Healthcheck I Summary Report

Changes to mandatory reporting and referral behaviour in the Child Protection and Family Support System (2014–15)

NOVEMBER 2015

Queensland **Family & Child** Commission
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Queensland Government

Background

In 2013, the Queensland Child Protection Commission of Inquiry found that the number of reports of child harm to the Department of Child Safety, Youth and Women was unsustainably high.

They recommended that alternative referral pathways be provided for matters that fall below the threshold for statutory intervention.

The implementation of these reforms commenced in January 2015, as Family and Child Connect (FaCC) and Intensive Family Support (IFS) services were progressively rolled out across Queensland.

The Child Protection Reform Leaders Group requested that the Queensland Family and Child Commission conduct a 'Healthcheck' to review the effectiveness of the change management process and early impact of these changes on reporting behaviour.

It is acknowledged that change of this scale takes time and requires long term commitment. While Healthcheck I only examined the first six months of the change management process, it provides an opportunity to gain some early insight into how the sector is responding and adapting to change.

The purpose of Healthcheck I was to:

- review the change management process, and
- assess the early impact on changes to mandatory referral and reporting behaviours in diverting concerns about children that do not meet the threshold for statutory intervention away from the tertiary child protection system.

Approach

Healthcheck I considered the following questions:

- Has the intent of the reforms to mandatory reporting requirements been realised through changes in reporting and referral behaviour?
- Were there unintended consequences of the amendments to the *Child Protection Act 1999* in regards to creating a single standard for reporting? Are additional changes required to reporting requirements?
- Was the provision of training, resources and guides adequate? Are further training, resources or guides required?
- Were the organisational approaches to change effective?

A number of methods were used to gather information which was synthesised to provide a snapshot picture against the review questions, including:

- Desktop review of existing data (Child Safety intake data for 2014–15 and FaCC/IFS referral data for February to June 2015) and change management process documents
- Interviews with 'central change agents' about the legislative amendment process and development of cross sector training, guides and communication materials
- Survey of professionals responsible for making reports to Child Safety and Police and referrals to family support services (sample size = 516)
- Survey of up to five professionals from each government service delivery agency in Townsville and Logan (sample size = 27). These locations were selected because of the contrasting nature of reporting and referral data across these locations.

Alternative referral pathways

Implementation of alternative referral pathways commenced in January 2015, with the establishment of new secondary support services— Family and Child Connect and Intensive Family Support services—across Queensland.

Family and Child Connect (FaCC) are community-based services that support families who are at risk of entering or re-entering the child protection system in a particular geographical area. Families who find themselves in need of support can contact FaCC directly for assistance. Families may also be referred to FaCC by professionals (i.e. teachers, health workers or police) or members of the public who are concerned about a child's wellbeing. This is an alternative to making a report about the child to Child Safety Services. There were 7 FaCC services in Queensland in June 2015.

Intensive Family Support (IFS) services provide support to families who have more complex needs to help ensure they receive the support they need to avoid intervention by Child Safety Services. There were 8 IFS services in Queensland in June 2015 (although this reduced to 7 when two services in Toowoomba were combined).

Key findings

Early evidence of intended impact

There are signs that reforms to mandatory reporting requirements are having the intended impact, including:

- reduced number of intakes received by Child Safety that do not meet the threshold for statutory intervention
- a corresponding increase in referrals to secondary support services.

However, as the rollout of secondary support services is being conducted in phases, and are therefore not available in all areas, some professionals are not confident making referrals.

Unintended consequences

Education professionals have other legislative reporting requirements for student protection matters, adding complexity to their reporting and referral decisions.

Individual agency policies and procedures for referral requirements may not be supporting the intent of ensuring children and families receive the right support at the right time.

Training, resources and guides

Healthcheck participants were generally positive about communication, training and change management strategies. However, the non-state school sector reported some challenges communicating key messages and delivering training to its member organisations.

The use of customised training materials by individual agencies without quality assurance is seen as impacting the consistency of messaging about the reforms. Existing networks of child protection experts supports communication.

Some professionals noted confusion about the threshold of harm, and determining whether "there is not a parent able and willing" when considering whether to report a concern to Child Safety, suggesting further training is required.

Change management

Most agencies managed the change process effectively, and were able to demonstrate effective change management processes. Queensland Police Service's 'change champions' approach should be explored to understand this model.

Change management was more complex for less centralised agencies, such as Education and Health.

Recommendations

The Queensland Family and Child Commission (QFCC) recommends that:

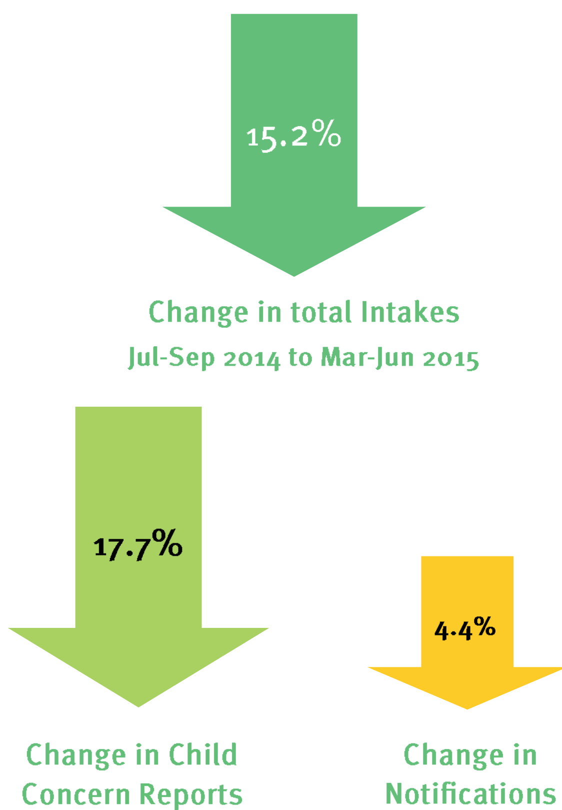
1. The Department of Education and Training (DET) and the non-state school sector collaboratively review the suite of legislative provisions to inform changes to streamline the student protection and reporting provisions for education professionals.
2. As part of the review of the *Child Protection Act 1999*, the Department of Communities, Child Safety and Disability Services (DCCSDS) consider an explanatory provision such as section 13C "Considerations when forming reasonable suspicion about harm to a child" to assist professionals in determining whether "there may not be a parent willing and able".
3. The QFCC works with relevant agencies to lead the development of a joint-agency plan aimed to embed the changes and enhance reporting and referral behaviours.
4. The DCCSDS works with central change agents, including non-state school providers, to improve the useability of the online report and referral forms.
5. A subsequent Healthcheck of reporting and referral behaviours is undertaken by the QFCC no sooner than six months after statewide implementation of FaCC and IFS services. This further Healthcheck should:
   a. consider the impact of any further policy and legislative changes to child protection reporting
   b. include all types of mandatory reporters
   c. review the effectiveness of the joint-agency plan
   d. capture the views of service users (families and children) and mandatory reporters
   e. review referral patterns by geographic location type (remote, regional, urban) and for Aboriginal and Torres Strait Islander families
   f. review progress of implementing the recommendations of this report.

Key findings explained

Early evidence of intended impact

There are positive signs that the intent of the reforms is being realised through changes in reporting and referral behaviour.

Quarterly intake data from DCCSDS shows a 15.2% reduction in intakes from the July–September 2014 quarter to the March–June 20-15 quarter. This reduction was driven by a reduction in Child Concern Reports (that do not meet the statutory threshold for intervention) which reduced by 17.7% over the period. There was minimal change (4.4% reduction) in notifications (where reports do meet legislative thresholds).



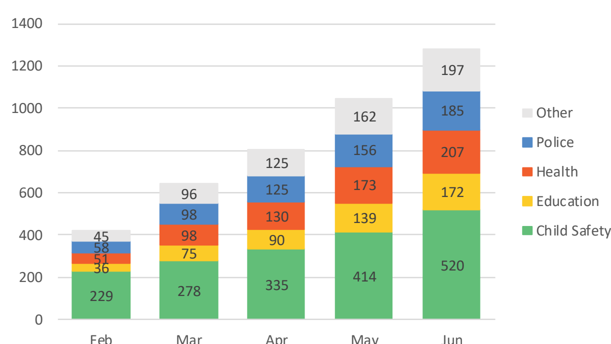
When intake reports were examined by primary reporter categories (Child Safety, schools, health and police, see table below), it was found that these groups were responsible for 64.8% of all intake reports in the July–September 2014 quarter, compared to 54.0% in the March–June 2015 quarter.

This reduction has been driven by reduced reporting by police, with 20,862 fewer intakes (a 45.3% reduction) over the period. This reduction likely reflects a change in policy where police are no longer required to report to Child Safety where a child resides in a home where a domestic violence incident occurs.

There has been a corresponding increase in referrals to community-based intake services over the period. This is a positive sign that professional reporting and referral behaviour is changing in line with the reform intent.

Referrals to FaCC and IFS have been increasing each month from February to June 2015. Police, education and health reporters are more likely to refer to FaCC than IFS, which may reflect internal referral policies. Some agencies will also only refer families who provide consent (despite provisions in the *Child Protection Act 1999* allowing referral without consent for some referrers).

Referrals to FaCC by referrer, Feb–Jun 2015

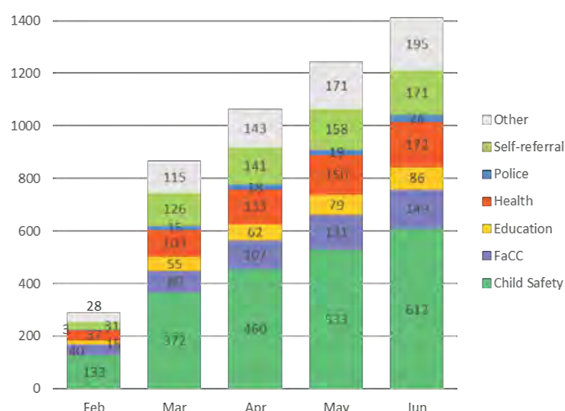


Number of intakes by primary reporter category, 2014–15

Reporter	July–Sep 2014		Oct–Dec 2014	Jan–Mar 2015	Mar–Jun 2015	
Total Intakes	**126, 931**	**100%**	**124,923**	**115,136**	**107,585**	**100%**
Child Safety	2,604	2.1%	2,556	2,288	1,888	1.8%
Schools	19,420	15.3%	20,043	18,771	17,562	16.3%
Health	14,090	11.1%	13,748	13,510	13,446	12.5%
Police	46,100	36.3%	43,744	33,658	25,238	23.5%
Other	44,717	35.2%	44,832	46,909	49,451	46.0%

Key findings explained

Referrals to IFS by referrer, Feb–Jun 2015



Unintended consequences

The majority of Healthcheck survey respondents felt that consolidating reporting requirements under one Act was a positive step towards streamlining Child Safety reporting processes.

However, education professionals have reporting requirements under multiple Acts, adding complexity to their reporting and referral decisions.

The timing of the rollout of the changes also posed problems for education stakeholders, as tight timeframes limited consultation to work through these legislative issues. As rollout commenced during school holidays, opportunities to bring staff up to speed with the changes through training were limited.

Policies within organisations about referral without consent may also be impacting whether families are able to access the right support at the right time. Some agencies will only report to FaCC without consent, and will not refer directly to IFS, which could link families with support sooner.

Another issue impacting referral behaviour raised by stakeholders was the staged rollout of FaCC and IFS services, which meant they may not have had a service to refer families to (depending on the residential address of the family).

Training, resources and guides

DCCSDS worked with stakeholder agencies to develop a package of Train-the-Trainer materials, guides and online training resources for use across the sector. Agencies customised these materials to meet their needs and tailor the material to their practice.

A survey of attendees at the Train-the-Trainer showed generally high agreement that the sessions were helpful, however there were some groups that were dissatisfied with the training.

83.6% of Healthcheck survey respondents agreed or strongly agreed that the Child Protection Guide and other resources and guides were effective in supporting their decisions to make a report to Child Safety or refer a family to a support service.

The non-state school sector reported some challenges communicating key messages and delivering training to its member organisations.

The use of customised training materials by individual agencies without quality assurance is seen as impacting the consistency of messaging about the reforms. Existing networks of child protection experts supports communication.

Some education professionals expressed concerns about determining whether "there is not a parent able and willing" when considering whether to report a concern to Child Safety. This was seen as being investigative and therefore outside the expertise of these professionals. Some also expressed confusion over the threshold of harm. They felt that the legislation changed the threshold for statutory intervention, rather than clarifying the threshold for when reports must be made to Child Safety. This may suggest further training is required.

Change management

Most agencies managed the change process effectively, and were able to demonstrate effective change management processes. Agencies reported the commitment of key players both across the sector and within their own organisations was critical to maintaining momentum and implementing the reforms.

Change management was more complex for less centralised agencies, such as Education and Health, where regionally initiated and led training and professional development was required.

For more information on this report, or any other aspect of Healthcheck I, please contact os@qfcc.qld.gov.au or (07) 3900 6053

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