety plans and I've ended up safety planning the kids back with the parents because we don't have placements, like... Well, I've sought, I've sought an order and put the kid back at home, because there's no placement... There's no other option."

(Child Safety)

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Risk assessment and planning

Risk assessment is the process of identifying and analysing relevant information about the child and family to inform decisions and actions that mitigate risk and maximise the child's safety. Risk assessment processes and planning are crucial for IPA and must be comprehensive, continual and on-going.²¹

Once a decision is made following an investigation that a child is safe but in need of protection, the family situation must be monitored and reviewed to ensure the child continues to be safe. The assessment of safety and risk does not end once a decision is made to commence IPA with the family.

Stakeholders noted that, as their work with a family progresses and they learn more about risks for the child, an IPA may no longer be a suitable intervention in some circumstances. If risks are not continually assessed, Child Safety may remain involved with children and families for too long or new safety issues may be missed.

A stakeholder from a non-government organisation commented that *"every day our families could be travelling really, really well and we find that they're travelling really, really good and we go, "Okay, so things are quiet," and then bang. Something happens."* A stakeholder from Child Safety reported *"...you go out with a good rounded knowledge and still get hit with a curveball... and that's an IPA in a nutshell."*

Stakeholders said that risks for children can increase, particularly in the early stages of intervention, when:

- the child remains in the environment that contributed to them being harmed or at risk of harm while worries are addressed
- support relies on parental willingness to engage and cooperate with services
- no court orders mandate intervention or support
- there is low initial visibility of the child in their community due to a lack of connection to services, networks and community support
- exposure to risk changes rapidly due to the complexity of issues within the family environment
- parents are re-adjusting to parenting roles following the child's previous removal.

"... IPA, are the ones who've already been assessed as really on that knife edge who could be removed. But we've assessed, we're going to carry that risk. So I think it's actually higher than I&A [Investigation and Assessment]."

(Child Safety)

"... it is the highest risk because we've assessed that there is harm and we've kept the child at home. That's a big call."

(Child Safety)

"This is a home where we determined the child is in need of protection and left them in the home. We've left them in the harm household. They need to be prioritised. We need to be making sure because it's a high risk. The risk is too high not to prioritise it."

(Child Safety)

Risk assessment factors identified by stakeholders and reports into the deaths of children are outlined in Table 4.

²¹ The CSPM provides comprehensive guidance about assessment including in the Practice Guide- Assess Harm and Risk of Harm

Table 4: Enablers or barriers to comprehensive risk assessment

Enablers	
<ul style="list-style-type: none"> • Being upfront with parents about how their information is shared helps organisations take effective and collaborative actions. Stakeholders stated they prefer to seek parental consent to share information, per policy guidance. • Assessment and planning must retain a focus on the child's safety, while also addressing the parents needs and those of the family. • Risk and safety assessments, and plans need to be frequently reviewed, particularly in response to changing circumstances. • Safety assessments should be reviewed with families and networks, and safety plans should be monitored regularly and updated as necessary. 	<p><i>“I’m making sure I’m having those conversations with parents. “Just so you’re aware, I will be seeking this information. Are you okay with that?” That way there’s a fall back in case non-prescribed entities come back and say, “We need parents’ consent”...”</i></p> <p>(Child Safety) ”</p> <p><i>“... it's not very nice when you are halfway through working with a family, and then you just get blindsided with some information that would have been nice to have had at the beginning.</i></p> <p>(non-government organisation) ”</p>
Barriers	
<ul style="list-style-type: none"> • Completing a full review of child protection history records is constrained by factors such as high workloads, the crisis-driven nature of work and the need to navigate complex record-keeping systems. • Critical factors likely to impact risk assessments and case decisions may not be identified in child protection history records. Patterns or evidence of issues becoming more serious over time may be missed. • Information may not be accessible and available, or supported by timely and coordinated communication and sharing processes. Openness and willingness to share information and collaborate varies between Child Safety Service Centres. • Information about the child and family may not be shared until an incident occurs due to administrative requirements. • A lack of participation by people with cultural authority hinders support to First Nations families and their communication with Child Safety. 	<p><i>“... some services don't like us are asking for an update, or a record, or an outcome report.... That's the whole point of putting the service in place. The whole point of it is to get feedback on the programme for that family, and if they're not going to provide it, we can't use that service. ”</i></p> <p>(Child Safety)</p> <p><i>“ When you have two cultures, you need to talk in both cultures so families understand. For example, men may speak with men and women with women. The Child Safety team may go out and a man may not want to talk to women, shame and stigma. Need to support cultural needs of the family to help the family...”</i></p> <p>(non-government organisation) ”</p>

Increasing complexity of risk

The complexity of risk present in families of children receiving support through IPA is increasing. Known challenges and stressors in families, such as substance abuse, domestic and family violence, mental health concerns, homelessness and poverty need to be monitored frequently by support staff. Many stakeholders reported feeling reactive, in constant crisis and like the child's situation is changing faster than a worker's ability to keep up with.

Stakeholders, particularly from Child Safety, commented that, historically, IPA cases may have presented with just one or two risk issues, which could be addressed within a short timeframe. Recently however, IPA cases increasingly have multi layered, intersecting, concurrent and entrenched issues.

Stakeholders in non-government organisations also stated that they are supporting children and families who increasingly have multiple, complex and serious risk factors impacting on the child's safety. This means that they will typically need several different specialist services to support them, often over a longer period, to meet the child's protection needs.

Stakeholders reported that this complexity adds to the challenge for parents to achieve required goals relating to their child's protection and care needs within the timeframe.

Stakeholders from Child Safety and non-government organisations also observed that additional training for the sector relating to the *Supporting Families Changing Futures* 10-year child and family reform program has resulted in higher awareness and reporting of family characteristics and risk factors.

Impact of changes in boundaries between the secondary and tertiary system

The Supporting Families Changing Futures reform program has resulted in the growth of the secondary service delivery system and alternative referral pathways of Family and Child Connect and Intensive Family Support services. These, along with other reforms, aim to refocus the tertiary system and divert suitable families away from statutory intervention.

Stakeholders reported this has contributed to:

- boundaries between the secondary and tertiary child protection systems changing and a perception that the threshold for statutory intervention is also shifting
- child protection concerns (previously responded to with a child protection order) now receiving support through IPA, with a heavy reliance on Family Intensive Support services while child protection matters (which may have previously resulted in IPA) being addressed in the secondary service delivery system, particularly through the Intensive Family Support services

“As those IPAs in those days, they were IPA's. They weren't removed, those children weren't removed. ... there are some of those practice shifts that might change how we work but I think we're dealing with – I remember when I first started... the child protection follow-ups that they were only for three months and they were things like children who weren't going to school and that might [have] some parenting issues, it could be about practical resourcing and that was it.”

(Child Safety)

“It's escalating so much more.”

(non-government organisation)

- Child Safety typically commencing intervention only when concerns are more serious, and the family has not responded to other interventions.

A stakeholder from Child Safety explained the impact of this reform on the changing boundaries as: “You used to have the continuum. This set of people would be in IPA, but when they brought in the IFS [Intensive Family Support] space, they took out that. It’s like we’ve moved the whole thing up this way. It’s not that we’ve got less. It’s the whole continuum with the complexity scales moved up. And so the IPAs we get are a lot more high risk. But then also, a flow-on from that, the children we take into care, that seems to be a lot more significant as well.”

Supportive practice panels

Practice panels are a structured case discussion process that brings together Child Safety teams, non-government organisations and critical friends to inform decision-making at key points in the intervention.

They help decision-makers maintain a child-centred approach and focus on the best interests of the child. Practice panels benefit assessment and decision making by:

- increasing objectivity and minimise the impact of contextual constraints on decisions
- providing the opportunity to review assessments, contribute to robust decision making, and is an effective way of building ownership and sharing case decisions between all teams involved
- bringing together teams, particularly when Investigation and Assessment and IPA teams are located separately, for example in regional Investigation and Assessment hubs
- including members of the leadership group, so the decision to open an IPA becomes a shared responsibility, where individual staff do not carry the responsibility of this decision on their own.

Stakeholders spoke to the importance of panels helping mitigate environmental and contextual factors that influence assessments and decisions.

“... they all know if something gnarly that comes up, straight to practice panel and they’ll have those chats there.

... when you focus on the case for so long, you miss things [another team member can have a different lens] and it gives you other things to think of that you might have missed... Also gives a sense of a safety net that I’m not alone making this decision, we own it collectively, as an office.

... sometimes we’ve also had that we will bring IPAs to practice panels or conversations with the Senior Prac so that we’ve got that extra person to be able to talk through complex cases to see whether it does actually meet those grounds for an IPA. And, similarly, when you close an IPA, I think that’s probably something that we haven’t done so much, but it’s something that I think is testing the thinking around closing an IPA is prudent as well.

And we’re seeing a lot of IPAs coming across as well which when we actually receive them because we weren’t part of those panels that we’re scratching our heads to say as to why this was actually an IPA not either a CPA or us not actually requiring any intervention. I think that cross-agency or cross-office engagement would allow that discussion to be had.

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Safety and support networks

Child Safety describes a safety and support network for the child as, 'a team of family, friends, community members, carers and professionals who are willing to work with the child and the family to keep the child safe. Network members keep in regular contact with the child and their family and take specific actions when there is danger and risk of harm to the child.'²² Stakeholders said that a large part of their role is to develop a collaborative and effective support network for the child and their family, although it may not be until the family experiences a crisis that the effectiveness of the network is truly tested.

To have the greatest chance of reducing risk, increasing protection for the child and meeting the family's needs, stakeholders advised that the support network must be:

- established as soon as possible and be well-engaged and coordinated
- reviewed regularly to check if members continue to be reliable and helpful for the purpose of the intervention, and act in the best interests of the child
- composed of different professionals, agencies and informal family supports to provide different perspectives on the child's environment for Child Safety's risk assessment (some stakeholders noted that, as more agencies become involved and share more information, the child becomes more visible to everyone)
- inclusive of people with cultural authority to support Aboriginal and Torres Strait Islander families and family-led decisions.

Several stakeholders from Child Safety used the expression, 'no support network, no plan'. This approach encourages alternative avenues of support to empower families and ensures Child Safety is not the sole source of support.

Natural support networks are particularly important for mobile families and families in rural and remote areas, such as Torres Strait and the Bay Islands, where it is more difficult to provide formal support or assess risk.

“But they're [IPA] riskier in the sense that you just don't have a network to develop a plan from. No network, no plan. And the thing is, we don't have a network, so we can't develop a plan. So a lot of time is consumed developing a formal network. The problem is formal networks generally don't stand the test of time. So at some point, they fade away. They move on to other families. So you end up with working really hard to develop some sort of informal network that will continue on beyond all the agencies...”

(Child Safety)

²² Glossary, [Glossary | Child Safety Practice Manual \(csyw.qld.gov.au\)](https://www.csyw.qld.gov.au/glossary)

“ I feel personally like I hold a lot more risk. I have a higher threshold for IPAs... everything we do is under a microscope, so I do hold more risk in the IPA space and give families more chances... than I probably would do with mainland family, certainly with non-Indigenous families if there wasn't that level. But at the same time I'm also happy to say that I feel like the risk I hold is shared with the family for the most part. There's almost always an effective matriarch or patriarch system that's also helping me. It's when [they have] to go to Cairns or Brisbane... that we see the IPA start to fail and that's when we start looking at orders.

I think that makes a good IPA in terms of hopefully if things were to be raised in the future, you have this network around you now that know what the worries were, why we're involved, what their roles were, what they can do to create safety and support for the children and the parents. I see that that's generally quite a strength in our communities and even with our support services. ”

Child Safety staff's knowledge of a family's natural supports is important when a child is unable to remain safely at home, especially for Aboriginal and Torres Strait Islander children. Child Safety stakeholders reported that family support networks in Aboriginal and Torres Strait Islander communities tend to step in to help prevent children being placed out of community, where family contact and the process for returning the child home is harder to coordinate.

Data received from Child Safety showed that out-of-home care placement is not commonly used for children receiving support through IPA. This suggests that either these children are safe or conditionally safe at home, or they are cared for informally within the family support network. Of children receiving support through IPA, four percent had an out-of-home care placement, and this proportion has remained stable to June 2020.²⁴

“ Trying to build up that community support and community network so that the next time that there becomes a stress point in their lives, instead of it reaching a notification to us, they can address it through communities. ”

Closing an IPA

No maximum timeframes for IPA are prescribed, but the CSPM states that, 'up to 12 months is generally an appropriate length of time in which to address the concerns while a child remains in the home and extending an intervention with parental agreement case beyond 12 months requires Child Safety Service Centre manager approval.'²³ For stakeholders, the requirement to seek approval from their manager at the 12-month point to extend an IPA is helpful as it sets expectations, a goal and an accountability measure.

Stakeholders from Child Safety report the average duration of IPA cases as 9–12 months, with a minimum of 6 months. Extending support to a family beyond 12 months is not common and IPAs are rarely longer than 18 months. Data received from Child Safety indicate that most children receive support for 12 months or less.²⁴ As at 30 June 2020, 15 percent of children were supported for longer than 12 months; this proportion has been relatively stable in the four years to 2020.²⁵

As with the decision to commence IPA, the decision to end an intervention must be informed by a comprehensive risk assessment. Stakeholders felt that timeframes should not be imposed arbitrarily or used to drive decisions, such as to end support or seek a child protection order. Rather, they should be considered in the context of supporting and promoting the rights and best interests of each child.

“... the goalposts for the IPA space are a lot lower than that of the reunification space. When we look at how do we create safety and sustain safety for children within the home if that IPA space is not held to a high standard across the board then the chances of the family coming back into that Child Safety space and navigating that journey again is going to be really high.

... I've had a case where they're just like, we can't do another IPA. We've gone, we've done three, we just need to close. And it's not necessarily safe to do so. But it doesn't meet the criteria for a removal either.

... sometimes Child Safety... is quite keen to close the IPA, especially when it comes up to that 12-month mark, when maybe the family isn't quite ready yet... There is sometimes then a referral to IFS as that step-down service, but the engagement isn't really there with the IFS service. And so then we do find that sometimes families come back. But I think it's just also because with some families, and they have such complex needs, and a year really isn't a long time.

(non-government organisation)

²³ [Intervention with parental agreement | Child Safety Practice Manual \(csyw.qld.gov.au\)](#).

²⁴ Information from QFCC's section 35 data request to Child Safety.

²⁵ Information from QFCC's section 35 data request to Child Safety.

Stakeholders reported that, as part of their assessment to close an IPA, they consider:

- the initial child protection concerns
- whether the case plan goals are met
- the degree of participation and engagement by the family and their supports
- information that demonstrates the parents have made positive, sustained change to reduce risk and increase safety for the child to the point where stakeholders feel confident this will help prevent the child's future contact with Child Safety.

For some families, 12 months is adequate to address all emergent issues. However, other factors may influence decisions to continue working with families over a longer period such as:

- some families may need at least 12 months of engagement before parents start to make progress on long-standing issues, particularly in relation to chronic substance dependence
- for Aboriginal and Torres Strait Islander families, participation in Sorry Business can extend the duration of an IPA
- a case may be inadvertently extended due to Child Safety prioritising work on other cases.

While some stakeholders reported the requirement to seek approval to extend IPA beyond 12 months was helpful for setting expectations and goals, it was noted that this may also inadvertently place pressure on decision making. In particular, stakeholders expressed concern about the pressure to either close a case or seek a CPO, rather than extend the IPA.

Stakeholders said that for some families at the 12-month point it was clear that:

- intervention has not added value despite people having worked intensely
- concerns have not been addressed to the point where the case can be safely closed but they are not deemed sufficiently significant or immediate to seek a child protection order
- parents are still dependent on Child Safety's parenting advice and are unable to sustain change by themselves.

This is especially the case if risk assessments have not been comprehensive and continual.

“... ideally for us to close confidently we need to be confident that if we step out and problems were to arise someone else would be able to step in and offer that protection to mum, dad.

It's about remaining there for enough time so that we can work with them to see some change, but also put systems in place so that way we can manage that risk, they can manage that risk, to support the kids moving on.

... the history is there, the investigation is there, the concerns are continuing, the family are more than willing to engage with us, probably a family that you could have an open IPA for the rest of the children's lives until they turn 18. Um, but, are things bad enough to bring those kids into care, or is it good enough, or do they just need some supports?

(Child Safety)

Participation and empowerment

When providing support through IPA, Child Safety is obligated to encourage and facilitate the participation of the child and the child's parents, and the parents' continual involvement with the child's life and care throughout the intervention.²⁶

Stakeholders report that active and meaningful participation of the child, where their views are sought and considered, helps to centre an IPA intervention on the child's needs. It makes intervention more relevant to the child and increases the likelihood that assistance is appropriate and supported by the child and their family.

Given that children live at home during IPA, the cooperation and involvement of parents in the agreed actions to address safety and risks is critical and need to be high from the beginning and throughout the intervention. Stakeholders believe that the higher the level of parental participation, the greater the likelihood of a successful outcomes for the child.

Active participation

Participation relies on the development of trusting and constructive relationships between families and support providers. This allows the families to be active participants in the change process, rather than passive recipients of an imposed intervention.

This engagement is complex as it is based on the parents' agreement within a statutory framework. Workers need to be skilled in communicating clearly and openly with families about the child protection risks and the non-negotiable elements of child safety, without jeopardising the working relationship and the progress of the intervention.

This review observed that many Child Safety Service Centres intentionally allocate IPA cases to their most skilled and experienced staff. These staff are skilled in creating an environment that encourages the family's participation and ownership of positive change.

Some commonly reported tensions that hinder the participation of families include:

- the imbalance of power between parents and the government
- the involuntary nature of intervention and support
- the dual role played by workers to both support families and protect children's safety.

Aboriginal and Torres Strait Islander children and families

For Aboriginal and Torres Strait Islander families, stakeholders reported high levels of mistrust of government and feelings of shame due to the legacy of past government policies and practices. As a result, some families do not want community to know about their involvement with Child Safety and will decline the support of an Indigenous family or community agency.

²⁶ *Child Protection Act 1999* (Qld), section 51Z.

“ ... a lot of families are ashamed, because they're like oh, I don't want to work with that person, because they might know my cousin's sister, do football... they didn't want their involvement because it was conflict of interest and stuff like that.

... that was going against everything that her family, because it was working with the Department is what an IPA is. Um, rather than it being I guess around what the support she was getting from that, the support through the, yeah, so it took quite a while for that to come out. Because she wanted to work with me, she wanted to have that strength, but she knew what that wording meant to her family.

”

(Child Safety)

“ [Families] want us to be basically delegated authority, which is eventually what will happen, hopefully. But that's what they want. ... they want us to manage and they don't want to deal with Child Safety. It's because at the end of the day how many Aboriginal and Torres Strait Islander CSOs is in a service centre.

...I feel like IPAs are – it's a contract that gate keeps you from services. So, especially with Aboriginal and Torres Strait Islander background and trauma associated with the government departments, such as Child Safety. It can be a huge barrier for people to actually get the help that they need. And I know so many people who will not reach out for that help and kind of just do things on their own.

...[need] an independent advocate, that tells you, this is what Child Services is, this is what your rights are, this is what your children's rights are... an independent body that can just inform you and give you that information. And when you have queries, questions or you're uncomfortable with something you can say to that person, “Okay, this is how I feel about it. What do I do?” And ask, “What do I do?”... because sometimes with Child Services you're concerned that they're going to do something with that information... someone that understands the process.

”

(Community Controlled Organisation)

Stakeholders from Community Controlled Organisations state that Child Safety services could be better directed to developing collaborative relationships with family and the community, providing cultural understanding and supporting Aboriginal and Torres Strait Islander parents to participate in decisions about their child.

“ ... when people aren't responding out of fear, their capacity to engage in therapeutic intervention is greatly increased. So the effectiveness of an intervention could actually be enhanced if they weren't scared.

(non-government organisation)

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Impact of inconsistent implementation of the Aboriginal and Torres Strait Islander Child Placement Principle

The legislative framework of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) was strengthened during the *Supporting Families Changing Futures child and family reform program*. It provides clear guidance and direction to government and its partners on decisions and actions relating to Aboriginal and Torres Strait Islander children.

The ATSICPP protects key human rights of Aboriginal and Torres Strait Islander children, including the right to be raised in their own culture and the importance and value of their family, extended family, kinship networks, culture and community.²⁷ Stakeholders affirmed their understanding of the importance of culture and working in partnership with families and community when supporting Aboriginal and Torres Strait Islander children by IPA.

Even with understanding and commitment, many stakeholders recognised the difficulties experienced by Child Safety staff in implementing the ATSICPP and the strong reliance placed on Cultural Practice Advisors for support.

“... our region is probably a long time overdue for a bit of spotlight around some of the inconsistent practice around how the placement principle is applied in the region.

[If the CPAs aren't around to help out] I don't think we'd be confident with meeting the elements of the child placement principle [ATSICPP] at this point in time with the majority of the staff [Child Safety Officers] because the level of experience... They've literally just started – we're just at that very new developing [stage].

(Child Safety)

Stakeholders reported that extended family or community are usually not involved in the intervention as an Independent Person (an Aboriginal and Torres Strait Islander person or entity chosen by the child or the family to help them participate in significant decisions about the child).²⁸ Stakeholders from non-government organisations conveyed their concern about the lack of understanding and inadequate attention paid by Child Safety staff to the ATSICPP.

Stakeholders from non-government organisations reported that:

“...the placement principles... but you're [Child Safety] not actually applying it... Knowing is one thing, actually understanding its purpose, its meaning and its vocation is a really separate thing.”

“It's not in one of their textbooks... My learning came from the experience and being taught if you want or shown or skilled up to be able to have that knowledge. I think it's about that willingness to learn to know, to actually even something as simple as sitting with an elder or significant or respected community member... And that could come back to capacity on their end. They don't have the time to listen to understand rather than listen to reply and provide that clinical context to it. Interpreting what someone's saying to you and pulling it apart. That's not how we communicate as people.”

“... it's basic stuff that could really improve this. And it all starts with engagement with the family, engagement with community. And engagement services.”

²⁷ [Principle Focus | Queensland Family and Child Commission \(qfcc.qld.gov.au\)](https://qfcc.qld.gov.au/).

²⁸ [Glossary | Child Safety Practice Manual \(csyw.qld.gov.au\)](https://csyw.qld.gov.au/).

Child participation

To meet the goal of child-centred intervention, the views of children need to be sought, heard and taken seriously in all matters affecting their lives. When providing support through IPA, Child Safety is obligated to encourage and facilitate the participation of the child (and their parents) throughout the intervention.²⁹

While most children receiving support through IPA are of a young age (0–9 years), respect should be given to their developing capacities and level of competence. They must be provided with an environment that enables them to exercise their right to participate and should be given all necessary information and advice to make decisions in their own best interests.

Stakeholders report that active and meaningful participation of the child, where their views are sought and considered, helps to centre an IPA intervention on the child's needs. It makes intervention more relevant to the child and increases the likelihood that assistance is appropriate and supported by the child and their family.

Workers draw on tools such as Child Safety's Collaborative Assessment and Planning (CAP) framework and the Three Houses tool to explore what worries the child about their parent's behaviour and support case planning and safety planning.

“ I use the tools a lot with children. So, the three houses... I use a safety house tool with children to sort of, as a way to bring their views and wishes into a case planning meetings.

... I've actually taken kids on a different day, gone out, done the safety house and then was able to bring that in and say this is what your children are saying they want in their homes. So then we're getting their views and wishes and incorporating that into the case planning that way. Also using the three houses.

... children's voices are extremely, extremely important. Because I think we can have as many safety plans in place, but if we don't hear the children's voice – particularly true in IPA, we should be seeing the children and getting their voices as well. I think we need to be incorporating that into our initial planning, but we do develop our case plan within the IPA. It's about going Child Safety's role as well, is that we're going to go and speak to your child at school or spend some time when we do visit your home

Trying to see them in the home... go to their school... or a park... you've still got to meet them [children] in the home environment.

(Child Safety)

”

Stakeholders highlighted home visiting and case planning processes as essential to child-centred intervention and the active participation of families.

²⁹ *Child Protection Act 1999* (Qld), section 51Z.



Case file review

Of the **15** case files reviewed, **13** had a recorded case plan.

0 of the **13** case plans recorded the child as a participant.

This is despite the child being older than

5 years of age in **9** of the cases and

2 years of age in **3** cases.

7 cases had actions listed for the child, with cases showing between **2** to **10** actions recorded.

“When I say I want children at the table, [Child Safety say] “Well, why?” Or they’re too young. Five is not too young to sit at the table and tell you what I want. Five is not too young and I don’t care if the five-year-old brings their Lego in or running in and out.”

(non-government organisation)

“I’ve prompted the FGM [Family Group Meeting] team to be like, you actually need to go and ask about, like, get them [children] included in the FGM. Because sometimes they get missed in that process. And I’m like, you have to get their views and wishes.”

(Child Safety)

Home visiting

When a family is working with Child Safety to meet their child or young person's protection and care needs, a child safety officer or child safety support officer visits the family home to provide support and assistance to the child, young person and their family.

Child Safety’s advice to staff states, ‘face-to-face contact is fundamental to building relationships with a child and their parents, and to progressing actions to meet case plan goals.’³⁰ The Home visits to families³⁰ Practice Guide in the CSPM states, ‘Regular home visits to families where the child is residing at home are vital to support ongoing engagement and enable the CSO to assess and review the progress of safety plans and the support plan or case plan goals. Children and parents must be visited, and the home must be seen, on a regular basis.’ The manual sets standards about the minimum frequency of visits with children and families.

³⁰ DCYJMA CSPM [Practice Guide-Home visits](#).

Home visiting is an important and effective way to build relationships and engage with children and families, so intervention is responsive to the needs of the child. Factors that support this process include:

- **Regular home visits** based on the needs of the child and risks of the families rather than adherence to policy requirements. Visits may occur more frequently than prescribed, especially when intervention first commences.
- **Child Safety Support Officer or a Cultural Practice Advisor** also visiting family can help build rapport quickly because they are often not viewed by family as responsible for case decisions. Cultural Practice Advisors are also engaged to help staff connect with an Aboriginal and Torres Strait Islander child's extended family and community.
- **Involvement of non-government organisations** as they often find it easier to build rapport with families during the early stages of an intervention. They can often spend more time with families, respond to the family's broader needs rather than solely the child protection concerns, and are not seen as the decision-maker. They can usually undertake more frequent home visits, with parenting programs and help with practical needs, such as transport and household items. Although they recognise the importance of children's participation, they commonly spend most of their time with the adults of the home and tend not to work directly with the children.

“... we actually look at is what can we help the [parents] do at the beginning. Not only does that build rapport but maybe we take a few things off their shoulders and get things moving. That can help with the stress level because sometimes we come across parents who are just so overwhelmed they can't even think. They can't plan what's going to happen.

So we're not just bound by those child protection worries, if a family wants to work on something that's not necessarily something child protection are worried about, we will still support them in that because that's important to their overall functioning as a family. Um, we will get in and do that nitty gritty stuff with the families, like, we'll get in and we can help them with cleaning, or we can take them to appointments...

... we have multiple locations across the coast... it also means that we can cater for those parents. Those parents don't necessarily have to travel to us, they can travel to a centre close to them. We can base ourselves at a centre close to our clients for the day. So I think that mobility is really useful as opposed to some of those other services that are locked into a location and then they have to move to travel to clients all over the place...

... we do a lot of work to support our CSOs where we can, because we understand how difficult that is. But it just means that sometimes there isn't that collaboration and communication that we would like because the CSOs may not be visiting the families that are doing really well, because they're visiting the families that aren't doing really well. And it does place families doing well at risk of them potentially backsliding into some, some worries or some issues or we aren't seeing timely responses or closures...

(non-government organisations)

They don't make decisions, the [child safety] support officers... But they're still Child Safety, and they're the ones that can build really, really good rapport with families... they can't necessarily answer some of the questions... that automatically makes a better connection between them.:

... there is an opportunity to, for the department to really connect with the community and with the families, to sit with people and ask people what actually got them to where they were today. Because when you do that, and you have that relationship, when it becomes a relationship, you realise that all our hands are dirty in this, there's been many opportunities throughout the entire history of that family where authorities and government agencies could come in and do something different. So there're real opportunities in the crisis if we approach them well.

(Child Safety)

Home visit outcomes may be less effective when:

- children are inhibited from engaging due to the presence of their parents, fear being removed from the home or deciding not to engage (particularly for teenagers)
- parents:
 - resist or have superficial engagement
 - minimise, deny or withhold information, or avoid discussing the child protection worries
 - are uncontactable for a prolonged time immediately after agreement to the intervention
 - become preoccupied that Child Safety is expecting them to make a mistake
 - refuse to allow Child Safety into the home or talk with the child
 - are reluctant to reach out to support services
 - focus on timeframes for the intervention rather than actions
 - threaten to withdraw agreement
- resources are limited due to high workload pressures, sharing vehicles at high volume times (such as visits around school hours), visiting large sibling groups or extended travel distances to visit families
- workers are concerned for their safety due to unpredictable parental behaviour when using drugs, domestic and family violence, having difficult conversations with parents, and unknown persons in the home (stakeholders state the toll on workers of having challenging conversations with parents is not adequately recognised).

Factors like these may mean that more time is required to build or restore the relationship with family. Persistent parental disengagement risks the intervention becoming one-sided without the participation of the family.

The methods used by stakeholders to engage with children and families changed in some areas during COVID-19 lockdowns. Child Safety staff reported that they combined face-to-face internet calls with in-person home visiting (with meetings often moved to the front yard rather than inside the home).

“... because we are so intensive and in their homes so regularly, that can be another barrier at times too, because it puts a lot of pressure on them if they're trying to paint a picture that isn't a reality for their family life. So those that don't want us to see what's happening beneath the surface can be more difficult to engage, but then we have others that just they're so happy that they've got someone coming in because generally these families are really isolated as well. So any empathetic ear and someone to work with them rather than at them, is welcome.

(non-government organisation)

... we don't have cars. So just to come down to the mathematical side and the practicality of it. We've got a team of five, we got two cars, we got to see a case load between the five of us... also hold in mind a lot of these kids are school age, so, we've got to see a hundred kids in a two-hour timeframe between 3:00 and 5:00... [and travel] which takes half an hour to drive to.

I'm a supporter of IPA work not fitting within nine to five, because I don't feel regular family life fits into nine to five. Especially with targeted work. I think that if we're trying to support families that work and all the rest of it, we need to go out at 10 o'clock at night or we need to go out when the family crisis is... Bedtime routines, school routines, afterschool routines.

... it's really scary work, people's lives. This is people's lives. They're going into an unknown – police generally don't go rocking into people's houses that are domestically violent, drug users, to just have a chitchat by themselves but we're expected to.

... I've had an IPA previously where there was a lot of safety risks for me as a worker. So I had to our previous CSSO would always come out with me to those home visits because it was quite a risky idea IPA...

I've actually had police at the front, where I've gone, well you go and knock. And they're like, well you know the family, you go... But if I'm at the stage where I'm asking police to knock on the door, that means that I'm not, I'm not at that rapport anymore, where I can go and knock...

(Child Safety)

For short periods, some stakeholders from non-government organisations stopped in-person visits with families, instead communicating over the phone or internet. Stakeholders described the benefits of being able to combine face-to-face internet calls with in-person home visiting to maintain regular and responsive contact with children and families. However, they highlighted that visiting in-person with children in their home environment is essential for monitoring safety and risk for the child.

Case planning and case plans

Child Safety works with the family to organise services needed to help meet the child's protective and wellbeing needs. Legislation requires that a facilitated family group meeting (FGM) be held to develop an initial plan for these services.³¹ Procedural guidelines state that the FGM must be held within 30 days of the decision that a child is in need of protection.³²

FGM processes aim to facilitate timely and inclusive plans that enable engagement and action to support children. Aboriginal and Torres Strait Islander children may choose to participate in an Aboriginal or Torres Strait Islander family-led decision-making process undertaken by the Family Participation Program. This program is based on the principle that Aboriginal and Torres Strait Islander people have the right to self-determination, and to support the implementation of the five elements of the ATSICPP.³³

Case planning processes, including FGM, should allow the family to participate in the development of the written case plan, which guides the intervention. However, stakeholders uniformly reported experiencing case planning processes as negative, despite this being a fundamental way to make decisions and collaborate with children and families.

The barriers experienced by stakeholders result in case plan documents that are unhelpful or ineffective and a loss of intervention momentum.

³¹ *Child Protection Act 1999* (Qld) Part 3A.

³² Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) CSPM [Case Planning](#).

³³ *Child Protection Act 1999* (Qld) Section 5C. The five elements of the Aboriginal and Torres Strait Islander Child Placement Principle are prevention, participation, placement, partnership, and connection; and Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) CSPM [Family Participation Program](#).

Table 5: Stakeholder views on case plan documents

Helpful	Challenges
<p>Case plan documents that:</p> <ul style="list-style-type: none"> ✓ use simple, clear language, clarify expectations and make risks and actions explicit for children and families ✓ promote accountability by identifying who is responsible for actions, with both parents and Child Safety sharing the responsibility for maintaining a focus on the child's best interests. 	<p>Case plan documents that are:</p> <ul style="list-style-type: none"> ✗ unnecessarily complicated, inflexible and administrative (some stakeholders stated they use alternative documents that are simpler and easier to understand, to help clarify and communicate goals and actions with families) ✗ focused on the risks and harms to the child without considering the family context (families typically have many needs related to practical household resources, so responding to what the family identifies as important helps to build trust and engagement) ✗ compliance-driven rather than genuinely participatory, family led and family-focused ✗ delayed (some stakeholders report delays of up to six months), often due to the limited availability of FGM convenors and Child Safety's referral practices to Family Participation Programs (alternative documents can act as effective interim plans to provide direction and clarity for families) ✗ more aligned with the requirements of children's court-ordered interventions (many stakeholders believe that FGM convenors prioritise case plans needed for children's court-related cases over IPA cases) ✗ not appropriate for IPA cases, which typically require frequent review given the intensive, shorter-term nature of the intervention.³⁴

"I still believe that the IPA is technically like an Intervention with Parental Arrangement. It's arranged. We're told what to do and if we don't agree then we're punished... I really don't like the word..." (Parent advocacy group)

"... family group meetings, and developing the case plans, an external convener is good and is of benefit in a lot of cases, but often, it means very long waiting times... Some CSOs are quite good at just putting a bit of an interim case plan together, with the goals and the worries, and some kind of plan around that. But generally, it is just a lot of waiting for families without a case plan, not knowing what they're worried about, what am I supposed to do." (non-government organisation)

Child Safety stakeholders said:

"... case plans can be a drawn out process. We've got long waits for FGMs. Not sure if it's the backlog in the FGM for an FPP process... I don't want the family to lose sight of what our worries are, and what our goals are and what our actions are... So having it in writing as an interim plan, not even quite a case plan, just an interim plan, once we get FGM running, helps hold ourselves to account but also hold the family to account, they can hold us to account as well. And call it. Put it in a case plan, get the KPI for it if you need to, because for me, it's

³⁴ DCYJMA CSPM states, 'The child's case plan must be formally reviewed every 6 months. In some circumstances, more frequent reviews are appropriate due to the short-term and intensive nature of the intervention and the family's needs.'

[Review case plan](#)

not about the number, it's about how meaningful the document is. And I think we're not cutting corners, we're still doing FGM we're just not losing traction on the way because there's a wait."

"The complexity of some of these case plans that are coming out, they talk about red tape reduction but some of these case plans they're printing off at 20 odd pages in length. A family, they're just going to look at it and throw it in the bin. If they make it a simpler document, which they're able to actually access, is going to provide cases us with a better engagement and for them to be able to know what is expected for them without it being complied in all this information."

"And I quite often give IPA families the case plan - here's your formal case plan. And then I usually do up my own little thing that just has goals, goals, goals, achieved, maintained for one month, you know, maintained for three months and boxes on them. And I give them that. Yeah, so they've got their goals on there...stick it on the fridge... And then yeah, then they know what they're working towards..."

"We love a good convoluted long-winded process. We love paperwork. Sometimes it feels like we are handing in the same document into different formats, five times over... With an IPA, if you could simplify the process."

Children receiving support through IPA are less likely to have a current case plan than those being supported by a child protection order. During 2020–21, 85 percent of children receiving support through IPA had a current case plan, compared with 87 percent of children on a child protection order. The proportion of children with a current case plan has also been trending gradually down over the past five years.

A lower proportion of Aboriginal and Torres Strait Islander cases have a current case plan compared with all children receiving support through IPA. The numbers of Aboriginal and Torres Strait Islander children with current cultural support plans mirror the numbers with current case plans.

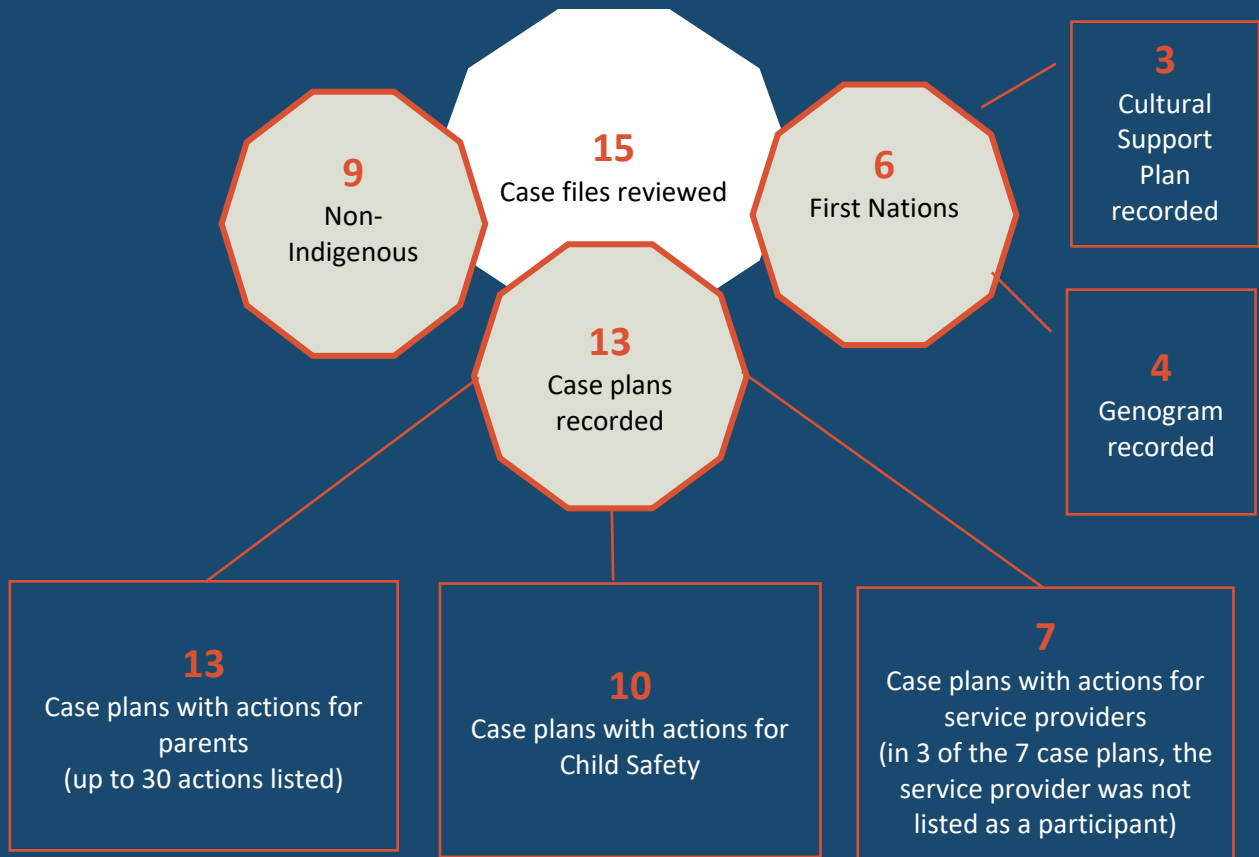
Case plan data



Case file review

Of the **15** case files reviewed, **13** cases (87%) had a recorded case plan. **6** case plans were approved within **1 month**, **5** within **3 months** and **2** within **4 and 8 months** respectively.

2 cases had no case plan recorded and the cases closed within 3 months – one due to a shared care arrangement and the other due to the parents' withdrawing agreement.



1 case identified funding in the case plan (paediatric gap fee) and **5** cases had financial costs recorded on file ranging from drug testing costs, a mental health report, and a birth certificate. Financial support largely related to drug testing costs across the cases reviewed.

Figure 4: Proportion of children receiving support through IPA with a current case plan

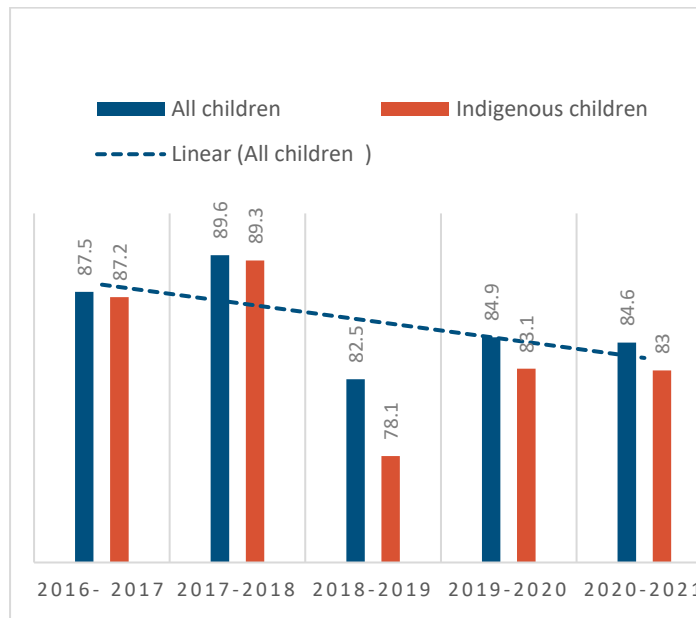
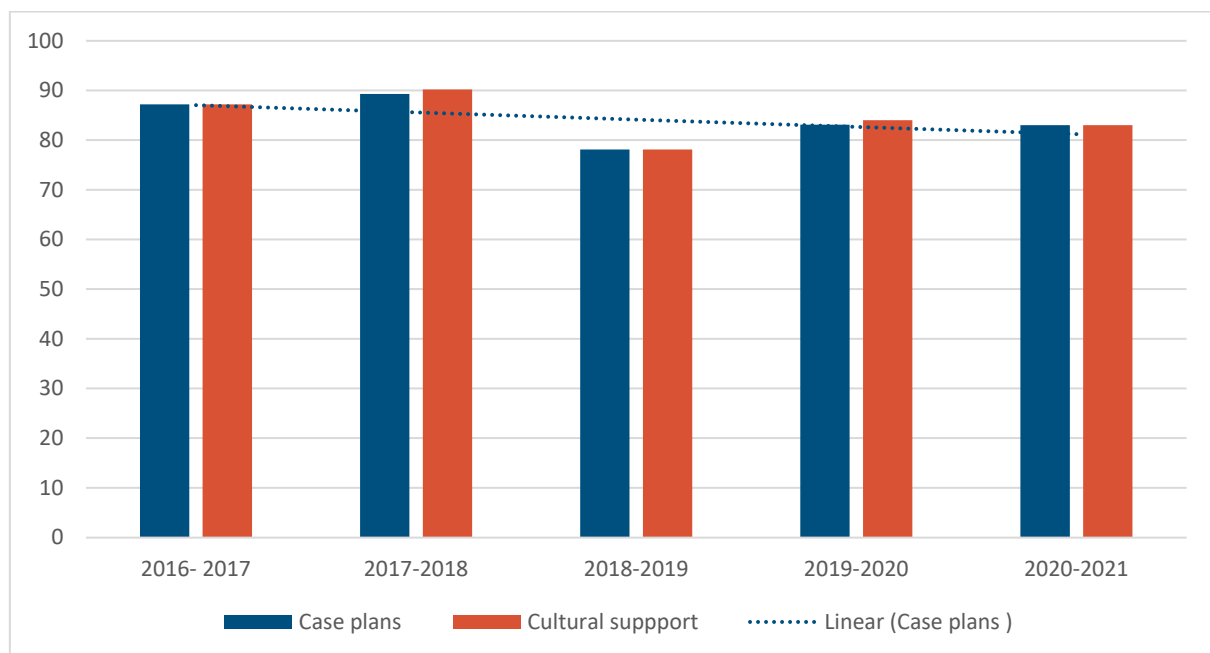


Figure 5: Proportion of all children (child protection order and IPA) with a current case plan



*Child Protection Order (CPO)

Figure 6: Proportion of Aboriginal and Torres Strait Islander children receiving support through IPA with current case plan and cultural support plan³⁵



³⁵ Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) [Our Performance](#).

Service delivery systems

The preferred way of protecting the child is by supporting their family through a range of supports³⁶ while the child remains at home.

“We can’t do this on our own. We can’t keep children safe by ourselves, we have to have people helping us. Whether that’s somebody in the next pod or somebody in the next organisation, we have to be able to invite people to help us to do this, or we’ll miss something.” (Child Safety)

Both government and non-government organisations comprise the service delivery system for IPAs. Supports are provided by statutory, secondary, specialist and universal services, and Community Controlled Organisations. Intervention support by this formal system is usually largely time limited, so it is heavily reliant on the family’s natural or informal networks. Capacity and capability issues across the service delivery system present significant challenges for planning and delivering child protection support through IPA.

Capacity of the system

Issues relating to availability and accessibility of the service delivery system are amplified during IPA as families need services that are immediate, suitable and targeted. Most stakeholders reported that the service delivery system is stretched and requirements exceed capacity. This makes it difficult to achieve and maintain positive changes for the family. It limits the success of intervention and extends intervention timeframes. It also means that the nature and extent of action may be determined by system capacity rather than only needs of the child and their family.

Stakeholders identified the following factors that impact the system’s capacity to respond effectively through IPA:

- limited or inadequate funding
- limited access and availability of services
- insufficient coordination of services and tailored programs
- ineligibility and lack of priority
- caseload and workload issues.

1. Limited or inadequate funding

Financial support for IPA is not reliable or easily accessible, and services such as bulk-billed allied and mental health professionals are limited.

Stakeholders from Child Safety reported:

- access to funding, resourcing and services for IPA is less than that provided for children on child protection orders and in out-of-home care placements
- parents are required to demonstrate an ability to provide for their family’s needs, despite many families having very limited financial resources or flexibility
- staff need to exhaust universal and secondary financial supports and service options, which creates a significant barrier to providing a high level of service and achieving timely outcomes for children.

Child Safety stakeholders said:

“If there was a budget there we could support that need for a child. Transport... little practical stuff... Uniforms, schooling. If the parents were short fall on food for one week, despite trying to overcome all these other challenges and then this is just another thing, “Oh well, come on. You’ve got empty cupboards.” But they’ve spent money trying to get their kids new shoes.”... Definitely increase safety, in terms of if the kids don’t have a uniform it results in them not attending school. Not attending school, not physical in the community, potentially creating more stressors within the family home.”

³⁶ Child Protection Act 1999 (Qld), section 5B (c).

"... we don't have allocated IPA funding, we have to provide these great big rationales as to why we need some money for this family. So if more focus was put there, we probably get more timely outcomes in terms of IPA closures."

"What's happened is that we get kids into the system and there's nothing we can do a lot of because the funding is not there, the service is not there... It's pretty much babysitting, watching, waiting, making sure the kids are okay, not actually being able to work on anything..."

Stakeholders from non-government organisations said:

"... in the IPA space, there's less access to individual services. So the children can't, you know, just go and see a paediatrician, they can't just access any speech therapy or anything that they may need individually. They don't have access... there's no funding, I guess, is what we're really saying. The money isn't there when it's in IPA, and that can hold up an intervention. Quite a lot. Meaning that we're not getting in there and doing that early intervention work, which is predominantly what an IPA is."

"[What] is important, is access to brokerage. When you think about someone's shortcomings in accessing child psychologists, waitlists, things like that, unfortunately becomes a really essential tool..."

"FIS [Family Intervention Services] brokerage funding is actually quite low. We don't actually have a lot of funds, we make it work for our families, because they need it, we pull it from where we can... [Funding things for the home], it actually just changes the entire care that these kids get provided in the home."

"... if I compare it to, you know sort of three years ago... is that it seems like IPA now, just the level of funding... to support families, ... Child Safety... doesn't pay for anything anymore."

2. Limited access and availability of services

Access and availability of services is a major constraint, with extensive waitlists across the state for many different service types. Stakeholders reported that specific areas of concern include community-based mental health services, affordable housing in regional and remote areas, and programs for male perpetrators of domestic and family violence.

Child Safety staff said:

"And then the families are like well, you want us to do all these things. But there's nothing there for us to do."

"Very, very, very rarely are you able to get a referral into CYMHS I don't think I've ever had a referral accepted by CYMHS in this region. Um, I've had other people associated with the family been successful in getting a referral to CYMHS. They seem to take on board a referral from another agency. I think they think well, we should be paying for mental health support, you know, get them to a private psychiatrist or something."

"... also things like funding for things like counselling for kids. Again, we really do need to try to access it through the free services, so mental health plans for kids and that kind of thing as opposed to putting in a funding request to get that covered. Also sometimes whether or not we could get gap fee funded by it. Because all of that's manager approvals. So it's really hit and miss."

"... sometimes with not having accommodation means that living in that chaos doesn't mean you addressed the other stuff either...that instability then brings the other instabilities around mental health and drug use maybe or DV."

A stakeholder from non-government organisation said:

... there are men's groups but they've got such a long waitlist, months. So, often the risk is not addressed although mum might do a lot of things to address

the concerns but dad just needs to step back into the situation and the risk is there again.

3. Insufficient coordination of services and tailored programs

Services and programs tailored to meet the complex needs of children and families through IPA are not effectively coordinated across agencies. This can result in an insular approach to service delivery by discrete government agencies and may cause unintentional impacts on a child's safety and wellbeing. In addition, sometimes the programs available are not what the family need or are ready to engage with.

Many stakeholders from Child Safety expressed the view that IPA is not well understood in other government agencies. This can result in agencies delaying actions, not taking on responsibilities for children or not understanding the impact of their actions on the child or their support network (for example, the impact of the suspension or exclusion of a child from school). Disagreement, conflict and tension between organisations can also result in service delays or issues remaining unresolved for children and families.

In the absence or delayed commencement of other government services, Child Safety may be left to deliver supports or fund alternate programs and services. Advocacy stakeholders stated an expectation that when parents encounter lengthy service waitlists, Child Safety should be able to offer support and resources.

Child Safety staff said:

... it needs to be a community response... Like a shared responsibility between like schools, Child Safety, you know, NGOs... and we try to do that with our care teams... But even coordinating them sometimes is really complicated when everyone's got their different agendas.

... so you can then find yourself in a role often, of advocating on behalf of the parents, in that environment to work, to get everybody working

collaboratively. And that can be just as challenging, and for those sorts of cases, it can be sometimes more challenging, dealing with that, than actually working with the family.

the schools are a great source of information and guidance for us. Their knowledge... Until they exclude the kids.

And we've got no rehab or really no even – not even rehab, just any other service that deals with ice addiction. ATODS do the best that they can do but it's... Not specific enough... set them up there and they're just over packed, the waiting list is ridiculous.

... it was about the strength of the secondary system to have a continuous plan to success, and that was about letting the father down, and then we had to get involved. This is one of the borderline of is it an IPA, is it not, it could end up really bad in the future, kids come into care, but if we don't do this, again, it's a time limited piece of work, we need to help this family right now, otherwise these kids down the track probably will come into care.

if there is NDIS involved there can be a back and forth between Child Safety and NDIS in terms of whose responsibility is this... So that's a real barrier as well for families because they're just in the middle.

A stakeholder from non-government organisation said:

... [a parent] with intellectual impairment needs a lot of supports... So a lot of energy and work went into that support service space, building the support network ... And a lot of energy went into making sure that we had done that beforehand work. Where on the face of it had we not done that piece of work it would have been one that could have very easily just been, "Oh, well we'll bring their child into care."

4. Ineligibility and lack of priority

Children receiving support through IPA are not clearly identified in the service delivery system. Unlike children on child protection orders and in

out-of-home care placements, they do not have priority access to services. For example, they are ineligible for Education Support Plans and are not prioritised for Child Health Passports or Evolve services. In addition, support services, such as Tertiary Family Support Services, offered during IPA are primarily focused on parents, rather than on the child.

The time consuming and complex application processes of the National Disability Insurance Scheme (NDIS) is a significant concern to stakeholders. Many advised that they could close some IPA cases once NDIS support is set up for the child and family. Child Safety staff reported: *"... getting the child's assessed... so that they'll make, like an NDIS plan. And then we get the plan that's taken a year, a fair bit of time. And then, this is the kicker... finding the supports to actually meet the NDIS goals."*

"We're getting a lot of child protection concerns come in that are really disability concerns. The family's not receiving the adequate therapeutic support they need for the children or themselves and we're crisis managing that because they become a child protection worry.... So then they're rolled into IPAs."

5. Caseload, workload and workforce capacity issues

Child Safety staff report high caseload and workload pressures. Manageable caseloads can make a real difference to a worker's capacity to engage with children and families and provide effective, high-quality risk assessments and planning, especially in the crisis-driven environment of child protection work. Stakeholders from Child Safety commonly identified that their capacity is impacted by:

- caseload numbers that do not accurately reflect the work required to manage IPA cases efficiently and effectively or work on cases allocated to someone else (some stakeholders would prefer the organisation to focus on workload levels and intensity rather than caseload numbers)

- a range of systemic factors that are difficult to quantify and are not reported on, such as the workloads of Family Group Meeting convenors, inadequate access to vehicles, onerous administrative requirements, complex reporting systems and court work processes
- high staff turnover and vacancy rates, unequal distribution of resources and regular and rapid implementation of operational and policy requirements that add to the demands placed on workers (many stakeholders report the loss of additional hours worked and challenges in balancing their work and home lives).

Stakeholders described feeling stressed, isolated and unsupported in their work when these factors are not acknowledged and addressed. Some stakeholders from Child Safety welcomed new ways of working during the f (for example, working from home and using the internet for virtual meetings and face-to-face home visits). These changes resulted in more time for workers to complete assessments, safety planning and administrative requirements, such as reporting.

Stakeholders from non-government organisations recognised that their caseloads are lower than Child Safety, meaning they have more time for intensive and proactive work with families. In addition, lower caseloads are said to result in lower staff turnover. Child Safety staff said:

"If you've got 20 cases and probably 80% of them generally are high risk. So, you're out there visiting them every week. It sort of, it almost becomes like a tick box, I just need to get in here and see this child to make sure they're okay. You don't have time to sit and have those long conversations and build those rapports and those relationships, that again, make parents more likely to engage."

"... on any given day, we rock up to do our very best and we do that and we try really hard, but we've only got so much time in the day and so many hours, and we're not told things and we don't see things..."

"... there's nothing worse than walking away from a case, going, because of this, this and this, which had nothing to do with the family... They didn't get the outcome they should... That sucks, I'm going to be honest."

A stakeholder from non-government organisation said:

"... as our caseload goes up and the demand and the complexities that sit with the families, so too does the paperwork... I understand it, and I appreciate it, and I'm all for it, but it's a lot. And that then contributes to burnout, it contributes to compassion fatigue, it contributes to all these other things that then lead to turnover in Child Safety and not so much the NGOs but can. So, it's finding that balance."

6. Monitoring data and outcomes

Stakeholders stated that IPA reporting by Child Safety and monitoring by non-government organisations (funded to provide support to families during IPA) tend to focus on compliance with processes and funding guidelines, rather than outcomes.

This makes it challenging to determine IPA efficiency and effectiveness as an ongoing support option for children and families. This limits accountability across the service delivery system and restricts opportunities to learn and improve IPA assessments and decisions. A monitoring and evaluation approach that includes a range of data sources and methods could help determine whether IPA investment and efforts are translating into outcomes for children and families.

Child Safety's *Our Performance* data does not measure the medium to long-term impact of decisions and actions on the life outcomes of children receiving support through IPA for example, the number of children who later become subject to a CPO or have a subsequent IPA.

"Certainly get the sense from the [survey] forms and the odd paragraph seen at the end of the closure too, that [families] really have, from a heartfelt

space, they've appreciated the work, once you've been engaged". (non-government organisation)

"If our success of an IPA is about kids not entering care I think it's highly successful IPAs because not a lot of our kids – yeah, we do remove a lot of children but those children don't necessarily have other interventions like other IPAs. I think it might be that just a notification results in those children cannot go home, they cannot be safe at home so they have to come into care. I think our IPAs, like at the moment, might be high-risk but eventually they reduce and we can close." (Child Safety)

Capability of the system

The skills and knowledge of the workforce must be of a high standard and the workforce must be of a sufficient size to adequately support IPA processes. Stakeholders noted that Child Safety staff need to be skilled at both developing and maintaining engagement with children and parents as well as identifying, managing and responding to risks. When the most skilled staff are unavailable, inexperienced workers need to be well supported by skilled and experienced leadership teams. Stakeholders placed a strong emphasis on nurturing a positive teamwork culture, where workers support each other and are supported by their local leadership team to manage high-risk situations. Stakeholders recognised that system capability could be improved by:

- strengthening cultural competency and practice, including a recognition of the cultural authority of the family and the role of Community Controlled Organisations
- increasing recruitment, support, development and retention of Aboriginal and Torres Strait Islander staff
- reducing the impact of staff recruitment and retention issues (for example, Child Safety and Tertiary Family Support Services often compete for staff from the same candidate pool).

- greater organisational support for skills development and specialised training of the IPA workforce (such as, time to attend training, provision of refresher training and training that is not limited to on-line modules).

Lower numbers of IPA cases compared with child protection order cases in Child Safety may mean staff have fewer opportunities to develop effective IPA management capabilities. Staff reported:

"We turn over a lot of staff in this office... what I'd like to do as soon as we can, is not an office planning day but a more of a relationship, an opportunity to spend the day revisiting our relationships with each other and digging deeper into our relationships with each other to really strengthen our relationships with each other, because if people feel like they belong at work and they belong here and then they're likely to want to continue to stay here and feel valued and respected."

"... limited resources at the moment. It's a big worry that we've got. A high turnover. We've seen the impacts now on all the conversations that have been had to children and families and just how they're feeling as a result of that constant turnover and new influx of staff. So we've got a really big job ahead of us in this [area] given that the majority of people are brand new. There's only a handful of us that have over, I would even say three years' experience, is experienced."

"... there's bits and pieces [of training] but there's not anything IPA specific around how you should engage with an IPA, what that would mean."

"We've become specialised and we've become really good at what we do. But have no skill set beyond that in the context of the continuum, because it's not like we're recruiting staff from OI [Ongoing Intervention] to come into I&A [different skillsets]."

"... a lot of the time the training gets put on the backburner because there's so many other things to do in the day. But, especially in the IPA space, that knowledge and that learning really needs to be

there. Because that way you can actually provide that to your families that you're working with, rather than having to kind of refer it out to another service, or if there's a massive waitlist."

Stakeholders from non-government organisations said:

"... we need to get more, kind of, cultural supervision into our space so that, you know, we can be more sensitive, I guess, when we work with families... we recognise it's an area of improvement for us."

"And I don't think even during stuff like cultural awareness training and everything like that really cuts it either. And I think that the ones that do that they tick a box. But when you find out that it's actually a non-indigenous person doing the cultural awareness training, you think, "Oh that's a bit of a did and done."

Tertiary family support services

Many families receiving support through IPA also receive tertiary family support from Child Safety in the form of Tertiary Family Support Service (TerFS) which was previously called Family Intervention Services (FIS). These services support families where children have been assessed as in need of protection within the tertiary child protection system. TerFS services are designed to:

- support families where the child remains living at home under intervention by Child Safety Service Centres (such as IPA)
- assist in the reunification of the child with their family from an out-of-home care placement, where the child is subject to a child protection order.

The focus of TerFS is on the family unit; they most often work with parents and other family members, rather than directly with children. Stakeholders view TerFS staff as competent and highly skilled workers. However, they also pointed out that the focus, motivations and challenges of TerFS and IPA often differ. For example, most children on IPA have not experienced out-of-home care placement, while

children being reunified under TerFS may not have been in their parents' care for some time.

Stakeholders describe TerFS services being stretched and overcapacity in many areas of Queensland. This means services are not available when needed and families are often placed on waitlists for months. For some IPA families, this may result in escalated risks and lost opportunities for engagement.

Stakeholders from non-government organisations said:

"That in itself has huge complications because when we've got 35 referrals on the list and a 20 week wait for the next allocation to be picked up that's a family that's getting minimal support, minimal intervention because Child Safety are waiting for a FIS to be involved and we're a support service... When we get to those families and pick that referral up there's so much more crisis and chaos within the family because there hasn't been that's support given to them while they've been on the waitlist for FIS."

Our huge worry is that absolutely, things get worse whilst families are on the waitlist. And then what we find is that those complexities increase, our programmes technically are only a 12-week structure at any one time. So there is a 12-week cycle, and we can extend up to 12 months. What we're finding is, at the very minimum, our interventions are six months, and extending over that 12-month period, because we spend so much time kind of dealing with the crisis that's happened by waiting for the waitlist, having to get specialist services in and deal with all those things. And then we've actually gotten a pattern recently where we've gotten really close to closure, and then more concerns have come up or other things have happened. And we've had to kind of continue on.

... we've tried a lot of different strategies and ideas to try and get a better hold on this waitlist so it's not blowing out of proportion...just seem to get bigger and bigger and bigger... By the time we pick them up then we don't have the time we had when the referral was sent through because we needed to prioritise the more complex family as well.

Prioritising families then impacts everyone else on the waitlist too and that's... out of our control.

Child Safety stakeholders spoke of the need to increase funding for TerFS to be able to support children and their families on IPA:

"... we really need to fund the FISs more, so that they can do more work, because I think when a service is funded full time, that's how they just get in and do the work. Don't need approvals and they have consistent money. Not sure if the funding has increased since it started though."

"My view is we really need to fund the FISs more, so that they can do more work, 'cause I think when a service is funded full time, that's how they rely. They actually just get in and do the work... the FIS is funded no matter what. They don't rely on approvals and all that, so they have consistent money... I think the funding for FIS probably, I don't know, it might have increased, but it feels like the funding that's there was what IPA was like ten years ago."

Stakeholders try to manage the limited TerFS capacity through triage and waitlist prioritisation, using Child Safety Support Officers and funding fee-for-service providers. In some regional and remote locations, stakeholders report that the number of fee-for-service providers has grown in response to demand.

Some Child Safety stakeholders suggested that Child Safety officers could undertake TerFS work with IPA families and ought to be given additional training and skills development. Other stakeholders believe this would result in duplication of work or uncertainty about the respective roles of Child Safety and TerFS staff.

Stakeholders told us that it can be challenging to prioritise and balance the competing demands of IPA cases and children being reunified with their parents from out-of-home care placements. The latter children are often prioritised by TerFS and Child Safety meaning that families with children receiving

support through IPA may wait longer for TerFS. Consequently, children and families can remain unsupported if Child Safety are also limited in their capacity to engage with them.

When Child Safety close an IPA case, funding and support services (including TerFS) may also end. Many families' transition to secondary, universal or privately operated services may be hindered by unavailability of services, long waitlists and inability to pay for services. Some stakeholders suggested that TerFS could refer families to other secondary supports, such as playgroups or Intensive Family Support, however this is not always possible. The lack of 'step-down' services for children and families at the end of IPA support can contribute to children returning to the attention of Child Safety.

Stakeholders from Child Safety reported:

"... you're dealing with a waitlist of God knows how long where IFS at different times can pick up immediately. I think sometimes that has led decision making around whether you are or are not going to do an IPA because you literally don't have a service to put in there where over this side yes, you do."

"... all of our FIS services are at capacity and all have waitlists so it's at least... 6 to 8 weeks as a minimum waitlist. So we do send out a lot of in-home support package requests, not just always for intensity for those complex cases but sometimes just to get support in there really quickly."

"As soon as we close, they're [services] out a few weeks later. They're going, "No, they're alright, they can handle." And we've seen families come back through the door because of that."

"But I don't know where it could have improved other than we should have been in years ago. So obviously they've gone under the radar for a long time, and they've only just been [on] the radar of Child Safety... they haven't been to school off and on for a few years and she was in the women's shelter... so there is a few red flags that could have picked it up right to now, and I think that's what the case is.. . Picking them up earlier..."

(Stakeholder from non-government organisation)

... the main thing is the [child's] connection and not just to the parents, but to their home, to their bedroom, to their pets, to their friends at school, to their neighbours, all those things that, it's not just the parents that we're removing the child from, if we have to remove the children. We really try very hard to do everything that we can before we subject the children to the trauma of losing all those other important things in their life as well."

(Stakeholder from Child Safety)