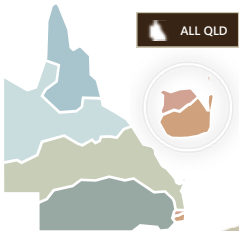


Over-representation of Aboriginal and Torres Strait Islander children and young people in Queensland's statutory child protection system

Select region

Viewing information for:

South East



The story behind the latest data 2022-23

In 2022-23, the South East had a significant increase in CCRs - almost 500 more CCRs and a quarter of the statewide increase. It increased to 32 First Nations children per 1000 First Nations children (127.5 per 1000 compared to 95.8 per 1000). The growth is primarily driven by mandatory reporters, particularly school personnel. In 2022-23, school personnel accounted for almost one-third of CCRs. Stakeholders reported schools are referring children due to concerns of neglect/ unkemptness arising from cost of living pressures.

Despite an increase in CCRs, notifications and substantiations remained stable. ATSICCOs felt that some families should be referred directly to family support services, and children should have access to behavioural support services.

All stakeholders reported that the housing crisis is pushing families to areas without services or forcing families into chronic homelessness. For the first time, stakeholders say homelessness is a primary reason for children coming into care. Previously, homelessness did not automatically mean a parent was unwilling to care for and protect; however, chronic homelessness coupled with the cost of living pressures (such as the increase in the price of food, fuel and school essentials) is resulting in parents' being unable to meet their children's needs.

Due to changes in Child Safety staff, an ATSIICO reported a significant decrease in engagement with the local Child Safety Service Centre, and it was having a negative effect on families. The ATSIICO states it is no longer working at the early intervention end of the

Change in the number of First Nations children in out-of-home care since the previous year

+41

South East

WORSENING

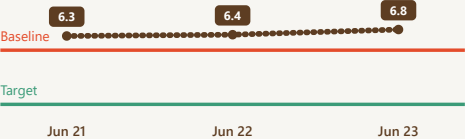
Disproportionality ratio

6.8

Progress towards eliminating over-representation

WORSENING

South East



View the data...

Entry

Duration

Exit



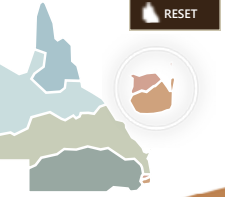
BACK

ENTRY into the child protection system

The Queensland Family and Child Commission (QFCC) will report annually on whether the number of Aboriginal and Torres Strait Islander children and young people entering the child protection system is significantly less than the number exiting.

All data in this snapshot refers to **Aboriginal and Torres Strait Islander children**, unless otherwise stated for comparison purposes.

Filter by single region



Child Concern Reports (CCRs)



Select year

South East

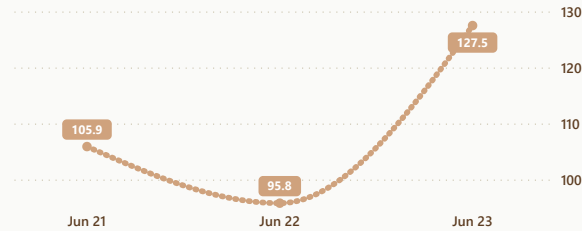
Jun 23

1,818

Number of Child Concern Reports

Rate per 1,000 First Nations children

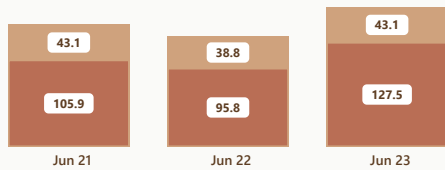
SE



Proportionality (rate per 1,000)

South East

Aboriginal and Torres Strait Islander children Non-Aboriginal and Torres Strait Islander children



Notifications



Select year

South East

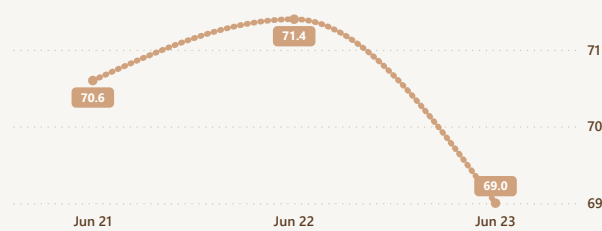
Jun 23

1,048

Number of Notifications

Rate per 1,000 First Nations children

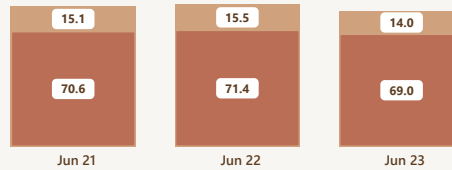
SE



Proportionality (rate per 1,000)

South East

Aboriginal and Torres Strait Islander children Non-Aboriginal and Torres Strait Islander children



Entry into out-of-home care



Select year

South East

Jun 23

1,033

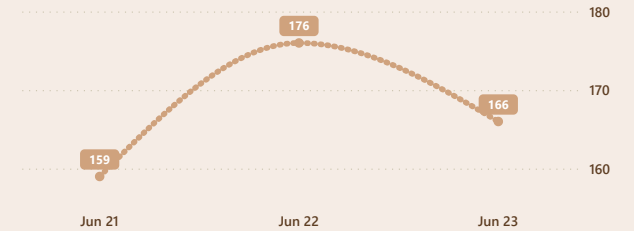
Investigations finalised by 30 June

166

Children entered out-of-home care

Number of First Nations children entering out-of-home care

SE



Proportionality (rate per 1,000) - children entering out-of-home care

South East

Aboriginal and Torres Strait Islander children Non-Aboriginal and Torres Strait Islander children





BACK

DURATION of placements in out-of-home care

The QFCC expects to see:

- an increase in the placement of children and young people with kin and family
- a reduction of the length of time in care
- a reduction in the number of Long-term Guardianship orders granted to the Chief Executive.

All data in this snapshot refers to **Aboriginal and Torres Strait Islander children**, unless otherwise stated for comparison purposes.

Filter by single region



Placement type



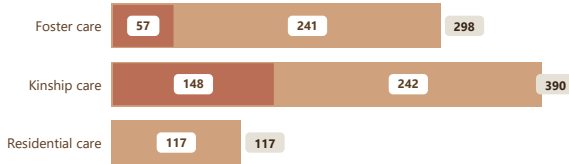
Number of First Nations children placed in out-of-home care

South East

Filter by year

Jun 23

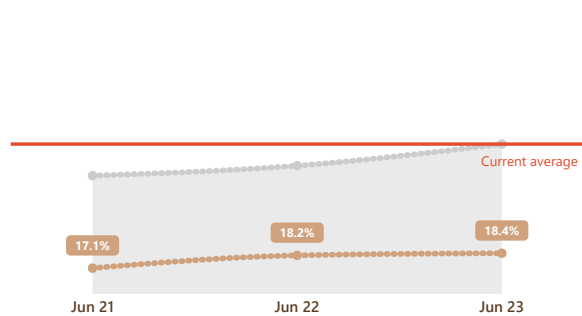
● Aboriginal and Torres Strait Islander carer ● Non-Aboriginal and Torres Strait Islander carer



Percentage of placements with First Nations kin

● SE

● QLD



Length of time

Filter by year

Jun 23

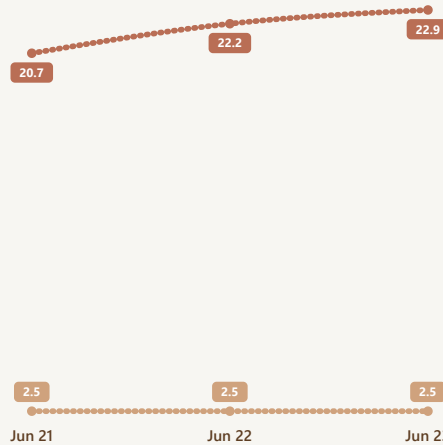
South East

237 248 320
< 2 years 2-5 years 5+ years

Children in out-of-home care for 5+ years (rate per 1,000)

South East

● Aboriginal and Torres Strait Islander ● Non-Aboriginal and Torres Strait Islander



Long-term Guardianship order type



Filter by year

Jun 23

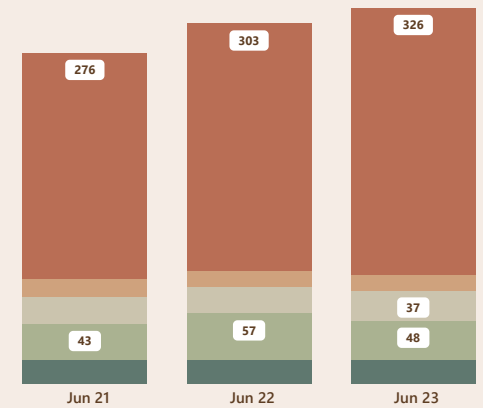
South East

91 374
To other carer types To Chief Executive

Number of First Nations children under Long-term Guardianship order/Permanent care orders

South East

● Other - First Natio... ● Chief Executive - ... ● Other - Non First ... ● Other - Foster ... ● Chief Executiv...





BACK

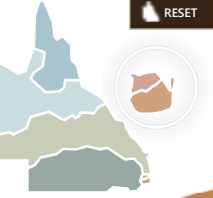
EXITS from the child protection system

The QFCC expects to see a focus on the reunification of Aboriginal and Torres Strait Islander children and young people with family, and eventually exits to exceed entries into the statutory child protection system.

All data in this snapshot refers to **Aboriginal and Torres Strait Islander children**, unless otherwise stated for comparison purposes.

Filter by single region

RESET



Reunifications

South East

Select year

Jun 23

26

Children were reunified with their families

Aged out

South East

Select year

Jun 23

35

Children aged out of child protection

Exits

South East

Select year

Jun 23

57

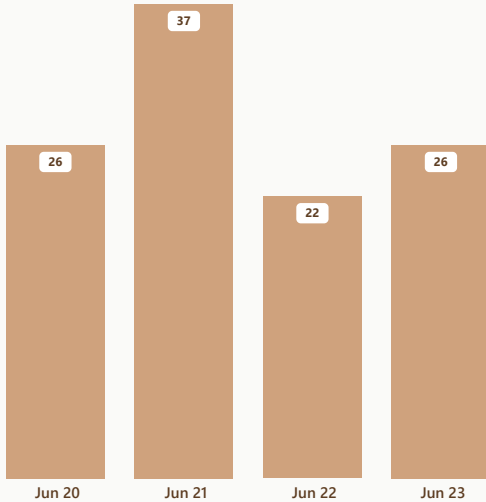
Reunified or aged out

29

LTG-O: First Nations kin

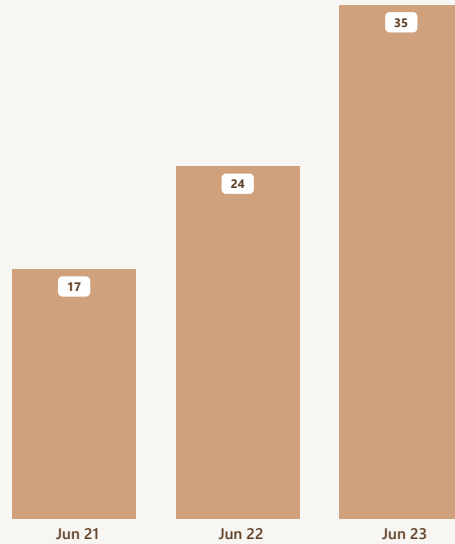
Reunifications

SE



Number of First Nations children who aged out of child protection

SE



South East



Number of First Nations children remaining in out-of-home care South East



In 2022-23, the South East had a significant increase in CCRs - almost 500 more CCRs and a quarter of the statewide increase. It increased to 32 First Nations children per 1000 First Nations children (127.5 per 1000 compared to 95.8 per 1000). Mandatory reporters, particularly school personnel, are the primary reason for the growth. In 2022-23, school personnel accounted for almost one-third of CCRs. Stakeholders reported schools are referring children due to concerns of neglect/ unkemptness arising from cost of living pressures.

Despite an increase in CCRs, notifications and substantiations remained stable. The South East was the only region that had a decrease in Aboriginal and Torres Strait Islander children entering out-of-home care (10 fewer children in 2022-23). The South East partnered with Queensland Health (Gold Coast University Hospital) to trial a program for First Nations mums and babies at risk of entering out-of-home care. The region is exploring different ways of working for intake, and investigation and assessments in partnership with ATSICCOs.

All stakeholders reported that the housing crisis is pushing families to areas without services or forcing families into chronic homelessness. Stakeholders say homelessness is a primary driver for children coming into care. Previously, homelessness did not automatically mean a parent was unwilling to care for and protect; however, chronic homelessness coupled with the cost of living pressures (such as the increase in the price of food, fuel and school essentials) is resulting in parents' being unable to meet their children's needs.

South East had strong referrals to Family Support Services; however, one ATSICCO reported that a change in Child Safety staff, has resulted in decrease in engagement which is having a negative effect on families. The ATSICCO said it is no longer working at the early intervention end of the continuum and, in many cases, it is only being engaged (or receiving a referral) after Child Safety has intervened. ATSICCOs in the region are well placed to allow active efforts across the continuum at all key decision points.

Similar to other regions, ATSICCOs reported inconsistency in applying active efforts for ATSICPP across the continuum of care. For example, the Family Participation Program has seen more self-referrals than referrals from Child Safety. While that demonstrates the ATSICCO's good reputation within the community, it indicates that some First Nations families will likely need more support. ATSICCOs called on greater consistency and transparency of active efforts, and evidence of those active efforts is made available to decision-makers and support services to enable a holistic view of the family's circumstances. The South East region noted that it intentionally focuses on leadership and accountability and reconnects staff to the 'why' we do this work and the responsibilities they hold. The region has increased the number of First Nations women in leadership roles and committed to Path to Treaty. The region's leaders are expected to undertake Path to Treaty training and First Nations First training.

ATSICCOs felt families needed greater access to family support services and non-Child Safety funded services, such as disability, health, education and behavioural support services for children. Post-referendum, families report a reluctance to attend non-Indigenous services out of fear of how they genuinely feel about First Nations peoples and whether they will be listened to.

Stakeholders reported needing more specialist intensive family support services with culturally embedded domestic and family violence services. First Nations leaders recognise that current domestic and family violence services fail to address the disruption of cultural practice due to colonisation and racism, and the embedded practice frameworks fail to consider options to decrease conflict within households and promote healing.

Across the South East, there are extended waitlists for paediatric services and no support for behavioural and mental health support for children and young people. (CYMS is limited to those who are self-harming). The health-based model of care fails to recognise and address social determinants and social injustice around the inequity of service provision.

Consistent with ATSICCOs across the state, services called for greater self-determination in service provision and a shift from focusing on outputs to outcomes for families - enabling service providers who understand their communities to determine what services are needed and how to best support families to prevent intervention by Child Safety. The region has worked with several ATSICCOs to develop community-led models for Foster and kinship care, and tertiary family support.

The region has reported recent successes in placing young mothers (who are subject to a child protection order) and their babies in a placement with First Nations kin, keeping mum and bub connected to culture.

Barriers to reducing over-representation:

- Child Safety Service Centres (CSSCs) need to engage consistently and refer to ATSICCOs when a First Nations family comes to the attention of Child Safety and withhold relevant information, such as specifics of the concerns, including family history.
- limited culturally responsive Family Intensive Support services to assist with reunification.
- cost of living pressures resulting in families making financial decisions that result in mandatory reporters referring for 'unkemptness.'
- chronic homelessness and cost of housing pushing people further out and away from services – strong population growth in areas with limited to no services. It is also leading to overcrowded houses that exacerbate existing stresses.
- domestic and family violence services that encompass the impacts of racism and colonisation
- extended waitlists for paediatric services and no behavioural and mental health services dedicated to children and young people
- despite many families being more open to technology post-COVID, services still need to adopt technology.

Stakeholders spoke of the impact of school disciplinary absences on children in care and families accessing Family Wellbeing Services. A key concern is the education system's high use of school disciplinary absences and the lifelong consequences when children do not receive a quality education. One stakeholder spoke of a child with over 10 school disciplinary absences in the past year. It is suspected the child has an undiagnosed disability that affects their behaviours and is known to have a trauma background. The child has not been assessed for eligibility for NDIS, and the constant student suspensions exhaust the working parents' holiday provisions, making it difficult for them to access the multiple assessment meetings needed to establish NDIS eligibility and maintain their ability to meet their mortgage. The family was supported to access the Queensland Government's Child and Youth Mental Health Service (CYMHS), but their referral was rejected as the child was not self-harming or did not have suicidal ideation. With no other local supports available, except with the afterhours service provided by the Wellbeing Service, the child will likely have sustained school disciplinary absences or be forced onto reduced school hours (i.e. the child can only attend school for part of the day). This case highlights the lack of justice and equity in health and education services for First Nations children, and that it has an ongoing impact on family wellbeing and over-representation.

Headspace and ACCORAS provide behavioural and mental health services to young people; however, their service provision identifies the young person as the primary (and sometimes only) client. ATSICCOs are observing that jarjum are presenting with anxieties that are sourced from experiencing the outcomes of structural disadvantages like homelessness and income insecurity, not working with the adult parents/carers to develop shielding strategies (if at all possible) means that the individualised work conducted by these service types is curiously out of context with widely reported social issues and their outcomes.

This practice approach can reinforce a First Nations parent /carer's sense of not being seen as an "effective parent"; i.e. the child becomes the 'expert at coping' and the 'Knowledge holder' rather than the parent being supported to be able to provide context and additional nurture to decrease the jarjum's anxieties. This does not align with the cultural concept of collectivism or a graduated process of being responsible to whom and for what.

A blunt edged practice of confidentiality and mandatory reporting within these services can further exacerbate a First Nations family's vulnerability. It has been identified that a jarjum disclosing being exposed to domestic violence triggers a mandatory reporting to Child Safety. It is crucial that the family is also referred to, or advised of, the local Family Wellbeing Service and the ATSICCOs in the area for support.

It must also be noted that a First Nation parent / carer consenting for their jarjum to access a mental health service is acting protectively and are likely expecting the jarjum to discuss their experience of domestic violence. In other words, the parent is acting culturally, seeing the mental health service as "part of the village" helping raise their jarjum; it is the service systems that are not responding culturally by not involving the parent /carer in meeting the 'heightened' needs of the jarjum at this point of time when the jarjum are presumably processing their domestic and family violence experience. Such a cultural misalignment can be easily bridged if a person (family) focused practice determined actions rather than a risk transference / aversion practice. In many ways, such a practice would reflect the Carmody Reports critical (and enabling) question is the child 'safe enough?'.

Stakeholders felt the risk-averse environment was one factor impacting on reunification attempts. One provider noted that even when some siblings are reunified or live at home safely (such as the younger children), the older siblings are not reunified.

The South East region identified that it does not have culturally responsive or contemporary Family Intensive Support services that can assist with reunification. The region has engaged Kalwun to develop an appropriate model.

QFCC is concerned that the majority of First Nations children (66%) in the South East who are on long term guardianship to other are placed with non-First Nations kin (43%) or foster carers (23%). That is, only one-third of First Nations children on a long term guardianship order to other were placed with their First Nation family. This is compared to statewide average where the majority of First Nations children on long term guardianship to other (56%) are placed with First Nations kin. Across Queensland, it is unclear if Child Safety is ensuring that those children on long term orders to non-Indigenous family members or to foster carers are connected to culture throughout the children's lives.

The South East region is part of the delegated authority expansion. Critical areas to focus on to support the successful rollout are Child Safety, trusting and engaging more with ATSICCOs, and reviewing procurement arrangements to enable ATSICCOs to focus on outcomes for families rather than outputs.