



# Healthcheck II Summary Report

Mandatory reporting and referral behaviour  
in the Child Protection and Family Support  
System (2015–2017)

DECEMBER 2018





**For more information on this  
report, or any other aspect of  
Healthcheck II, please contact  
[os@qfcc.qld.gov.au](mailto:os@qfcc.qld.gov.au) or  
(07) 3900 6053**

## Background

In 2013, the Queensland Child Protection Commission of Inquiry found that the number of intakes 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 of concern 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 Queensland Family and Child Commission conducted a 'Healthcheck' to review the impact of these changes on reporting behaviour.

In the Healthcheck report delivered in December 2015, the Queensland Family and Child Commission identified a number of early findings and made recommendations aimed at:

- reducing reporting complexity
- improving joint-training and consistent messaging
- improving change management approaches.

The Queensland Family and Child Commission agreed to undertake another review (Healthcheck II) no sooner than six months after the implementation of FaCC and IFS services was completed.

## Approach

Healthcheck II considered the impact of the alternative referral pathways in terms of:

- improving access for children and families to secondary support services
- reducing intake pressure on the Department of Child Safety, Youth and Women.

If achieved, these outcomes increase the ability of the statutory child protection system to conduct investigation and assessments so children who are at risk of ongoing significant harm can be protected.

Intake reports made by mandatory reporters to the Department of Child Safety, Youth and Women and referrals of families to FaCC and IFS services between January 2015 and June 2017 were analysed.

Additional information was also gathered from:

- interviews with representatives from agencies with mandatory reporting responsibilities:
  - Department of Child Safety, Youth and Women
  - Queensland Police Service
  - Queensland Health
  - Department of Education
  - Anglican Schools Commission
  - Queensland Catholic Education Commission
- a survey of 246 mandatory reporters, including frontline staff
- a survey of 162 IFS service clients, to capture the end user perspective.

**The purpose of Healthcheck II is to assess whether mandatory referral and reporting behaviours are successful in diverting concerns about children that do not meet the threshold for statutory intervention away from the tertiary child protection system.**

### Alternative referral pathways

Implementation of alternative referral pathways commenced in January 2015, with the establishment of new secondary support services—17 Family and Child Connect and 23 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.

**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.

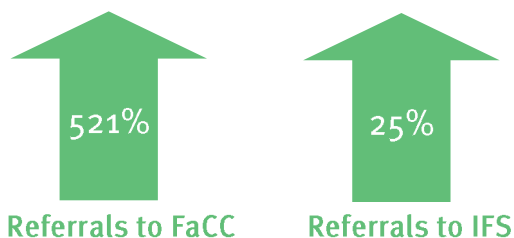
# Key findings

Children and families have improved access to secondary support services. Families that have accessed IFS services are positive about their experience.

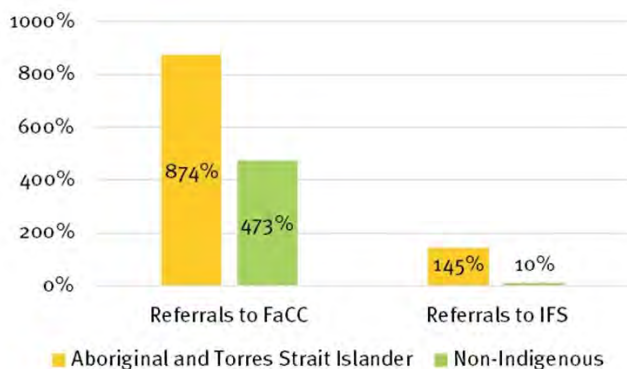
However, these services are yet to relieve intake pressure on the Department of Child Safety, Youth and Women. In fact, intakes *increased* by 18% between Jan–Jun 2015 and Jan–Jun 2017.

## Improved access to secondary support services

There has been a substantial increase in referrals to secondary support services between Jan–Jun 2015 and Jan–Jun 2017 with the establishment of the new FaCC and IFS services:



Increases in referrals were greater for Aboriginal and Torres Strait Islander families:



These referrals have increased the access vulnerable children and families have to secondary support services.

However, there remains considerable scope for mandatory reporters to make more direct referrals to FaCC and IFS services, especially from school personnel and health professionals.

The Department of Child Safety, Youth and Women are the leading source of direct referrals to the secondary support services by mandatory reporter groups, accounting for 55% of referrals from mandatory reporters to FaCC and 58% of referrals to IFS. School personnel and health professionals together accounted for 23% of referrals to FaCC and 32% of referrals to IFS.

## Service user experience

IFS service users are positive about their experiences of IFS services, with most agreeing that they would recommend the service they attended to a friend.

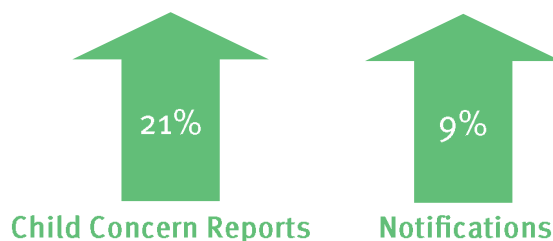
Improvements suggested by service users include:

- increasing service delivery capacity
- enhancing communication and consistency between case workers.

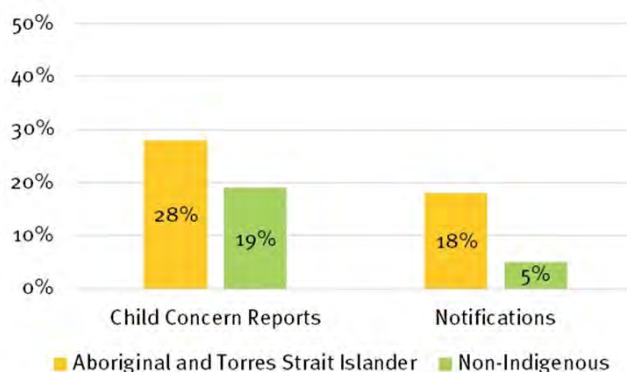
## Intakes to the tertiary child protection system

While alternative referral pathways have increased the access vulnerable children and families have to secondary support services, they have been limited in their effectiveness in reducing pressure on the tertiary child protection system.

Intakes to the Department of Child Safety, Youth and Women have increased by 18% between Jan–Jun 2015 and Jan–Jun 2017:



Increases in intakes were greater for Aboriginal and Torres Strait Islander children:



# Key findings cont'd

Of the four mandatory reporter groups analysed, school personnel were the biggest contributor to the growth in intakes between Jan–Jun 2015 and Jan–Jun 2017:

- School personnel recorded an increase of 38% in notifications and 39% in Child Concern Reports.
- School personnel were responsible for 42% of all Child Concern Reports from mandatory reporters.

Healthcheck II identified a number of reasons why intakes are not decreasing as expected:

- Many mandatory reporters indicate a preference for reporting to the Department of Child Safety, Youth and Women, rather than referring to FaCC or IFS services. This preference was particularly strong when they were worried about the implications of not reporting (especially school personnel) and when the family's engagement with the service was voluntary.
- While they are aware of their reporting responsibilities, mandatory reporters are still building their trust and confidence in referring to FaCC and IFS services. Further effort is required to foster strong local relationships with FaCC, IFS and other secondary support services.
- Intakes made to the Department of Child Safety, Youth and Women and subsequently referred on to a FaCC or IFS service (indirect referrals) increased at a greater rate than direct referrals from mandatory reporters to secondary support services.
- School personnel are over-reporting Child Concern Reports. Having mandatory reporting obligations in both the *Education (General Provisions) Act 2006* and the *Child Protection Act 1999* appears to be creating additional complexity for school personnel.

## Disproportionate representation

The data shows that although there has been a greater increase in referrals to secondary support services for Aboriginal and Torres Strait Islander families compared with non-Indigenous families between Jan–Jun 2015 and Jan–Jun 2017, this trend has been accompanied by an increase, rather than a decrease, in reports to the Department of Child Safety, Youth and Women. The disproportionate representation of Aboriginal and Torres Strait Islander children is not yet easing as a result of the reforms. Rather, it is increasing.

The total proportion of referrals that related to Aboriginal and Torres Strait Islander families over the period was 15% for FaCC and 17% for IFS. However, the proportions of intakes relating to Aboriginal and Torres Strait Islander children was substantially higher (23% for Child Concern Reports and 31% for notifications).

This suggests that referrals to secondary support services are not enough on their own to ensure that families access or engage with the kind of support that is effective in enabling them to avoid statutory intervention. However, the 33 Family Wellbeing Services across Queensland (which were out-of-scope of Healthcheck II) are expected to contribute to better outcomes for Aboriginal and Torres Strait Islander children and families.

## Improving reporting and referral behaviour

Healthcheck II participants identified a number of resources that support child protection decision-making, including training, the online *Child Protection Guide*, and internal policies and procedures.

Participants recommend that resources developed to support child protection decision-making should accommodate widely varying levels of knowledge, skill and experience with child protection issues.

There is an opportunity to improve referral behaviour through further training and resources.

- Having a dedicated role within each agency with responsibility for training and supporting staff about child protection matters was seen as extremely positive by participants.
- Almost all survey respondents (n=237, 98%) reported receiving training on mandatory reporting obligations, compared with three quarters (n=185, 76%) who had received training on referring families to FaCC and IFS services.
- Enhancement of current data collection would better inform training, resource development and key messaging across the system to support continuous improvement in reporting and referral behaviour.

Early Childhood Education and Care professionals commenced mandatory reporting on 1 July 2017 (post-Healthcheck II). Future discussions and training about mandatory reporting should involve the early childhood education and care sector.



Queensland  
**Family & Child**  
Commission

■ [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au)



**Queensland**  
Government