

Appendix D—Performance of the Queensland child protection system

In accordance with Section 40 of the *Queensland Family and Child Commission Act 2014*²⁰ (the Act) the Queensland Family and Child Commission (QFCC) includes the following information in its annual report:

- Queensland’s performance in relation to achieving state and national goals relating to the child protection system [(s 40)(1)(a)(i)]
- Queensland’s performance over time in comparison to other jurisdictions [(s 40)(1)(a)(ii)]
- Queensland’s progress in reducing the number of, and improving the outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system [(s 40)(1)(a)(iii)].

The Act defines the child protection system as:

the system of services provided by relevant agencies to children and young people in need of protection or at risk of harm, and includes preventative and support services to strengthen and support families and prevent harm to children and young people.

Using this broad definition, this report discusses system performance from the point of prevention and early intervention through to protective intervention with children who are at risk or have been subjected to significant harm.

National goals are derived from the *Fourth Action Plan 2018–2020: National Framework for Protecting Australia’s Children 2009–2020*.

State goals align with the seven strategic directions of *Supporting Families, Changing Futures (2019–2023)*, Queensland’s Child Protection Reform Program.


As 2020 marks the end point of the *National Framework for Protecting Australia’s Children 2009–2020* (the national framework), the QFCC drew upon statistical data demonstrating change over the 10-year period, where possible. The national framework is also used as the basis for comparing Queensland’s progress with other Australian jurisdictions.

Queensland’s progress towards achieving state goals is assessed according to the strategic directions and objectives of the Queensland Child Protection Reform Program (the child protection reform program). The QFCC’s assessment also incorporates findings from the *Child Protection Reform Program Implementation Evaluation* it completed in 2017–2018.

In reporting on Queensland’s performance in improving outcomes for and reducing the number of Aboriginal and Torres Strait Islander children and young people in the child protection system, the QFCC has used indicators from a range of sectors and disciplines. They include child protection, youth justice, health and disability services.

Performance measures were identified for each national and state goal through a scan of agencies’ reports and datasets, and through consultation with agencies to determine the suitability, availability and limitations of the data.

²⁰ *Queensland Family and Child Commission Act 2014*, <https://www.legislation.qld.gov.au/view/pdf/inforce/2014-07-01/act-2014-027>.



Where possible, existing measures were used. Where these were not available, the QFCC identified performance measures relevant to the objectives and actions associated with each goal.

The most current data sets available to the QFCC have been used. Reporting dates for data sets range from 2009–10 through to 30 June 2020. All data is referenced according to the date of release.

Data is disaggregated by Aboriginal and Torres Strait Islander status where possible.

Queensland's performance towards achieving national goals

The national framework outlines goals for Australia's child protection systems.²¹ The overarching goal is that Australia's children and young people are safe and well.

Six supporting outcomes are used to demonstrate progress towards this goal. As 2020 marks the end of the national framework's lifespan (2009–2020), it is timely to assess progress over this period.

The national framework has had four action plans over the 10-year period of its operation. The latest, the *Fourth Action Plan 2018–2020*, was endorsed by federal, state and territory ministers in December 2018.²² Its goals, which form the basis for this report, are:

1. improving outcomes for Aboriginal and Torres Strait Islander children at risk of entering, or in contact with, child protection systems
2. improving prevention and early intervention through joint service planning and investment
3. improving outcomes for children in out-of-home care²³ by enhancing placement stability through reunification and other permanent care options
4. improving organisations' and governments' ability to keep children and young people safe from abuse.

National goal 1: improving outcomes for Aboriginal and Torres Strait Islander children at risk of entering, or in contact with, child protection systems

The majority of Aboriginal and Torres Strait Islander children are safe and well and cared for by their parents and family. However, when families are unable to care for their children, their communities and the child and family support system need to intervene.

There are different ways to view the concept of 'improved outcomes' for Aboriginal and Torres Strait Islander children at risk of entering, or in contact with, child protection systems. First and foremost, it is about avoiding unnecessary contact with statutory systems²⁴ such as the child protection system and youth justice system. For children and families who are struggling, this means having available supports and services to reduce their risk of entering the child protection or youth justice system.

²¹ Commonwealth of Australia 2009, *Protecting Children is Everyone's Business: National Framework for Protecting Australia's children 2009–2020*, https://www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf.

²² Commonwealth of Australia 2018, *Fourth Action Plan 2018–2020: National Framework for Protecting Australia's Children 2009–2020*, https://www.dss.gov.au/sites/default/files/documents/01_2019/dss-fourth-action-plan-v6-web-final.pdf.

²³ In some circumstances Child Safety needs to remove a child from their home to ensure their safety. A child may be removed from their home during the investigation and assessment phase or during ongoing intervention. If a child is placed in the custody or guardianship of the chief executive (Director-General) of Child Safety, Child Safety must find an appropriate placement for the child. There are various placement services for the children in Child Safety's care including home-based care (foster, kinship and provisionally approved carers) and residential care services. Children may also live in youth detention centres, mental health facilities, hospitals or have independent living arrangements.

²⁴ A statutory system is established by legislation. It intervenes when people are found to be in breach of established laws such as the *Child Protection Act 1999* or the *Youth Justice and Other Legislation Amendment Act 2019*. Children and families' involvement in statutory systems is compulsory once they meet the threshold or criteria for involvement, meaning they cannot choose not to engage with a statutory service.

Despite a decade of efforts to reduce over-representation of Aboriginal and Torres Strait Islander children in the child protection system, the issue remains as unmanageable as it was in 2009. As Figure 1 shows, more Aboriginal and Torres Strait Islander children are known to the system now than in 2009 – 10.²⁵

This rise coincides with a period of national action and reform. For example, one of the the six supporting outcomes of the *National Framework for Protecting Australia's Children 2009–2020* was to reduce over-representation by supporting Aboriginal and Torres Strait Islander children and keeping them safe in strong, thriving families and communities.

While there are some encouraging new policy commitments and early stage reforms in Queensland, more effort is required to produce measurable results from implementing the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (Child Placement Principle).

As has been recognised in New South Wales' *Family is Culture* report (2019):

The ACPP [Child Placement Principle] was recognised in the primary child protection statute by our democratically elected legislators as a commitment to keeping Aboriginal children with family. Yet this Review has found it is poorly implemented and misunderstood.

In the Queensland context, little in the way of independent oversight of implementation of the Child Placement Principle has occurred. The *QFCC Oversight Strategy 2020–2022* sets out a commitment to reviewing governments' efforts to implement the five elements of the Child Placement Principle in line with the intent to safeguard the rights, safety and well-being of Queensland's Aboriginal and Torres Strait Islander children at risk of or in contact with statutory child protection systems.

The strategy will align with the national priority agreed upon by Community Services ministers nationally.

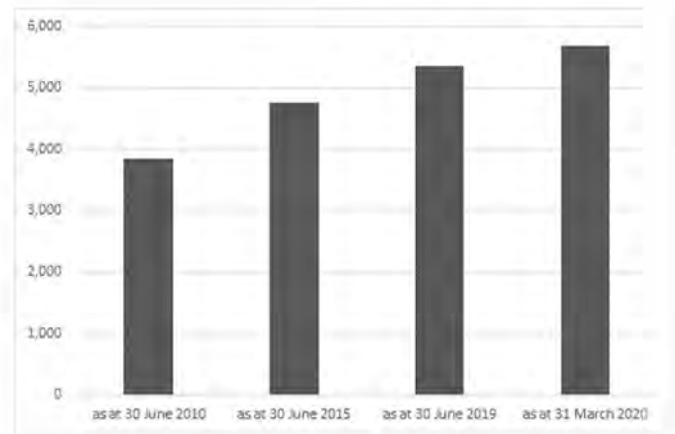
Three measures have been selected to show progress towards this goal:

1. Aboriginal and Torres Strait Islander children and young people subject to ongoing intervention, by intervention type

Queensland Child Safety data captured over the life of the national framework shows an increase in the number of children subject to ongoing intervention. As evident in Figure 2, the proportionate representation of Aboriginal and Torres Strait Islander children and non- Aboriginal and Torres Strait Islander children differs by the type of ongoing intervention (intervention with parental agreement and child protection orders).

According to the latest Child Safety data (as at 31 March 2020) the proportion of Aboriginal and Torres Strait Islander children subject to interventions with parental agreement²⁶ has risen steadily since 2010, although it has slightly decreased since 2019.

Figure 1: Number of Aboriginal and Torres Strait Islander children subject to ongoing intervention in Queensland (Source: Department of Child Safety, Youth and Women 2020)

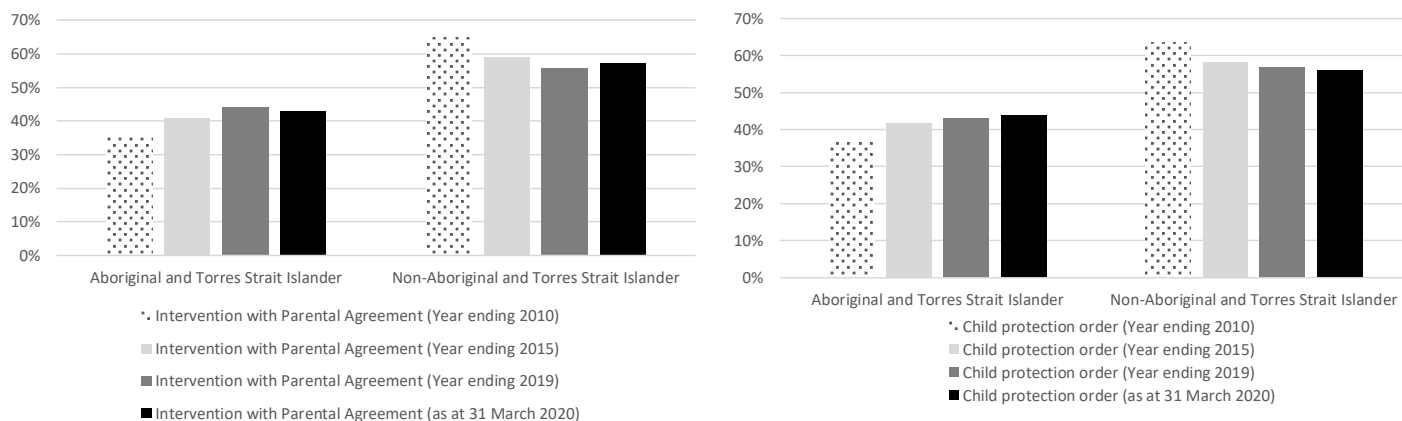


²⁵ Ongoing intervention by Child Safety is required when it is determined that a child is in need of protection.

²⁶ This type of intervention by Child Safety focuses on the needs of a child who is in need of protection, without the need for a court order. The child's parents agree to work cooperatively with Child Safety.

However, the proportion of Aboriginal and Torres Strait Islander children subject to child protection orders (imposed by the Childrens Court) continues to rise, with a corresponding decrease in the proportion of non-Aboriginal and Torres Strait Islander children subject to child protection orders.

Figure 2: Proportion of children subject to Intervention with Parental Agreement and child protection orders, by Indigenous status (Years ending 2010, 2015, 2019 and as at 31 March 2020) (Source: Department of Child Safety, Youth and Women 2020)



2. Aboriginal and Torres Strait Islander children and young people in out-of-home care placed with kin or other Aboriginal and Torres Strait Islander carers or with residential care services

As Figure 3 illustrates, the *number* of Aboriginal and Torres Strait Islander children in out-of-home care who are placed with kin (relatives or family) or Aboriginal and/or Torres Strait Islander carers has steadily increased since 2010, but so has the number of Aboriginal and Torres Strait Islander children *not* placed with kin. The *proportion* placed with kin has slightly decreased since 2015, although it remains higher than it was in 2010.

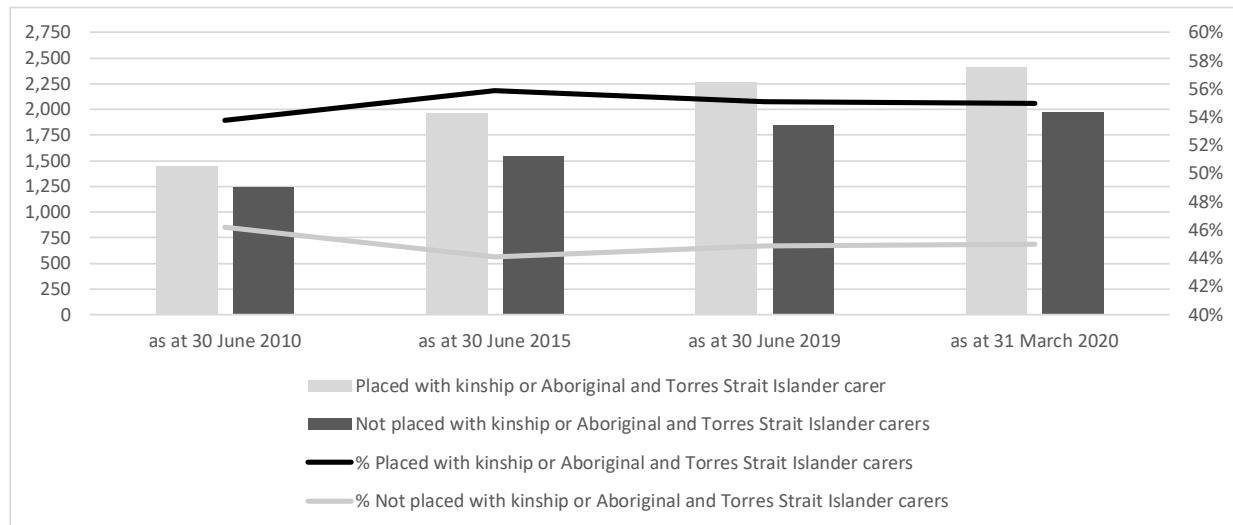
Under the Child Placement Principle, placement of an Aboriginal or Torres Strait Islander child in out-of-home care is prioritised in the following way:

1. with Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members, or
2. with Aboriginal or Torres Strait Islander members of the child's community, or
3. with Aboriginal or Torres Strait Islander family-based carers.
4. If the above preferred options are not available, as a last resort, the child may be placed with:
5. a non-Indigenous carer or in a residential setting.

Current reporting practice in Queensland continues to report on data that combines tiers 1, 2 and 3 of the placement hierarchy of the Child Placement Principle.

These reporting practices aggregate data across the placement hierarchy do not reflect the enduring responsibility for practitioners to actively seek out placements within the child's family and community during their time in out-of-home care. As part of the QFCC's monitoring framework (to oversee Queensland Government's implementation of the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle), information will be sought that disaggregates placement data to more clearly align with the intent of the placement hierarchy.

Figure 3: Number and proportion of Aboriginal and Torres Strait Islander children in out-of-home care who were placed with kinship or Aboriginal and Torres Strait Islander carers (Years ending 2010, 2015, 2019 and as at 31 March 2020) (Source: Department of Child Safety, Youth and Women 2020)



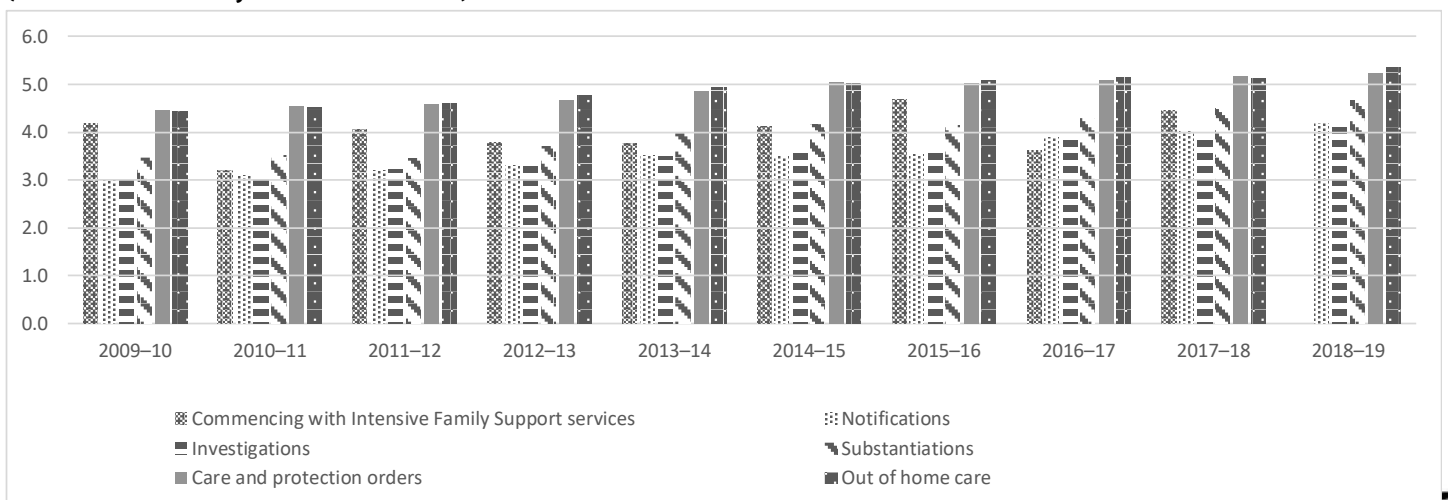
3. Disproportionality ratios for Aboriginal and Torres Strait Islander children

Disproportionality is fundamentally about inequity. Disproportionality ratios demonstrate how proportionate the representation of Aboriginal and Torres Strait Islander children (the target group) in the child protection system is to their representation in the total population of children aged 0–17 years (the target population).²⁷

If the target group’s representation is proportionate to their representation in the target population, the disproportionality ratio will be equal to 1. A number higher than 1 indicates disproportionality, and the higher the number, the greater the extent to which Aboriginal and Torres Strait Islander children are over-represented in the population of children aged 0–17 years.²⁸


Figure 4 provides disproportionality ratios for Child Safety notifications (reports of significant harm that meet the threshold for investigation), investigations, substantiations (when notifications of harm are proven), children commencing intensive family support services (IFS—funded by Child Safety to provide support to families), children in out-of-home care, and children under care and protection orders.

Figure 4: Disproportionality ratios for Queensland’s Aboriginal and Torres Strait Islander children aged 0–17 years (Source: Productivity Commission 2020)



²⁷ Australian Government Productivity Commission 2020, *Report on Government Services 2020: Child Protection*.

²⁸ For a detailed explanation of disproportionality ratios, see Australian Government Productivity Commission 2020, *Report on Government Services 2020: Child Protection*.



As this figure illustrates, Aboriginal and Torres Strait Islander children are represented in the child protection system at least three times (and in some parts of the system, over five times) more than they are represented in the total population of Queensland children aged 0–17 years.

While this does not measure ‘improved outcomes’ for Aboriginal and Torres Strait Islander children, it shows that, year after year, there are more Aboriginal and Torres Strait Islander children for whom we need to improve outcomes once they have entered the child protection system—at much higher rates than their non-Indigenous counterparts.

National goal 2: Improving prevention and early intervention through joint service planning and investment

The importance of prevention and early intervention is recognised across service systems as a critical factor in ensuring the best possible outcomes for children, young people and families. All children deserve to grow up in thriving families and communities and develop into healthy, connected, nurturing and productive adults and parents.

Significant investment has been made in recent years to establish a range of services to support Queensland families earlier. Since 2014, there has been a strong focus on cross-agency partnerships, with considerable effort going towards collaborating at different levels of the child protection and family support system.²⁹ New partnerships have been established and existing ones strengthened with a common purpose of keeping children and young people safe.

Four measures have been selected to show progress towards this goal.

1. Government expenditure on early intervention and prevention services

Figure 5 shows most of the investment in the child and family support system is directed at protective intervention (intake, investigation and assessment and ongoing intervention) and care services (that is, out-of-home care and other supported placements). These services are costly, and because they are directed towards children and families with complex needs, they are intensive and tend to be longer term.

Figure 5 also shows an incremental increase in expenditure across the child and family support system since 2009–10.³⁰ The increase is particularly pronounced from 2016–17. This coincides with the establishment of a range of non-government family support services across Queensland.

²⁹ Queensland Family and Child Commission 2018, *Queensland Child Protection Reform Program Implementation Evaluation 2014–17*, <https://www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection#block-evaluation-reports>.

³⁰ In 2016–17, Queensland revised its cost allocation. This methodology was applied from 2015–16 financial data onwards.

Figure 5: Queensland Government total expenditure (\$ '000) on services, by service type (2009–10 to 2018–19)
(Source: Productivity Commission 2020)

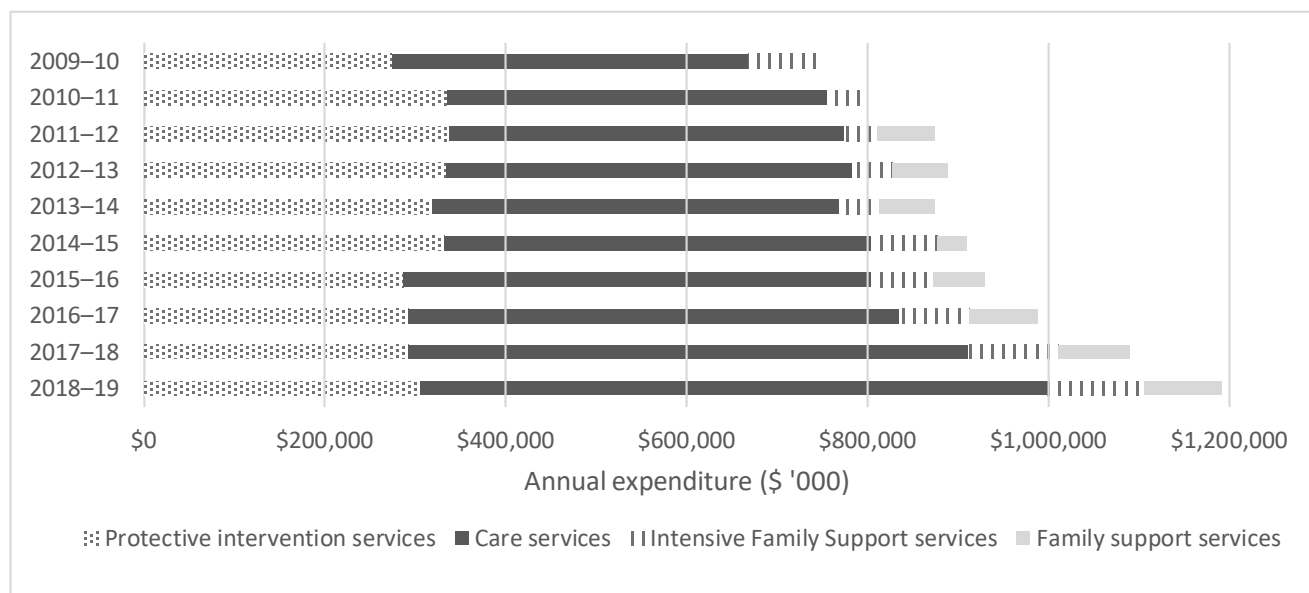
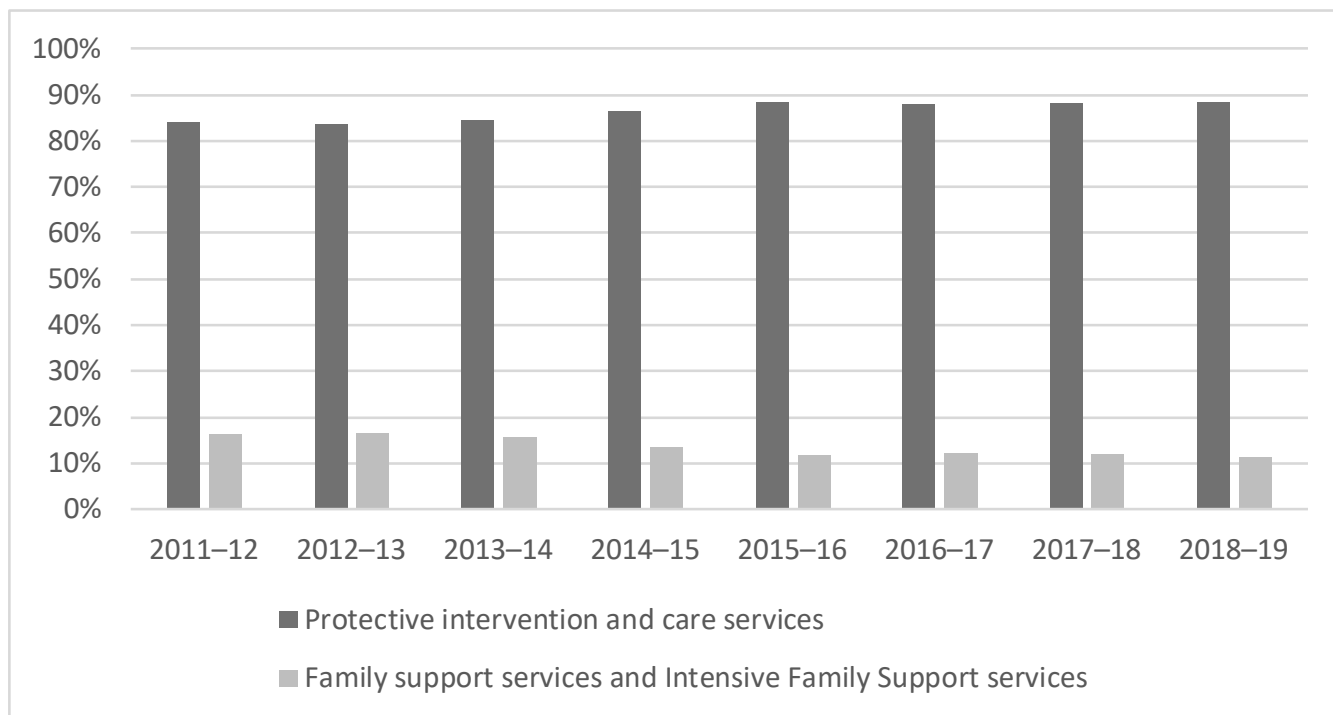


Figure 6 shows the proportion of expenditure spent on protective intervention and care services and family support and intensive family support services. The bulk of expenditure remains on protective intervention and care services. This is despite a near doubling of expenditure on intensive family support services in Queensland from 2014–15 to 2018–19 (Figure 7).

Figure 6: Proportion of total expenditure on services, by service type, Queensland (2011–12 to 2018–19)
(Source: Productivity Commission 2020)



2. Enquiries and active engagements by Family and Child Connect

Family and Child Connect (FaCC) is a state-wide non-government service established to provide information, advice and referrals to family support services to address concerns about the well-being of children, young people and families. A network of 17 FaCC services around the state help families navigate local service systems and increases their access to help and support.

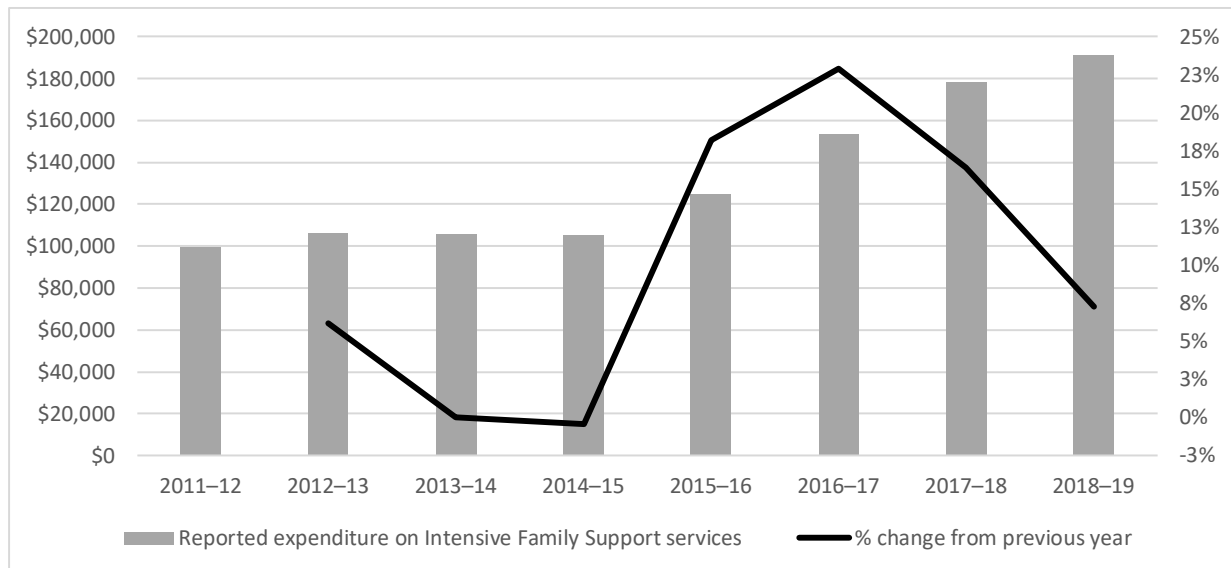
The number of referrals and active engagements with referred families has been relatively steady since the establishment of FaCC services in 2015. The latest data available (as at March 2020) shows 18,547 active engagements of clients (that is, children, young people and their families) with FaCC—slightly down from the 18,556 active engagements reported in December 2019.

3. Investment in intensive family support services and family support services

The Queensland Government has allocated significant resources to increasing service system capacity to respond to increased demand from families for voluntary support services, some of which are generated from FaCC referrals.

Figure 7 shows the increase in expenditure on intensive family support services in Queensland. The most notable growth (in terms of percentage change from previous years) occurs between 2014 and 2016, which coincides with the first two years of implementing the recommendations of the child protection reform program.

Figure 7: Queensland’s annual expenditure (\$ ‘000) on family support services (including Intensive Family Support services) and proportional increase in expenditure from previous year (2011–12 to 2018–19)
(Source: Productivity Commission 2020)



4. Families’ access to family support services

In addition to the 17 FaCC services established since 2016, the Queensland Government has rolled out 44 Intensive Family Support services and 33 Aboriginal and Torres Strait Islander Family Well-being services across Queensland. Intensive family support services are designed to help families before their complex needs escalate to the point of Child Safety intervention, while the Aboriginal and Torres Strait Islander Family Well-being Services are expected to reduce the number of Aboriginal and Torres Strait Islander people in the child protection system.³¹

³¹ Queensland Government 2019, *Supporting Families, Changing Futures*.

Figure 8 shows the number of people engaging with intensive family support and Aboriginal and Torres Strait Islander Family Well-being Services between July 2017 to March 2020. No information is available about the proportion of referrals that go on to actively engage with these services.

Another state-wide service, Assessment and Service Connect, was established in 2017 to work with families—alongside Child Safety—once their child (or children) becomes the subject of a notification of child harm.³² Sixteen non-government services are funded to ‘co-respond’ with Child Safety Services, where appropriate, to assess the level of risk to the child and to provide an appropriate response to decrease the likelihood of the child entering care and increase the safety of the child.

Quarterly service data across the 16 Assessment and Service Connect locations suggests uptake of this service has been slow sporadic. Some locations appear to use the service more readily than others.

As Table 1 shows, Assessment and Service Connect was used most heavily during the July to December 2019 period, but these figures have since decreased.

Figure 8: Number of people accessing Intensive Family Support and Aboriginal and Torres Strait Islander Family Wellbeing Services, by Indigenous status (Source: Department of Child Safety, Youth and Women 2020)

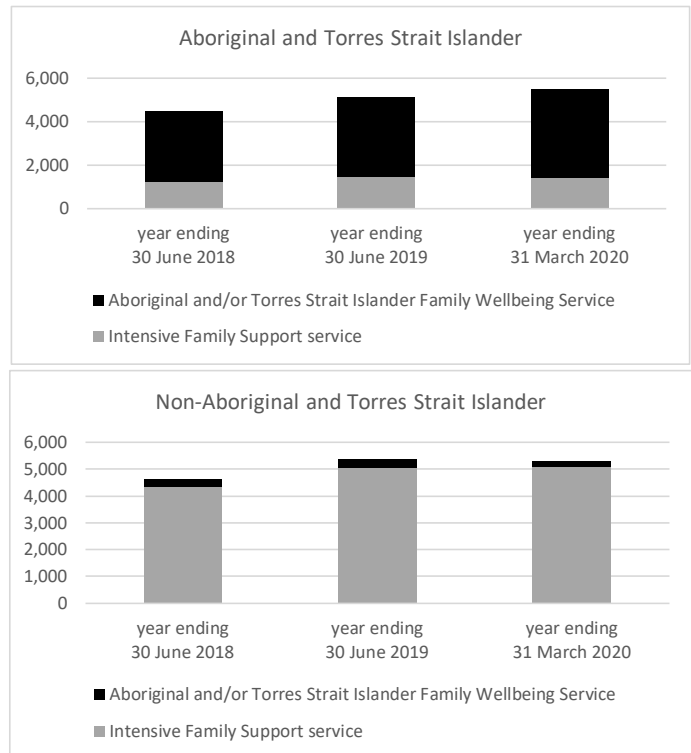


Table 1: Number of Assessment and Service Connect co-responses completed, October 2018 to March 2020 (Source: Department of Child Safety, Youth and Women 2020)

Oct–Dec 2018	Jan–March 2018	April–Jun 2019	July–Sept 2019	Oct–Dec 2019	Jan–March 2020
198	198	202	220	216	192

A recent QFCC systemic review³³ suggests that, if the partnership between Child Safety and the non-government Assessment and Service Connect service provider is strong, the co-response is beneficial for families and well regarded by local stakeholders.

The review found that Assessment and Service Connect did not necessarily divert families from the child protection system as intended, rather it often identified sufficient information during the process to warrant the substantiation of a notification.

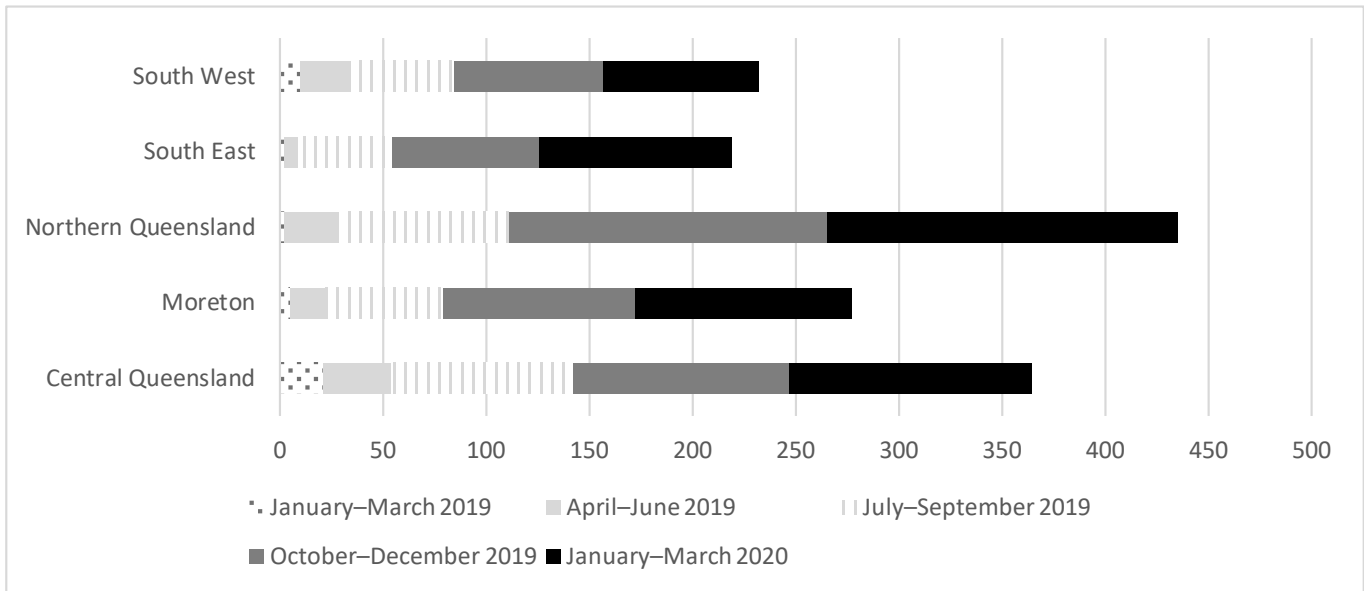
The Family Participation Program is designed to improve the participation in child protection decision-making of Aboriginal and Torres Strait Islander families who have come into contact with the child protection system. It gives authority to parents, families and children to solve problems and make decisions in a culturally safe space from the point at which Child Safety begins an investigation and through the process of ongoing intervention.

³² A notification is recorded where there is a reasonable suspicion that a child is in need of protection, that is, a child has been significantly harmed, is being significantly harmed, or is at risk of significant harm, and does not have a parent able and willing to protect them.

³³ The *Seeing They are Safe* review focused on response timeliness for notifications of child harm.

Figure 9 shows the number of referrals made to the Family Participation Program since its inception. Across each period, the proportion referred to the program by Child Safety is approximately 82 percent, with the remaining 18 percent being self-referrals.

Figure 9: Number of accepted Child Safety referrals and self-referrals to Family Participation Program, January 2019 to March 2020 (Source: Department of Child Safety, Youth and Women 2020)



National goal 3: Improving outcomes for children in out-of-home care by enhancing placement stability through reunification and other permanent options

All children have the right to grow up feeling stable and safe. Researchers have identified that a sense of security, stability and permanency are strong predictors of better outcomes for young people after they leave care.³⁴ Attachment to a responsive adult caregiver promotes a range of healthy social, emotional and physical well-being outcomes for children.

Placement instability, however, can be common for many children in out-of-home care.

This national goal focuses on safety and stability for children and young people in out-of-home care. This is to be achieved in a timely manner that supports lifelong relationships and a sense of belonging, identity and connection.

Five measures have been selected to show progress towards this goal. It is also important to note the Queensland Government has recently taken measures to increase placement permanency through legislation by amending the *Child Protection Act 1999* to favour long-term placements.

1. Children and young people in out-of-home care placed with kin and/or siblings

Child Safety data (see Figure 10) shows that approximately three in four siblings in out-of-home care are placed with at least one sibling, although the percentage of children in out-of-home care who are placed with at least one of their siblings (as at 31 March 2020) has decreased by 3.6 percentage points since 30 June 2010.

³⁴ Commonwealth of Australia 2018, *Fourth Action Plan 2018–2020: National Framework for Protecting Australia’s Children 2009–2020*, https://www.dss.gov.au/sites/default/files/documents/01_2019/dss-fourth-action-plan-v6-web-final.pdf.

Figure 10: Number and percentage of children and young people in out of home care placed with siblings (Source: Department of Child Safety, Youth and Women 2020)

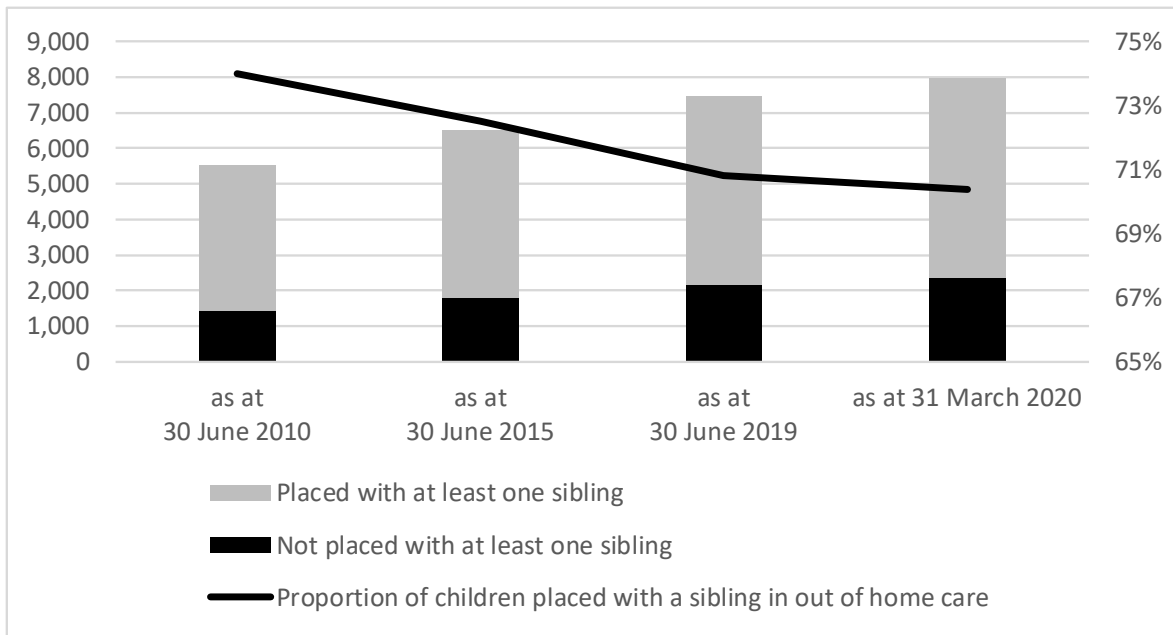


Figure 11 shows the percentages of children in home-based care who have been placed in kinship care and foster care since 2010. This data shows a consistent and pronounced increase in kinship care placements for all children, particularly non-Aboriginal and Torres Strait Islander children who were (proportionally) placed with kin nearly 50 percent more in March 2020 than they were in 2010. There has also been a 34 percent increase in kinship care placements for Aboriginal and Torres Strait Islander children during this period. These are positive results as children should, wherever possible, be placed with extended family (kinship carers) in order to maintain family connections.

In contrast, the percentage of children in home-based care placed with foster carers has steadily fallen for both Aboriginal and Torres Strait Islander children and non-Aboriginal and Torres Strait Islander children since 2010. However, a higher percentage of Aboriginal and Torres Strait Islander children were placed with foster carers than non-Aboriginal and Torres Strait Islander children at each time point.

The QFCC notes an action outlined in the *Supporting Families, Changing Futures 2019–2023* child and family support system reform strategy is to ‘invest in care connected to Aboriginal and Torres Strait Islander kin, community and culture to increase the proportion of children and young people placed with Aboriginal kin’.

As highlighted in the earlier section (National goal 1 – Aboriginal and Torres Strait Islander children and young people in out-of-home care placed with kin or other Aboriginal and Torres Strait Islander carers or with residential care services), under the Child Placement Principle the placement of an Aboriginal or Torres Strait Islander child in out-of-home care is prioritised in the following tiered way:

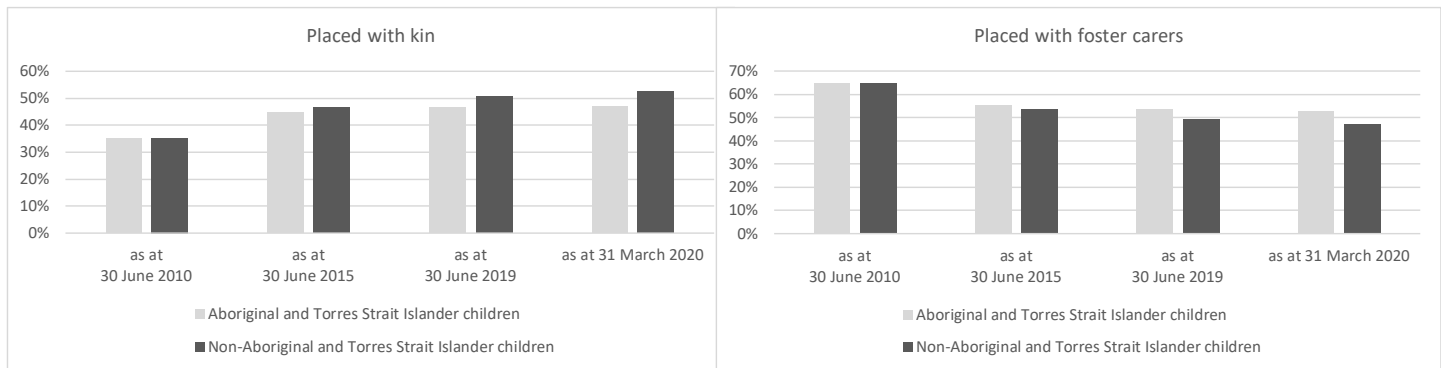
1. with Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members, or
2. with Aboriginal or Torres Strait Islander members of the child’s community, or
3. with Aboriginal or Torres Strait Islander family-based carers.

If the above preferred options are not available, as a last resort, the child may be placed with:

4. a non-Indigenous carer or in a residential setting.

The QFCC intends to monitor implementation of this *Supporting Families, Changing Futures 2019–2023* action to ensure Aboriginal and Torres Strait Islander children are placed with their kin as a priority. The QFCC will also continue to highlight the impact that the current counting rules (which combine placements for tiers 1– 3 of the Child Placement Principle) have on assessing the true placement outcomes for Aboriginal and Torres Strait Islander children in Queensland.

Figure 11: Percentage of children in home-based care placed with kin and foster carers, by Indigenous status (Years ending 2010, 2015, 2019 and as at 31 March 2020) (Source: Department of Child Safety, Youth and Women 2020)



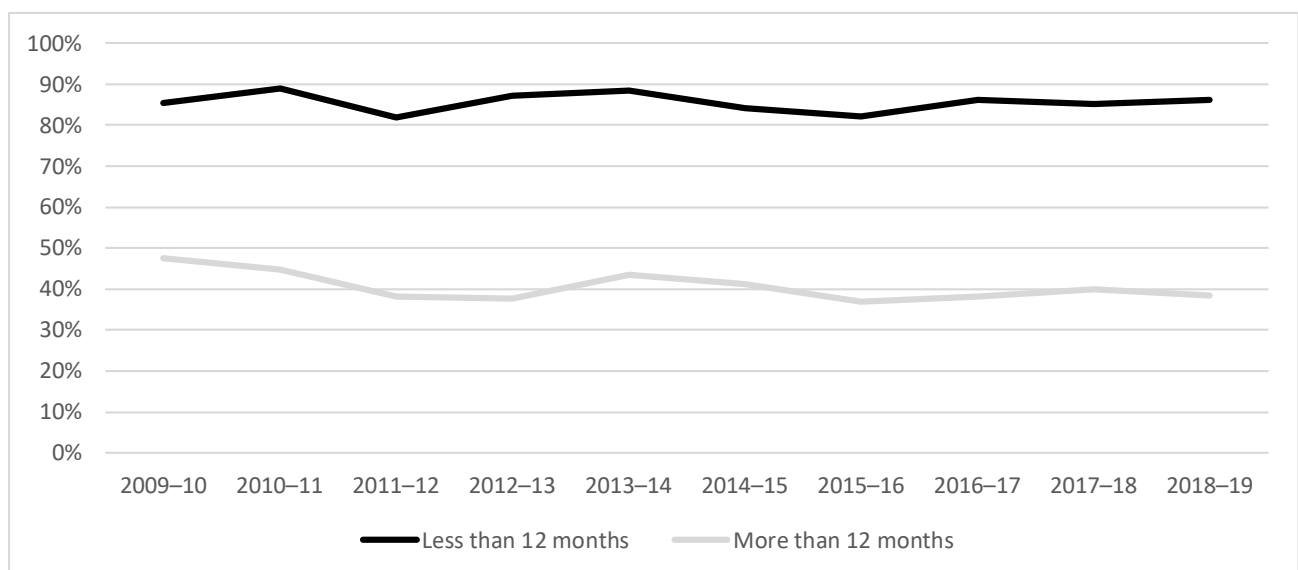
2. Children aged 0–17 years on a care and protection order and exiting care during the year, by number of placements and by the length of time in care

Data from the Australian Productivity Commission reveals that 86.1 percent of Queensland children on a care and protection order, who exited care after less than 12 months, had only one or two placements.³⁵

However, this figure is markedly reduced to 38.5 percent for children on a care and protection order who exited care after more than 12 months.³⁶ Placement instability increases the longer a child is in care. There are a range of reasons why a child may have several placements, such as improving carer-child compatibility.

As evident in Figure 12, children in care for longer periods of time are more likely to experience placement instability.

Figure 12: Proportion of children on a care and protection order with 1–2 placements, exiting out-of-home care, by length of time in care (Source: Productivity Commission 2020)



³⁵ Australian Government Productivity Commission (2020). *Report on Government Services 2020: Child Protection*. Analysis based on information in Table 16A.15.

³⁶ Ibid.

In 2018–19, of all the children on care and protection orders aged 0–17 who exited out-of-home care (1608), 13.4 percent (215) had between six and 10 placements, while four percent of children (64) had 11 or more placements.³⁷

While these statistics tend to relate to children who have been in care for longer periods of time, they are of very concern because the body of research indicates placement instability is a strong indicator of poor health, well-being and social outcomes. These figures show that 279 children had, at a minimum, more than six places to call ‘home’ and in many cases more. They are likely to be conservative.

3. Children aged 8–17 years in care who report they have an existing connection with at least one family member which they expect to maintain

Research has indicated several placement characteristics associated with stability. Placements are known to be more stable if children are placed with kin rather than foster carers.³⁸ Connections with siblings can also serve as a protective factor for children, particularly those who have been removed from their homes.³⁹

If this isn’t possible, children require stability in their placements to let them grow healthy attachments to the adult caregivers in their lives. Research also shows healthy attachments reduce issues such as stress, behaviour problems and mental health issues.⁴⁰

The Australian Institute of Health and Welfare’s (AIHW) *National survey of children in out-of-home care* provides some insights into children’s perceptions of stability and connection with their families.

In 2018, 92.9 percent (368) of Queensland children in care who responded to this survey question reported feeling close to either the family they lived with, the family they didn’t live with, or both. While this may seem positive, this is 1.3 percentage points lower than the national rate. It is also down 3.3 percentage points from the 2015 survey, in which 96.2 percent (395) of Queensland children in care who responded to this survey question reported feeling connections to either the family they lived with, the family they didn’t live with, or both.

4. Children and young people in out-of-home care who report feeling safe and secure in their current placement

AIHW data from the 2018 national survey reveals 90.3 percent of Queensland children aged 8–17 years in care who responded to this survey question reported feeling safe and secure in their current placement.⁴¹ This is comparable to the 2015 survey results for Queensland’s children in care who responded to this survey question (91 percent of whom reported feeling safe and secure in their current placement).

In 2018, a small proportion of survey respondents reported feeling ‘safe but not settled’ (3.2 percent), ‘settled but not safe’ (2.2 percent) or ‘neither safe nor settled’ (4.3 percent). When combined, this reveals that 9.7 percent of Queensland’s survey respondents—36 children—had concerns about their current placement.

³⁷ Australian Government Productivity Commission 2020, *Report on Government Services 2020: Child Protection*.

³⁸ Queensland Family and Child Commission 2017, *Research Summary: Placement stability*, <https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/research/research-summaries/research-summary-placement-stability.pdf>.

³⁹ Children’s Bureau 2019, ‘Sibling Issues in Foster Care and Adoption’, *Child welfare information gateway*, USA, <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>.

⁴⁰ UC Davis Extension Center for Human Services 2008, *Placement stability in child welfare services: Issues, concerns, outcomes and future directions*—Literature review. Davis, CA: Extension Center for Human Services.

⁴¹ Australian Institute of Health and Welfare 2019, *National survey of children in out-of-home care 2018*, <https://www.aihw.gov.au/about-our-data/our-data-collections/national-survey-children-out-of-home-care-2015-1>.

5. Children and young people with transition to adulthood plans who participated in the planning process

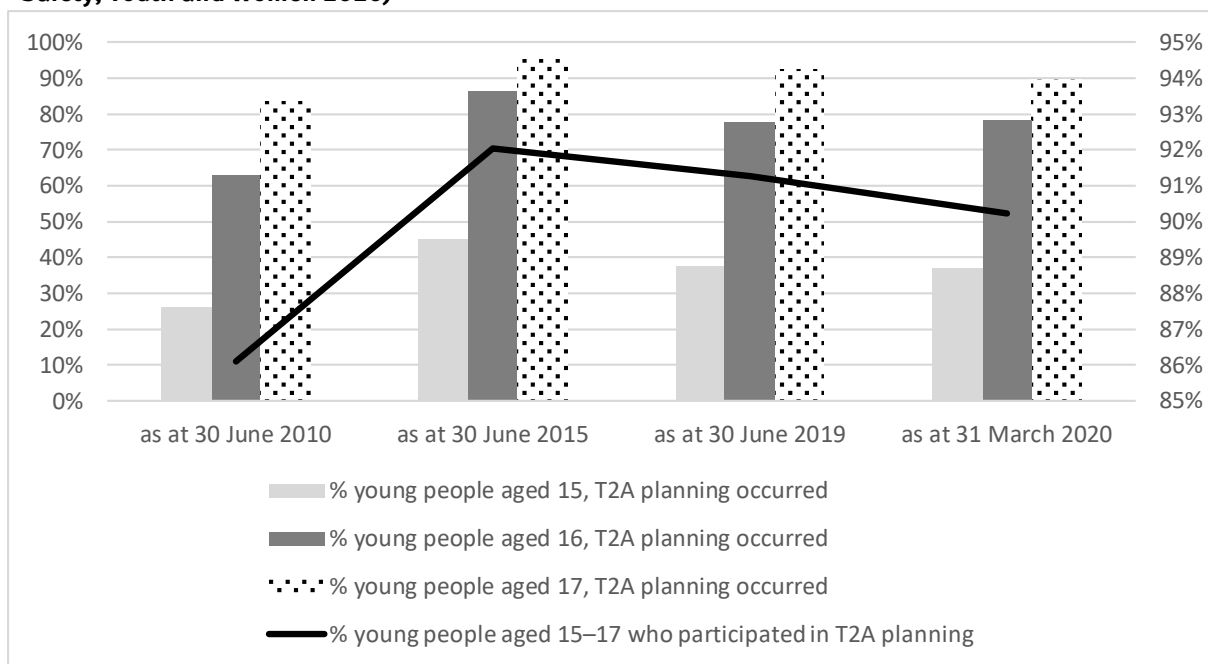
When a young person in out-of-home care who is subject to a child protection order granting custody or guardianship to the Chief Executive (of the Department of Child Safety, Youth and Women) reaches the age of 15, a planning process is expected to start to prepare them for living independently as an adult. This is known as transition to adulthood (T2A) and is part of the ongoing case work and review process with a young person.

It provides an opportunity for young people to identify their future goals and needs and work towards meeting them with the support of Child Safety Services and the community. The T2A process is mandated in child protection legislation⁴² and Child Safety policy outlines the expectation that the young person participates in this process.

Figure 13 shows the T2A planning process occurred more in 2020 than it did in 2010, but has decreased since 2015 for nearly all cohorts of young people in care (except those aged 16 years, for whom it increased by 0.2 percent since 2019).

The occurrence of the T2A planning process increases as the young person ages, does not occur for all young people under the guardianship of the chief executive.

Figure 13: Percentage of young people aged 15, 16 and 17 years, where the T2A planning process occurred, and percentage of this cohort who participated in the process (Source: Department of Child Safety, Youth and Women 2020)



As evident in Figure 13, not all young people have a say in their T2A planning process. It is not clear why nearly 10 percent of young people aged 17 years who are transitioning from care did not participate in their T2A process.

In a child-centred system the young person would be involved in the T2A planning process every time unless the child chooses not to participate, as the planning process is based on their goals and aspirations.

⁴² Child Protection Act 1999, section 7(e), section 75, schedule 1(k). <https://www.legislation.qld.gov.au/view/pdf/inforce/2018-07-23/act-1999-010>.

National goal 4: Improving organisations' and governments' ability to keep children and young people safe from abuse

The child and family support system is complex and made up of a broad range of actors from multiple disciplines and sectors. Each year, thousands of hours go towards providing prevention, early intervention and protective intervention and support for children, young people and families.

The Queensland Government has undertaken a range of initiatives designed to strengthen the system, from improving organisations' ability to work better with children and families to increasing access to appropriate family support services so people can avoid child protection intervention.

Partnerships exist across the state from the community level to senior executives from agencies with child protection responsibilities. Governance and accountability mechanisms are in place to monitor the system, learn from the data and research and make improvements based on these learnings.

Six measures have been selected to show progress towards this goal. They illustrate some of the initiatives and mechanisms set in place to strengthen responses and keep children and young people safe.

1. Instances in which service information was provided to organisations and families

When people are seeking help, they need to know where to find it. The QFCC established the *oneplace* Community Services Directory (the *oneplace* directory) in January 2016, providing an easily accessible directory of community support services to help Queensland families get to the right service at the right time.

Since the *oneplace* directory was launched, the site has registered 531,890 public searches and sees an average of 10,565 searches per month. This average jumps to 15,790 (searches per month) if the time period is reduced to the past two years (July 2018–June 2020). This indicates the directory is becoming better known and is achieving its intended purpose.

For example, *oneplace* data taken one year prior to and during the COVID-19 pandemic shows that searches for 'Emergency relief' spiked 1,727 percent. Search figures for emergency relief returned to slightly lower levels in the April to June 2020 quarter (5216 searches); however, the increased number of searches for this indicates that families continue to struggle in the current pandemic environment.

2. Individuals and organisations registered with blue cards

Blue card screening involves assessing an individual's eligibility to work with children based on their known police or disciplinary information. Individuals are prevented from working with children if their past behaviour indicates they could be a risk to children and/or are unable to protect them from harm or promote their well-being. Blue Card Services acknowledges that each case is unique, and it takes measures to ensure natural justice for individuals who may have police or disciplinary history on their records.

The year-to-date figure for Blue Cards issued is 261,286 (as at May 2020), while 3,104 individuals were prohibited from working with children in regulated environments because their checks returned as 'high risk'.⁴³

⁴³ Blue Card Services 2020, *Blue card system statistics*, <https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/system/statistics>.

The Blue Card system also provides ongoing monitoring using police information for all Blue Card cardholders after they have been employed to work with children in regulated environments. As at 31 May 2020, 799,333 checks were made to monitor individuals applying for or holding Blue Cards. To date this year, 801 Blue Cards have been cancelled.⁴⁴

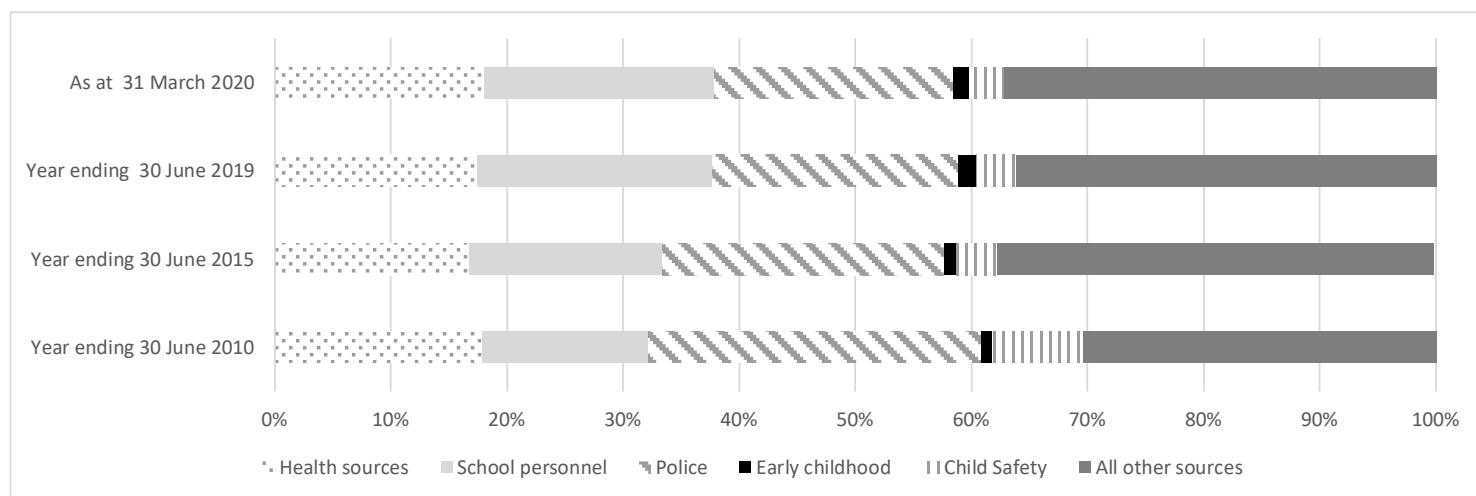
3. Notifications received, by primary source

A central theme of Queensland’s child protection reform program is sharing responsibility for keeping children safe. When someone becomes concerned about a child’s safety and suspects a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm, they can notify Child Safety Services. Child Safety will then undertake an assessment of the child’s situation and if necessary, screen the case into the system as a notification.

As Figure 14 shows, reports come from many different parts of the community. However, the majority come from professionals, referred to as ‘mandatory reporters’, who have legal responsibility to report suspected child harm. They include health services professionals, police officers, school personnel, and early childhood and child safety professionals.

Mandatory reporters are collectively the source of approximately two-thirds of all notifications. The other reports are from family, friends and the broader community.

Figure 14: Percentage of total annual notifications recorded, by primary source (Years ending 2010, 2015, 2019 and as at 31 March 2020) (Source: Department of Child Safety, Youth and Women 2020)



4. Organisational uptake of the Business Maturity Scorecard

The QFCC partnered with the Community Services Industry Alliance (CSIA) to develop and promote a Business Maturity Scorecard for community service organisations to assess and advance the maturity of their businesses. Organisations can participate by answering a range of questions, which generate a maturity ‘score’ across eight functional areas of their business (see Figure 15 for the list of domains). The process is intended to be iterative and used as a tool for continuous improvement.

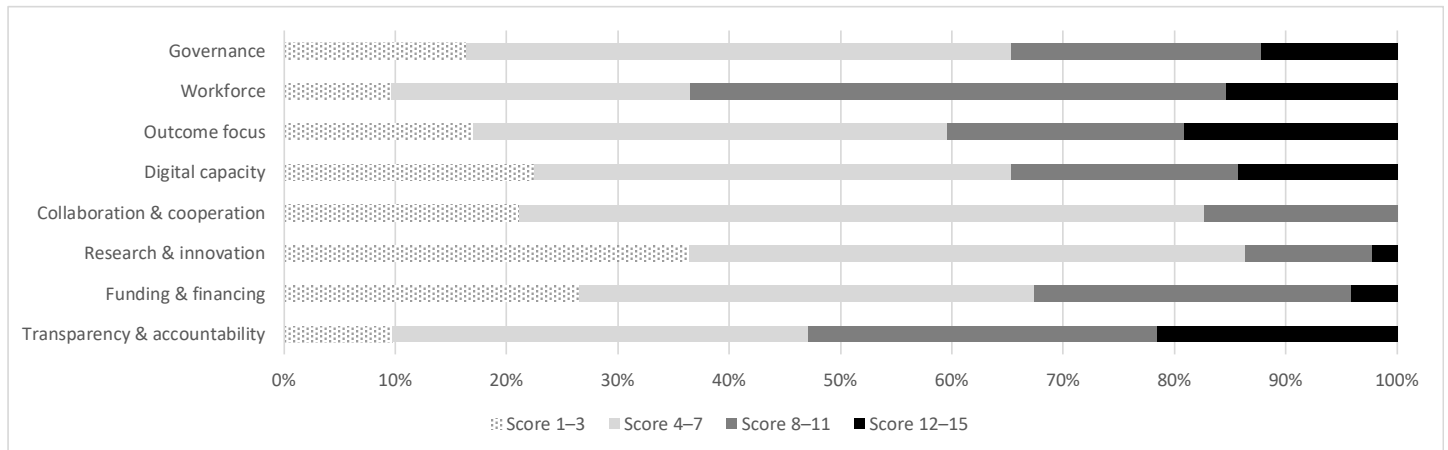
To date, 54 organisations have participated in the process. This figure is expected to climb following further promotion of the tool across the community services industry.

⁴⁴ Ibid.

Figure 15 provides a snapshot of participating organisations' responses (54 in total),⁴⁵ showing the proportion of participants ranking their organisation's maturity as low, medium or high on a scale of one (low) to 15 (high).

These early results show that most participants find their organisations to be mature in the areas of *workforce* and *transparency and accountability*. *Research and innovation* and *collaboration and cooperation* appear to be areas for improvement.

Figure 15: Early results of CSIA/QFCC Business Maturity Scorecard across eight domains: proportion of total responses (54), by Business Maturity score (Source: CSIA 2020)



5. Child and family support system workers (survey respondents) reporting that the system: efficiently and effectively uses its resources to achieve outcomes; meets the needs of children, young people and families; is built on shared connections and commitment; and achieves return on investment

The QFCC's annual survey of child and family support workers (755 in total) provides insight into how the front line workforce perceives the system to be operating and achieving outcomes for children, young people and families.

The 2020 workforce survey revealed the following information about the system, based on the perceptions of those working at the front line who responded to the survey.

As evident in Table 2, it showed more respondents disagreed with the statements than agreed. The exception was when they were asked if the system is built on shared connections and commitment.

Table 2: QFCC 2020 Workforce Survey responses on system performance (Source: QFCC 2020)

Survey question	Total 'agree' ⁴⁶	Total 'disagree'
The system efficiently and effectively uses its resources to achieve outcomes	30%	42%
The system meets the needs of children, young people and families	26%	46%
The system is built on shared connections and commitment	42%	30%
The system achieves return on investment	21%	34%

⁴⁵ Note that not all participants responded to all questions, therefore the total number may be slightly lower across the domains. Accordingly, this data is provided for illustrative purposes only and should not be relied upon or referenced.

⁴⁶ Total 'agree' includes responses of 'strongly agree' and 'agree'. Total 'disagree' includes responses of 'strongly disagree' and 'disagree'. 'Neutral' and 'don't know' are excluded, provided for illustrative purposes only and should not be relied upon or referenced.

Table 3 shows the significant differences in agreement found between 2019 and 2020 for each statement included under this topic. This suggests the confidence of front line workers in the system's performance is improving. This is now being measured annually, which provides valuable data to objectively assess system performance as it is perceived by those at the front line.

Table 3: QFCC 2020 workforce survey, comparison of survey responses to selected survey questions, and percentage change from 2019 to 2020⁴⁷ (Source: QFCC 2020)

Survey question	2019	2020	% change
The system efficiently and effectively uses its resources to achieve outcomes	23%	30%	7% ↑
The system meets the needs of children, young people and families	19%	26%	7% ↑
The system is built on shared connections and commitment	33%	42%	9% ↑
The system achieves return on investment	13%	21%	9% ↑

6. Percentage of surveyed community members who have confidence and trust in the child protection system

The QFCC also conducts an annual survey of the general public (the community). This is used to gauge public perceptions and understanding of the child and family support system.

In our 2020 survey⁴⁸ 56 percent of respondents (1,876) agreed (or strongly agreed) with the statement 'Overall, I have confidence and trust in the Queensland child protection system.' A total of 44 percent disagreed).

Confidence and trust in the Queensland child protection system in 2020 (56 percent agree/strongly agree) was consistent with that recorded in previous surveys (55 percent in 2019, 55 percent in 2017).

⁴⁷ '% change' reflects the change in percentage points from 2019 to 2020.

⁴⁸ The total sample size achieved in 2020 was 2,530 Queensland adults (Online= 2,411, open from 20 March to 3 April 2020; Computer-assisted telephone interviewing survey = 119, from 31 March to 3 April 2020). Targets were set to ensure the sample was representative in terms of age, gender and geographic region. However, Queenslanders who identified as Aboriginal and/or Torres Strait Islander were deliberately oversampled such that of the 2,530 Queenslanders surveyed, 195 (8%) identified as Aboriginal and/or Torres Strait Islander.

Queensland's performance over time compared with other jurisdictions

The overarching goal of the national framework is that Australia's children and young people are safe and well. A set of indicators was developed to show progress towards achieving the supporting outcomes which, with the strategies articulated across four national action plans, were to focus efforts to reach the goal.

In this report, the QFCC has selected a few of these indicators to assess progress against each supporting outcome, comparing Queensland's performance with other Australian jurisdictions. The assessment ratings used to compare Queensland's performance with other Australian jurisdictions are as follows:

- **'strong'** means Queensland data was better than the national totals or the majority of states and territories
- **'satisfactory'** means Queensland data was on par with national totals or the majority of states and territories
- **'needs improvement'** means Queensland data was below par compared to national totals or the majority of states and territories.

National framework supporting outcome 1: Children live in safe and supportive families and communities

Indicator 1: Children's early development across five domains

QFCC Assessment: Satisfactory

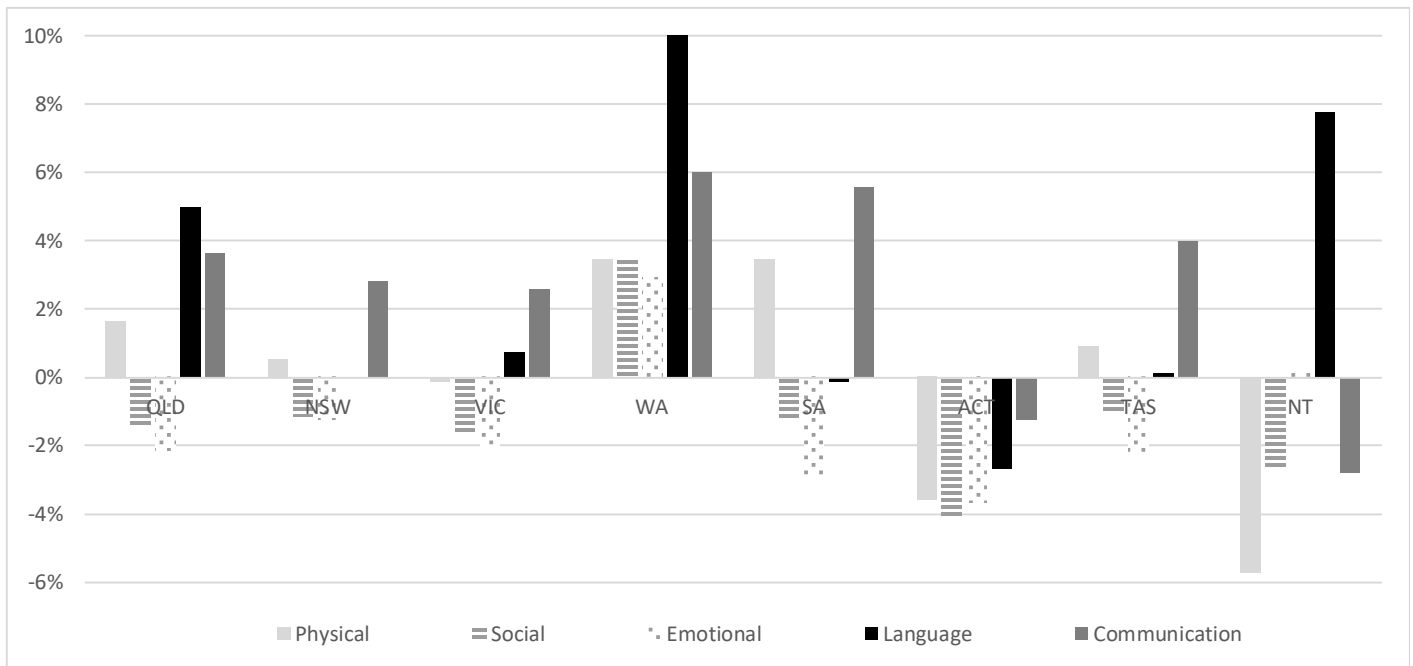
The Australian Early Developmental Census is a longitudinal data collection (a repeated collection of data about the same information) providing information about early childhood development outcomes at the time children start their first year of full-time school. This collection is held every three years, providing community level indicators for children's development and well-being.

As Figure 16 shows, Queensland children showed improvement across three domains: physical, language and communication. Since 2012, fewer Queensland children have been 'on track' in terms of social and emotional outcomes.⁴⁹

Queensland is one of only three jurisdictions showing improvement in at least three domains. The standout performer appears to be Western Australia, which shows improvement in developmental outcomes across all five domains.

⁴⁹ Australian Early Development Census 2019, *Data explorer*, <https://www.aedc.gov.au/data/data-explorer?id=135093>.

Figure 16: Percentage change from 2012 to 2018 in proportion of children who were developmentally ‘on track’, by developmental domain, by Australian jurisdiction (Source: Australian Early Developmental Census 2019)



National framework supporting outcome 2: Children and families access adequate support to promote safety and intervene early

Indicator 2: State and territory government real recurrent expenditure on all child protection services

QFCC Assessment: Satisfactory

The Australian Productivity Commission reports annually on real government expenditure, which provides a comparison of state spending on child protection and family support services. Increased expenditure on family support services increases service availability and subsequently families’ ability to access the services they need when they are struggling to cope.

Table 4 provides a comparison of each jurisdiction’s proportion of total expenditure on a) protective intervention and care services (which are the most intrusive and expensive services) and b) on earlier intervention services including family support services and intensive family support services.

Queensland has decreased its expenditure on protective intervention services since 2011–12, while increasing its expenditure on family supports (see Figure 7 in this report). This is consistent with Table 4 which shows Queensland has increased its proportionate expenditure in family support services (i.e. earlier intervention).

This table suggests that Queensland is making progress towards the goal of expanding the family support system, which is one of the central aims of the current child protection reform program focused on earlier intervention.

Table 4: Proportional analysis of real government expenditure on all child protection services, by Australian jurisdiction (2011–12, 2014–15, 2018–19)(Source: Productivity Commission 2020)

	Protective intervention/care services			Family support services and intensive family support services (i.e. earlier intervention)		
	2011–12	2014–15	2018–19	2011–12	2014–15	2018–19
QLD	88.6%	88.4%	83.9%	11.4%	11.6%	16.1%
NSW	73.9%	82.2%	86.6%	26.1%	17.8%	13.4%
VIC	77.3%	75.6%	74.8%	22.7%	24.4%	25.2%
WA	82.8%	89.3%	94.7%	17.2%	10.7%	5.3%
SA	95.4%	91.7%	91.3%	4.6%	8.3%	8.7%
TAS	84.6%	83.1%	87.2%	15.4%	16.9%	12.8%
ACT	90.3%	93.2%	88.0%	9.7%	6.8%	12.0%
NT	97.6%	76.5%	75.2%	2.4%	23.5%	24.8%

National framework supporting outcome 3: Risk factors for child abuse and neglect are addressed

Indicator 3: Children aged 0–17 years commencing with Intensive Family Support service

QFCC Assessment: Strong

An intensive family support service is ‘intensive’ in name and nature. To qualify as intensive family support, a service must average at least four hours of client service per week for a specified term (generally less than six months).

In Queensland, any person can refer a family to an intensive family support service, provided the family meet the referral criteria.⁵⁰ Since 2016–17, these services have been delivered by non-government providers.

Table 5 shows there has been an increase in the number and proportion of the population aged 0–17 years commencing with intensive family support services in Queensland since 2012–13. The number commencing with services more than doubled (106 percent increase) from 2012–13 to 2017–18. This corresponds with the expansion of intensive family support services across the state.

Queensland is one of two jurisdictions with an increase of more than 100 percent during this time. The other was the Northern Territory, which saw a 282 percent increase in young people aged 0–17 accessing intensive family support services.

Victoria and the ACT saw modest increases of 83 percent and 48 percent, respectively, followed by New South Wales with a 23 percent increase in young people accessing Intensive Family Support services.

Approximately one-third of the young people commencing with the services in Queensland identified as Aboriginal and/or Torres Strait Islander, statistics which are comparable to New South Wales, Western Australia and South Australia.

⁵⁰ Prescribed entities under section 159M of the *Child Protection Act 1999* may refer a child or family to an Intensive Family Support service with or without the family’s consent though is recognised that families are more likely to engage with the service and receive the support they need if the consent of the family is gained. Community referrals should be made with the family’s consent.

Table 5: Number of young people aged 0–17 years who commenced with an intensive family support service, percentage of the total population aged 0–17 years this number represents, and proportion of this cohort who identified as Aboriginal and Torres Strait Islander, by Australian jurisdiction (2012–13, 2014–15 and 2017–18) (Source: Productivity Commission 2020)

	2017–2018 ⁵¹	% Aboriginal and Torres Strait Islander	As % of total population aged 0–17	2014–2015	% Aboriginal and Torres Strait Islander	As % of total population aged 0–17	2012–2013	% Aboriginal and Torres Strait Islander	As % of total population aged 0–17
QLD	7,647	36.6%	0.7%	4,141	34.1%	0.4%	3,714	31.2%	0.3%
NSW	10,500	32.2%	0.6%	9,602	32.1%	0.5%	8,526	32.7%	0.5%
VIC	10,876	8.6%	0.8%	7,615	6.2%	0.5%	5,941	5.1%	0.4%
WA	670	32.5%	0.1%	856	27.6%	0.1%	838	50.6%	0.1%
SA	889	35.2%	0.2%	605	34.9%	0.2%	912	unknown	0.2%
TAS	1,654	unknown	1.5%	1,634	unknown	1.5%	1,831	unknown	1.6%
ACT	297	26.9%	0.3%	237	37.6%	0.3%	201	28.4%	0.2%
NT	585	78.1%	0.9%	unknown	unknown	unknown	153	60.1%	0.2%

National framework supporting outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and well-being

Indicator 4: Finalised child protection investigations that were substantiated

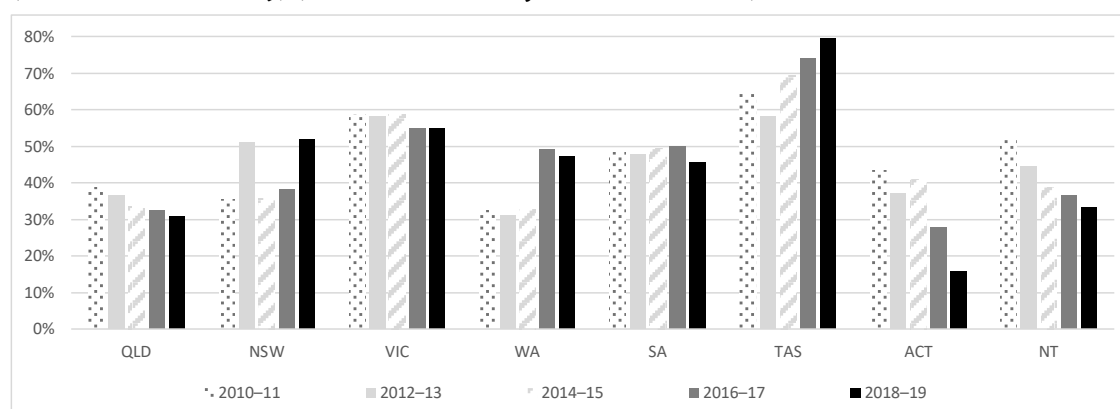
QFCC Assessment: Needs improvement

Figure 17 shows the proportion of finalised investigations substantiated nationally, by jurisdiction, from 2010-11 to 2018-19. A substantiated notification is an indication that the system is responding to a report of significant harm to a child.

Unsubstantiated cases can represent unwarranted intrusions into children’s and families’ lives. Figure 17 shows that Queensland consistently has low substantiation rates, with the proportion of finalised investigations that have been substantiated, decreasing over time.

While the Productivity Commission cautions against comparing jurisdictional performance on this data, it is worth noting that Tasmania enjoys the highest substantiation rates for finalised investigations in every reporting period. The reason for the discrepancy between jurisdictions is not clear, but may relate to technical, legal or policy factors.

Figure 17: Proportion of finalised investigations substantiated, by Australian jurisdiction (2010–11 to 2018–2019) (Source: Productivity Commission 2020)



⁵¹ Data regarding the number of children commencing with services in 2018–19 was not available due to Queensland working to improve the quality and completeness of child data provided by non-government service providers.

National framework supporting outcome 5: Indigenous children are supported and safe in their families and communities

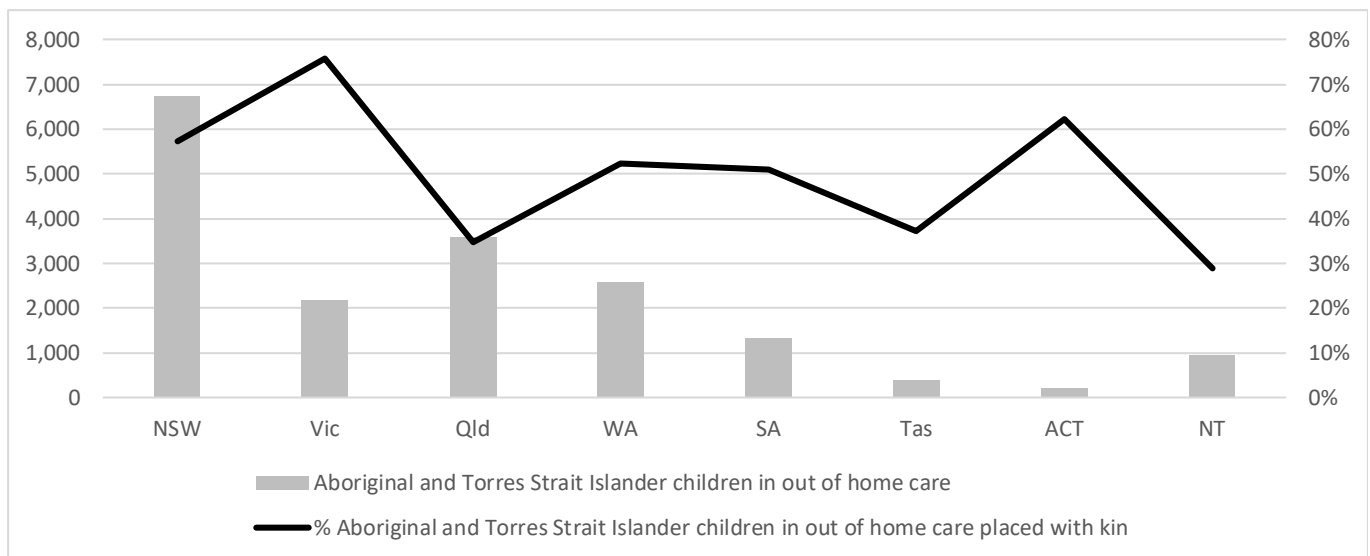
Indicator 5: Aboriginal and Torres Strait Islander children in out-of-home care in a home-based placement

QFCC Assessment: Needs improvement

Nationally, statistical data shows the vast majority of Aboriginal and Torres Strait Islander children in out-of-home care in Queensland are placed in home-based care.⁵² Figure 18 shows the number of Aboriginal and Torres Strait Islander children in out-of-home care and the proportion who are placed with kin. Some caution should be taken when comparing this data, as there are differences in the way jurisdictions report this data.

As at 30 June 2019, Queensland had the second highest number of Aboriginal and Torres Strait Islander children in out-of-home care, but the second-lowest proportion of kinship care placements across Australian jurisdictions. More must be done.

Figure 18: Number of Aboriginal and Torres Strait Islander children in out-of-home care and proportion of this cohort who were placed with family/kin, by Australian jurisdiction (2018–19) (Source: Productivity Commission 2020)



National framework supporting outcome 6: Child sexual abuse and exploitation is prevented, and survivors receive adequate support

Indicator 6: Children in care who were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect

QFCC Assessment: Needs improvement

Children in care deserve to be safe and protected, regardless of their placement type (for example, home-based care or residential care). As they are in the care and protection of the relevant state or territory authorities, it is the state/territory that is responsible for keeping them safe from harm and/or abuse.

⁵² Australian Government Productivity Commission 2020, *Report on Government Services 2020: Child Protection*. Table 16A.18.

Children in care deserve to be safe and protected, regardless of their placement type (for example, home-based care or residential care). As they are in the care and protection of the relevant state or territory authorities, it is the state/territory that is responsible for keeping them safe from harm and/or abuse. No further harm should be done to them.

However, as evident in Table 6, a small proportion of children in care across Australian jurisdictions do suffer further harm and/or abuse. To humanise these statistics, the actual numbers which relate to these percentages have been provided.

For example, in Queensland in 2018–19, 196 children in the care of the state experienced further harm and/or abuse. It is important to note that the data reflects reports made in the period in which the harm was reported, not necessarily when the harm occurred.

The diversity in these figures makes jurisdictional comparisons challenging. Queensland’s proportion is neither the highest nor the lowest. When averaged, it is on par with Western Australia.

South Australia, New South Wales and the Northern Territory have the highest proportions, while Tasmania and the Australian Capital Territory have the lowest.

Table 6: Number and proportion of children in care who were the subject of a substantiated notification of sexual, physical, or emotional abuse or neglect (2012–13 to 2018–19) (Source: Productivity Commission 2020)

	2018–19		2016–17		2014–15		2012–13	
	% children in care	# children	% children in care	# children	% children in care	# children	% children in care	# children
QLD	1.7%	196	1.5%	165	1.7%	144	2.7%	237
NSW	2.3%	520	3.8%	785	unknown		unknown	
VIC*	-	-	-	-	-	-	-	-
WA	1.6%	88	1.7%	88	1.8%	87	0.9%	41
SA	6.5%	290	3.9%	156	3.7%	122	0.3%	8
TAS	0.7%	10	0.7%	9	0.6%	8	0.4%	5
ACT	1.2%	11	0.7%	7	1.3%	11	1.0%	8
NT	2.8%	36	5.8%	77	8.8%	108	1.1%	12

* Data were not available for Victoria, as the Victorian Child Protection Service does not record the required data for children who are in out of home care.

Child Safety data provides a breakdown of the types of harm suffered by children in care by the most serious abuse type that has been substantiated. For the year ending 30 June 2019, of the total substantiations of abuse and neglect, the following proportional breakdowns applied:

- 17.2 percent related to physical harm
- 5.6 percent related to sexual harm
- 44.7 percent related to emotional harm
- 32.5 percent related to neglect.⁵³

These are broadly consistent with previous years’ reporting.

⁵³ Department of Child Safety, Youth and Women 2019, *Substantiations*, <https://www.csw.qld.gov.au/child-family/our-performance/investigation-assessment-phase/substantiations>.

Queensland's performance towards state goals

Queensland has been implementing a child protection reform program since 2014, following the Queensland Child Protection Commission of Inquiry (commission of inquiry). The commission of inquiry made 121 recommendations to strengthen the child protection system and bolster the system for early intervention.

These reforms were supported by record investment in the child and family service system, much of it dedicated to the front line workforce—including non-government organisations providing family support services. The intent was to increase families' access to preventative and early intervention services while decreasing pressure on the statutory child protection system.

As at 30 June 2020 (the latest date for which this information was available), 115 of the 121 QCPCI recommendations have been completed and 6 recommendations are in progress.





In 2019, the QFCC published its findings from the Queensland Child Protection Reform Program Implementation Evaluation, which assessed the first three years of reform program implementation at a system level. The evaluation found the reform implementation was generally on track and had resulted in significant systemic changes to policies, practice and services. It found:

- a considerable increase in support services available to children and families
- increases in the number of families referred to and using community-based services intended to provide help before the situation escalates to Child Safety Services
- improvements in the front line workforce's availability and capability to help families with the issues they are facing.

However, it also found that Aboriginal and Torres Strait Islander children are increasingly over-represented across all stages of the child protection system. It flagged this as an area requiring urgent attention.

Table 7 provides an overview of implementation progress for the QCPCI recommendations.




Table 7: Overview of progress in implementing the child protection reform program, by reform program domain, as at 30 June 2020 (Sources: Status provided by the Department of the Premier and Cabinet 2020; Details that require referencing of source materials are listed individually; the remainder is QFCC commentary and analysis)

QCPCI reform domain	Description	Status	Details
Sharing responsibility for the safety and well-being of Queensland children	The QCPCI was clear: protecting children is everybody’s business. All Queenslanders—including parents, families and communities—have a role to play in keeping children safe. 11 recommendations	 ■ Completed	One of the three main causes of systemic failure identified by the QCPCI was ‘the tendency from all parts of society to shift responsibility onto Child Safety’. ⁵⁴ The Queensland Government has directed significant resources and effort to establishing an accessible and adequately resourced family support system. There are ongoing efforts across government, led by the QFCC, to ensure everyone involved in child welfare—starting with parents—takes responsibility for keeping children safe.
Supporting Queensland families earlier	Identifying and responding to root causes and risk factors for child harm, and intervening early, is the most effective way to prevent harm from occurring (or recurring). 16 recommendations	 ■ Completed	Since January 2015, 44 intensive family support services, 33 Aboriginal and Torres Strait Islander Family Well-being Services and 17 Family and Child Connect Services have been progressively established across Queensland to improve families’ access to help and support. ⁵⁵ The QCPCI theorised that expanding the family support system would reduce pressure on demand for costly protective intervention services and conserve governmental resources. However, Child Safety data shows that the demand on Child Safety has not been reduced since the reform program commenced.
Working better with Queensland families who are in contact with the child protection system	It is critical children and families in contact with the child protection system receive high-quality, child-centred and appropriate services to meet their needs. 18 recommendations	 ■ Completed ■ In progress	The QCPCI recommended a range of initiatives to improve service provision in the child protection system. The changes focused on strengthening casework, introducing child and family-centred practice and increasing cultural competency for front line workers. A range of mechanisms has been established to support high quality practice, such as quality assurance and ongoing monitoring processes.
Improving out-of-home care and post-care experiences for Queensland children and young people	Children who are unable to remain with their parents must have every opportunity to thrive in their out-of-home care placement. Their stability, well-being, security and ability to access opportunities are crucial. 18 recommendations	 ■ Completed	There are several placement options for children who are unable to remain with their parents or families. The preferred option is placement with kin. This way, the child remains connected to family, friends and culture. Child Safety data shows that more children are living away from home now than prior to reform program implementation and are staying in care for longer periods of time. The 2018 AIHW National survey of children in out-of-home care showed that 93% of Queensland children in care (answering this survey question) reported feeling close to the family they live with, the family they don’t live with or both, while 90.3 percent reported feeling safe and secure in their current placement (see page 66).

⁵⁴ Queensland Government 2014, *Taking responsibility: a Roadmap for Queensland Child Protection*, http://www.childprotectioninquiry.qld.gov.au/data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf.

⁵⁵ Queensland Government 2019, *Supporting families, changing futures 2019-2023*, <https://www.csyw.qld.gov.au/resources/campaign/supporting-families/supporting-families-changing-futures-2019-2023.pdf>.



<p>Meeting the needs and requirements of Queensland's Aboriginal and Torres Strait Islander children, families and communities</p>	<p>Aboriginal and Torres Strait Islander children are over-represented in all parts of the child protection system. More work must be done to advance self-determination⁵⁶ and ensure children remain connected to their families and their culture.</p> <p>16 recommendations</p>	 <p>■ Completed</p>	<p>Since 2014, Queensland's child protection system has experienced improvements in legislation, policies and practice changes, supported by considerable investment, to improve outcomes for Aboriginal and Torres Strait Islander children, young people and families. However, the statistics suggest the child and family support system continues to fall short of meeting their needs and requirements. The QFCC will continue to monitor the performance of the system in responding to and meeting the needs of Aboriginal and Torres Strait Islander children, young people and families in its role as an independent oversight body.</p>
<p>Delivering quality services to Queensland children and families through a capable, motivated workforce and client-focused organisations</p>	<p>The child and family support sector must have the necessary skills, abilities, knowledge, aptitude and attitude to keep children safe and support families.</p> <p>10 recommendations</p>	 <p>■ Completed</p>	<p>Child protection is challenging, demanding and complex work, and calls for capable and talented practitioners. Considerable effort has gone into building the capacity and capability of the child and family support sector workforce, supported by record investment in front line workers since 2015. However, there is a need for continued efforts to strengthen the ability of the front line to respond in a timely manner with high-quality service provision.</p>
<p>Building an accountable, transparent and cost-effective Queensland system</p>	<p>Agencies with child protection responsibilities must be accountable and transparent and operate as efficiently as possible while providing quality services for children, young people and their families.</p> <p>32 recommendations</p>	 <p>■ Completed ■ In progress</p>	<p>The child and family support system must be closely monitored to measure its performance and outcomes for children and young people. A strong and high functioning system will result in increased public confidence that Queensland's children are safe and protected.</p> <p>A range of initiatives have been undertaken to improve system performance, reliability, accountability, productivity and sustainability. The QFCC has a central role in overseeing the system.</p>

⁵⁶ Self-determination is the authority of Aboriginal and Torres Strait Islander to participate in decisions that are about them and/or affect their lives. That is, the active participation of Aboriginal and Torres Strait Islander peoples within the decision-making process that promotes the way of being and doing, in context for families and children. It is about active participation of the family in the decision-making process and preferencing their say. For more information, see www.snaicc.org.au.





Reducing the number of, and improving the outcomes for, Aboriginal and Torres Strait Islander children and young people in the child protection system

Australia and Queensland have both committed to upholding the rights of Aboriginal and Torres Strait Islander peoples. Nationally, Australia is a member of the United Nations Permanent Forum on Indigenous issues and a signatory to the United Nations Declaration on the Rights of Indigenous Peoples and the United Nations Convention of the Elimination of All Forms of Racial Discrimination.

Through the establishment of its Human Rights Commission and the *Human Rights Act 2019*, Queensland has recognised that Aboriginal peoples and Torres Strait Islander peoples are two distinct cultures that should be practiced and their connections to their communities upheld. Further, the Queensland Government has enshrined in legislation the Aboriginal and Torres Strait Islander Child Placement Principles thereby holding the child and family support system to account.

Numerous strategies focus on improving life outcomes for Aboriginal and Torres Strait Islander peoples, families and communities. National and state strategies are currently being reviewed or coming up for review in 2020, including *Closing the Gap*.⁵⁷ The *Closing the Gap* refresh will be guided by the principles of empowerment and self-determination and will deliver a community-led, strengths-based strategy to enable Aboriginal and Torres Straits Islander peoples to move beyond surviving to thriving.

Once the draft targets have been agreed on by all states and territories, this refresh will be released as the next generational strategy that will guide the Australian Government in how it includes and does business with its traditional custodians.

It is expected that the *Closing the Gap* refresh will see a greater focus on partnership between governments and Aboriginal and Torres Strait Islander people. This will provide a new way forward, where Aboriginal and Torres Strait Islander people share ownership, responsibility and accountability for driving progress for current and future generations. This is needed, as detrimental trends continue to disrupt Aboriginal and Torres Strait Islander families.

Aboriginal and Torres Strait Islander children continue to experience high levels of disadvantage. The *Family Matters Report 2019* highlighted a national trend towards permanent placement of Aboriginal and Torres Strait Islander children away from their families. Nationally, they are 37.3 percent of the total number of children in out-of-home care, but only 5.5 percent of the total population of children.⁵⁸ In 2018, Aboriginal and Torres Strait Islander children were 10.2 times more likely to be removed from their families than non-Indigenous children.⁵⁹

⁵⁷ Australian Government, *Closing the Gap*, <https://closingthegap.niaa.gov.au/about-closing-gap>.

⁵⁸ Family Matters 2019, *The Family Matters Report 2019*, <https://www.familymatters.org.au/the-family-matters-report-2019/>.

⁵⁹ Ibid.

Table 8 provides a breakdown of results, by Australian jurisdiction, of efforts towards achieving the four *Family Matters Roadmap* building blocks, which are:

- All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive.
- Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children.
- Law, policy and practice in child and family welfare are culturally safe and responsive.
- Governments and services are accountable to Aboriginal and Torres Strait Islander people.

As Table 8 shows, Queensland is either improving or showing promising practice across the four building blocks. It is one of the stronger performers among Australian jurisdictions by these measures, although there remains room for improvement.

Table 8: Family Matters report card results comparison, by Australian jurisdiction (2017–2019) (Sources: The Family Matters Report 2017, 2018, and 2019)

	Universal and targeted services			Participation, control and self-determination			Culturally-safe and responsive systems			Accountability		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
QLD	**	***	***	***	****	****	**	**	***	***	***	***
NSW	**	**	**	**	*	*	***	**	*	*	*	*
VIC	**	**	**	***	****	****	***	***	***	****	****	****
WA	*	*	*	*	**	**	*	*	**	*	**	**
SA	*	*	**	*	*	*	*	**	**	**	**	**
TAS	**	***	*	*	*	*	*	*	*	*	*	*
ACT	**	**	*	*	**	**	*	*	**	*	**	***
NT	*	**	**	*	**	*	*	**	**	*	**	**

Family Matters Queensland, in partnership with the Queensland Government, released the *Changing Tracks Action Plan 2020–2022*, the second action plan of the *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037*.

The key priority will be implementing strategies to address systemic, social and policy barriers contributing to the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system.

The following sections break down the experience of Queensland’s Aboriginal and Torres Strait Islander children across a range of sectors.

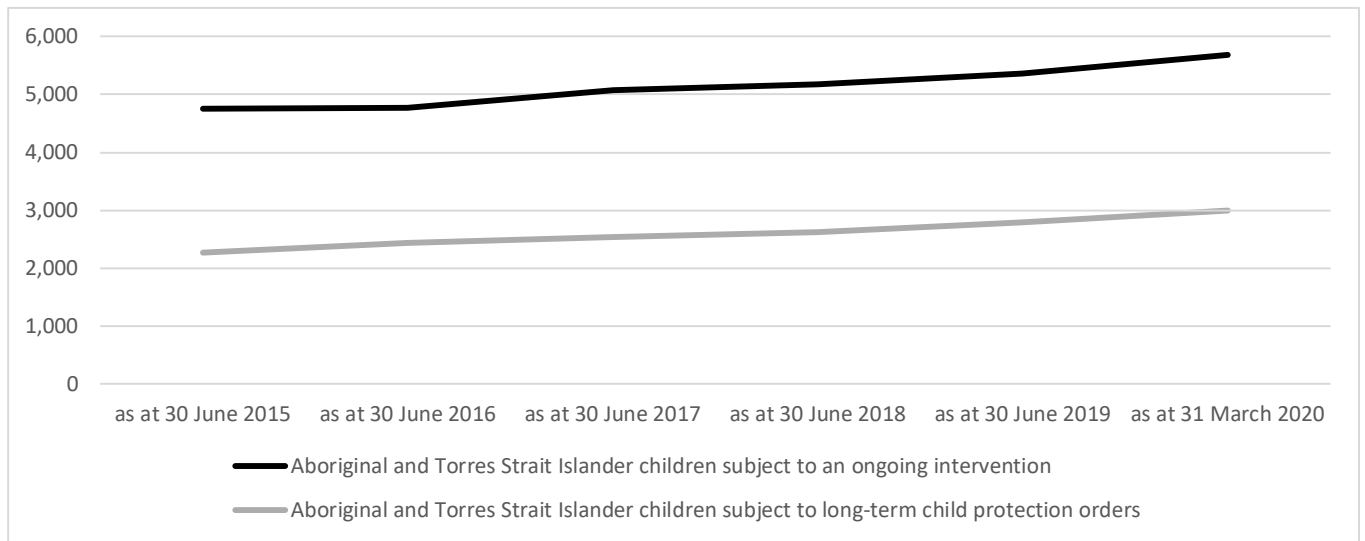
Child protection

In Queensland, the rates of Aboriginal and Torres Strait Islander children in out-of-home care (intervention with parental agreement and child protection orders) continue to increase (see Figure 19). Queensland also continues to match the national trend of placing more Aboriginal and Torres Strait Islander children onto long-term child protection orders.⁶⁰

⁶⁰ Department of Child Safety, Youth and Women 2019, *Legal Permanency – Long-term child protection orders*, <https://www.csyw.qld.gov.au/child-family/our-performance/ongoing-intervention-phase-permanency-planning/legal-permanency-long-term-child-protection-orders>.



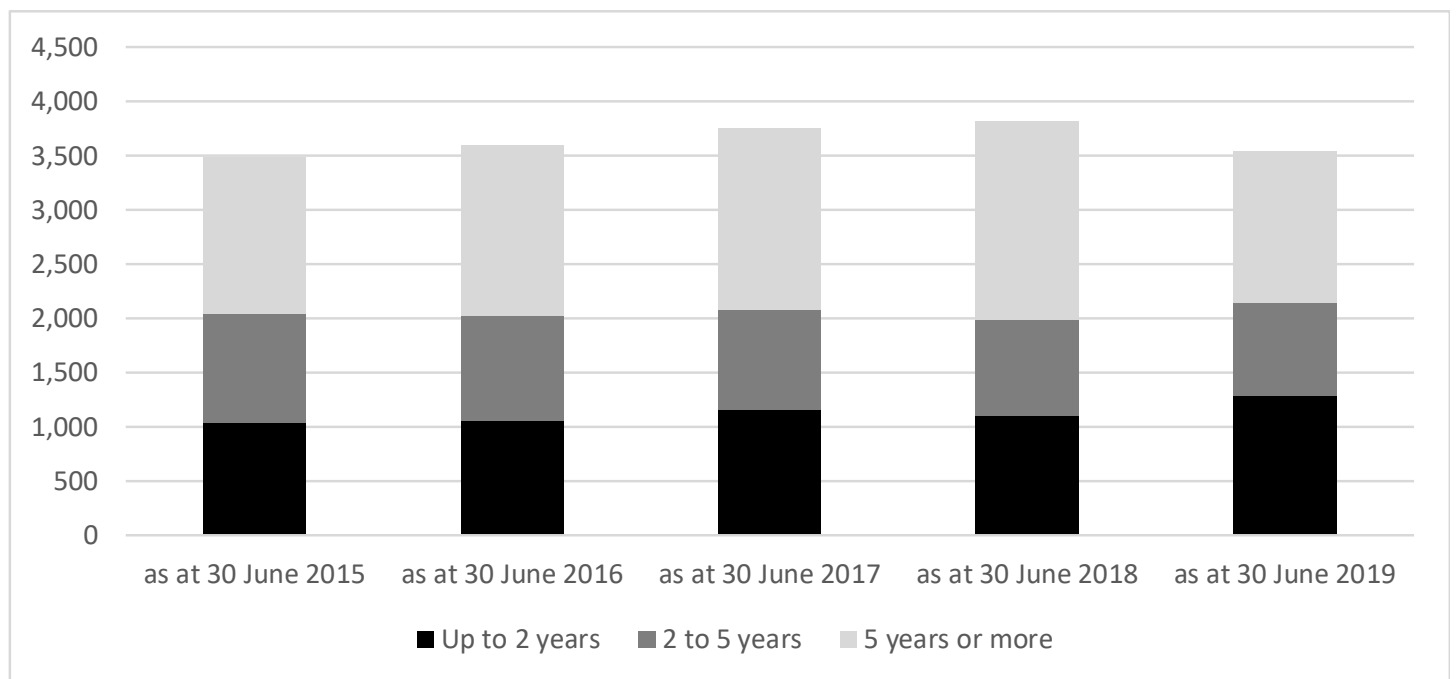
Figure 19: Number of Aboriginal and Torres Strait Islander children subject to an ongoing intervention with Child Safety and number of Aboriginal and Torres Strait Islander children subject to long-term child protection orders, (2015–2020) (Source: Department of Child Safety, Youth and Women 2020)



The amount of time Aboriginal and Torres Strait Islander children are spending in care (that is, subject to ongoing intervention) is also on an upward trend. This is likely due to the introduction of legislation preferencing long-term orders (intended to improve placement stability for children).

As Figure 20 shows, since 2018, there has been an increase in the duration of time Aboriginal and Torres Strait Islander children spend in the child protection system. This trajectory is concerning, as it can lead to a further increase in Aboriginal and Torres Strait Islander children remaining inside the child protection system, who are not being actively placed with family.

Figure 20: Number of Aboriginal and Torres Strait Islander children in the child protection system, by duration of time in out-of-home care (2015–2019) (Source: Productivity Commission 2020)



Education and training

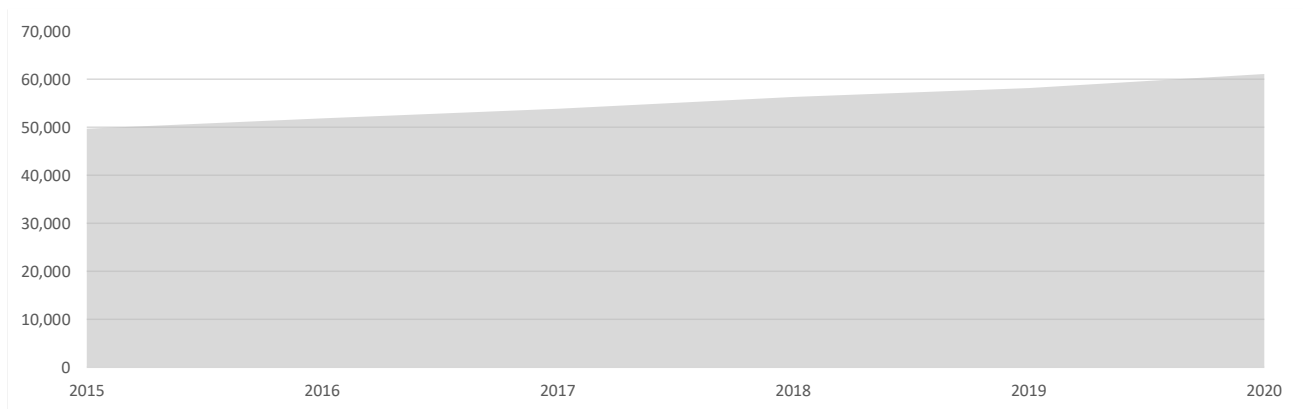
The *Every Aboriginal and Torres Strait Islander student succeeding strategy*⁶¹ sets the direction for the Department of Education to improve outcomes for Aboriginal and Torres Strait Islander students in state schools. Its priorities are:

- Connect to culture
- High expectations
- Meaningful pathways.

In 2019, 58,143 Aboriginal and/or Torres Strait Islander students were enrolled in Queensland's state schools.⁶² This equates to 10 percent of state school students.

As Figure 21 shows, Aboriginal and Torres Strait Islander enrolments continue to increase in Queensland.⁶³

Figure 21: Aboriginal and Torres Strait Islander school enrolments—Prep through Year 12 (2015–2020) (Source: Department of Education 2020)



Enrolments for Year 12 students have also been increasing each year, which, according to the *Closing the Gap* report 2020,⁶⁴ puts Queensland on track with all other states and territories.

Given the proportion of Aboriginal and Torres Strait Islanders enrolled in school is around 10 percent, a disproportionate amount of Aboriginal and Torres Strait Islander young people were subject to disciplinary absences in 2018.⁶⁵ As Figure 22 shows, Aboriginal and Torres Strait Islander students represent 14 percent of Year 12 students, 21 percent of Year 10 students and 26 percent of Year 7 students with disciplinary school absences.

⁶¹ Department of Education 2020, *Every Aboriginal and Torres Strait Islander student succeeding strategy*, <https://education.qld.gov.au/initiativesstrategies/Documents/atsie-student-succeeding-strategy.pdf>.

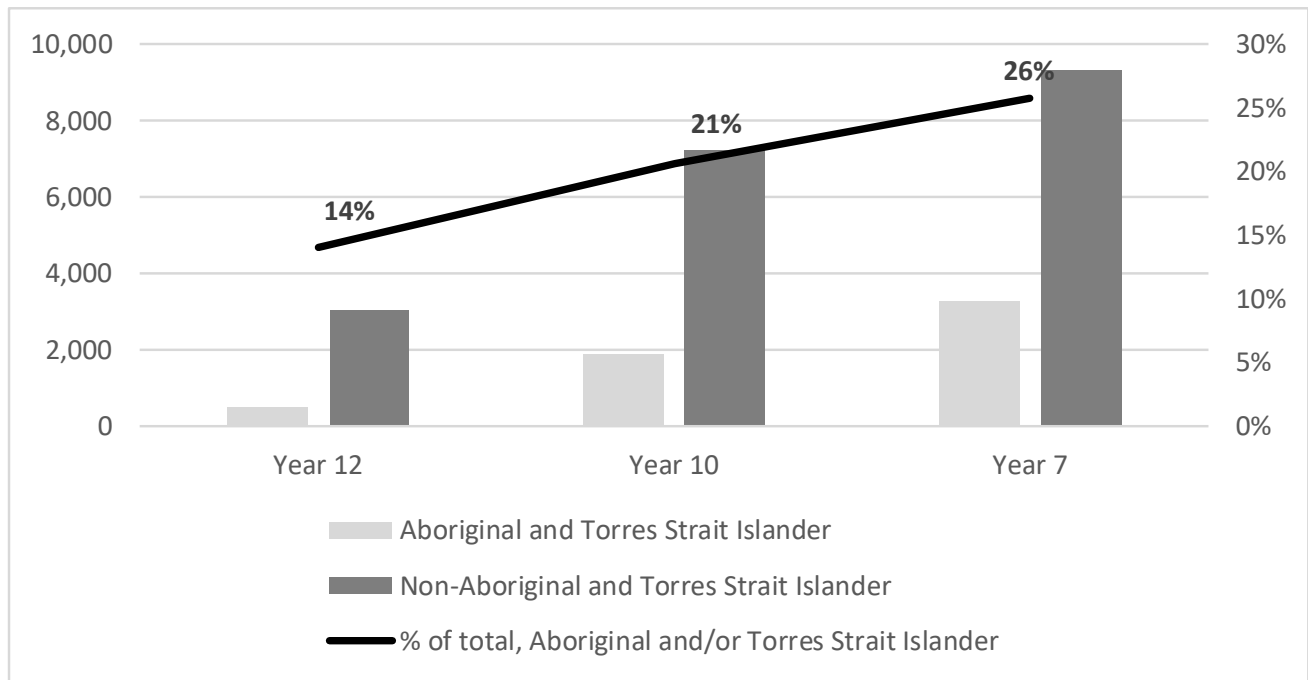
⁶² Ibid.

⁶³ Department of Education 2020, *Students: State school enrolments, 2016-20*, <https://qed.qld.gov.au/det-publications/reports/earlyyears/Documents/enrolments-summary.pdf>.

⁶⁴ Australian Government 2020, *Closing the Gap Report 2020: Year 12 attainment*, <https://ctgreport.niaa.gov.au/year-12-attainment>.

⁶⁵ Department of Education 2019, *Statistics: Students: school disciplinary absences*, <https://qed.qld.gov.au/publications/reports/statistics/schooling/students>.

Figure 22: School disciplinary absences, by Indigenous status, and percentage of total school disciplinary absences relating to children who identify as Aboriginal and/or Torres Strait Islander (2018) (Source: Department of Education 2019)



There is an inverse link between school attendance and a trajectory into youth offending. According to the Department of Youth Justice, 53 percent of young people in Queensland’s youth justice system have disengaged from education, training or employment.⁶⁶

Youth justice

Aboriginal and Torres Strait Islander young people are still disproportionately represented in the youth justice system in Queensland. In 2019, 59 percent of young people in the system identified as Aboriginal and Torres Strait Islander.⁶⁷

Compared to non-Aboriginal and Torres Strait Islander young people, Aboriginal and Torres Strait Islander young people were:

- 9 times more likely to have a proven offence
- 17 times more likely to receive a supervised order ⁶⁸
- 28 times more likely to be held in custody
- 27 times more likely to be on remand on an average day.⁶⁹

⁶⁶ Department of Youth Justice 2019, *Youth Justice Pocket Statistics 2018–2019*, <https://www.youthjustice.qld.gov.au/resources/youthjustice/resources/pocket-stats-18-19.pdf>.

⁶⁷ Department of Youth Justice 2019, *Youth Justice census summary*, <https://www.youthjustice.qld.gov.au/resources/youthjustice/resources/yj-census-summary-statewide.pdf>.

⁶⁸ If a court finds a child under the age of 13 years guilty of an offence, it may make an intensive supervision order. Usually this order is only made if your child has already been on other orders and they are now at risk of going to detention. A youth justice officer will supervise this child for the period of the intensive supervision order. The child must follow certain rules, participate in certain activities, and must frequently go and to see their youth justice officer.

⁶⁹ Department of Youth Justice 2019, *Youth Justice Pocket Statistics 2018–2019*, <https://www.youthjustice.qld.gov.au/resources/youthjustice/resources/pocket-stats-18-19.pdf>.

Health

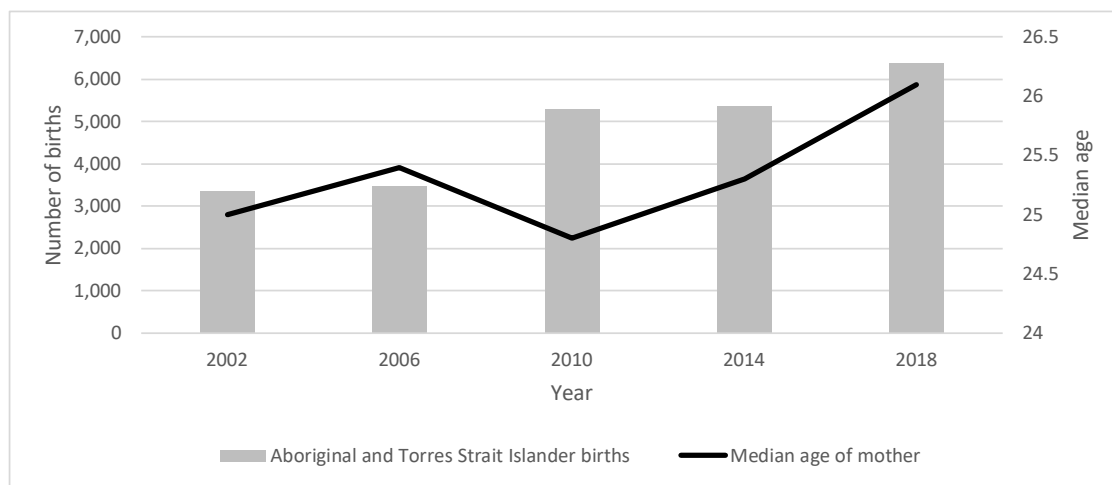
As evident in Figure 23, the number of Aboriginal and Torres Strait Islander babies born in Queensland has increased by 91 percent since 2002. In 2018, 6,382 babies were born to women who identified as Aboriginal and/or Torres Strait Islander.⁷⁰ This figure also shows the median age for Aboriginal and Torres Strait Islander mothers to be increasing over time. It is currently around 26 years.⁷¹

The registration of Aboriginal and Torres Strait Islander births is of significant concern to the QFCC. A 2018 report by Queensland’s Ombudsman identified that only 58 percent of children born to Aboriginal and/or Torres Strait Islander mothers were registered within 60 days of the birth. The likelihood of not registering a birth increases with remoteness.⁷²

There are several practical and legal disadvantages for children whose births are not registered, and the challenges grow as these children become adults. Registering for school or a sporting club, obtaining a driver’s license or receiving governmental benefits all require identification, which can be difficult to access without a birth certificate.

The Ombudsman’s investigation into this matter revealed a range of issues and challenges that must be addressed to remove this barrier to inclusion for so many Aboriginal and/or Torres Strait Islander children.

Figure 23: Number of Aboriginal and Torres Strait Islander births in Queensland and median age of mother (2002–2018) (Source: Australian Bureau of Statistics 2018)



According to the *National Aboriginal and Torres Strait Islander Health Survey 2018–19*:

- 64.1 percent of Queensland’s Aboriginal and Torres Strait Islander children aged 2–17 years were reported as being underweight or of normal weight
- 35.9 percent were reported as being overweight or obese.⁷³


⁷⁰ Australian Bureau of Statistics 2018, *Aboriginal and Torres Strait Islander births and fertility*, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3301.oMain%20Features62018?opendocument&tabname=Summary&prodno=3301.o&issue=2018&num=&view=>.

⁷¹ Australian Bureau of Statistics 2018, *Aboriginal and Torres Strait Islander births, summary, by state*, http://stat.data.abs.gov.au/Index.aspx?DatasetCode=BIRTHS_SUMMARY.

⁷² Queensland Ombudsman 2018, *The Indigenous birth registration report*, <https://www.ombudsman.qld.gov.au/improve-public-administration/reports-and-case-studies/investigative-reports/the-indigenous-birth-registration-report>.

⁷³ Australian Bureau of Statistics 2019, *National Aboriginal and Torres Strait Islander Health Survey, 2018–19: Mental Health*, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4715.oMain%20Features72018-19?opendocument&tabname=Summary&prodno=4715.o&issue=2018-19&num=&view=>.





This survey also yielded information about the consumption of fruits, vegetables and sugary drinks by Aboriginal and Torres Strait Islander children aged 2–17 years, reporting:

- 96.2 percent of boys and 91.8 percent of girls have inadequate daily fruit and/or vegetable consumption (as per the 2013 Australian Government National Health and Medical Research Council Guidelines)
- 60 percent of boys and 64.7 percent of girls usually consume sugar sweetened drinks.

While no data on the mental health of Queensland’s Aboriginal and Torres Strait Islander children and young people was provided, the QFCC remains aware that the majority of mental health issues present before the age of 25 years, and for some, the risk of developing mental health issues increases due to their circumstances and experiences.⁷⁴

Child Safety data shows as at 31 March 2020 (the latest data available), in Aboriginal and Torres Strait Islander households known to Child Safety:

- 46 percent reported domestic violence
- 67 percent reported drug and alcohol abuse
- 6 percent reported housing issues or homelessness.⁷⁵

Deeply distressing and traumatic events can have profound effects on children and young people. Thus, it is essential that they have access to early intervention support to prevent and reduce these impacts.

As Table 5 identified, approximately one-third of the young people commencing with intensive family support services in Queensland identified as Aboriginal and/or Torres Strait Islander in 2017–18 (the earliest year for which this information is available). This is up from 31.2 percent in 2012–13, and is a positive sign that a larger proportion of Aboriginal and Torres Strait Islander young people are engaging with supports and services when they need help.

⁷⁴ Queensland Mental Health Commission 2019, *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*, https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf.

⁷⁵ Department of Child Safety, Youth and Women (2020). *Our Performance. FP.4: Prevalence of family risk factors in Aboriginal and Torres Strait Islander households, Queensland*.



