



Measuring what matters

*Evaluating outcomes achieved through
the Queensland Child Protection
Reform Environment (2014–2020)*

The Queensland Family and Child Commission

The QFCC is a statutory authority of the Queensland Government. Established in 2014, it oversees the child protection and family support system. Through awareness, advocacy and accountability, the QFCC seeks to give practical effect to the rights of all children and young people in Queensland.

About this report series

The findings of the QFCC's evaluation of outcomes achieved through the Queensland Child Protection Reform Environment are described in a series of four reports.

Overall evaluation findings are presented in the report, *Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014–2020)*.

There are also three reports describing the results of 'deep dive' studies into areas of significant reform investment in more detail. These reports should be read in conjunction with *Measuring what matters*:

- **Deep dive #1: Investing in family support services**
Has it reduced demand on the child protection system and improved outcomes?
- **Deep dive #2: Respecting the workforce**
How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?
- **Deep dive #3: Learning from evaluations**
What have we learned and how has the child protection system responded?

All links provided in the reports were correct at publication. All documents are available online via the QFCC website: www.qfcc.qld.gov.au

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Acknowledgements

The Queensland Family and Child Commission (QFCC) acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians across the lands, seas and skies where we walk, live and work.

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

We at the QFCC would like to acknowledge the generous support and assistance provided to us in completing this evaluation. In particular, we thank the members of the child protection and family support sector and frontline workforce who agreed to speak with us. We are aware that they took time from their work days, which were already overloaded with usual business and with the repercussions of COVID-19.

We also want to acknowledge the Child Safety workforce—people who work in roles that are both rewarding and challenging. We appreciate the honest reflections they provided for our evaluation and their dedication to their work with and for children, young people and their families.

We would like to thank:

- the members of our Evaluation Reference Group for their input on evaluation design and for facilitating data requests and invitations to participate
- government agencies and non-government organisations who:
 - provided data
 - provided a written submission
 - participated in an interview or small group discussion.

Reforming the child protection system is challenging. Several factors contribute to system demand, and many of these are beyond the control of government agencies and non-government organisations providing child protection services.

Despite these challenges, and the repercussions of a pandemic, every stakeholder we spoke with was committed to identifying and addressing barriers to progress in reforms and to improving outcomes for Queensland's most vulnerable children, young people and families.

We are grateful to all who made time to contribute to the evaluation and assist us with understanding reform progress and the story behind the data.

Foreword

As a society, we believe all children have dignity and worth. Some children and young people require extra attention, including support from the state where necessary, to ensure their needs are met and their rights are upheld.

These points are beyond debate, part of our shared view of how the world should be. However, in my experience, once we move on to how to achieve this, consensus tends to fall away.

Priorities differ or shift. Funding is always tight. Change becomes difficult, even when the needs are clear, because systems are complex. Often, the focus is on the system and how it is functioning rather than on the needs of the children and young people it should be serving.

This report had a bold scope, which was to evaluate the outcomes achieved through the Queensland Government's Child Protection Reform Environment—*Supporting Families Changing Futures*. It sought to assess system performance against the seemingly straightforward criterion of whether the changes made have improved outcomes for children and young people.

The QFCC took a comprehensive approach to this task, assessing available data, speaking with those who manage and work in the system, and then evaluating in depth the performance in three specific reform areas where there has been significant investment.

The findings are sobering. There has been little change in the conditions that prompted the reforms and little evidence of shared responsibility for and governance of the reform process. There is a will to understand performance, but few concrete steps have been taken to do this methodically. Of particular concern is the absence of data at a system level about the experiences of children, young people and their families involved with the system.

This is happening at a time when demand for services remains high, the over-representation of Aboriginal and Torres Strait Islander peoples in the system is growing and the evident desire for different parts of the system to work together is not always translating into action.

This is not to say that the various government agencies and non-government organisations that form the child protection and family support sector in Queensland are not working hard. They are, and their staff are very dedicated to doing their best for the children, young people and families to whom they devote their skills and energy. Anecdotally, they are confident that these interventions are beneficial. But neither they nor we can confirm this.

The solution we propose is clear from the title of this report—*Measuring what matters*. We urgently need to be able to measure system performance in terms of whether it is making a difference for children, young people and families. We also need to be able to link the many different pieces of data to help tell a single story about a child or young person's journey through the different parts of the system.

Queensland has invested considerable resources to deliver these reforms. We need to be able to demonstrate that they are delivering the desired results, particularly given the extra pressures the COVID-19 pandemic has placed and will continue to place on us all.

We recommend this report to any government agency and non-government organisation responsible for supporting children, young people and their families. We also recommend it to funding agencies as a guide to improving system performance.

Measuring what matters does not mean complex new fixes are needed. It is about working together to focus on the fundamentals of a strong system that meets the needs of children, young people and their families.

Cheryl Vardon

*Chief Executive and Principal Commissioner
Queensland Family and Child Commission*



Executive summary

Background

This report presents the findings of the Queensland Family and Child Commission's evaluation of progress towards achieving outcomes through Queensland's Child Protection Reform Environment—*Supporting Families Changing Futures*.

The reform program was developed in response to recommendations of the Queensland Child Protection Commission of Inquiry (the Inquiry).¹ It has resulted in substantial, ongoing changes across Queensland's child protection and family support system.

The Inquiry, prompted by widespread concern about the number of children and young people entering the child protection system, began in 2012 and delivered its report to government in June 2013. It found that the challenges faced by Queensland's child protection system included:

- 1 Unsustainable demand on the statutory system
- 2 A growing over-representation of Aboriginal and Torres Strait Islander children, young people and families in the system
- 3 Inadequate early intervention supports for families at risk of entering the child protection system
- 4 A stretched workforce in need of support
- 5 Children and young people being taken into the care of the state with unstable placement options, poor health and education outcomes and a lack of support when making the transition out of the system
- 6 Government agencies and non-government organisations working in silos, with limited collaboration and a lack of shared accountability for child protection and family support
- 7 Monitoring and evaluation being used punitively, with a focus on performance monitoring rather than on improving practices or learning from mistakes

The Inquiry made 121 recommendations to transform Queensland's child protection system. All were accepted outright or in principle by government.² The objectives (or strategic intent) of the reform program and selected strategies³ recommended by the Inquiry are presented in Table 1.

1 Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/qccpci-final-report-web-version.pdf

2 Queensland Government, 2014, *Queensland Government response to the Queensland Child Protection Commission of Inquiry final report*, www.csyw.qld.gov.au/resources/campaign/supporting-families/qg-response-child-protection-inquiry.pdf

3 These strategies were selected because they received large amounts of investment and/or were deemed to be key reform priorities.

Table 1: Intent of the reform program and selected strategies recommended by the Inquiry

Reform program intent	Strategies recommended by the Inquiry included:
Reduce the number of children and young people in the child protection system.	<ul style="list-style-type: none"> • Establish an early intervention support sector for families experiencing vulnerability.
Revitalise child protection frontline and family support services.	<ul style="list-style-type: none"> • Strengthen the child protection and family support workforce ensuring workers have the required skills, knowledge, supervision, training and support to perform their role well. • Enhance out-of-home care⁴ placements by increasing support to foster carers and kinship carers,⁵ and improving residential care facilities.⁶ • Better support young people in their transition to adulthood from care. • Improve child protection court proceedings. • Provide opportunities for the voices of children and young people to be heard and adequately represented.
Refocus oversight on learning, improving and taking responsibility.	<ul style="list-style-type: none"> • Share leadership for child protection outcomes across the government and non-government sectors. • Develop evaluation frameworks for each agency with child protection responsibilities to track progress and enable the outcomes of the reforms to be monitored. • Shift oversight of the Queensland child protection system to an approach focused on learning, improving and taking responsibility.

We have used the reform program objectives (intent) as the basis for describing the evaluation findings in Chapters 3, 4 and 5 of this report.

Concurrent to the *Supporting Families Changing Futures* reform program, the *Our Way* generational strategy (2017–37) was launched in 2017. A reform program in its own right, the *Our Way* strategy aims to improve life opportunities for Queensland’s vulnerable Aboriginal and Torres Strait Islander children and families by changing the way in which child protection, family support and other services work with and for Aboriginal and Torres Strait Islander children and families.⁷

Impact of COVID-19

The COVID-19 pandemic arrived in Queensland just as our consultations with stakeholders began, and we adapted our evaluation methods to meet relevant restrictions in place at the time. It was clear that the COVID-19 pandemic was impacting our evaluation participants at the time we were consulting with them, both in terms of the way they worked as well as their workloads. This may have impacted on data collected for the evaluation. It was also clear that the impact of the pandemic will persist for some time as restrictions evolve and Queensland’s economy recovers.

We have included a discussion of the impact of the pandemic on reform implementation in [Chapter 6](#).

⁴ Out-of-home care is provided to children and young people who are unable to live with their primary caregivers, as it has been assessed that their families are unable to ensure their safety. It involves the placement of a child with alternate caregivers on a short- or long-term basis.

⁵ A foster carer is any individual, or two or more individuals, approved by Child Safety to care for a child subject to departmental intervention and an out-of-home care placement (irrespective of the type of placement). A person living with another person on a genuine domestic basis may only be granted a certificate of approval jointly with their partner. A kinship carer is a person related to the child or a member of a child’s community and considered family, or a close friend who is approved by Child Safety to provide an out-of-home care placement for the child. Kinship carers may be grandparents, aunts/uncles, or other relatives or a close friend. For Aboriginal and Torres Strait Islander children, relative care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with, the child’s community or language group.

⁶ Residential care placements are primarily used for young people aged 12 to 17 years who have complex and extreme support needs.

⁷ Department of Children, Youth Justice and Multicultural Affairs, 2020, *Strategy and action plan for Aboriginal and Torres Strait Islander children and families*, www.cyjma.qld.gov.au/campaign/supporting-families/background/strategy-action-plan-aboriginal-torres-strait-islander-children-families

Aims and objectives

To examine progress towards the achievement of outcomes through the reform environment, we considered its impact on:

- reducing statutory demand
- addressing the over-representation of Aboriginal and Torres Strait Islander children, young people and families in the child protection system
- improving outcomes for children, young people and families experiencing vulnerability
- strengthening the child protection and family support workforce
- providing opportunities for the voices of children and young people to be heard and adequately represented
- increasing shared leadership for attaining child protection outcomes across the government and non-government sectors
- shifting oversight of the Queensland child protection system to an approach focused on learning, improving and taking responsibility.

Through our investigations we also aimed to find out what has helped and hindered progress on reforms as well as what opportunities exist to enhance reform progress.

Methods

We used a range of methods, in a phased approach, to assess reform progress and capture the complexity of the reform environment in Queensland.

While planning the evaluation, the QFCC worked with stakeholders to identify potential sources of data and information. Where relevant, we explored opportunities to capture the perspectives of children, young people, families and carers.

Phase 1		
Monitoring trends in system performance data since the beginning of the reforms	Analysing existing agency data, documentation and evaluations	Analysing the QFCC annual data collections, including online surveys
Phase 2		
Conducting stakeholder consultations via written submissions or phone/video conferences	Undertaking three 'deep dive' studies examining areas of significant reform investment	

Findings

As data about outcomes was limited or not available, we were not able to answer all of our evaluation questions

More than seven years into the reforms, there is an urgent need to measure what matters to support ongoing monitoring, evaluation and demonstration of the impact for children, young people and their families

There has been no shortage of data collected about the system. However, this type of data does not tell us how each part of the system affected children and young people—for example, if they were kept safe; if their basic needs were met; if their health, wellbeing and education were affected; or if they were reunited with their families. It also doesn't tell us what children, young people and their families thought about their experience in the system and the effect they believe it had on them.

We also found the data is not joined-up at a system level, meaning we lack an understanding of each family's outcomes and experience of the system as a whole.

We need to improve our measurement of outcomes to include more:

- measures of system performance from the perspective of children, young people and families
- measures of performance for agencies other than Child Safety who have child protection responsibilities
- understanding of the workforce, including clarity on the number of staff, and on caseloads, workloads, supervision and vacancy rates as well as system demand
- linked data to regularly monitor the pathways of children, young people and their families across and through the secondary and statutory⁸ systems.

The data available to us, including perspectives of stakeholders, shows the reform environment has not achieved what was expected by this point

There has been minimal change in the conditions that prompted the reforms

The following points summarise our findings as they relate to reform outcomes. Collectively, they suggest that many of the issues identified by the Inquiry persist.

- Demand for the statutory system remains high.
- There has been significant investment in the secondary service system, but more is needed, as it does not have enough capacity to meet demand. This means vulnerable families may not always receive support when they need it.

⁸ In this report, the 'statutory system' refers to all services provided by Queensland's Department of Children, Youth Justice and Multicultural Affairs (Child Safety) to vulnerable children who are suspected to have been significantly harmed, are being significantly harmed or are at risk of being significantly harmed and do not have a parent that is willing and able to protect them. This includes intakes (which determine the most appropriate response to concerns received), assessments, case planning and out-of-home placements. (The term 'statutory' is also used to refer to actions or decisions involving Child Safety.) The secondary service system provides early interventions for families whose children are at risk of becoming in need of protection.

- Aboriginal and Torres Strait Islander children and young people are even more over-represented in the system than they were at the time of the Inquiry.
- Despite government investment in frontline staffing, the workforce is still stretched. Workloads have increased (for a variety of reasons).
- Options for foster, kinship and residential care arrangements are limited, there is more work to do to provide children and young people with stable placements, and views vary on the adequacy of supports for making the transition to adulthood.
- Services that support the health and educational wellbeing needs of children and young people need further improvement.
- There is limited evidence of shared responsibility and accountability.
- We found strong evidence of a system-wide commitment to working together, but stakeholders report challenges in terms of the capacity of governance groups to effect strategic change.⁹

Queensland Family and Child Commission positions

As a result of this evaluation, the QFCC holds the following positions:

The finite nature of reforms can negatively impact on progress

Having a short-term, ‘reform’ focus reduces the impact of any changes for system stakeholders such as children and young people, their families and the workforce. It implies that continuing to fund and deliver the enhancements to child protection and family support services implemented as part of the reforms is optional.

Promoting the safety and wellbeing of children and young people and helping their families to thrive is not negotiable

This work must be supported by secure, ongoing funding and collective commitment.

Neither another inquiry nor a further attempt to evaluate the reforms is needed

There is limited value in conducting another inquiry into the system. The problems are well known and have shown disappointingly little change over time. There is also limited value in attempting another evaluation at the reform program level, given we know there is limited outcomes-based data available.

Queensland needs an outcomes-focused child and family policy agenda

Rather than looking back at reform progress, our focus should be on the outcomes we would like to see for children, young people and their families. Responsibility and accountability for this agenda must be shared across government agencies, non-government organisations and the community.

There must also be a shared vision of what the system is aiming to achieve, with transparent collection and reporting of data on measures that matter—to support ongoing monitoring and evaluation and drive continuous improvement. The QFCC is prepared to lead a strategic project with stakeholders across the sector to identify these measures.

Conclusion

There is no question that a lot of activity has occurred in the course of implementing the reforms to date. The question is whether the best *type* of activity has occurred, and whether it has occurred in the best way for children, young people and their families. At present, we cannot determine this, and the data that is available indicates there has been limited (if any) improvement in the areas that need it the most.

Something needs to change. We are not suggesting another inquiry—what is needed is a shared child and family policy agenda that endures and provides certainty for the child protection and family support system and sector, and for the children, young people and their families who rely upon it.

Genuine collaboration is certainly required—to support information sharing but also to share accountability. The policy agenda must be developed with the direct and active involvement of Aboriginal and Torres Strait Islander peoples, frontline workers, and children, young people and their families.

Decision makers within the system must know precisely what they are planning to achieve before they start, and also know exactly how they will measure it—not just the throughputs and outputs, but the outcomes for children, young people and their families; and the workforce tasked with supporting them.

The child protection and family support system needs to measure what matters, share these measures, and evaluate individual programs and services at appropriate times to drive continuous improvement. It must be able to demonstrate that what it is doing is improving outcomes for children, young people and their families and is delivering value for money to the Queensland community.

People within the system have devoted a lot of time, effort and commitment to the work so far. Now, they must become more strategic and measured about the work. There is still a great deal to be done.

⁹ Our evaluation findings are consistent with those of the Queensland Audit Office and those of our implementation evaluation (completed in 2018).

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1

Introduction

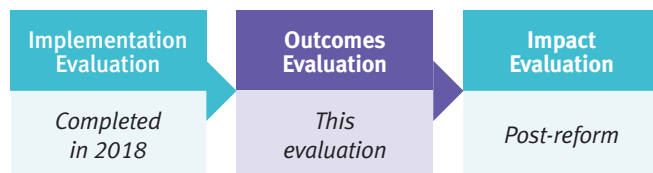
1.1 About the Queensland Family and Child Commission

The Queensland Family and Child Commission (QFCC) is an independent statutory authority that takes a system-wide view of issues affecting children, young people and their families.

We work collaboratively with government and non-government partners, including families and communities, to help ensure young Queenslanders grow up in safe and inclusive environments where they are valued and supported to reach their full potential.

Our role is to build awareness of and accountability for the rights, safety and wellbeing of Queensland's children and young people, within the child protection and family support system and across the Queensland community. We advocate for systemic change where children and young people experience inequity, vulnerability and marginalisation in Queensland.

The QFCC is responsible for undertaking program-level evaluations of the Queensland Child Protection Reform Environment, the approach for which was approved by the (then) Interdepartmental CEO Committee in 2017.¹⁰ Three evaluations were planned at key time points. This document relates to the second evaluation, which is focused on outcomes.



1.2 Queensland Child Protection Reform Environment

The Queensland Child Protection Commission of Inquiry (the Inquiry) began in 2012 and delivered its report to government in June 2013.

According to the Inquiry, more than 8,000 children and young people were living in out-of-home care in 2011–12. It predicted that the government could set realistic targets to reduce the number of children in care by 25 per cent (to 6,000) by 2019.

In the absence of any changes in current policy or programs at the time, the historic trendline suggested a potential 10,000 children in care by 2019.¹¹ In fact, by 30 June 2019, 9,647 Queensland children were living in out-of-home care. By 30 June 2020, the figure had risen to 10,527.¹²

The Inquiry¹³ found Queensland's child protection system was:

- experiencing unsustainable levels of demand. Over the prior decade, child protection intakes had tripled, the number of children in out-of-home care had more than doubled, and children in care were staying there for longer periods
- characterised by high levels of over-representation of Aboriginal and Torres Strait Islander children. Over the prior decade, the rate of Aboriginal and Torres Strait Islander children in out-of-home care had tripled and there was evidence of their over-representation at every stage of the child protection system
- operating mainly at the tertiary¹⁴ level and not offering adequate support services to families at risk of coming into contact with the child protection system
- staffed by a workforce facing challenges such as high turnover, high workloads and a lack of adequate training and support
- providing inadequate out-of-home care experiences for many children and young people. Many were experiencing placement instability and poor educational and health outcomes and were facing significant challenges in making the transition to independent living
- lacking a cross-agency strategic agenda, governance structures and shared goals
- inadequately evaluated. The Inquiry found there was a punitive culture surrounding evaluations, and that oversight activities such as performance monitoring and auditing tended to focus on finding fault.

¹⁰ Queensland Family and Child Commission, 2017, *Child Protection Reform Program Evaluation Framework*, unpublished.

¹¹ Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/___data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

¹² Department of Children, Youth Justice and Multicultural Affairs, 2021, *Ongoing intervention phase, living away from home statistics—Table OHC.1*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/living-away-home

¹³ Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/13/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

¹⁴ In this report, 'tertiary' refers to intervention services targeting families within the statutory system.

The Inquiry made 121 recommendations designed to transform the system. These were accepted outright or in principle by government.¹⁵ The objectives (or strategic intent) of the reforms were to:

1. **Reduce** the number of children and young people in the child protection system.
2. **Revitalise** child protection frontline services and family support.
3. **Refocus** oversight on learning, improving and taking responsibility.

We have used the reform program objectives as the basis for describing the evaluation findings in Chapters 3, 4 and 5 of this report.

The Inquiry recommended:

- reducing the number of children and young people in the system by establishing and adequately resourcing an effective family support sector for families experiencing vulnerability. It was anticipated that providing timely early intervention support services would have benefits for children, young people and their families and would reduce the number of children and young people entering Queensland's statutory child protection system
- reducing the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system. It also recommended addressing contributors to over-representation including individual and collective experiences of trauma, racism, socioeconomic disadvantage, family violence, drugs and alcohol, mental health issues and lack of access to housing.¹⁶ The Inquiry stressed the importance of building the capacity of the community services sector to deliver culturally safe and responsive¹⁷ support services for Aboriginal and Torres Strait Islander families
- strengthening the child protection and family support workforce through a range of strategies, including:
 - ensuring it has the skills and knowledge to work effectively
 - increasing the supervision, training, support and career development opportunities provided to workers to ensure they feel valued and supported
 - reducing average caseloads
 - improving cultural competence
- enhancing out-of-home care placements including providing increased support to foster carers and kinship carers, improving residential care facilities and exploring alternative placement options

- better supporting young people in their transition to adulthood from care
- providing opportunities for the voices of children and young people to be heard and adequately represented within the child protection and family support system, particularly within child protection court proceedings
- sharing leadership across the government and non-government sectors so each agency with a role in child protection takes responsibility for outcomes for children and young people
- developing evaluation frameworks for each agency with child protection responsibilities to track progress and enable the outcomes of the reforms to be monitored. The Inquiry identified that oversight of the Queensland child protection system must refocus on learning, improving and taking responsibility.

The *Supporting Families Changing Futures* reform program was started in response to the Inquiry. It has resulted in substantial state-wide changes across the child protection and family support system since implementation began in 2014. The Inquiry recommended a 10-year reform period, with the first five years focused on implementation (the implementation phase) and the second five years focused on consolidating the system reforms (the consolidation phase).

The reform program continues to affect the system today. However, the reform environment has been significantly broadened as a result of targeted systemic reviews and complementary reform initiatives. A suite of additional recommendations markedly expanded the scope of reforms across the child protection and family support system.

Concurrent to these child protection reforms, the *Our Way* generational strategy (2017–37) was launched in 2017. A reform program in its own right, the *Our Way* strategy was developed in response to the disproportionate representation of Aboriginal and Torres Strait Islander children, young people and families in the child protection system.

The Royal Commission into Institutional Responses to Child Sexual Abuse¹⁸ made 240 recommendations, all of which have been accepted or supported in principle by the Queensland Government.¹⁹ A cross-agency reform program, parallel to (and in part, intersecting with) the Child Protection Reform Program, is underway, with the aim of implementing these recommendations and helping those who have suffered abuse in institutions, including the foster care system in Queensland.

There are other strategic inputs, both at a state and national level, that will likely impact on vulnerable children, young people and families. They will also affect Queensland's child protection and family support system and its progress towards achieving the outcomes of the reforms.

15 Queensland Government, 2013, *Queensland Government response to the Queensland Child Protection Commission of Inquiry final report*, www.csyw.qld.gov.au/resources/campaign/supporting-families/qg-response-child-protection-inquiry.pdf

16 Family Matters, 2020, *The Family Matters Report 2020*, www.familymatters.org.au/the-family-matters-report-2020/

17 Throughout this report we have used the terms culturally safe and responsive and culturally competent. Where possible we have used the terms that stakeholders used in consultations. We acknowledge that there are various definitions of cultural competence, culturally safe and responsive and other related concepts. In the context of this report, culturally safe and responsive means that children, young people and families are provided with a space where they are comfortable, supported and safe to be themselves and express their cultural, and spiritual beliefs. Cultural competence reflects an individual's or organisation's actions and behaviours in building relationships and understanding between people of various cultural backgrounds, which can include beliefs, customs and behaviour. We acknowledge that cultural competence is developing every day and requires reflection on our work and our own cultural and unconscious biases.

18 *Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, Final Report*, www.childabuseroyalcommission.gov.au/final-report

19 Queensland Government, 2018, *Queensland Government response to the Royal Commission into Institutional Responses to Child Sexual Abuse*, www.cyjma.qld.gov.au/resources/dcsyw/about-us/reviews-inquiries/qld-gov-response/rc-child-sexual-abuse-response.pdf

1.3 Evaluation scope

The focus of the evaluation is the child protection and family support system in Queensland, specifically the reforms that aim to transform this system. The child protection and family support system includes funded non-government organisations and government agencies.

The first five years (1 July 2014–30 June 2019) of the reform program were meant to focus on implementation, with the second five years (1 July 2019–30 June 2024) consolidating the systemic changes needed to realise the intended outcomes of the reforms.

We intended to consider progress towards the achievement of outcomes over the first five years of the 10-year reform environment in this evaluation by examining evidence of progress as well as barriers to and enablers of progress.

We did not intend to examine return on investment of reform activities in detail, as these were to be the focus of projects commissioned by the (then) Department of Child Safety, Youth and Women.²⁰

However, we collected data after reform Year 5 (2018–19), and we found that the insights of stakeholders often reflected events that occurred after June 2019. This includes the COVID-19 pandemic,²¹ which began well after the intended period of focus for this evaluation and could therefore be considered out of scope.

We decided to include insights about COVID-19 in this evaluation (see [Chapter 6](#)), as we acknowledge that it will continue to influence reform progress and system performance for years to come. This is reflected in the focus on uniting and recovery in the Queensland Government's objectives for the community.²²

The scope of the evaluation was further adjusted to include data from 2019–20. This provided a degree of consistency with the decision to include information about COVID-19, stakeholder perspectives and more recent system changes to ensure the evaluation reflected the changing context.

1.4 Evaluation governance

The QFCC recognises the significant benefit of seeking input and advice from external reform partners on various aspects of the evaluations we deliver. Inter-agency collaboration early in the process enables our partners to influence the evaluation design so it meets their information needs.

The QFCC collaborated with reform partners at various levels in making design and planning decisions for this evaluation. These included representatives from reform agencies (including

Child Safety, the Department of Justice and Attorney-General, the Department of the Premier and Cabinet and Queensland Treasury) who provided advice on matters of evaluation scope and deep dive study topics.

An Evaluation Reference Group, made up of Queensland Government agency representatives, was convened to provide feedback and assist with making decisions about design and implementation elements of this evaluation. It also facilitated access to the data, documents and potential participants we needed.

The following principles guided our evaluation approach:

- **Shared responsibility.** We designed the evaluation in consultation with relevant stakeholders and our Evaluation Reference Group. We kept our partners informed of our progress throughout the evaluation.
- **Good practice.** We used appropriate methods and analysis techniques to address our evaluation questions. Where possible, and as recommended in the Queensland Government Program Evaluation Guidelines,²³ we brought together data from multiple methods to increase confidence in evaluation findings. We remained focused on the information needs of stakeholders and were committed to helping partners to understand and respond to these evaluation findings.
- **Respect.** Where possible, we drew on existing data and information to minimise the impost on organisations and evaluation participants. We were flexible in our approach to engaging with stakeholders so they could share their perspectives in a format and at a time that was convenient for them.
- **Inclusivity.** We considered the perspectives of system leaders including regional director and director-level staff from government agencies and chief executive officer-level staff from non-government organisations. We also gathered the perspectives of frontline workers, service users and the general community from across Queensland.
- **Ethical behaviour.** As our evaluation involved human participants, we required and obtained approval from a recognised Human Research Ethics Committee. We provided potential participants with enough information to make an informed decision to participate, maintained the confidentiality of participants, and gave participants the opportunity to access overall findings after the evaluation was complete.

²⁰ Prior to 12 December 2017, the department responsible for child safety was the Department of Communities, Disability Services and Seniors. When the evaluation began, the Department of Child Safety, Youth and Women was the government agency with responsibility for child safety services. On 12 November 2020, it was renamed the Department of Children, Youth Justice and Multicultural Affairs, retaining responsibility for child safety. For clarity, this report refers to 'Child Safety' as the agency with responsibility for child protection.

²¹ Coronavirus (COVID-19) is an infectious disease caused by a virus (SARS-CoV-2) discovered in 2019. On 11 March 2020, the World Health Organisation declared COVID-19 a pandemic, Australian borders were closed to all non-residents on 20 March 2020, and a month-long nationwide lockdown started on 23 March 2020, www.who.int/health-topics/coronavirus#tab=tab_1

²² Queensland Government, 2021, *Queensland's economic recovery plan*, www.covid19.qld.gov.au/government-actions/our-economic-recovery-strategy

²³ Queensland Government, 2020, *Queensland Government Program Evaluation Guidelines* (2nd edition), s3.treasury.qld.gov.au/files/Queensland-Government-Program-Evaluation-Guidelines-2nd-edition-2020.pdf

1.5 Structure of this report

This chapter has provided background information about the Queensland Child Protection Reform Environment and the scope of this evaluation. Chapter 2 describes the methods used to conduct the evaluation.

Chapters 3, 4 and 5 describe the evaluation findings against the three reform objectives (reduce, revitalise and refocus).

Chapter 6 describes the impact of COVID-19 as discussed by evaluation stakeholders. Finally, Chapter 7 synthesises the evaluation findings across the different methods, and states the QFCC's positions on the next steps.

2 Method

2.1 Design

The core focus of this evaluation was on the achievement of outcomes related to the reforms.

However, the evaluation also considered elements such as process, implementation and impact issues, as outlined in Figure 2-1.

2.2 Sources of evidence

We used a range of methods, in a phased approach, to assess reform progress and to capture the complexity of the reform environment in Queensland. This approach is shown in Figure 2-2.

During evaluation planning, the QFCC worked with stakeholders to identify potential data and information sources. Where relevant, the evaluators explored opportunities to capture the perspectives of children, young people, families and carers.

By synthesising the results of different methods and exploring the issues from the perspective of different stakeholders, we strengthened the study design. By drawing on existing data sources, we also avoided unnecessary duplication and burden on stakeholders.

As part of our oversight responsibility, the QFCC monitors system trends, and we included this data in the evaluation.

All Phase 1 activities occurred over the first half of 2020, and involved:

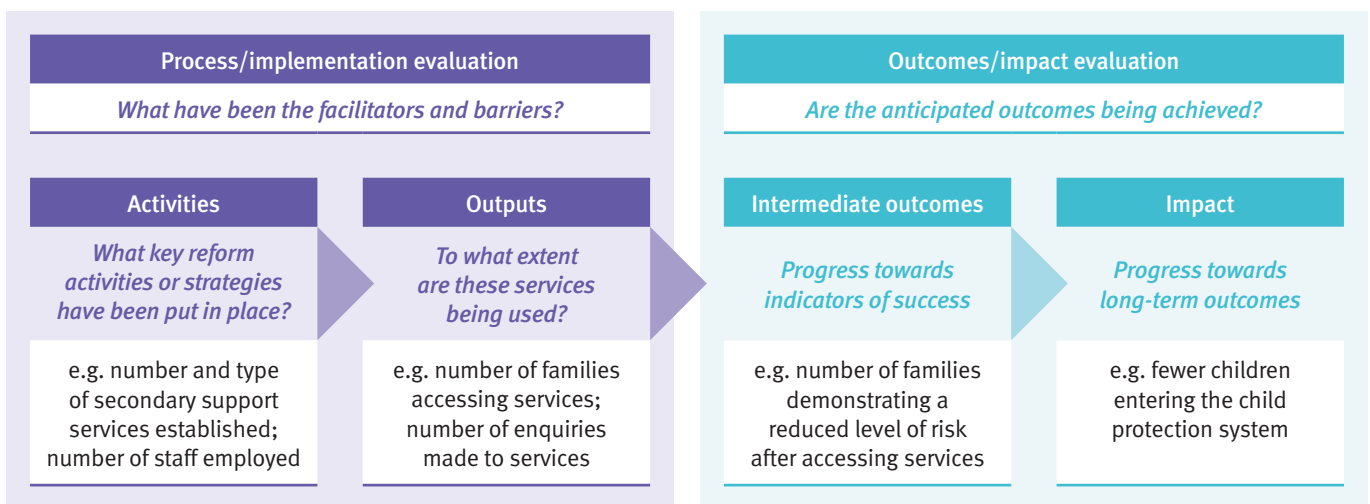
- collating existing publicly available data and submitting data and document requests to government agencies and non-government organisations
- analysing the QFCC’s annual data collections, including a survey of community members and a survey of frontline workers in the child protection and family support sector.

In Phase 2, which we conducted in the second half of 2020, our focus shifted to stakeholder consultation. We developed a consultation guide to seek stakeholder views on reform progress to date. Stakeholders were asked to reflect on their own experience and professional knowledge of the sector and system. To support consultation, we provided them with a paper summarising the data made available to the QFCC in Phase 1. Stakeholder feedback is presented throughout this report in the form of quotes and concise summaries of stakeholder responses.

Learnings from stakeholder consultations complemented our analysis of existing data and documents for the three deep dive studies. Table 2-1 shows the deep dive topics, which align with the three objectives of the reforms and examine areas of significant reform investment.

We obtained Human Research Ethics Committee approval²⁴ for methods involving data collection from participants. Data was collected in accordance with this approval, and no ethics complaints were received. Consistent with our ethics approval, where we undertook to maintain respondent confidentiality, all quotes in this evaluation report have been de-identified.

Figure 2-1: Components of the evaluation design



24 Approved project reference numbers are HREC/17/QTHS/47 and LNR/2019/QTHS/51525.

Figure 2-2: The phased approach to data collection





Phase 1		Phase 2	
<p>Monitoring trends in system performance data since the beginning of the reforms by analysing existing agency data, documentation and evaluations</p> 	<p>Analysing the QFCC annual data collections, including online surveys</p> 	<p>Conducting stakeholder consultations via written submissions or phone/video conferences</p> 	<p>Undertaking three 'deep dive' studies examining areas of significant reform investment</p> 
<p>15 agencies and departments responded to data and document requests</p> <hr/> <p>186 tables of data analysed</p> <hr/> <p>225 documents analysed</p>	<p>Community surveys 2017 2019 2020</p> <hr/> <p>Workforce surveys 2018 2019 2020 2021</p> <hr/> <p><i>Growing up in Queensland</i> 2020</p>	<p>24 agencies were invited to contribute to the evaluation</p> <hr/> <p>17 accepted the invitation to contribute (70.8% response rate)</p> <hr/> <p>10 written responses 7 interviews</p>	<p>Deep dive 1 39 secondary service providers responded to an online survey</p> <hr/> <p>4 Child Safety regional leaders provided a written survey response</p> <hr/> <p>Deep dive 2 47 participants</p> <hr/> <p>Deep dive 3 19 evaluation reports examined</p>

Table 2-1: Deep dive topics and reform objectives

Deep dive topic	Reform objective
<p>Investing in family support services: Has it reduced demand on the child protection system and improved outcomes?</p>	<p>Reducing the number of children and young people in the child protection system</p>
<p>Respecting the workforce: How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?</p>	<p>Revitalising child protection frontline services and family support</p>
<p>Learning from evaluations: What have we learned and how has the child protection system responded?</p>	<p>Refocusing oversight on learning, improving and taking responsibility</p>

2.2.1 Analysis of existing data, documents and evaluations

The evaluation was informed by qualitative and quantitative data gathered from both internal and external sources. Through the Evaluation Reference Group (made up of Queensland Government partner agency representatives), the QFCC liaised with agencies to confirm the availability of data and information for the evaluation.

Existing data and reform-related documentation about governance, implementation and outcomes provided valuable insights into how reform activities were designed, delivered and monitored and are achieving measurable outcomes for children, young people and families.

The evaluation also relied on administrative and monitoring data collected by agencies who deliver or commission child protection and family support services. We considered the most recent release of performance data available at the time of reporting and looked back on program data spanning and pre-dating the reforms.

Children, young people and families were not consulted directly for the evaluation, as the QFCC's evaluations draw on activity-level data and evaluations for a system-level analysis, rather than duplicating the work of service providers and other agencies who have direct contact with clients. Instead, existing secondary data (collected by others) capturing their voices was sought.

Data and document requests were sent to:

- Blue Card Services
- CREATE Foundation
- Department of Child Safety, Youth and Women*
- Department of Education
- Department of Health
- Department of Housing and Public Works*
- Department of Justice and Attorney-General
- Department of Premier and Cabinet
- Department of Social Services (federal)
- Foster and Kinship Care Queensland
- Legal Aid Queensland
- Office of the Director of Child Protection Litigation
- Office of the Public Guardian
- Queensland Civil and Administrative Tribunal
- Queensland Family and Child Commission.

** These were the titles of the departments when requests were sent. Machinery-of-Government changes have since taken place, renaming the departments.*

All requests for data and documents were at least partially addressed.

2.2.2 The Queensland Family and Child Commission's annual data collections

The QFCC undertakes a number of annual data collection activities, including surveys of the general community and the child protection and family support workforce.

The *community survey* asks respondents from across Queensland about their awareness of, and trust in, the Queensland child protection system. While the survey is amended each year to meet the information needs of the QFCC, the topics covered generally include:

- knowledge about the child protection system
- perceptions of the child protection system
- confidence in the child protection system
- awareness of how to report/refer child protection concerns.

The *workforce survey* asks frontline workers from government agencies and non-government organisations in the child protection and family support sector their views on a variety of topics, which vary each year depending on the information needs of the QFCC. Generally, the topics covered include:

- learning and development
- information about services
- referral pathways
- information sharing and collaboration
- meeting families' needs
- Aboriginal and/or Torres Strait Islander families
- legislation and policy
- continuous improvement
- system performance
- system change.

The *community survey* has been conducted in 2017, 2019, 2020 and 2021. The *workforce survey* has been conducted in 2018, 2019, 2020 and 2021. Fieldwork for the surveys occurs between March and May each year. Both 2020 surveys included additional items to support the evaluation.

2.2.3 Consultations with key reform stakeholders

The QFCC invited reform leaders to participate in the evaluation through a stakeholder consultation process. While it was originally planned that reform leaders would take part in semi-structured interviews or focus groups (that is, small group interviews), COVID-19 restrictions limited face-to-face consultations. As a result, we invited stakeholders to participate via one of the following options:

- written submission
- a semi-structured interview or focus group via phone or videoconference
- a face-to-face interview in a setting that complied with the restrictions in place at the time.

We consulted stakeholders in order to understand progress towards reform outcomes. Data collection methods were open-ended and fluid in order to capture the story behind the secondary data. Not all topics were relevant to all stakeholders, so participants decided which topics they wished to discuss.

The following agencies and organisations were invited to participate:

- Aboriginal and Torres Strait Islander Legal Service
- Child and Family Reform Stakeholder Advisory Group members
- Community Services Industry Alliance
- CREATE Foundation
- Department of Aboriginal and Torres Strait Islander Partnerships*
- Department of Child Safety, Youth and Women*
- Department of Communities, Disability Services and Seniors*
- Department of Housing and Public Works*
- Department of Justice and Attorney-General
- Department of Education
- Department of the Premier and Cabinet
- Department of Youth Justice*
- Director of Child Protection Litigation
- Legal Aid Queensland
- Micah Projects
- Office of the Public Guardian
- PeakCare
- Queensland Aboriginal and Torres Strait Islander Child Protection Peak
- Queensland Council of Social Services
- Queensland Family and Child Commission
- Queensland Foster and Kinship Care
- Queensland Health
- Queensland Police Service
- Queensland Treasury.

* These were the titles of the departments when requests were sent. Machinery-of-Government changes have since taken place, renaming the departments.

Of the 24 government agencies, non-government organisations and members of key stakeholder groups invited to contribute, 17 participated in the evaluation (a 70.8 per cent response rate) between July and October 2020.

2.2.4 Deep dive studies

The evaluation involved three ‘deep dive’ studies, through which outcomes relating to key themes of the reforms were examined in detail.

The selection of topics for the deep dives was informed by discussions with senior officers from Child Safety, the Department of Justice and Attorney-General, the Department of the Premier and Cabinet and Queensland Treasury. These consultations highlighted stakeholder interest in understanding the outcomes achieved in areas of significant financial and human resource investment.

The deep dive topics reflect the information needs of stakeholders and align with the three objectives of the reforms.

It was initially intended that data collection for the deep dive studies would be conducted in five locations across Queensland. However, due to travel restrictions associated with the COVID-19 pandemic, travel was not possible.

Instead, data collection was conducted state-wide using methods that complied with restrictions in place at the time, including online surveys, phone and video conferencing and face-to-face consultations in COVID-safe settings.

The implementation Evaluation found that the experiences of the reforms are influenced by the local context. Also, we know that procurement of early intervention and secondary support services occurred at the regional level.

Gathering data from regions and asking about how the local context influenced progress aimed to provide a richer and more accurate understanding of how the reforms are progressing across the state.

Data collection occurred between July and October 2020. There were 39 responses to an online survey from secondary service providers and four written responses from Child Safety regional leaders in the *Investing in family support services* study, 47 participants in the *Respecting the workforce* study and 19 evaluation reports were reviewed in the *Learning from evaluations* study. Further details about recruitment methods and response rates can be found in each deep dive study report.

2.3 Data processes

Subject to participant consent, we recorded interviews and consultations and sent the transcripts to participants for checking prior to data entry and analysis.

Qualitative data was organised and coded using NVivo software prior to analysing the data and grouping it into important themes. Quantitative data was entered and analysed using the Statistical Package for the Social Sciences (SPSS) or Microsoft Excel. Data entry, coding and analysis was quality assured by a second team member.



3

Reduce the number
of children and
young people in the
child protection
system

Key findings

- 1 Demand for the statutory system remains high, and will continue to until:
 - there is greater clarity about where concerns about a child ought to be directed
 - the secondary system has more capacity
 - other factors (outside of the control of the child protection system) are managed.
- 2 The lack of secondary service capacity means that families may not always be able to receive support when they need it.
- 3 The over-representation of Aboriginal and Torres Strait Islander children is increasing.
- 4 We are not doing enough to measure what matters. Not enough data is being collected to determine the impact of secondary services on outcomes for children, young people and families.

3.1 Background

The best investment you can make is working with the kids upfront. If you make sure their lives are better, our lives will be better ... So, we've got to get it right for them.

One of the three reform objectives was to reduce the number of children and young people in the child protection system.

It was intended that, if the safety and wellbeing of children could be assured, support services should be provided to parents and families experiencing vulnerability. This would enable them to protect and care for their own children and young people rather than have them enter the statutory system.

It was anticipated that providing this support would have benefits for children and families and would also reduce pressure on Queensland's statutory system, which was experiencing unsustainable levels of demand.

The Queensland Child Protection Commission of Inquiry (the Inquiry) identified two significant contributors to the high levels of statutory demand:

1. the growth in the number of reports to Child Safety that did not meet the threshold for a statutory response
2. the lack of support services available to families at risk of coming into contact with the child protection system.

This chapter examines the impact of the investment in family support services that was designed to address the factors contributing to statutory demand. The funded services include:

- Family and Child Connect, which is a Queensland-wide, community-based referral service
- Intensive Family Support services, which provide support to parents and carers of children who are experiencing vulnerability and are at risk of entering or re-entering the child protection system
- Family Wellbeing Services, which were designed to provide culturally safe and responsive services to Aboriginal and Torres Strait Islander families.

Collectively, these are 'secondary services', as distinct from the universal (or primary) health and education services that are provided to everyone and tertiary services, which are provided to children who need protection.

The Inquiry also highlighted the growing over-representation of Aboriginal and Torres Strait Islander children and young people within the child protection system, particularly in out-of-home care. It stressed the importance of building the capacity of the community services sector to deliver culturally appropriate support services for Aboriginal and Torres Strait Islander families.

Many factors contribute to over-representation, including individual and collective experiences of trauma, racism, socioeconomic disadvantage, family violence, drugs and alcohol, mental health issues and lack of access to housing.²⁵

The Inquiry also identified widespread problems with the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle). The Principle was developed in recognition of the devastating effects of forced separation of Indigenous children from their families, communities and culture. It exists in legislation and policy in all Australian jurisdictions to varying degrees.²⁶

The Principle has five inter-related elements: prevention, partnership, placement, participation and connection. The Principle recognises the importance of each child staying connected to their family, community, culture and country and promotes a partnership between government and Aboriginal and Torres Strait Islander communities in making decisions about children's welfare.

It recognises that Aboriginal and Torres Strait Islander peoples hold the knowledge and experience needed to make the best decisions concerning their children. It was developed to protect key human rights of Aboriginal and Torres Strait Islander children, particularly as recognised in the United Nations *Convention on the Rights of the Child*.²⁷

²⁵ Family Matters, 2020, *The Family Matters Report 2020*, www.familymatters.org.au/the-family-matters-report-2020/

²⁶ The Principle is expressly described in Queensland child protection legislation as having the aim of improving the rights, safety and wellbeing of Aboriginal and Torres Strait Islander children and young people.

²⁷ Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2017, *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle—A Resource for Legislation, Policy and Program Development*.

3.2 Reform activities

3.2.1 Addressing the high number of reported concerns about children who did not need a statutory response

The Inquiry found one of the main contributors to the unsustainable demand being placed on Child Safety was the number of reports being made regarding concerns about children and young people (103,771 in 2012–13).²⁸

It found that the majority of reports (about 80%) did not meet the threshold for a statutory response. That is, the available information indicated children were not reasonably suspected to be in need of protection. As a result, Child Safety recorded child concern reports on their behalf.²⁹ Child concern reports are recorded where a concern for a child has been reported but the information does not meet the threshold for a notification.³⁰

Generally, prior to the reforms, the families about whom child concern reports were recorded may have been referred to a small number of local support services.

The Inquiry found that the increasing number of reports was driven partly by the requirement for police, teachers and health professionals to report all cases of suspected harm to Child Safety (known as ‘mandatory reporting’). In 2012–13, around two-thirds of child concern reports came from these sources. This proportion dropped to 50 per cent in 2014–15 when Queensland Police Service changed their domestic and family violence reporting policy to fall in line with the consolidated reporting requirements in the amended *Child Protection Act 1999*.

As a result, one of the major areas of investment arising from the Inquiry was the establishment of Family and Child Connect, a service to which mandatory reporters³¹ and community members can report concerns that do not reach the threshold for a notification. Families can also self-refer. As noted in the original procurement documents for Family and Child Connect:

*The fundamental intent of ... Family and Child Connect is to create infrastructure which enables families under stress to access the support they need as early as possible and without involvement of the statutory child protection system. This will enable Child Safety to focus on those children who require statutory child protection interventions.*³²

The service was intended to enable families experiencing vulnerability to be assessed and linked with local services (for example, parenting or adult mental health services) that best meet their needs. As noted in the original procurement documents, it was anticipated that its establishment would lead to a reduction in Child Safety intakes, as these families would be referred to secondary services rather than to Child Safety:

*At the time of the ... Inquiry, approximately 80 per cent of intakes were assessed as child concern reports ... With the introduction of a new referral pathway, many of these families are now likely to benefit from referral to FaCC rather than a report to Child Safety.*³²

3.2.2 Addressing the lack of support services available to vulnerable families

The Inquiry found that the high number of reports to Child Safety was also due to a lack of readily accessible family support services, meaning that vulnerable families were not getting the assistance they needed to stop them entering the statutory system.³³

It proposed that significant investment be made in initiatives designed to provide support to families to divert them from the statutory system. In response, Intensive Family Support and Family Wellbeing Services were established across the state.

It was anticipated that the benefits of these services would include:

- highly vulnerable families receiving culturally safe and responsive support early and being able to safely care for and protect their children and young people at home
- fewer reports to Child Safety
- a reduction in children and young people entering out-of-home care.

Intensive Family Support services³⁴ provide tailored parenting support to build the skills and capacity of families to safely nurture and protect their children, including practical in-home support and access to specialist support (such as domestic and family violence responses). Families can self-refer or can consent to be referred to Intensive Family Support by Family and Child Connect, Child Safety, police, schools and other government and non-government agencies. It is a voluntary service and families need to provide consent to receive ongoing support.

28 Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland child protection*, www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

29 Department of Children, Youth Justice and Multicultural Affairs, n.d., *Child concern reports*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/intake-phase/child-concern-reports

30 A notification is recorded when information is received about a child who may be harmed or who may be at risk of harm that requires an investigation and assessment response from Child Safety. A notification can also be recorded on an unborn child when there is reasonable suspicion that they will be at risk of harm after they are born.

31 The *Child Protection Act 1999* requires mandatory reporters (including teachers, doctors and nurses) to make a report to Child Safety if they form a reasonable suspicion a child has suffered, is suffering or is at an unacceptable risk of suffering harm caused by physical or sexual abuse and may not have a parent able and willing to protect them. The Queensland Child Protection Guide developed by Child Safety is an online decision support tool that has been developed to assist professionals with concerns about a child to decide whether to make a report to the statutory system or secondary services.

32 Department of Communities, Child Safety and Disability Services, 2015, *Family and Child Connect request for quote*. Unpublished procurement documents.

33 Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland child protection*, www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

34 Department of Children, Youth Justice and Multicultural Affairs, 2020, *Intensive family support: Service model and guidelines version 2.2*, www.csyw.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/ifs-model-guidelines.pdf

Reduce the number of children and young people in the child protection system

Family Wellbeing Services³⁵ were developed through an extensive co-design process with Aboriginal and Torres Strait Islander stakeholders, including the Queensland Aboriginal and Torres Strait Islander Child Protection Peak.

Family Wellbeing Services are delivered by local Aboriginal and Torres Strait Islander community controlled organisations, drawing on their local knowledge and expertise to create innovative solutions to support children, young people, families and communities, emphasising healing and culture. They are designed to provide tailored, holistic and coordinated support to families to improve their social, emotional, physical and spiritual wellbeing and build their capacity to safely care for and protect their children and young people.

Again, families can self-refer or they can be referred to Family Wellbeing Services by a range of government agencies (including Child Safety, police and schools), services delivered by non-government organisations (including Family and Child Connect and the Family Participation Program³⁶), family members, friends, Elders and community members.

While most families attending Family Wellbeing Services identify as Aboriginal and/or Torres Strait Islander peoples (92.3 per cent in 2018–19), some non-Aboriginal and Torres Strait Islander families also attend.

3.2.3 Addressing the over-representation of Aboriginal and Torres Strait Islander children, young people and families in the system

The *Our Way* generational strategy (2017–2037) was launched in 2017 to respond to the over-representation of Aboriginal and Torres Strait Islander children, young people and families within the child protection and family support systems.³⁷ The strategy aims to improve life opportunities for Queensland’s Aboriginal and Torres Strait Islander children and families.

The first action plan³⁸ under the *Our Way* strategy was called ‘Changing Tracks’, and one of its key actions was the development of Family Wellbeing Services provided by Aboriginal and Torres Strait Islander community controlled organisations.³⁹

3.3 Data sources⁴⁰

Data was available for analysis from several sources for this evaluation, including:

1. administrative and performance data provided on request by Child Safety
2. consultations with Queensland child protection and family support sector stakeholders
3. the Queensland Family and Child Commission’s surveys of the child protection and family support sector workforce
4. existing research and evaluations exploring the impact of secondary services in Queensland
5. online surveys completed by secondary service providers and Child Safety regional directors as part of deep dive 1.⁴¹

We would have liked to have more data at the system level, including:

- more measures of secondary service performance from the perspective of children, young people and families
- more consistent, reliable and meaningful outcome measures that assess child and family functioning prior to, as well as after, service delivery—to examine changes and improvements over time
- more linked data to regularly monitor whether a child who is subject to a child concern report or notification or who has entered out-of-home care has previously attended a secondary service. Similarly, if a family has attended an Intensive Family Support service or Family Wellbeing Service, linked data would allow us to identify if they subsequently became involved with the statutory system.

35 Department of Children, Youth Justice and Multicultural Affairs, n.d., *Aboriginal and Torres Strait Islander family wellbeing services*, www.cyjma.qld.gov.au/protecting-children/child-family-reform/meeting-needs-requirements-aboriginal-torres-strait-islander-children-families-communities/aboriginal-torres-strait-islander-family-wellbeing-services

36 The Family Participation Program (FPP) is run by Aboriginal and Torres Strait Islander community controlled organisations. It supports Aboriginal and Torres Strait Islander families in participating in child protection decision-making.

37 Queensland Government, 2016, *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037*, www.communities.qld.gov.au/resources/campaign/supporting-families/our-way.pdf

38 Department of Children, Youth Justice and Multicultural Affairs, 2017, *Changing tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2017–2019*, www.cyjma.qld.gov.au/resources/campaign/supporting-families/changing-tracks.pdf

39 Department of Children, Youth Justice and Multicultural Affairs, n.d., *Aboriginal and Torres Strait Islander family wellbeing services*, www.cyjma.qld.gov.au/protecting-children/child-family-reform/meeting-needs-requirements-aboriginal-torres-strait-islander-children-families-communities/aboriginal-torres-strait-islander-family-wellbeing-services

40 See section 2.2 and source documents for more detail.

41 Queensland Family and Child Commission, 2021, *Investing in family support services: Has it reduced demand on the child protection system and improved outcomes?* www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

3.4 Evaluation findings

3.4.1 Demand on the statutory system remains high

Overall, the data suggests that demand for the statutory system remains high, and the anticipated reduction in children and young people in the system has not been achieved. Several stakeholders provided their observations on these trends:

The reform program has not realised the anticipated rate of decrease in the numbers of children remaining in or entering the child protection system. There has been a steady increase in the total number of children in the child protection system at any time.

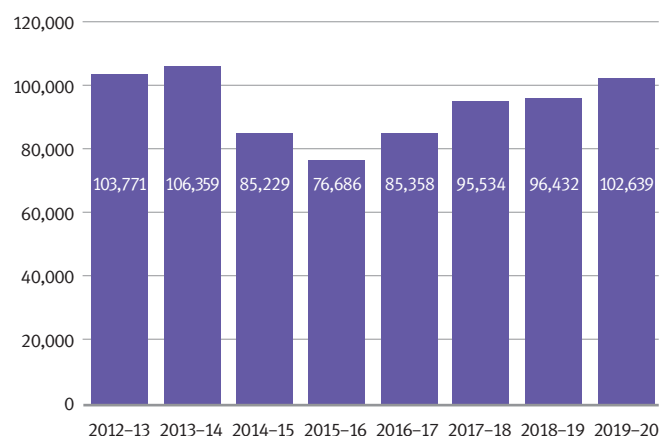
I guess with child protection, it's hard. It's always going to be hard. It has changed substantially but the outcomes haven't changed ... So, everything that we're doing is better, it's a lot better and if we were in the same environment that we were in five years ago the numbers would be a lot better, but we're not catching up fast enough.

Child concern reports

It was expected that the establishment of Family and Child Connect would assist with the management of lower-level concerns that were being recorded by Child Safety as child concern reports.

Figure 3-1 shows the number of child concern reports received by Child Safety between 2012–13 and 2019–20. There was an initial sharp drop between 2013–14 and 2015–16, largely driven by a reduction in reports by police (from 41,081 reports in 2012–13 to 5,905 reports in 2015–16).⁴² Since then, the number of child concern reports has been steadily rising.

Figure 3-1: Number of child concern reports received by Child Safety between 2012–13 and 2019–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Child concern reports—Table CCR.1*.⁴³

Prior to the implementation of the child protection reforms, 80.7 per cent of reports to Child Safety resulted in child concern reports. By 2019–20, this had only dropped to 79.5 per cent of reports. This indicates that in many circumstances, issues that Family and Child Connect was designed to address continue to be reported to Child Safety.

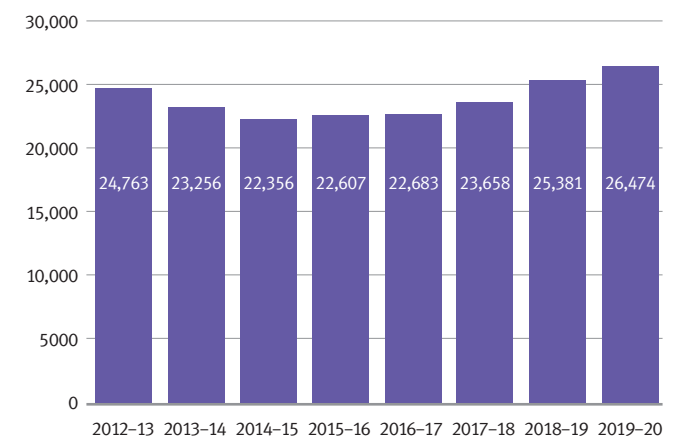
Notifications

Intensive Family Support services and Family Wellbeing Services were established to ensure highly vulnerable families received support early and were able to safely care for and protect their children at home. It was anticipated that their introduction would lead to fewer referrals to Child Safety and a reduction in children and young people entering out-of-home care.

As explained earlier, a notification is recorded when information received by Child Safety suggests a child or young person may be in need of protection. There was a slight (2.79 per cent) drop in the number of notifications recorded by Child Safety between 2013–14 (the year immediately prior to the onset of the reforms and the establishment of Intensive Family Support services) and 2015–16 (the first full year after Intensive Family Support services began operation).⁴⁴

Since then, however, the number has steadily increased, with 26,474 notifications in 2019–20—an increase of 17.1 per cent since 2015–16. While Figure 3-2 shows there has been some fluctuation over the reform period, the number of notifications in 2019–20 was higher than it was pre-reform.

Figure 3-2: Number of notifications received by Child Safety between 2012–13 and 2019–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Notifications—Table N.1*.⁴⁵

⁴² In January 2015, the Queensland Police Service revoked its administrative policy that required police to make a report to Child Safety when a child resided in a home where a domestic violence incident had occurred. See Queensland Family and Child Commission, 2015, *Healthcheck I summary report: Changes to mandatory reporting and referral behaviour in the Child Protection and Family Support system (2014–2015)*, www.qfcc.qld.gov.au/sites/default/files/QFCC%20Healthcheck%20I%20summary%20report_0.pdf

⁴³ www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/intake-phase/child-concern-reports

⁴⁴ The first Family Wellbeing Services began in December 2016. The rollout ended in April 2018.

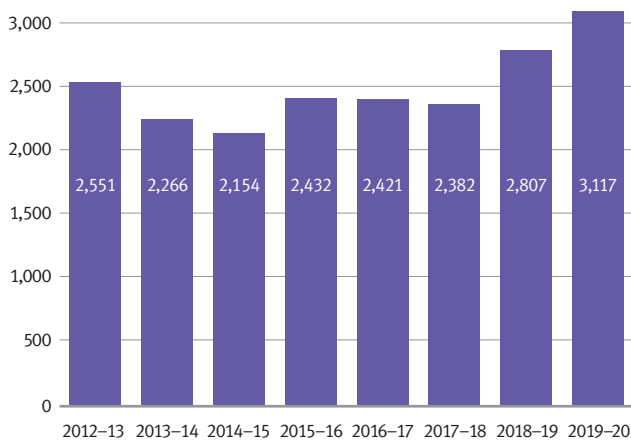
⁴⁵ www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/intake-phase/notifications

Reduce the number of children and young people in the child protection system

Children entering out-of-home care

A child or young person is placed in out-of-home care when it is assessed that they are unable to remain safely in the care of their family.⁴⁶ Figure 3-3 shows the number of children entering out-of-home care in Queensland each year. The number remained fairly steady between 2012–13 and 2017–18, with an average of 2,368 children entering per year over this period. However, the 2018–19 and 2019–20 financial years have higher numbers of children entering than in the other years, which may suggest an increasing trend.

Figure 3-3: Number of children entering out-of-home care between 2012–13 and 2019–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Entries to out-of-home care*. Unpublished data.

It is possible that secondary services have affected the number of reports to Child Safety, and that a greater increase in child concern reports, notifications and entries to out-of-home care could have occurred if secondary services had not been established at the beginning of the reform period. Due to the lack of supporting data, however, we are not able to demonstrate this.

3.4.2 There are many reasons why statutory demand is not reducing

Secondary service providers and Child Safety regional leaders who participated in deep dive 1 were asked whether they believed a reduction in demand on the statutory system was a realistic outcome of introducing secondary services.

Among the service providers, 44.4 per cent of Family and Child Connect respondents, 65 per cent of Intensive Family Support service respondents and 60 per cent of Family Wellbeing Services respondents agreed it was a realistic outcome given sufficient funding and service capacity. The views of Child Safety regional leaders were mixed (one agreed, two were neutral and one disagreed).

There is an ongoing lack of clarity about where concerns about a child ought to be directed

Concerns were raised that reports are being made:

- to the statutory system instead of to Family and Child Connect
- to the statutory system as well as to Family and Child Connect.

Child Safety data indicates that some mandatory reporters⁴⁷ are now referring to Family and Child Connect. In 2018–19, of the 33,680 referrals to Family and Child Connect, 13.1 per cent came from the Queensland Police Service, 9.5 per cent came from the Department of Education and 6.8 per cent came from Queensland Health.

The greatest number of referrals came from Child Safety (32.1 per cent), but many of these were originally reported to Child Safety by staff from the Departments of Education and Health. Deep dive 1 found that only 30.8 per cent of service providers agreed that mandatory reporters were referring to secondary services rather than the statutory system.

Reported barriers to appropriate referrals included:

- organisational policies and procedures on mitigating risk
- a lack of understanding of referral pathways and the types of support provided by secondary family support services
- the known lack of capacity within the secondary sector.

Stakeholders highlighted that the lack of clarity about where concerns about a child ought to be directed (statutory system report versus secondary system referral) added complexity to mandatory reporter decision-making. The tendency for many mandatory reporters to err on the side of caution, either reporting every concern to Child Safety or reporting to Child Safety as well as referring to Family and Child Connect was mentioned by many stakeholders, for example:

There is still a lot of hesitation in sending directly out to a non-government agency. And internally with government agencies there's a whole lot more comfort for them in terms of dealing internally with other government agencies. We're still seeing the majority of referrals where this information's going back in to the RIS [regional intake service—part of Child Safety] and then coming back out to the FaCC [Family and Child Connect].

Organisations feel they have the responsibility to report directly [to Child Safety] and are fearful of repercussions if they do not. For example, an education union has reportedly shared stories with its members about teachers that have not reported to Child Safety and have been made legally accountable. I have conducted information sessions at schools about reporting versus referring, to later be told [by the guidance officer] that when I left the room, the deputy principal said, 'forget all that—we are reporting everything.'⁴⁸

⁴⁶ Queensland Government, 2021, *Child safety practice manual*. cspm.csyw.qld.gov.au/procedures/support-a-child-in-care

⁴⁷ The *Child Protection Act 1999* requires mandatory reporters (including teachers, doctors and nurses) to make a report to Child Safety if they form a reasonable suspicion a child has suffered, is suffering or is at an unacceptable risk of suffering harm caused by physical or sexual abuse and may not have a parent able and willing to protect them. The *Queensland Child Protection Guide* developed by Child Safety is an online decision support tool that has been developed to assist professionals with concerns about a child to decide whether to make a report to the statutory system or secondary services.

⁴⁸ In 2017, after two police investigations into teachers failing to report harm, the Queensland Teachers' Union urged its members to 'report everything, report often and report in writing'. Reports to Child Safety from school staff increased by 59% between 2016–17 and 2017–18, but we have no evidence that this was caused, or caused solely, by the union's advice to members.

Reduce the number of children and young people in the child protection system

This was supported by feedback from a Child Safety regional leader:

[Our local] Family and Child Connect service has identified ongoing challenges in establishing direct referral pathways from Education Queensland and Queensland Health, with a tendency for these referrals to go only to Child Safety or for duplicate referrals to both Family and Child Connect and Child Safety.

Mandatory reporters (Police, Education and Health) are encouraged but not required to gain consent to make a referral to Family and Child Connect or an Intensive Family Support service.

The stakeholders also identified the need to gain families' consent as a barrier to appropriate referral/reporting behaviour:

One of the main barriers is around engaging with consent. Families tend not always to be very accepting of a conversation that might call into question their ability to raise their children, and to push that point can serve to further break down the relationship between school and family, and once that happens you really don't stand much of a chance, so you just end up with conflict and that's challenging. That's why they [teachers] are more likely to report a concern to Child Safety than they are to engage with the family and try and guide them toward that secondary service referral.

Given the level of double handling and the requirement for some agencies to ensure concerns are dealt with by government rather than non-government agencies, some stakeholders suggested that Family and Child Connect funding would be better directed towards secondary service delivery:

You know, are the FaCCs [Family and Child Connect services] really doing, or providing the services, that they were set up to do? Or is that a wasted resource? Should we go back to the RISs [regional intake services] referring on, and putting our money into other extended Intensive Family Support services? Are funds better directed to the services to help families directly rather than a referral service?

While there was strong evidence that secondary referrals are being directed to the tertiary system, there were also reports that secondary services are supporting families who probably belong within the tertiary system.

Almost every service that participated in deep dive 1 reported that they 'sometimes' or 'often' provide support to families in crisis whose needs would be more appropriately met by the statutory system, rather than providing secondary, preventative services as intended. This suggests that families are not being appropriately directed to either secondary services or the statutory system.

One stakeholder expressed significant concern that, rather than providing early intervention support, secondary services were becoming an add-on to Child Safety:

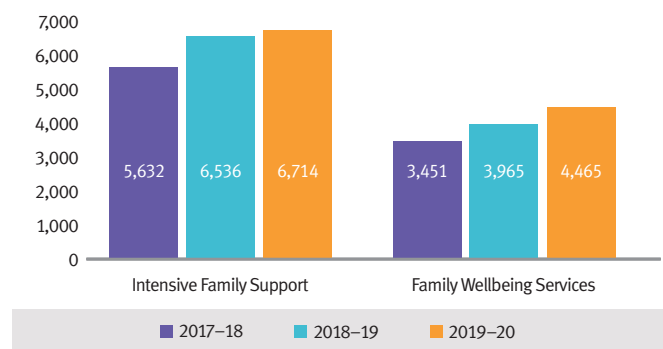
I think those investments in intensive family support are a huge missed opportunity. I think it's absolutely true to say that most of the organisations that are involved deeply in the delivery of those services feel that they have been suctioned like a suction cap onto the side of the child protection system and that's compromised their opportunity to work towards some sort of early intervention.

The secondary system does not have sufficient capacity to meet the high levels of community demand

Available data suggests that demand for Intensive Family Support and Family Wellbeing services is rising (see Figure 3-4). From 2017–18 to 2019–20, the number of referrals to Intensive Family Support services increased by 19.2 per cent, and referrals to Family Wellbeing Services increased by 29.4 per cent. During this time, the number of services increased and reached full capacity.

Reports from service providers and Child Safety regional leaders indicate the services are struggling to respond to the increased demand.

Figure 3-4: Number of families referred to Intensive Family Support and Family Wellbeing Services between 2017–18 and 2019–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Families referred to an Intensive Family Support Service and families referred to a Family Wellbeing Service*. Unpublished data.

Most secondary services who participated in deep dive 1 reported they are struggling to provide support as intended. Only 23.7 per cent of services agreed with the statement that 'Supply aligns with demand for my service', and only 20.5 per cent of services agreed that 'There is sufficient capacity within the secondary family support service sector in my region to meet Family and Child Connect referral needs'.

As a culturally safe service, we [receive] a high rate of Aboriginal and Torres Strait Islander families self-referring. We address all levels of complexity, which makes all families with an identified need eligible for our service. With families seeking to only be serviced by us, our waiting list at a high peak period can be up to 60 families. (This roughly equates to 25% above existing capacity.)

Reduce the number of children and young people in the child protection system

Long waitlists and a lack of service capacity were identified as issues across the whole service sector, including for:

- support services used by Family and Child Connect for referring families. The average waitlist for some Intensive Family Support services is 12 weeks
- specialist services for Intensive Family Support services to refer to, such as domestic and family violence, drug and alcohol and mental health services
- stepdown services, which are intended to provide families with support in making the transition from Intensive Family Support services to functioning independently. This means that families need to stay with Intensive Family Support services longer to consolidate and sustain changes.

[There is an] increased need for services addressing drugs, alcohol and domestic and family violence for families in the community. This includes a need for more intensive home visiting of at-risk families. It appears that the availability of these types of programs is hindered by lack of appropriately funded positions.

Some stakeholders identified that large service catchment areas mean that staff from secondary services often spend a lot of time travelling rather than delivering support. The limited service availability, coupled with high levels of demand in rural and remote areas, was also highlighted.

Given the geographical distance within [our] region, services often spend a lot of time just travelling, which therefore reduces the capacity for direct service delivery.

There continue to be barriers to improved outcomes [in terms of families being supported earlier] due to issues related to geographical distance and lack of service availability in rural and remote areas. There is an increasing demand for support and services without an equivalent increase in funding and resources for these services.

Many factors impacting demand are outside of the control of the child protection system

A number of common themes emerged about factors impacting on service demand. Many of the identified factors are outside the control and influence of the child protection system, but they significantly contribute to family vulnerability.

Services reported that their clients are presenting with increasingly complex issues, with many families on the borderline of requiring statutory intervention. This includes clients experiencing multiple issues including trauma, drug use, severe mental illness, domestic and family violence, homelessness, unemployment and poverty. COVID-19 has impacted on service delivery and exacerbated the complexity of these issues.

The complexity of clients being referred is increasing over the years. Families are presenting with multiple and significant challenges, which often require intensive work over a long period of time. Families are being referred with current and high-risk violence occurring within the home, current and worrying drug use, and with various family members with diagnosed/suspected mental health or intellectual impairment.

For Aboriginal and Torres Strait Islander children, young people and families, ACCOs [Aboriginal and Torres Strait Islander community controlled organisations] have not been funded properly to provide an early intervention and prevention service. We are dealing with families that have experienced trauma which can run through five generations of a family. There needs to be culturally informed trauma policies and funding to be able to provide safe spaces for children and young people that can't go home because of family conflict. We are dealing with families that have mental health issues; therefore we need our own psychologists and counsellors.

Given these challenges, there is a feeling within the sector that, while the introduction of the secondary services has been a significant achievement, it will take time to see the full impact of the investment, and a lot more investment is needed.

It is unrealistic to expect that the current investment and a five-year implementation period will be enough to turn around many years of under-investment that has led to increasing entrenched generational dysfunction. Drivers of referral to the tertiary [statutory] system remain outside of the child protection system e.g. high unemployment, intergenerational trauma, poor education outcomes, low social housing stock.

3.4.3 The lack of secondary service capacity means families may not always be able to receive support when they need it

Almost all participants in deep dive 1 agreed that children, young people and families would benefit from an increase in local service capacity and that the high, unmet demand for secondary services and the constant waitlists have had a negative effect on children, young people and families.

Many families meet the criteria for secondary support but face delays in accessing services or are unable to access them at all. Unable to access timely services, they may disengage from seeking help, and their needs may escalate to the point where they require more crisis-level support.

The vacancy rate [for secondary services] is low and sometimes there are long waiting lists for families that need support immediately. [We have] to try and find other services in the interim whilst families wait. Sometimes, because Child Safety uses Intensive Family Support services as a stepdown, our families are 'triaged' and therefore may never be eligible for support. Our experience demonstrates that if a family is referred to an Intensive Family Support service and must wait for a long time to be allocated, then they just disengage and refuse to consent. These families often are re-referred to Family and Child Connect.

Reduce the number of children and young people in the child protection system

The impact of the waitlists and delays on statutory demand was also noted. We heard several reports that Family and Child Connect have to ‘actively hold’ and risk manage⁴⁹ clients waiting for a place at an Intensive Family Support service or Family Wellbeing Service, which increases the load on other parts of the child protection system.

Our Family and Child Connect service is continually over capacity and [we] receive far more referrals than we are able to manage with our funded staff numbers. The complexity of clients and the huge level of risk Family and Child Connect is carrying results in the need for multiple case reviews with PCPPs [Child Safety Principal Child Protection Practitioners], specialist DFV [domestic and family violence] practitioners and information sharing with external stakeholders. This increases the workload and amount of time spent on each individual case.

The majority of stakeholders see value in increasing the capacity of the secondary system, and some suggested some form of service reform.

If there was one place where you would focus more reform effort into the future, though, that’s where it is, isn’t it? [It’s an] incredibly important investment. Maybe there’s argument in the future for it to be increased and perhaps reformed.

Increasing capacity will allow more timely access for children and families—decreasing cumulative trauma and helping to promote change. Allowing family situations to escalate into crisis is likely to increase demand on police and statutory services, increasing the cost to the community.

3.4.4 The over-representation of Aboriginal and Torres Strait Islander children is increasing

Stakeholders told us the reforms have led to important improvements in the delivery of culturally appropriate services.

I think the launch of Family Wellbeing services has been really positive, and Aboriginal and Torres Strait Islander families, understandably, are far more likely to engage with those services.

There was, however, evidence of continued over-representation of Aboriginal and Torres Strait Islander peoples throughout the child protection and family support system. The over-representation increases the further children and young people travel through the system.⁵⁰

This means that it is lowest at the level of child concern reports and highest at the point of entry to out-of-home care. While the over-representation ratio for child concern reports has remained steady over the course of the reform period, the rate of Aboriginal and Torres Strait Islander over-representation for notifications and entries to out-of-home care has been steadily rising.

Stakeholder interviews indicated widespread awareness of this issue:

As far as the over-representation of Aboriginal and Torres Strait Islander young people, I guess if we were genuinely evaluating what’s happened in the first half [of the reforms] we would probably say that’s worsened.

Child concern reports

Table 3-1 compares the rate per 1,000 for child concern reports for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people.⁵¹ In 2019–20, the rate of child concern reports was 152.0 per 1,000 for Aboriginal and Torres Strait Islander people versus 46.1 per 1,000 for non-Aboriginal and Torres Strait Islander people, meaning Aboriginal and Torres Strait Islander children were 3.3 times more likely to be the subject of a child concern report.

Table 3-1: A comparison of the rate per 1,000 of child concern reports for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people

	Child concern report rate per 1,000		Ratio
	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	
2012–13	158.0	51.7	3.1
2013–14	161.2	52.5	3.1
2014–15	138.0	42.9	3.2
2015–16	116.8	38.9	3.0
2016–17	133.0	41.2	3.2
2017–18	145.2	44.3	3.3
2018–19	137.7	45.1	3.1
2019–20	152.0	46.1	3.3

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Child concern reports*. Unpublished data.

⁴⁹ According to Family and Child Connect services, ‘active holding’ involves the provision of information and advice to families while waiting for a case manager to become available. It occurs because referral demand significantly exceeds service supply, and support service waitlists are very long.

⁵⁰ Over-representation was calculated by dividing the rate per thousand for Aboriginal and Torres Strait Islander peoples by the rate per thousand for non-Aboriginal and Torres Strait Islander people.

⁵¹ Rates per 1,000 are based on the estimated resident population for Queenslanders aged 0–17 years, as of 30 June of the previous year.

Reduce the number of children and young people in the child protection system

Table 3-2 compares the rate per 1,000 of notifications for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people. In 2018–19, the rate of notifications peaked at 81.4 per 1,000 for Aboriginal and Torres Strait Islander people versus 14 per 1,000 for non-Aboriginal and Torres Strait Islander people.

Over-representation for notifications has steadily increased over the reform period. Pre-Inquiry in 2012–13, Aboriginal and Torres Strait Islander children were 4.2 times more likely to be the subject of a notification. By 2019–20, they were 5.7 times more likely.

Table 3-2: A comparison of the rate per 1,000 of notifications for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people

	Notification rate per 1,000		Ratio
	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	
2012–13	64.4	15.4	4.2
2013–14	64.2	14.2	4.5
2014–15	61.1	13.5	4.5
2015–16	62.6	13.7	4.6
2016–17	68.6	13.1	5.2
2017–18	72.6	13.3	5.5
2018–19	81.4	14.0	5.8
2019–20	81.0	14.3	5.7

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Notifications*. Unpublished data.

Children entering out-of-home care

Table 3-3 compares the rate per 1,000 for children entering out-of-home care for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people. In 2019–20, the rate of children entering out-of-home care peaked at 14.6 per 1,000 for Aboriginal and Torres Strait Islander people versus 1.6 per 1,000 for non-Aboriginal and Torres Strait Islander people.

Over-representation in children entering out-of-home care over the reform period is increasing. In 2012–13 (pre-Inquiry), Aboriginal and Torres Strait Islander children were 7.7 times more likely to enter care. By 2019–20, they were 9.1 times more likely.

Table 3-3: A comparison of the rate per 1,000 of children entering out-of-home care (OOHC) for Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people

	Children entering OOHC rate per 1,000		Ratio
	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	
2012–13	11.5	1.5	7.7
2013–14	10.1	1.3	7.8
2014–15	9.5	1.2	7.9
2015–16	10.6	1.4	7.6
2016–17	10.9	1.3	8.4
2017–18	10.0	1.4	7.1
2018–19	12.7	1.5	8.5
2019–20	14.6	1.6	9.1

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Entries to out-of-home care*. Unpublished data.

Collectively, this data indicates that the reforms are not having the intended impact on over-representation. It is important to note that many contributing factors to over-representation need to be addressed by long-term, generational strategies, such as the *Our Way* strategy, which started in 2017.

Long-term strategies need time to effect meaningful change.

3.4.5 We are not doing enough to measure what matters

We acknowledge that it can be complex to measure outcomes, but not enough is being done to measure what matters. The lack of available data means it is challenging to determine whether the introduction of secondary services has affected outcomes for vulnerable families or demand for the statutory system.

Several sources of data are available for assessing services' impact and performance, but they each have limitations, including data quality issues and limited linkage of data across systems.

Worker perceptions of the effectiveness of secondary services

The Queensland Family and Child Commission's 2020 survey of 761 frontline child protection and family support sector workers⁵² found:

- Almost two-thirds of respondents (63 per cent) agreed that the introduction of Intensive Family Support services and Family Wellbeing Services had improved access to early intervention services.
- Around half agreed that these services had improved outcomes for children, young people and families (51 per cent) and had improved families' ability to care for their children (49 per cent).

While the perceptions of the workforce are useful indicators of progress, more objective data is needed to determine whether the secondary services put in place to reduce statutory system demand are working.

Existing information about the effectiveness of secondary services

A 2018 implementation and impact evaluation of Family and Child Connect⁵³ noted significant limitations in the availability of data for assessing the impact of this service.

For example, once families were referred by Family and Child Connect to support services, it was not possible to find out how long they remained engaged with the services or, in some cases, whether they engaged at all.

The evaluation found that available data did not provide a good indication of the appropriateness or effectiveness of the referrals made, including whether or not they were useful to families.

A suggestion that emerged from the evaluation was that Child Safety consider opportunities to enhance collection of data about families across different services to better understand pathways and outcomes for families referred to support services via Family and Child Connect.

A 2018 evaluation of Intensive Family Support services⁵⁴ used data from a manual linkage of secondary service and Child Safety databases and examined notification rates for children and young people whose families had participated in an Intensive Family Support service.

The evaluation found notification rates⁵⁵ of seven per cent for children whose families had received Intensive Family Support services. (Note: they only measured the rates for children whose families had exited the services within the previous six months.) By comparison, during the pre-reform period (October 2013 to September 2014), 12 per cent of children who had been the subject of a child concern report received a notification within six months of the original report.

The evaluation also included a survey of 104 staff employed by Intensive Family Support services, 60 per cent of whom believed the Intensive Family Support model had been effective in reducing family entry or re-entry to the child protection system.

Key evaluation conclusions were that there was an absence of robust quantitative administrative data on outcomes and that the current assessment tools being used by services did not allow them to determine whether they were making a difference for families.

An evaluation of Family Wellbeing Services is currently underway.

The collection of outcomes data required for Child Safety reporting is limited⁵⁶

One source of data is information collected by the services themselves and reported to Child Safety. Services are required to report on output, throughput, client demographics and a small number of outcome measures.

While a lot of output and throughput data is collected, very little relating to service performance—in particular, outcomes for children, young people and families—is collected at a system level. Also, there are challenges with the current outcome data collected and/or reported by services:

- The outcomes measures are limited to broad assessments such as 'needs met' or 'case plan goals achieved', which can be based on the quite subjective judgements of service providers.
- No data quantifying the impact of services is collected by providers from the perspective of service users (that is, children and families), making it hard for them to determine whether they are making a difference for families. At case closure, Intensive Family Support service families have the option to complete a client satisfaction survey and results are shared with providers and the governance group.

52 Queensland Family and Child Commission, 2020, *Workforce survey 2020*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

53 Hurren, E, Jenkins, B, Bartlett, D & Stewart, A, 2018, *Family and Child Connect (FaCC) implementation and impact evaluation*, unpublished report.

54 Parenting Research Centre and the University of Queensland, 2018, *Queensland Intensive Family Support services evaluation*, unpublished report.

55 The notification rate, as used in the Intensive Family Support services evaluation, is the percentage of intakes to Child Safety that escalate to a formal notification of suspected significant harm to a child. ('Intake' refers to the process by which Child Safety gathers information and decides whether a notification should be recorded.)

56 More information about the outcomes data collected and reported upon by Child Safety can be found in *Investing in family support services*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

Reduce the number of children and young people in the child protection system

- Currently, assessments of family functioning prior to service delivery are not reported upon; only assessments of family functioning at the end of service delivery are. As a result, it has not been possible to assess changes or improvements over time. It is the QFCC's understanding that in future, Child Safety intends to use the Family Assessment Summary Tool (FAST) to measure outcomes. This tool identifies challenges experienced by children, young people and their families and uses them as the focus of their case plan. The form that FAST reporting will take is yet to be determined. More information about this tool can be found in deep dive 1.
- Child Safety has reported some data quality issues with the outcomes data collected by services, due to the incompleteness of data about family composition. This is currently being addressed.⁵⁷

Developing a new performance framework is a current priority for Child Safety. While Child Safety intended the FAST to be used to assess outcomes, Intensive Family Support service providers advised us that they have experienced significant difficulties in using the tool for these purposes.

The lack of adequate outcomes data available to evaluate the effectiveness of services and the uncertainty around the data collected by organisations (particularly Family and Child Connect) were highlighted as critical issues in our consultations:

I don't know what oversight there is over Family and Child Connect services or what accountability they have. I think it's likely that they have to report on, you know, the number of cases and some other outcomes. I guess we want to know how many people have engaged with the service, the length of time for which they've been engaged, and then some sort of measure of what's changed for that family.

If all of those supports being put in place are having the desired impact, then the number of young people being referred to those services and being referred to Child Safety would decrease. The number of young people moving into care on an order [a child protection order⁵⁸] would decrease. At the moment, I don't think that's necessarily as evident as much as people want it to be.

Child Safety regional leaders also suggested that the limited available outcomes measures make it difficult to effectively manage contracts and performance. They said this is particularly the case in terms of Child Safety's ability to identify which services are working well and which require strengthening.⁵⁹

There are no automatic links between the databases used by secondary services and the statutory system

The Advice, Referrals and Case Management (ARC) database used by secondary services is not connected in any way to Child Safety's database (Integrated Client Management System—ICMS), which captures data about families in contact with the statutory system.

The systems were deliberately designed to be separate. Child Safety decided to do this because of concerns that clients of voluntary services could be less likely to engage with services if they were aware that Child Safety could access their information.

While it is possible to link the two databases manually, there are no automatic links between the two and no way of regularly monitoring families as they travel through the secondary and statutory systems.

This means that, unless a manual linkage is performed, it is not possible to determine whether a child or young person who is subject to a child concern report or notification, or who has entered out-of-home care, has previously attended a secondary service. Similarly, if a family has attended an Intensive Family Support service or Family Wellbeing Service, there is no automatic way to see if they subsequently enter the statutory system.

Using Child Safety data on its own is not an effective way to evaluate the long-term outcomes of secondary services and nor should it be. Robust methods of determining effectiveness use multiple sources of data (incorporating both administrative data and client feedback) and include multiple perspectives rather than relying on only one source.⁶⁰

Being able to track families through the secondary and statutory systems is an important priority in supporting the monitoring and evaluation of the performance of these systems.⁶¹ This issue was highlighted by Child Safety regional leaders.

Probably to get meaningful data we would need to capture the family's experience over time across a number of databases. For example, number of times [a family has a child concern report recorded] in ICMS, referral to FaCC, outcome of referral (e.g. engagement or not; referral to a service or not); if referred to a service, outcome of referral (e.g. engagement or not) and then comparative to where nil referral to FaCC ... Do we have any way of measuring/tracking if a family had contact with FaCC prior to a CP [child protection] order being taken for a child? Do we have a way of measuring where a family had lots of notifications, maybe some involvement in the CP system and what happens for them post a FaCC/[Intensive Family Support] intervention?

⁵⁷ Queensland Audit Office, 2020, *Family support and child protection system (Report 1: 2020–21)*, www.qao.qld.gov.au/reports-resources/reports-parliament/family-support-child-protection-system

⁵⁸ When children cannot be safely reunified with their parents, and long-term care would best protect and care for the child, Child Safety can make a recommendation to the Office of the Director of Child Protection Litigation to apply for a child protection order granting long-term guardianship of the child to someone. Long-term child protection orders include: 1) long-term guardianship or permanent care order to a relative or another suitable person and 2) long-term guardianship to the chief executive in an approved placement. www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase-permanency-planning/legal-permanency-long-term-child-protection-orders

⁵⁹ In an update to the proposed service outcomes outlined in the original procurement documentation, Child Safety have advised that assessments of Family and Child Connect effectiveness are now just based on the services' ability to link families to support services. The original intended outcome of ensuring that families have shown improvements in being safe and/or protected from harm is no longer a measured outcome for Family and Child Connect.

⁶⁰ World Health Organisation, 2013, *WHO evaluation practice handbook*, apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf;jsessionid=E205766DDCA03A8C2FA0885B058D523?sequence=1; Queensland Government, 2020, *Program evaluation guidelines: second edition*, s3.treasury.qld.gov.au/files/Queensland-Government-Program-Evaluation-Guidelines-2nd-edition-2020.pdf

⁶¹ While secondary services advise Child Safety if a referred family does not engage, the feedback from participants in this study suggests more meaningful data about the outcomes for families is needed.

Reduce the number of children and young people in the child protection system

While it is not possible to regularly monitor the impact of secondary services on the demand for tertiary services, Child Safety has manually linked data to conduct some analyses. The first linkage was conducted for the purpose of the 2018 Intensive Family Support services evaluation⁶² and has previously been described in the Chapter 3 subsection 'Existing information about the effect of secondary services'. This provided preliminary evidence of the effectiveness of the services.

Table 3-4 and Table 3-5 summarise the results of manual exercises linking client data from the ARC and ICMS databases.⁶³ The purpose was to compare the number and percentage of children who were the subject of a notification (and therefore an investigation) within six months of exiting either an Intensive Family Support service or Family Wellbeing Service with most or all of their needs met with those that did not receive either service.

Child Safety provided the number of children and young people subject to a child concern report who had a subsequent notification within six months as a comparison group. Table 3-4 shows this data for Aboriginal and Torres Strait Islander children and young people. Rates of subsequent contact with the statutory system were lower for children and young people who had attended either a Family Wellbeing Service or an Intensive Family Support service.

Table 3-5 shows this data for non-Aboriginal and Torres Strait Islander children and young people. Rates of subsequent contact with the statutory system were lower for children and young people who had attended an Intensive Family Support service.

Table 3-4: Experiences of contact with the statutory system for Aboriginal and Torres Strait Islander children—a comparison of outcomes for those who have attended an Intensive Family Support service or a Family Wellbeing Service with those who have not (2019–20)

	Number of children with a case closed and all or majority needs met and the percentage who had an investigation by Child Safety within 6 months after their service		Total number of children subject to a child concern report and the percentage with a subsequent notification within 6 months**
	FWS*	IFS	
December 2019	1,510 (8.8%)	698 (12.6%)	13,473 (21.6%)
March 2020	1,590 (7.5%)	605 (11.4%)	14,047 (21.4%)
June 2020	1,734 (8.4%)	620 (11.6%)	14,693 (20.9%)
September 2020	1,948 (7.5%)	635 (11.5%)	***
December 2020	2,010 (7.0%)	691 (10.9%)	***

* Child Safety does not break down this variable by Aboriginal and Torres Strait Islander status. As noted previously, 92.3 per cent of families attending Family Wellbeing Services identify as Aboriginal and/or Torres Strait Islander peoples. This means that a small number of children whose results are reported in the FWS column of this table will be non-Indigenous.

** This column includes children who attended IFS services and FWS as well as children who did not attend any services.

*** Data was not provided for the September 2020 and December 2020 quarters.

Table 3-5: Experiences of contact with the statutory system for non-Aboriginal and Torres Strait Islander children—a comparison of outcomes for those who have attended an Intensive Family Support service with those who have not

	Number of children with a case closed and all or majority needs met and the percentage who had an investigation by Child Safety within 6 months after attending an Intensive Family Support service	Total number of children subject to a child concern report and the percentage with a subsequent notification within 6 months*
December 2019	2,794 (8.3%)	48,930 (11.1%)
March 2020	2,652 (7.7%)	49,254 (11.5%)
June 2020	2,576 (8.2%)	49,757 (12.0%)
September 2020	2,546 (8.4%)	**
December 2020	2,641 (9.7%)	**

* This column includes children who attended IFS services and FWS as well as children who did not attend any services.

** Data was not provided for the September 2020 and December 2020 quarters.

62 Parenting Research Centre and the University of Queensland, 2018, *Queensland Intensive Family Support services evaluation*, unpublished report.

63 The data was provided to the Queensland Family and Child Commission in response to a request to Child Safety for any data that had been produced from any manual linkages of the two databases.

Reduce the number of children and young people in the child protection system

While this data provides preliminary support for the effectiveness of Intensive Family Support services and Family Wellbeing Services, on both occasions, the data from the linkages only involved a fairly short (six-month) follow-up period.

As mentioned earlier, Child Safety has reported some quality issues with the outcomes data obtained from the secondary services, which was an important input into this linkage. Also, the service providers have only assessed outcomes in terms of ‘needs met’ or ‘case plan goals achieved’.

A more comprehensive assessment of improvements in family functioning over the course of the families’ engagement with Intensive Family Support services and Family Wellbeing Services, including from the perspective of service users, could provide more useful information.

Data is needed to demonstrate improvements

Demand for the statutory system continues to grow, but it is possible that demand would be even higher if secondary services had not been introduced. Anecdotes, and the general perceptions of a large proportion of those we surveyed for deep dive 1, indicate that secondary services are making a difference. But if we want to be certain they are improving outcomes for children, young people and families, and that they are reducing pressure on the statutory system, we have to start measuring and reporting on the right things at the system level.

3.5 Chapter summary

The reforms aimed to reduce the number of children and young people in the child protection and family support system by providing timely support services to parents and families experiencing vulnerability.

Without question, the introduction of the secondary services has been a major achievement of the child protection reforms. However, the limited data we have been able to access suggests that the anticipated reductions in statutory system demand have not yet been realised.

Many stakeholders believe more investment is needed in secondary services, and some advocated using the funding from the referral service (Family and Child Connect) to bolster the support services. In the absence of hard data, it is not possible to assess the merit of either of these options.

More measures are needed to explore the impact of these services. Demand for these newly established services is high, and many eligible families do not appear to be able to access them in a timely way.



4

**Revitalise
child protection
frontline services
and family support**

Key findings

- 1 The workforce is stretched, despite government investment in frontline staffing.
- 2 Caseloads have decreased, but workloads have increased.
- 3 Learning and development opportunities vary across the child protection and family support sector and the state.
- 4 The workforce has taken steps towards pursuing more collaborative ways of working with clients and each other.
- 5 Options for care arrangements are limited.
- 6 Views vary on how well young people are supported in making the transition to adulthood.
- 7 More work needs to be done to provide children and young people with stable placements.
- 8 Improvements can be made to services that support the health and educational wellbeing needs of children and young people.
- 9 Children and young people must be given more opportunities to participate in decisions that affect them.

4.1 Background

What you're hearing today are practice issues that practitioners are having on the ground. They're really trying to solve huge systemic issues within the Department [Child Safety] and also the broader child protection system in itself. What we're trying to do in imparting that information to QFCC [the Queensland Family and Child Commission] ... You're our hope that if we get it right as an evaluation that we can have a voice that makes good changes for our clients ... We want to know whether there's consistency across the ... [services]. Why are those numbers different? Why are they better somewhere and not elsewhere? Are they appropriately trained? Do they know about unconscious bias? Do they know about racism? Do they know about trauma informed practice and what that means?

The Queensland Child Protection Commission of Inquiry (the Inquiry) argued that the successful implementation of its recommendations would be contingent on the capacity of the frontline child protection workforce to deliver services to children, young people and their families.⁶⁴

It recommended the following activities to revitalise frontline child protection services:

- improving child protection practice and developing a skilled, professional workforce and carers
- working collaboratively across sectors and disciplines, and building the options for care
- increasing stability of placements and access to supports for children and young people in care.

This chapter presents evaluation findings relating to the revitalising of child protection frontline services and family support, and should be read in conjunction with the second deep dive study: *Respecting the workforce: How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?*⁶⁵

⁶⁴ Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/___data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

⁶⁵ Queensland Family and Child Commission, 2021, *Respecting the workforce: How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

4.2 Context

This section provides contextual information relevant to frontline service delivery, including:

- the frontline child protection workforce
- collaborative child protection practice
- capacity and demand issues.

4.2.1 The frontline child protection workforce

The *National Framework for Protecting Australia's Children 2009–2020* outlines the use of a public health model to prevent and address abuse and neglect of children and young people in Australia. It is made up of universal, secondary and tertiary approaches.⁶⁶

The universal approach provides services and supports for the whole population, while the secondary and tertiary approaches are more targeted, with people's access to services depending on their levels of need, risk and harm. Each approach can have statutory child protection responsibilities.

In Queensland, the child protection workforce consists of staff working in both government and non-government organisations, across the spectrum of child protection and family support services (tertiary and secondary approaches).⁶⁷ In the context of this report, tertiary services are delivered or funded by Child Safety. Secondary services include Family and Child Connect, Intensive Family Support services and Family Wellbeing Services, which are all funded by Child Safety but operated by various non-government organisations.

In 2019, QFCC published its discussion paper about building the child protection and family support workforce.⁶⁸ The paper noted the changes the workforce faced, including the introduction of secondary services and changes to the tertiary services, and set out priority agendas to build capacity and capability of the workforce. In 2020, our environmental scan of the child protection and family support workforce projected an annual growth rate for workforce supply to 2030, which outstrips the estimated growth in demand for child protection services at 2.5 per cent annually.⁶⁹

Across the reform period there has been significant investment in the child protection workforce. The Queensland Government has funded an additional 550 Child Safety position since 2015.⁷⁰ It has also funded approximately 5,400 positions within the non-government organisations that provide the secondary services.⁷¹

Foster carers and kinship carers are also important parts of the frontline child protection workforce in Queensland, providing care to children and young people who are removed from the care of their parents.

The Inquiry recommended that both kinship carers and foster carers be included as part of the child protection and family support workforce. This was important, as it recognised the relationship between them and the frontline child protection staff, when they were supporting a child or young people in out-of-home care, as opposed to a case manager-service provider relationship. (In Queensland, kinship carers and foster carers elect to provide family-based placements for children and young people in out-of-home care.)

For the purposes of this chapter, the frontline child protection workforce consists of staff who work within the tertiary or secondary services, as well as kinship carers and foster carers.

The capacity of the frontline workforce is vital to the functioning of the child and family support sector, and has a significant impact on outcomes for children, young people and their families.

4.2.2 Collaborative child protection practice

It is tricky to define the practice of the frontline child protection workforce, as its members work across the various aspects of the system, meeting the varying needs of families across this system and meeting statutory obligations as legislated.

The skills and knowledge required to undertake frontline child protection work are extensive. They vary across the aspects of the system, depending on the strengths and needs of children, young people and their families, and according to the responsibility of each role.

The workforce has adapted to and developed with the implementation of the reforms. A number of these reforms have had unintended consequences for the workforce, and changes in other systems, such as the introduction of the National Disability Insurance Scheme,⁷² mean staff have to have new knowledge, practices and processes.

The child protection workforce continues to face significant change. Given the expansion of secondary services and the ongoing reform environment, it has had to be adaptable. No one organisation can do it all on its own. A collaborative approach is a necessity.

66 Australian Government, 2009, *National Framework for Protecting Australia's Children 2009–2020*, www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf

67 Queensland Family and Child Commission, 2019, *Workforce Futures Discussion Paper: Building the workforce that supports Queensland to be a safe place where children, young people and families thrive*, www.qfcc.qld.gov.au/sites/default/files/2020-09/Workforce%20Futures%20Discussion%20Paper.pdf

68 Queensland Family and Child Commission, 2019, *Workforce Futures Discussion Paper: Building the workforce that supports Queensland to be a safe place where children, young people and families thrive*, www.qfcc.qld.gov.au/sites/default/files/2020-09/Workforce%20Futures%20Discussion%20Paper.pdf

69 Queensland Family and Child Commission, 2020, *Child and Family Support Sector workforce environmental scan*, www.qfcc.qld.gov.au/sites/default/files/2020-08/Attachment%20B%20-%20Child%20and%20Family%20Support%20Sector%20Workforce%20Environmental%20Scan%20%28Full%20report%29%20FINAL_0.PDF

70 Minister for Children and Youth Justice and Multicultural Affairs, Leanne Linard, 2021, *Palaszczuk Government continues historic investment in child safety—Media Statement*, statements.qld.gov.au/statements/91603

71 Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence, Di Farmer, 2019, *Extra child safety staff announced in State Budget—Media Statement*, statements.qld.gov.au/statements/87596

72 The National Disability Insurance Scheme provides individualised support for people with disability, their families and carers. It aims to provide all Australians with a permanent and significant disability, aged under 65, with the reasonable and necessary supports they need to live as they choose, www.ndis.gov.au/about-us/operational-guidelines/overview-ndis-operational-guideline/overview-ndis-operational-guideline-about-ndis

4.2.3 Capacity and demand issues

When the Inquiry recommended the reform of the child protection system in Queensland, it assumed there would be enough secondary services for children, young people and their families.⁷³ Accordingly, the government invested in secondary services operated by non-government organisations.

Table 4-1 notes the investment in the secondary child and family services throughout the first five years of the reform period.

The Inquiry drew a causal line between the expansion of secondary services, improved collaboration across universal services and a reduction in the burden on tertiary services. This interdependency has not unfolded as expected. In fact, both the tertiary and secondary services are stretched, as are the workforces within each.

In Chapter 3, we noted that the secondary services are not meeting the needs of all families seeking support due to capacity issues. Further, Tables 4-2 to 4-5 show that the demand across the various phases (such as entry and exit) of the child protection system has not reduced. This places pressure on the entire workforce, including kinship carers and foster carers.

Table 4-2 shows the number of individual children subject to a notification across the reform period. In 2012–13, there were 21,254 individual children and young people subject to a notification. This increased by 9.5 percent to 23,273 in 2019–20.

The rate per 1,000, which was 19.5 in 2012–13, decreased for four years, but it increased from 2017–18 and returned to 19.8 per 1,000 in 2019–20.

This concerning trend is more pronounced for Aboriginal and Torres Strait Islander children and young people. In 2012–13, there were 5,803 individual Aboriginal and Torres Strait Islander children and young people subject to a notification, increasing by 34.9 per cent in 2019–20 to 7,826.

The notification rate per 1,000 is much higher for Aboriginal and Torres Strait Islander children and young people than for all children. The rate per 1,000, which was 64.4 in 2012–13, decreased for two years but then increased from 2015–16 and was 81.0 per 1,000 in 2019–20.

Table 4-1: Queensland Government investment in secondary child and family support services

Service	2014–15	2015–16	2016–17	2017–18	2018–19	Total
Family and Child Connect	\$2.9 million	\$9.3 million	\$14.3 million	\$15.2 million	\$16.0 million	\$57.7 million
Intensive family support*	\$6.5 million	\$10.3 million	\$38.4 million	\$47.4 million	\$52.5 million	\$155.1 million
Aboriginal and Torres Strait Islander family support**	\$1.5 million	\$2.4 million	\$8.5 million	\$31.9 million	\$33.9 million	\$78.2 million
Total	\$10.9 million	\$22.0 million	\$61.2 million	\$94.5 million	\$102.4 million	\$291.0 million

* In 2014–15, the only intensive family support program was a program known as ‘Referral for Active Intervention’. From 2015–16, the rollout of Intensive Family Support (IFS) services started.

** In 2016–17, the previous ‘Aboriginal and Torres Strait Islander Family Support program’ was replaced by the Family Wellbeing Service program, with rollout completed in 2018–19.

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Funding secondary services*. Unpublished data.

73 Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

Table 4-2: Number (and rate per 1,000) of individual children and young people subject to one or more notifications—2012–2020

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Aboriginal and Torres Strait Islander children	5,803 (64.4)	5,857 (64.2)	5,630 (61.1)	5,832 (62.6)	6,434 (68.6)	6,888 (72.6)	7,800 (81.4)	7,826 (81.0)
Non-Aboriginal and Torres Strait Islander children	15,451 (15.4)	14,372 (14.2)	13,864 (13.5)	14,098 (13.7)	13,642 (13.1)	14,011 (13.3)	14,967 (14.0)	15,447 (14.3)
Total	21,254 (19.5)	20,229 (18.3)	19,494 (17.5)	19,930 (17.7)	20,076 (17.6)	20,899 (18.1)	22,767 (19.5)	23,273 (19.8)

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Notifications—Table N.1*.⁷⁴

Table 4-3 shows the number and rate per 1,000 of children and young people entering out-of-home care during each financial year since 2012–13. Again, the rate per 1,000 of Aboriginal and Torres Strait Islander children and young people is much higher than that of non-Aboriginal and Torres Strait Islander children and young people.

While the rate for Aboriginal and Torres Strait Islander children and young people was 11.5 in 2012–13, it showed a slight decrease until 2017–18 to 10 per 1,000. However, it increased in 2018–19 and 2019–20, and in 2019–20, the rate of 14.6 per 1,000 was the highest it has been across the reform period.

Table 4-3: Number (and rate per 1,000) of children and young people entering out-of-home care during the financial year—2012–2020

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Aboriginal and Torres Strait Islander children	1,036 (11.5)	922 (10.1)	874 (9.5)	988 (10.6)	1,026 (10.9)	948 (10.0)	1,213 (12.7)	1,410 (14.6)
Non-Aboriginal and Torres Strait Islander children	1,515 (1.5)	1,344 (1.3)	1,280 (1.2)	1,444 (1.4)	1,395 (1.3)	1,464 (1.4)	1,594 (1.5)	1,707 (1.6)
Total	2,551 (2.3)	2,266 (2.0)	2,154 (1.9)	2,432 (2.2)	2,421 (2.1)	2,382 (2.1)	2,807 (2.4)	3,117 (2.6)

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Entering out-of-home care data*. Unpublished data.

Table 4-4 notes the number and rate per 1,000 of children and young people in out-of-home care at 30 June each year. Prior to the start of the reform period (2012–13), the rate of Aboriginal and Torres Strait Islander children and young people in out-of-home care was 35.4 per 1,000. This has steadily increased to 46.9 per 1,000 in 2019–20.

The total number of children and young people in out-of-home care increased by 18.6 per cent across the reform period from 8,136 in 2012–13 to 10,527 in 2019–20.

Table 4-4: Number (and rate per 1,000) of children and young people in out-of-home care at 30 June—2012–2020

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Aboriginal and Torres Strait Islander children	3,195 (35.4)	3,336 (36.6)	3,503 (38.0)	3,609 (38.8)	3,767 (40.2)	3,815 (40.2)	4,119 (43.0)	4,535 (46.9)
Non-Aboriginal and Torres Strait Islander children	4,941 (4.9)	4,849 (4.8)	4,912 (4.8)	5,045 (4.9)	5,153 (4.9)	5,259 (5.0)	5,528 (5.2)	5,992 (5.5)
Total	8,136 (7.5)	8,185 (7.4)	8,415 (7.5)	8,654 (7.7)	8,920 (7.8)	9,074 (7.9)	9,647 (8.3)	10,527 (8.9)

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Living away from home—Table OHC.1*.⁷⁵

74 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/intake-phase/notifications

75 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/living-away-home. The rate per 1,000 is unpublished data from Child Safety.

Table 4-5 shows the number and rate per 1,000 of children and young people exiting⁷⁶ out-of-home care during the year. The rate per 1,000 of Aboriginal and Torres Strait Islander children and young people exiting out-of-home care has increased across the first six years of the reform period, from 6.0 per 1,000 in 2012–13 to 8.3 per 1,000 in 2019–20.

This rate per 1,000 is much higher than that for non-Aboriginal and Torres Strait Islander children and young people, which was steady across the reform period.

Together, the data presented in this section shows the demand on the child protection and family support workforce has remained high across all stages of the system across the reform period. Rather than reducing, it has increased. This would appear to be due to the number of children and young people entering out-of-home care (Table 4-3) exceeding the number of children and young people exiting care (Table 4-5) each year. In fact, entries exceed exits by an average of 848 children and young people each year.

4.3 Data sources

Several sources of data were available for analysis, including:

1. data provided (on request) by various Queensland Government departments
2. data provided (on request) from surveys conducted by the CREATE Foundation⁷⁷ and Queensland Foster and Kinship Care⁷⁸
3. consultations with Child Safety frontline staff
4. consultations with Queensland child protection and family support sector stakeholders
5. the Queensland Family and Child Commission's surveys of the child protection and family support sector workforce
6. government reports and published literature.

The available data only gives us part of the narrative regarding the changes to the child protection and family support system across the reform period. It doesn't give us the whole picture.

As covered in Chapter 3, most of the data available is output or throughput in its nature. It allows the system to measure system functioning. This data is useful, but in order to effectively assess system performance, we also need to understand the experiences of children and young people, from their perspective.

Table 4-5: Number (and rate per 1,000) of children and young people exiting out-of-home care during the financial year—2012–2020

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Aboriginal and Torres Strait Islander children	547 (6.0)	530 (5.8)	584 (6.3)	719 (7.7)	679 (7.2)	741 (7.8)	749 (7.8)	806 (8.3)
Non-Aboriginal and Torres Strait Islander children	1,017 (1.0)	990 (1.0)	959 (0.9)	989 (1.0)	988 (0.9)	1,011 (1.0)	1,037 (1.0)	997 (0.9)
Total	1,564 (1.4)	1,520 (1.4)	1,543 (1.4)	1,708 (1.5)	1,667 (1.5)	1,752 (1.5)	1,786 (1.5)	1,803 (1.5)

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Exiting out-of-home care—Table E.1*.⁷⁹

⁷⁶ Children and young people in out-of-home care may exit for a number of reasons, including safe reunification with family, transition out at 18 years of age or relocation to another jurisdiction.

⁷⁷ CREATE has undertaken two surveys of children and young people in 2013 and 2018—*Experiencing Out-of-home care in Australia: the views of children and young people*. Reports are available at create.org.au/research-and-publications/

⁷⁸ Queensland Foster and Kinship Care has undertaken biannual surveys of foster and kinship carers in 2012, 2014, 2016, 2018, 2019 and 2020—Carer Survey. 2019 and 2020 reports are available at www.fcq.com.au/resources/reports

⁷⁹ www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase-permanency-planning/exiting-out-home-care. The rate per 1,000 is unpublished data from Child Safety.

4.4 Evaluation findings: Improving child protection practice and developing a skilled, professional workforce and carers

4.4.1 The workforce is stretched, despite government investment in frontline staffing

Child Safety workforce

The frontline Child Safety workforce provide the statutory aspects of the child protection and family support system.

Queensland Government investment has resulted in an extra 550 Child Safety positions since 2015.⁸⁰ Additionally, there has been significant investment to scale-up secondary services delivered by non-government organisations.

These investments have contributed to the growth of the frontline child protection and family support sector workforce. There has also been a slight increase in the number of kinship carer families and foster carer families.

Despite this investment, for a number of reasons, the workforce is still stretched, caseloads have not decreased to the level recommended by the Inquiry, and the demand on the tertiary system has not decreased. Workloads have increased with the implementation of some reforms and changes to systems interacting with the child protection and family support system.

Non-government organisations' workforce

Child Safety funds secondary services across Queensland to deliver services to those children, young people and their families who experience vulnerability. These services, operated by non-government organisations, include Family and Child Connect, Intensive Family Support services and Family Wellbeing Services.

Limited information is available about the composition of the secondary services workforce. The Queensland Government says it has funded approximately 5,400 positions within the non-government organisations that provide the Family and Child Connect, Intensive Family Support services and Family Wellbeing Services.⁸¹

Stakeholders told us that the child protection and family support workforce can be quite transient, moving between the government and non-government parts of the workforce easily. Other stakeholders told us that the flow of the workforce to non-government organisations has increased as salaries and conditions have become more in line with government organisations.

Kinship carers and foster carers

The total number of carer families in the child protection system has slowly increased throughout the reform period, as can be seen in Table 4-6. However, the number of carer families is outstripped by the number of children and young people in out-of-home care (seen in Table 4-4).

There are not enough carer families for Aboriginal and Torres Strait Islander children and young people. Approximately 45 per cent of Aboriginal and Torres Strait Islander children and young people in out-of-home care have not been placed with kinship or Aboriginal and Torres Strait Islander carers. This figure has remained steady across the reform period.

Children, young people and families are known to have better outcomes when their placements in out-of-home care remain stable—that is, when they have a consistent case manager and fewer placements across the period they are in the child protection system.⁸²

Table 4-6: Number of carer families—2012–2020

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Number of Aboriginal and Torres Strait Islander carer families (and percentage of the total)	731 (15.5%)	727 (15.0%)	779 (15.5%)	802 (15.5%)	822 (15.8%)	862 (16.4%)	930 (17.4%)	984 (17.5%)
Total number of carer families	4,728	4,833	5,012	5,186	5,192	5,241	5,345	5,611

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Carer families—Table CF.1*.⁸³

80 Minister for Children and Youth Justice and Multicultural Affairs, Leanne Linard, 2021, *Palaszczuk Government continues historic investment in child safety—Media Statement*, statements.qld.gov.au/statements/91603

81 Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence, Di Farmer, 2019, *Extra child safety staff announced in State Budget—Media Statement*, statements.qld.gov.au/statements/87596

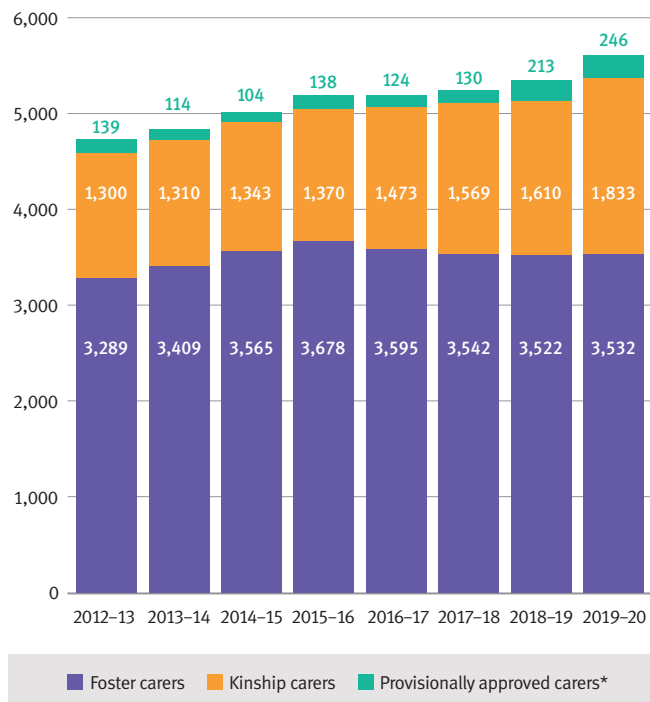
82 DePanfilis, D. & Zlotnik, J., 2008, 'Retention of front-line staff in child welfare: A systematic review of research', *Children and Youth Services Review*, 30(9), pp. 995–1008; Strolin-Goltzman, J., Kollar, S & Trinkle, J., 2010, 'Listening to the Voices of Children in Foster Care: Youths Speak Out about Child Welfare Workforce Turnover and Selection', *Social Work*, 55(1), pp. 47–53.

83 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/carer-families

Revitalise child protection frontline services and family support

Figure 4-1 shows the number of carer families in each financial year. It is disaggregated by the type of carer family and shows there is a higher number of foster carer families than kinship carer families available to support children and young people living in out-of-home care.

Figure 4-1: Number of carer families, by carer type, by year—2012–2020



* Note: Under the *Child Protection Act 1999*, a person can be provisionally approved as a carer, allowing them to care for a child or young person while their application to be a carer is assessed. This type of approval is usually given to family members or other people already well known to a child or young person, to enable an immediate placement to be made.

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Carer families—Table CF.2*.⁸⁴

In 2015–16, 1,300 carer families exited⁸⁵ as carers. This increased by 20.5 per cent to 1,567 carer families exiting in 2019–20. On average 1,464 carer families left each year between 2015–16 and 2019–20.⁸⁶

A number of stakeholders told us there is a shortage of kinship carers and foster carers. They also noted the attrition rate of carer families is so high that it cannot match the number of children and young people entering out-of-home care.

[There are] 1,400 new carers in the system over a year, we'll lose 1,300 of them. So, we might have a gain of 100 families, but we've got a whole lot more than 100 children per year coming into care.

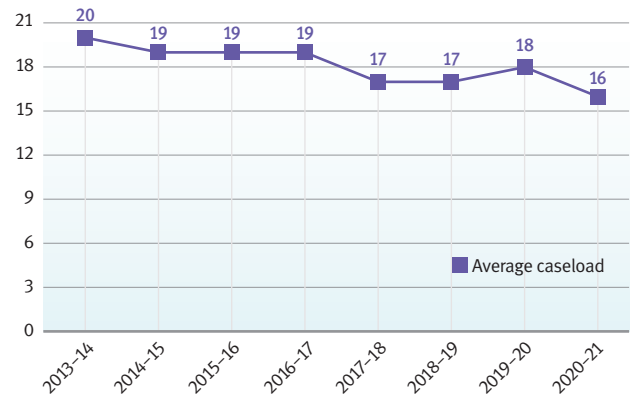
Half of that attrition is kinship carers. When children move on, they're finished as kinship carers within the statutory system.

4.4.2 Caseloads have decreased, but workloads have increased

Caseload

One of the intents of the investment in the frontline Child Safety workforce was to reduce caseloads, thereby increasing the capacity of the Child Safety workforce. Figure 4-2 shows the average caseload of Child Safety Officers. While caseloads have decreased since 2013–14, they are still not below the 15 cases recommended by the Inquiry.⁸⁷ However, they are the lowest they have been over the reform period, with an average caseload of 16.1 as at 30 June 2021.⁸⁸

Figure 4-2: Average caseload of child safety officers—2012–2020



Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *HR and complaints data*. Unpublished data.

⁸⁴ www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/carers-families

⁸⁵ Child Safety defines an exit as a carer family whose approval ended, and who had no new approvals within 60 days.

⁸⁶ Department of Children, Youth Justice and Multicultural Affairs, 2020, *Carer families—Table CF.4*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/carers-families

⁸⁷ Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

⁸⁸ Department of Children, Youth Justice and Multicultural Affairs, 2021, *Child and Family performance statistics—Media handout*, www.cyjma.qld.gov.au/resources/dcsyw/child-family/performance/child-protection/our-perf-media-handout.pdf

The QFCC's surveys of the frontline child protection and family support workforce⁸⁹ ask about perspectives of workload. Table 4-7 shows the percentage of respondents who agreed with each statement about this.

There was an increase in the number of respondents agreeing that their caseload/workload was manageable between 2019 and 2020 survey respondents; however, the level of agreement decreased in 2021. This was also the case for responses to the statement 'I am able to spend enough time with children, young people and families to do my job well'.

Table 4-7: Percentage of all respondents who agreed with each statement in relation to workload—2019–2021

Question	2019	2020	2021
I consider my caseload/workload to be manageable.	47%	65% ↑	53% ↓
I am able to spend enough time with children, young people and families to do my job well.	36%	48% ↑	45%

↑↓ indicates a significant increase or decrease from the previous year.

Source: Queensland Family and Child Commission (2021), *Workforce Survey 2021: Final Research Report*.⁹⁰

It is worth noting that non-government sector respondents (a total of 349) to the 2020 workforce survey were more likely than government sector respondents (a total of 412) to agree that their caseload/workload is manageable (75% non-government compared to 56% for government).⁹¹

Only 47 per cent of respondents who work for Child Safety (a total of 210) agreed that their caseload/workload was manageable.⁹²

Workload

Complexity of cases

Stakeholders told us the complexity of cases they work on has changed, affecting their workload. They noted that more of the families they work with are facing numerous complexities, including alcohol and other drug use, family and domestic violence, and employment and housing instability. Many stakeholders said that addressing these multiple, complex needs, while important in protecting children and young people, increases their workload.

Reforms to court processes

Stakeholders from both the frontline and legal workforce also told us that some of the reforms from the Inquiry have increased their workloads. For example, many noted that the reforms to court processes have created some unintended consequences that have increased the workloads of various parts of the workforce.

Stakeholders from the frontline child protection workforce acknowledged the positive changes the court reforms had brought about, but also spoke about the increased work involved in completing affidavits—often 60 pages long—without additional preparation time and with limited training in preparing these types of documents.

Legal sector stakeholders told us the length of affidavits is also problematic for them, for their clients and for judges. They noted that they receive affidavits for a review mention⁹³ two days prior to the mention, which gives very little time for legal practitioners to read them.

They also told us such lengthy documents (some of which are 600 pages long by final hearing) take legal practitioners a lot of time to read and to help their clients to understand. They noted that many of their clients struggle to understand the affidavits and often see the documents as an accusation that they have to plead guilty or not guilty to—giving the matter a more adversarial feel, likened to criminal proceedings.

89 Queensland Family and Child Commission, 2019, *Workforce Survey 2019: Final Research Report*; Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*; Queensland Family and Child Commission, 2021, *Workforce Survey 2021: Final Research Report*; www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

90 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

91 Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

92 Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

93 A review mention is the date a family appears in court and their case plan and orders are reviewed in court.

Introduction of the Independent person process

Several other stakeholders said the Independent person⁹⁴ reform process has also added to the workload of the frontline workforce. Many noted that families need support to select an Independent person, and often the Independent person requires support to understand their role and the system.

Some stakeholders said that an Independent person is rarely used. Some told us that some Independent persons lack knowledge of the process and behave more like support people or are overly compliant, while others noted that the Independent person is sometimes excluded from the process altogether. Many stakeholders expressed concern about the self-determination and cultural support for their clients when there is no Independent person.

Other systems—National Disability Insurance Scheme

The intersection of the child protection and family support system with other systems (including the disability, education and health systems) has also increased the workload of the workforce.

A few stakeholders spoke about the introduction of the National Disability Insurance Scheme, which was progressively implemented across the reform period, with full implementation in 2020.

Frontline stakeholders spoke about the need to acquire new knowledge about how the National Disability Insurance Scheme operates, about disability, and about how to engage children, young people and their families with the scheme. Other frontline stakeholders noted the approval process for children or young people to engage with the scheme has also increased their workload.

4.4.3 Learning and development opportunities vary across the child protection and family support sector and state

The implementation of the reforms has resulted in new learning and development needs for the sector and workforce. As noted earlier in this chapter, one of the objectives of the Inquiry was to improve child protection practice and develop a skilled, professional workforce, including kinship carers and foster carers. In response to this, Child Safety developed the *Strengthening families Protecting children framework for practice* (the framework).⁹⁵

The framework guides the practice of the child protection workforce in Queensland, and was implemented between 2015 and 2019. Table 4-8 shows the learning and development activities designed to support the implementation.

⁹⁴ Aboriginal and Torres Strait Islander families involved with Child Safety can have a person, who is not part of Child Safety, to help make sure their voice is heard. They are usually an Aboriginal and Torres Strait Islander person, and are called an Independent person. www.cyjma.qld.gov.au/resources/childsafety/practice-manual/info-independent-person-atsi-child-family.pdf

⁹⁵ Department of Communities, Child Safety and Disability Services, 2015, *Strengthening families Protecting children framework for practice foundational elements*, www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-elements.pdf; Department of Communities, Child Safety and Disability Services, 2015, *Strengthening families Protecting children framework for practice: Practice tools and processes*, www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-tools.pdf

Table 4-8: Summary of learning and development as part of the implementation of the framework

Training	Year provided	Session details	Number of attendees	About
Framework for practice: foundational training	2015	21 two-day sessions	3,400	Building a shared understanding of the framework's foundational elements and assisting them to use new practice tools in their work
Leading practice 1–3	2015–17	8 two-day workshops for each	1,300 Child Safety staff in leadership positions	Covering safety planning, facilitating case consultation in connection with the Structured Decision-Making ⁹⁶ system, group supervision and continuous quality improvement processes
Intensive practice modules 1–14	2015–16	14 'Train the trainer' modules	40 Child Safety senior practitioners	Providing senior practitioners with the skills to train staff. They then provided training to staff at child safety service centres. This included a safety planning module for senior team leaders
Family Group Meeting Convenor/Collaborative Family Decision-Making ⁹⁷ training 1–3	2015–17	1 three-day workshop and 2 two-day workshops	70	Developing enhanced facilitation skills and integrating the framework tools into family group meetings
Practice panel workshops	2017–19	8 two-day sessions	320 (40 Child Safety staff each session)	Building increased knowledge and applied facilitation skills and analytical processes focused on information gathering, analysis of risk and protective factors, use of Structured Decision-Making tools, formulating judgements and making critical decisions within a supportive environment
Honouring practice forum	2016–19	State-wide forum	Not provided	Child Safety staff presenting case work highlighting best practice knowledge and skills
Framework for practice conference	July 2018	Conference	217	Child Safety and partners showcasing examples of the framework in action on topics such as intervention with parental agreement ⁹⁸ and working with Aboriginal and Torres Strait Islander families
Working with and across difference	Not provided	Two-day program	784	Deconstructing the interplay between privilege and oppression, working with diversity, and concepts such as impact versus intent, internalised racism and multi-cultural guidelines
Safe and together™ ⁹⁹	2015 onwards	Four-day core training and one-day overview	1,873 (1,520 Child Safety staff and 353 staff from non-government organisations)	Training in the Safe and together™ model, delivered in partnership by Child Safety and the domestic and family violence sector

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Framework for practice training data*. Unpublished data.

96 This is an assessment and decision-making model to assist child safety staff in making critical decisions about the safety of children. It provides a set of evidence-based assessment and decision-making guidelines designed to provide a high level of consistency and validity.

97 This is a Child Safety program that facilitates family-led decision-making processes. Regional or district teams are made up of a principal team leader and family group meeting convenors.

98 This is an intervention by Child Safety that does not require a court order. The child's parents agree to work cooperatively with Child Safety to keep the child safe, and are able and willing to work actively to reduce the level of risk in the home. The aim is to build the capacity of the family.

99 This model (Mandel 2017) is a framework for partnering with domestic and family violence survivors and intervening with domestic violence perpetrators to enhance the safety and wellbeing of children.

Revitalise child protection frontline services and family support

Under the *Family and Child Commission Act 2014* (Qld)¹⁰⁰ the QFCC has had the mandate to increase collaboration and build capacity of child protection and family support sector. Across the reform period, the QFCC collaboratively developed the *Strengthening Our Sector Strategy* and several action plans.¹⁰¹ Additionally, the QFCC has also undertaken significant consultation, planning and an environmental scan to define the workforce.¹⁰²

The QFCC's surveys of the frontline child protection and family support workforce¹⁰³ ask about learning and development. Table 4-9 shows the percentage of respondents who agreed with each statement.

Comparing the results over time, it is worth noting the increase in respondents agreeing that 'My organisation actively supports training and other learning opportunities for staff' and 'The training and other learning opportunities I have received have been of high quality'.

Table 4-9: Percentage of respondents who agreed with each statement in relation to learning and development—2019–2021

Statement	2019	2020	2021
My organisation actively supports training and other learning opportunities for staff.	67%	77% ↑	75%
I have been provided with enough training and other learning opportunities to undertake my role well.	75%	76%	71%
The training and other learning opportunities I have received have been of high quality.	69%	76% ↑	75%
I have received information and/or training regarding changes to child protection legislation in the past 12 months.	85%	65% ↓	57% ↓

↑↓ indicates a significant increase or decrease from the previous year.

Source: Queensland Family and Child Commission (2021), *Workforce Survey 2021: Final Research Report*.¹⁰⁴

In the 2020 QFCC workforce survey, respondents employed in frontline Child Safety roles were less likely than average (across all respondents) to agree with the following statements:

- My organisation actively supports training and other learning opportunities for staff. (61% versus 77% on average)
- I have been provided with enough training and other learning opportunities to undertake my role well. (62% versus 76% on average).¹⁰⁵

Certainly, not everyone is positive about workforce development.

I'd have to say if I reflect on the last kind of four or five years, I don't think I've seen any real evidence that we've seen big improvements in workforce development.

Queensland Foster and Kinship Care conducts a survey of kinship carers and foster carers in Queensland every two years, seeking their perspectives as carers of children and young people in out-of-home care. Table 4-10 notes the satisfaction of kinship carers and foster carers with training.

The percentage of respondents satisfied with the relevance of training and amount of training provided has decreased since 2016.¹⁰⁶

Table 4-10: Percentage of respondents satisfied with each aspect in relation to their experience of training, 2016–20

Aspect	2016	2018	2020
Relevance of training	63%	61%	59%
Amount of training offered	72%	66%	62%

Sources: Queensland Foster and Kinship Care (2016), *2016 Carer Survey Report*; Queensland Foster and Kinship Care (2018), *2018 Carer Survey Report*; Queensland Foster and Kinship Care (2020), *2020 Carer Survey Report*.¹⁰⁷

100 *Family and Child Commission Act 2014* (Qld), s 9. www.legislation.qld.gov.au/view/html/inforce/current/act-2014-027

101 Queensland Family and Child Commission, 2016, *Strengthening the sector*. www.qfcc.qld.gov.au/supporting-our-sector/strengthening-our-sector-strategy-action-plans

102 Queensland Family and Child Commission, 2019, *A sustainable workforce for the future*. www.qfcc.qld.gov.au/supporting-our-sector/understanding-our-workforce/sustainable-workforce-future; Queensland Family and Child Commission, 2020, *Understanding our sector*. www.qfcc.qld.gov.au/supporting-our-sector/understanding-our-workforce/understanding-our-sector

103 Queensland Family and Child Commission, 2019, *Workforce Survey 2019: Final Research Report*; Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*; Queensland Family and Child Commission, 2021, *Workforce Survey 2021: Final Research Report*; www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

104 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

105 Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

106 We also examined survey responses from 2012 and 2014, but the questions were different in these earlier surveys. In 2012, 60 per cent of respondents were satisfied with the amount and type of ongoing training offered, compared with 2014, when 74 per cent of respondents were satisfied with the amount and type of ongoing training offered.

107 www.qfcc.com.au/images/Reports/Foster_Kinship_Carers_Survey_2018_Executive_Summary.pdf; www.qfcc.com.au/images/Reports/2021-01-12_Carer_Survey_2020_Report_Executive_Summary_FINAL_web.pdf

When asked for their perspective on workforce development, stakeholders told us that some organisations are great at learning and development for their workforces, but that it gets patchy the further away you are from the south-east corner of Queensland. They said regional areas do not get the same professional development opportunities that organisations are able to provide in the south-east.

Other stakeholders spoke about the pipeline for the workforce, noting some of the universities have dropped courses or stopped delivering them at some campuses. Many said this is particularly the case in regional areas, which increases the challenge of building and maintaining a skilled, professional workforce.

We have anecdotal feedback from stakeholders that learning and development has been interesting and helpful to their practice. However, we have no data to tell us this across the breadth of the workforce. We also don't have data to tell us what, if any, impact the learning and development has had on children, young people and families when practice changes. This information is not collected.

4.5 Evaluation findings: Working collaboratively across sectors and disciplines, and building options for care

4.5.1 *The workforce has taken steps towards pursuing more collaborative ways of working with clients and each other*

The following findings note the collaborative ways the child protection and family support sector has developed to work with children, young people and their families, and with colleagues. It includes collaboration and referral; information sharing across the child protection and family support sector; local networks and alliances; regional committees; and communication with kinship carers and foster carers.

Collaboration and referral

The QFCC's surveys of the frontline child protection and family support workforce¹⁰⁸ ask about how respondents work with clients and collaborate with other services. Results show:

- About three quarters of respondents are confident in their knowledge of services available in their area (75% in 2019, 81% in 2020 and 71% in 2021), including specialist services (73% in 2019, 80% in 2020 and 74% in 2021).

- The percentage of respondents who agree that they are aware of other services working with their clients has decreased (76% in 2019, 69% in 2020 and 62% in 2021).
- The percentage of respondents who agree that they receive feedback following referral of a family has fluctuated slightly (29% in 2019, 36% in 2020 and 30% in 2021).
- A large percentage of respondents agree that their workplaces encourage multi-disciplinary responses to meet client needs (84% in 2019, 86% in 2020 and 81% in 2021).
- The percentage of respondents who agree that they have enough time in their roles to build relationships with other organisations increased from a low base of 36% in 2019 to 50% in 2020, and then reverted to 36% in 2021.

There are differences in the responses from non-government organisations and government agencies. In the 2020 QFCC workforce survey, respondents from non-government organisations were more likely than government respondents to agree with the following statements:

- I am confident that I know where to refer families for specialist services (85% non-government versus 75% government).
- I am usually aware of the other services working with my clients (78% non-government versus 61% government).

Conversely, government respondents were more likely than respondents from non-government organisations to agree with the following statements:

- I am less likely to refer families to services who do not provide feedback (54% government versus 41% non-government).
- When I refer families to other services, I receive feedback about whether the service has engaged with the family (41% government versus 30% non-government).

Stakeholders we spoke with told us about the need to work collaboratively, with many acknowledging this included other services and their clients. However, they also noted that working collaboratively takes time and can add to their workload, with some admitting it can be difficult to prioritise this, given their case work.

Some mentioned additional challenges in rural and remote areas, with the limited number of services and the challenge of setting clear boundaries (real and perceived) between professional and personal lives and relationships.

Additionally, stakeholders noted that turnover of staff in various workplaces can affect collaboration, as relationship building sometimes has to re-start from the beginning.

108 Queensland Family and Child Commission, 2019, *Workforce Survey 2019: Final Research Report*; Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*; Queensland Family and Child Commission, 2021, *Workforce Survey 2021: Final Research Report*; www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

Information sharing across the child protection and family support sector

The QFCC's surveys of the frontline child protection and family support workforce¹⁰⁹ ask about information sharing across the sector. Results show agreement that:

- Information sharing between organisations supports better responses for their clients (91% in 2019, 89% in 2020 and 84% in 2021).
- They understand what information can be shared between organisations (88% in 2019, 86% in 2020 and 81% in 2021).

Local networks and alliances

The 2020 QFCC workforce survey sought the perspectives of the child protection and family support workforce on the function of local committees, alliances or networks. Table 4-11 shows the percentage of respondents who agreed with each statement.

One in two respondents agreed with the statements. One in four responses were neutral, and one in seven respondents indicated they did not know enough about the subject to provide a response. One in 10 disagreed with the statements.

Table 4-11: Percentage of respondents who agreed with each statement in relation to the function of local committees, alliances or networks—2020

Statement	% agree
Local committees, alliances or networks promote effective local level information sharing.	54%
Local committees, alliances or networks involve genuine partnerships between government and non-government organisations.	51%
Local committees, alliances or networks promote effective local level cross-agency coordination.	51%
Local committees, alliances or networks support effective local level service delivery.	49%

Source: Queensland Family and Child Commission (2020), *Workforce Survey 2020: Final Research Report*.¹¹⁰

Respondents employed by non-government organisations were more likely than government agency employees to strongly agree that:

- Local committees, alliances or networks promote effective local information sharing (17% non-government respondents versus 8% government).
- Local committees, alliances or networks promote effective local cross-agency coordination (15% non-government respondents versus 8% government).

Also, for each statement there was a higher 'don't know' response among government agency employees than from employees of non-government organisations.

In our consultations, stakeholders told us it takes time and dedication to build information sharing and collaborative ways of working.

Regional committees

The 2020 QFCC workforce survey sought the perspectives of the child protection and family support workforce on Regional Child, Youth and Family Committees, which are made up of regional directors and are responsible for implementing the reforms at the regional level.¹¹¹ Table 4-12 shows the percentage of respondents who agreed with each statement.

A large proportion of respondents indicated they did not know enough about these committees to provide a response to the questions, and a further one-third of respondents provided a neutral response. As a result, there were low levels of agreement with each statement.

Table 4-12: Percentage of respondents who agreed with each statement in relation to Regional Child, Youth and Family Committees—2020

Statement	% agree
Regional Child, Youth and Family Committees promote local level cross-agency leadership.	24%
Regional Child, Youth and Family Committees promote local level information sharing.	24%
Regional Child, Youth and Family Committees promote local level cross-agency coordination.	23%
Regional Child, Youth and Family Committees support effective local level service delivery.	23%
Regional Child, Youth and Family Committees have open and transparent decision-making.	18%

Source: Queensland Family and Child Commission (2020), *Workforce Survey 2020: Final Research Report*.¹¹²

109 Queensland Family and Child Commission, 2019, *Workforce Survey 2019: Final Research Report*; Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*; Queensland Family and Child Commission, 2021, *Workforce Survey 2021: Final Research Report*; www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

110 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

111 Queensland Family and Child Commission, 2020, *Workforce Survey 2020: Final Research Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

112 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

From the survey data, we can infer that a large proportion of the frontline workforce believes that effective collaboration is occurring to support children, young people and their families. This also appears to be the case for local area alliances, but there seems to be less knowledge overall in relation to regional committees.

Communication with kinship carers and foster carers

As mentioned earlier, Queensland Foster and Kinship Care conducts a survey every two years of kinship carers and foster carers in Queensland. Table 4-13 notes the responses from kinship carers and foster carers in relation to sharing of information.

Table 4-13: Kinship carer and foster carer perspectives of information sharing—2016–20

	2016	2018	2020
Percentage of carers who felt they were only sometimes or never provided with information relating to the child or young person at the time of placement.	54%	61%	58%
Percentage of carers who felt they were only sometimes or never provided with information about a child or young person as it became available to Child Safety.	61%	63%	62%

Sources: Queensland Foster and Kinship Care (2016), *2016 Carer Survey Report*; Queensland Foster and Kinship Care (2018), *2018 Carer Survey Report*; Queensland Foster and Kinship Care (2020), *2020 Carer Survey Report*.¹¹³

Based on these responses, it appears that information sharing with kinship carers and foster carers has not improved a great deal since 2016. This is disappointing, because stakeholders have told us that when kinship carers and foster carers have information about children and young people in their care, they are better able to support them and maintain the placement.

The clear indicators in the exit report is that when the foster carers are leaving the system, they leave because of the system itself. Not because of the children, not because of the non-government foster and kinship care services, but because of the systemic issues. Very difficult [for them] at times in terms of relationships ... it's not really a collegial relationship, it's one more of servicing a client.

4.5.2 Options for care arrangements are limited

Child Safety provided data in relation to the number of children and young people in out-of-home care, by primary placement. Table 4-14 shows the total number of children and young people and the type of placement, across the reform period. Across all types of placement, the number of children and young people in out-of-home care has steadily increased.

This increase is most pronounced in relation to the number of children in residential care services, which has increased by 73.2 per cent since 2013–14. Meanwhile, in the same period, kinship care increased by 42 per cent, and foster care increased by 11.2 per cent.

Table 4-14: Total number of children and young people in out-of-home care, by primary placement type—2012–20

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Residential care services	618	656	663	625	702	814	951	1,136
Kinship care	3,026	3,306	3,548	3,796	3,955	4,052	4,253	4,694
Foster care	4,492	4,223	4,204	4,233	4,263	4,208	4,443	4,697
Total	8,136	8,185	8,415	8,654	8,920	9,074	9,647	10,527

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Living away from home—Table OHC.1*.¹¹⁴

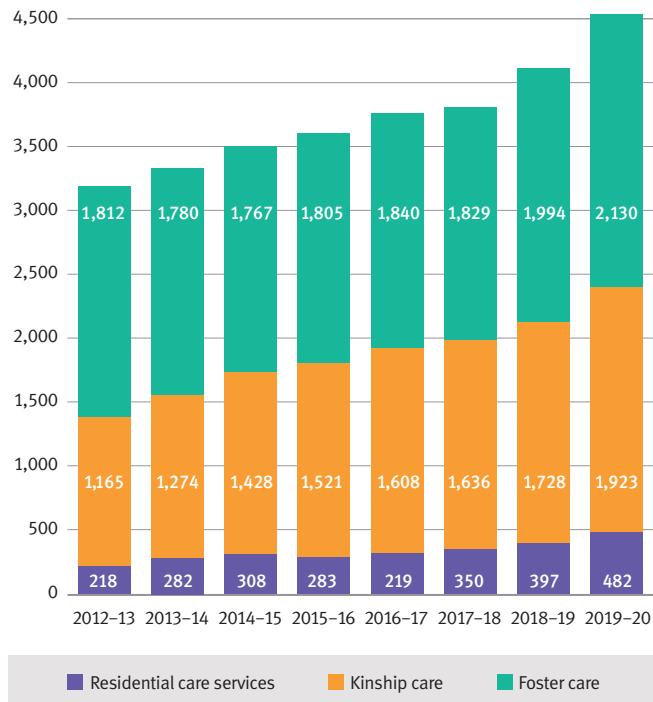
¹¹³ www.qfkc.com.au/images/Reports/Foster_Kinship_Carers_Survey_2018_Executive_Summary.pdf;
www.qfkc.com.au/images/Reports/2021-01-12_Carer_Survey_2020_Report_Executive_Summary_FINAL_web.pdf

¹¹⁴ www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/living-away-home

Revitalise child protection frontline services and family support

Figure 4-3 shows the number of Aboriginal and Torres Strait Islander children and young people in out-of-home care, by primary placement type. The number of Aboriginal and Torres Strait Islander children and young people in all placement types has increased across the reform period.

Figure 4-3: Number of Aboriginal and Torres Strait Islander children and young people in out-of-home care, by primary placement type—2012–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Living away from home—Table OHC.1*.¹¹⁵

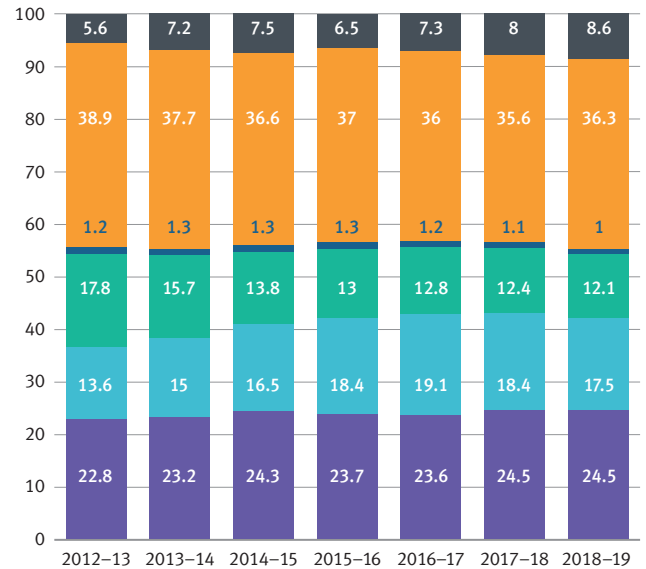
Figure 4-4 shows the percentage of Aboriginal and Torres Strait Islander children and young people in out-of-home care across the reform period, by relationship to their carer.

It shows the percentage of Aboriginal and Torres Strait Islander children and young people placed with either an Aboriginal and Torres Strait Islander relative/kin or a non-Aboriginal and Torres Strait Islander relative/kin has increased across the reform period.

The percentage placed with other Aboriginal and Torres Strait Islander carers has decreased across the reform period.

The percentage of Aboriginal and Torres Strait Islander children and young people placed in non-Aboriginal and Torres Strait Islander residential care services has increased across the reform period.

Figure 4-4: Percentage of Aboriginal and Torres Strait Islander children in out-of-home care, by relationship to carer—2012–19



Aboriginal and Torres Strait Islander relative/kin
 Non-Aboriginal and Torres Strait Islander relative/kin
 Other Aboriginal and Torres Strait Islander caregivers
 Aboriginal and Torres Strait Islander residential care services
 Other Non-Aboriginal and Torres Strait Islander caregivers
 Non-Aboriginal and Torres Strait Islander residential care services

Source: Department of Children, Youth Justice and Multicultural Affairs (2020), *Carer relationship*. Unpublished data.

4.5.3 Views vary on how well young people are supported in making the transition to adulthood

Child Safety provided data on young people aged 15 years and over, subject to a child protection order granting custody/guardianship to the chief executive (of Child Safety), who are required to receive assistance in planning to make the transition to adulthood (from care).¹¹⁶

Table 4-15 summarises the data. This table notes whether the planning took place and if the young person participated. This data shows us there is a high rate of young people who have a plan for transition to adulthood and have participated in the planning.

Many stakeholders said that while this data reflects the perspective of Child Safety, when young people's perspectives are sought, they hold a different view.

For example, only 23.1 per cent of the 134 Queensland respondents to the 2018 CREATE Foundation national survey who were aged between 15 and 18 years said yes when asked if they knew if they had a leaving care plan. A further 32.1 per cent were unsure, and 44.8 per cent said no.¹¹⁸

Stakeholders noted it is important to know more about transition to adulthood plans, such as what is in them and what Child Safety is responsible for in each plan. They saw this as a gap in the data collected in relation to transition to adulthood.

Other stakeholders noted that sometimes discussions with young people about transitioning to adulthood are confusing. Discussions can focus on where they are going to live once they are 18, and stakeholders would like to see the discussions be more about what leaving the system will mean to the young person, and what the young person will need.

They noted the current conversations can place pressure on young people if they think the expectation is that they will be leaving the kinship carer family or foster carer family, when this is not necessarily the case from the carer family's perspective.

We've got to change our messaging to kids in terms of what we do, that this is about families, and your family, whether its kinship carers ... it's not 'see ya [sic] later.' It's about how we're actually going to continue to support you into young adulthood, just as we do the rest of our children, because they're one of our kids.

Table 4-15: Percentage of young people aged 15 years and over, subject to a child protection order granting custody/guardianship to the chief executive, who had transition to adulthood planning—2012–20

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Percentage of young people aged 15 years and over where planning for their transition to adulthood is required and has occurred	72.5%	71.6%	73.3%	66.4%	68.6%	65.7%	69.0%	67.9%
Percentage of young people aged 15 years and over where planning for their transition to adulthood occurred and they participated in the transition to adulthood planning	91.2%	91.9%	92.0%	91.8%	93.3%	93.2%	91.3%	91.4%
All young people aged 15 years and over subject to a child protection order granting custody/guardianship to the chief executive	1,247	1,162	1,198	1,264	1,376	1,435	1,545	1,706

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Transition to adulthood—Table TTA.1*.¹¹⁷

116 In October 2018, amendments to the *Child Protection Act 1999* (Qld) included Child Safety being legally required to commence transition planning from 15 years of age, and ensure supports are available up to 25 years of age.

117 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/high-quality-services-improved-wellbeing/transition-adulthood

118 There were 1,275 respondents to CREATE's 2018 national survey, described in *Out-of-home care in Australia: Children and Young People's views after five years of National Standards 2018*, create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf. CREATE provided the data from the 304 Queensland respondents following a request from the QFCC. There were 134 Queensland young people aged between 15 and 18 years who responded to questions about leaving care.

Revitalise child protection frontline services and family support

The 2018 CREATE survey also asked for young people's perspectives about their confidence in caring for themselves. Figure 4-5 shows the answers from Queensland respondents aged between 15 and 18 years regarding various areas.

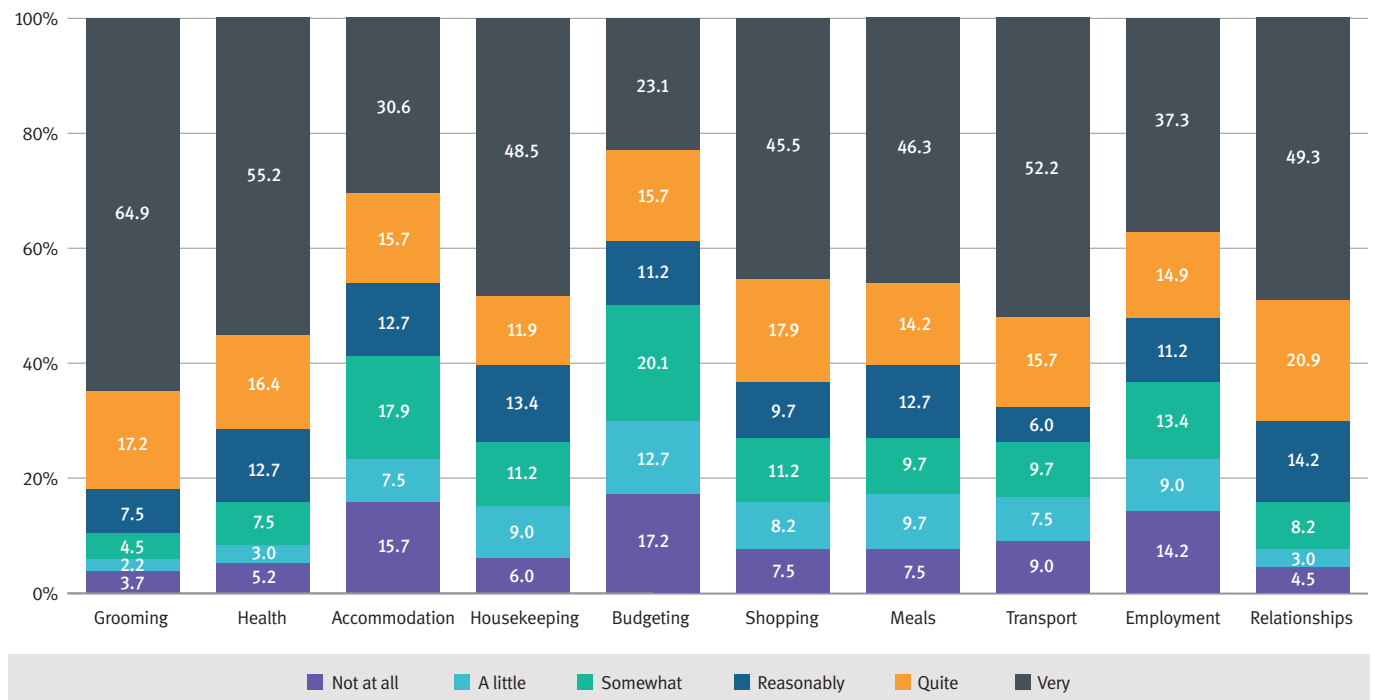
The figure shows that young people were most confident about taking care of themselves in relation to grooming—89.6 per cent were very, quite or reasonably confident. This was closely followed by relationships, about which 84.4 per cent of young people were very, quite or reasonably confident.

Only 50 per cent of young people were very, quite or reasonably confident about caring for themselves in relation to budgeting. A slightly higher (59) per cent of young people were very, quite or reasonably confident about taking care of themselves in relation to accommodation, and 63.4 per cent were very, quite or reasonably confident in relation to employment.

A number of stakeholders made the point that, in planning to meet the needs of children and young people who are making the transition to adulthood, it is important to understand their perspectives in relation to what they need and want.

It is clear that this is missing for some young people, who appear to be unaware of even having a transition to adulthood plan.

Figure 4-5: Confidence level of Queensland young people (15–18 years) in out-of-home care about taking care of themselves in various areas—2018



Source: CREATE (2018), *Out-of-home care in Australia: Children and Young People's views after five years of National Standards 2018*. Unpublished disaggregated Queensland data.

4.6 Evaluation findings: Increasing stability of placements and access to supports for children and young people in care

4.6.1 More work needs to be done to provide children and young people with stable placements

The following findings provide data relating to long-term child protection orders, length of time in care, number of placements while in care, and the perspectives of children and young people about their placements while in out-of-home care, kinship care and foster care.

It is important that children and young people are supported in maintaining connections and relationships with family and other significant people in their lives. Stability of placement through guardianship by a relative or other suitable person can provide this.

The number of children and young people subject to a long-term child protection order has increased across the reform period.

Table 4-16 notes the number of children and young people subject to a child protection order granting long-term guardianship to a relative or other suitable person has also increased over the reform period, compared to the total number of children and young people subject to a long-term child protection order.

In 2018–19, the Office of the Director of Child Protection Litigation¹²⁰ made 14 applications for permanent care orders.¹²¹

Figure 4-6 shows the number of children and young people exiting out-of-home care, by length of time in out-of-home care and number of different placements across the reform period. Most children and young people in out-of-home care have experienced between one and three placements.

The figure also notes that the number of children exiting out-of-home care with 10 or more placements increased across the reform period, particularly for those who had spent five or more years in out-of-home care. The number of children and young people who had experienced between four and six placements while in out-of-home care also increased.

Table 4-16: Number of children and young people subject to a child protection order granting long-term guardianship to a relative or other suitable person, compared to the total number of children and young people subject to a long-term child protection order—2012–20

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Aboriginal and Torres Strait Islander children and young people subject to a child protection order granting long-term guardianship to a relative or other suitable person	376	466	529	574	587	578	583	617
Non-Aboriginal and Torres Strait Islander children and young people subject to a child protection order granting long-term guardianship to a relative or other suitable person	808	914	997	1,059	1,047	1,042	1,013	1,040
Sub-total	1,184	1,380	1,526	1,633	1,634	1,620	1,596	1,657
All children and young people subject to a long-term child protection order	5,065	5,373	5,652	5,917	6,042	6,150	6,403	6,802

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Legal permanency—long-term child protection orders—Tables LT.1 and LT.3*.¹¹⁹

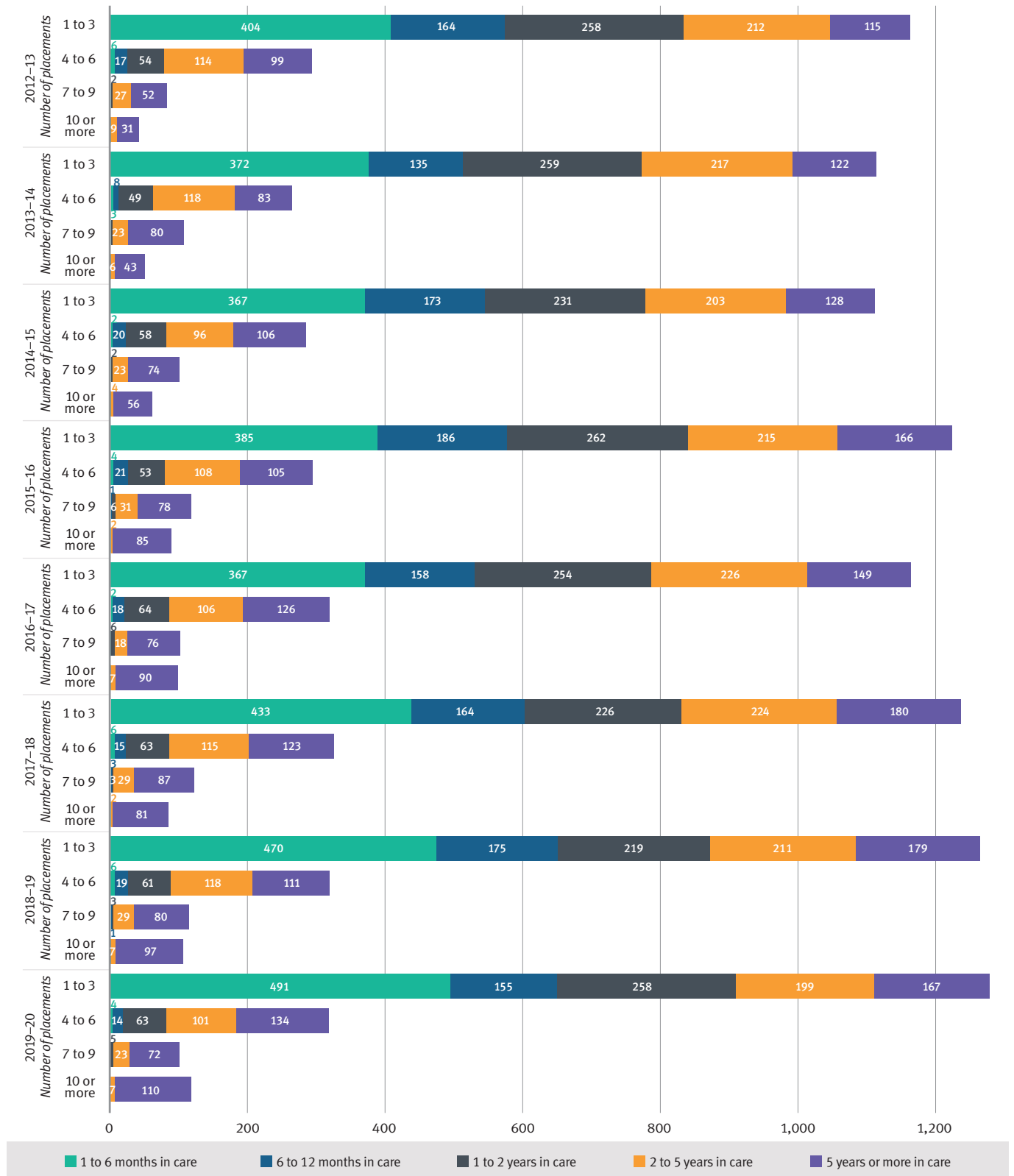
119 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase-permanency-planning/legal-permanency-long-term-child-protection-orders

120 The Office of the Director of Child Protection Litigation is an independent statutory agency in the Department of Justice and Attorney-General portfolio established to conduct child protection legal matters. It is the applicant in all pending child protection order applications before the Childrens Court of Queensland and is responsible for deciding whether an application for a child protection order should be made, the type of order to be applied for, and whether to litigate the application.

121 Office of the Director of Child Protection Litigation, 2020, *Permanent care orders*, unpublished data.

Revitalise child protection frontline services and family support

Figure 4-6: Number of children and young people exiting out-of-home care, by length of time in out-of-home care and number of different placements—2012–20



Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Physical Permanency: stability and permanency of placements—Table SP.1L*.¹²²

122 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/high-quality-services-improved-wellbeing/physical-permanency-stability-permanency-placements

Revitalise child protection frontline services and family support

Stakeholders pointed out that high attrition rates of kinship carers and foster carers create a challenge when trying to match children and young people with carers.

Stakeholders also spoke about family ecology mapping (identifying kin and other relationships), noting that it needs to be undertaken in a consistent manner—in timing, approach and action. They told us this would support stable placement of children and young people in out-of-home care.

What happens with matching then, is while we have an ideal for matching, and the majority of the non-government agencies absolutely use matching tools, the degree of matching then can only be qualified by the availability of resource [suitable carer family].

Some stakeholders discussed the detrimental effects of unstable placements on children and young people, including on their success at school. They also noted that these effects become more pronounced for children and young people living in residential care settings.

Further advice from stakeholders included that the professional development of kinship carers and foster carers should include awareness of the effects of trauma, as this would offer more opportunity to maintain placements. Other stakeholders suggested psychological supports for both children and young people in out-of-home care and for carer families. Many felt that these supports would also be useful for children and young people and carers in the residential care setting.

The 2018 CREATE survey¹²³ asked children and young people about their placements. Among the 111 Queensland respondents who responded to these questions:

- 79.7 per cent felt very safe and secure in their current placement.
- 32.6 per cent said that they had been moved from a placement they didn't want to leave.
- 38.8 per cent said they had a say about the current place they live in now.
- 46.7 per cent said they had experienced one to two placements while in out-of-home care.
- 32.0 per cent said they had experienced five or more placements while in out-of-home care.

There is agreement from stakeholders across the child protection and family support sector that more needs to be done to stabilise placements for children and young people who enter out-of-home care. It is also important that the perspectives and views of children and young people affected by placement decisions are listened to and acted on.

123 CREATE, 2018, *Out-of-home care in Australia: Children and Young People's views after five years of National Standards 2018*, unpublished disaggregated Queensland data.

4.6.2 Improvements can be made to services that support the health and educational wellbeing needs of children and young people

Education

The Department of Education provided data about those students in state schools (not including children in non-state schools or not attending school) they are responsible for who are living in out-of-home care. Table 4-17 shows the number of these students has increased across the reform period.

Table 4-17: Number of state school students in out-of-home care, and number (and percentage) of those students who are Aboriginal or Torres Strait Islander peoples or living with a disability—2012–19

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Students in out-of-home care	4,174	3,966	4,108	4,275	4,623	4,860	5,113
Aboriginal and Torres Strait Islander students	1,644 (39.4%)	1,619 (40.8%)	1,728 (42.1%)	1,839 (43%)	2,024 (43.8%)	2,107 (43.4%)	2,236 (43.7%)
Students with a verified disability	–	–	967 (23.5%)	1,015 (23.7%)	1,055 (22.8%)	1,100 (22.6%)	1,123 (22%)

Source: Department of Education (2019), *Number of students in out-of-home care*. Unpublished data.

In Queensland, all children and young people who are subject to a child protection order granting guardianship to the chief executive and who are enrolled in school should have an education support plan.¹²⁴

Table 4-18 shows the percentage of children and young people who have a completed education support plan, have one under development or have not commenced with one.

Since 2015–16, the percentage of completed education support plans has increased.

Table 4-18: Percentage of education support plans completed, under development and not commenced for children and young people in out-of-home care—2015–19

	2015–16	2016–17	2017–18	2018–19
Education support plan—completed	75%	84%	83%	84%
Education support plan—under development	10%	6%	7%	5%
Education support plan—not commenced	15%	10%	10%	11%

Source: Department of Education (2019), *Education support plans*. Unpublished data.

Children and young people living in out-of-home care consistently perform worse in NAPLAN¹²⁵ than their peers who are not living in out-of-home care.

Table 4-19 shows the NAPLAN results for numeracy and reading. The percentage of children and young people living in out-of-home care who are above the national minimum standard for both numeracy and reading in NAPLAN is lower than for those who are not living in out-of-home care.

Across all four year levels who complete NAPLAN, the gap in the percentage of children and young people who are at or above national minimum standards for both numeracy and reading in NAPLAN persists. In fact the gap widens.

¹²⁴ An education support plan outlines goals, strategies and the accessibility of services and programs that will help children and young people reach their academic potential. Education support plans aim to improve the educational experiences and outcomes for a child and young person in out-of-home care.

¹²⁵ National Assessment Program – Literacy and Numeracy (NAPLAN) is an annual assessment for all students in Years 3, 5, 7 and 9. It tests skills in reading, writing, spelling, grammar and punctuation and numeracy. NAPLAN is a point-in-time assessment showing how children and young people progress against national standards in literacy and numeracy, and over time.

Table 4-19: Percentage of children and young people at or above the NAPLAN national minimum standard—2012–19

	2012–13		2013–14		2014–15		2015–16		2016–17		2017–18		2018–19	
	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students	OOHC students	Non-OOHC students
Numeracy														
Year 3	77.2%	93.3%	73.4%	90.8%	76.8%	92.5%	83.7%	94.3%	81.3%	93.2%	80.5%	94.5%	87.6%	95.0%
Year 5	76.5%	94.8%	64.9%	90.0%	77.1%	92.5%	72.8%	90.8%	78.0%	92.7%	79.8%	92.7%	79.9%	93.0%
Year 7	67.9%	91.3%	72.3%	92.4%	76.8%	94.5%	76.2%	91.7%	67.9%	90.5%	74.0%	92.1%	75.7%	93.1%
Year 9	63.2%	90.1%	60.2%	86.6%	58.4%	88.8%	61.1%	89.9%	61.4%	87.3%	62.4%	88.4%	60.9%	87.6%
Reading														
Year 3	76.1%	93.5%	76.2%	93.4%	76.0%	93.1%	84.3%	94.5%	79.6%	94.0%	80.2%	95.8%	81.3%	94.0%
Year 5	68.6%	90.8%	67.2%	90.2%	76.6%	94.4%	77.7%	92.9%	78.2%	94.6%	81.8%	95.1%	79.0%	94.4%
Year 7	74.9%	94.9%	72.8%	93.9%	78.7%	95.5%	76.6%	93.6%	74.8%	94.5%	79.0%	94.7%	75.0%	93.2%
Year 9	55.2%	86.7%	71.7%	93.1%	68.3%	95.3%	69.8%	94.3%	74.6%	95.9%	73.1%	93.8%	72.3%	95.2%

Source: Department of Education (2019), NAPLAN data. Unpublished data. Note: OOHC—out-of-home care.

Many stakeholders stressed the importance of school to children and young people in out-of-home care. It offers learning and development as well as stability, and both are important. As we have come to understand through the COVID-19 pandemic,¹²⁶ schools also play an important role in ensuring the safety and protection of children and young people who are at risk of harm.

There is a lack of system level data regarding the support children in out-of-home care receive in early childhood education and care services. This is unfortunate, as we understand high-quality early childhood education and care has a high impact on outcomes for children.¹²⁷

126 Chapter 6 describes stakeholders' perspectives on the impact of the COVID-19 pandemic on the child protection and family support sector.

127 Heckman, JJ, 2006, 'Skill formation and the economics of investing in disadvantaged children', *Science*, 312, pp. 1900–1902.

Health and wellbeing

Children and young people subject to a child protection order granting guardianship to the chief executive should have a child health passport.¹²⁸ Table 4-20 shows that the number of children requiring a health passport has increased each year. It also shows that the percentage of those requiring a health passport who have commenced one was steady at approximately 96 per cent, but has dropped since 2015–16.

Many stakeholders told us how important it is that children and young people entering out-of-home care have a full health assessment (as well as dental checks, vision checks, immunisations and having any specialist or allied health needs met), and that any concerns are shared with both Child Safety and carer families.

Other stakeholders noted the importance of considering the needs of children and young people with a disability, particularly in relation to identifying disability, seeking early intervention support, and how the National Disability Insurance Scheme and Child Safety work together to support children and young people in out-of-home care living with a disability.

Navigate your health¹²⁹ and Platform 18¹³⁰ are Queensland partnership initiatives undertaken during the reform period to increase access to health services for children and young people in out-of-home care. The evaluation of Navigate your health highlighted the inconsistency of health care coordination, referrals and checks for children and young people under the child health passport model.¹³¹

This evaluation also noted that while the Navigate your health model delivered positive outcomes for children and young people in out-of-home care, it was developed as a pilot. So, while it suits the urban context of Brisbane, where it was developed, it may require some adapting before it is implemented in regional or remote contexts.

Rural and remote areas

Many stakeholders told us how challenging it can be for children and young people in rural and remote areas to access services, including education and health services.

We all know that for young people who are in care in rural and remote locations, finding service provision and finding carers in those locations is challenging. [Also] if a school, whether it be regional or metropolitan, rang and said we've got a really challenging situation we need support, then they'll often find that support is physically there the next day or the next week. Whereas, if that happens in a remote area, we've all had to get a bit creative about how we deliver services recently, but it is more challenging.

While there have been some steps forward in children and young people's access to health and educational wellbeing services, there is still some way to go towards delivering equitable access.

Table 4-20: Number (and percentage) of children and young people in out-of-home care with a commenced child health passport—2012–20

	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Children and young people requiring a health passport	5,803	6,708	6,776	6,883	7,046	7,250	7,712	8,567
Number and percentage with child health passports commenced	5,588 (96.3%)	6,502 (96.9%)	6,503 (96%)	6,369 (92.5%)	6,450 (91.5%)	6,494 (89.6%)	6,658 (86.3%)	7,658 (89.4%)

Source: Department of Children, Youth Justice and Multicultural Affairs (2021), *Child health passports—Table CHP.1*.¹³²

128 A child health passport is a record that includes information about the child's immunisation details, health and dental assessment details, outcomes of any referrals to specialists, important health alerts and other health-related information that helps a carer meet a child's health needs.

129 Navigate your health helps children and young people in out-of-home care access health checks and referrals to services that meet their health needs. A nurse navigator works with child safety officers, parents, carers and healthcare professionals to assess and coordinate access to the right health services in a timely way.

130 Platform 18 was established to develop a model of care to improve the health outcomes for young people preparing to transition to adulthood from out-of-home care. It was intended to ensure their health needs are assessed and met prior to and leading up to leaving care.

131 Children's Health Queensland, 2020, *Navigate your health: a health initiative for children and young people in care final evaluation report*.

132 www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/high-quality-services-improved-wellbeing/child-health-passports

4.6.3 Children and young people must be given more opportunities to participate in decisions that affect them

Several stakeholders spoke to us about the participation of children and young people in out-of-home care in decisions that affect them. Children and young people have the right to participate in society. It is one of the four pillars of the United Nations *Convention on the Rights of the Child*.¹³³ Children and young people have the right to freely voice their opinions, beliefs and feelings, and society is responsible for supporting children and young people in participating and using their agency.

Figure 4-7 shows the participation of children and young people in the court proceedings related to them. The direct and indirect participation (such as through a child advocate) of children and young people has remained steady since 2016–17.

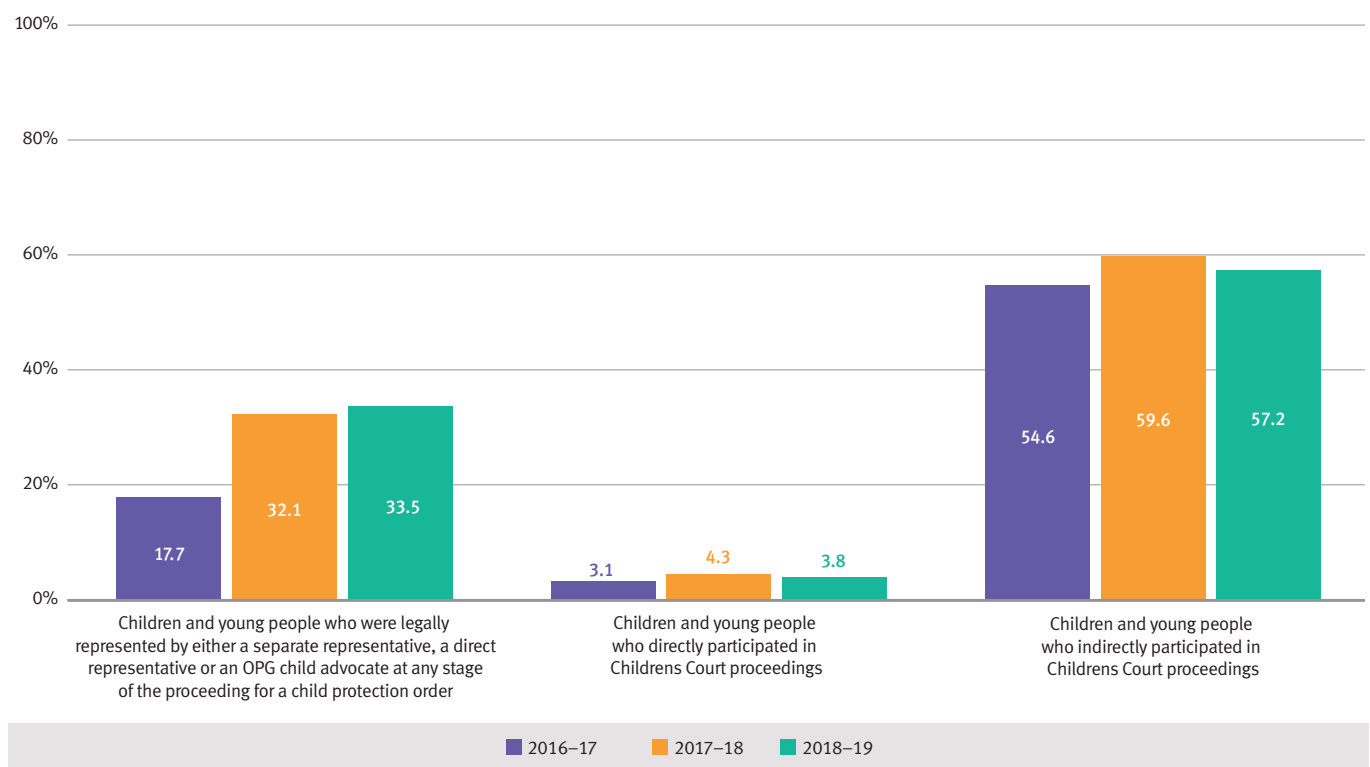
There has, however, been an increase in the percentage of children and young people legally represented, from 17 per cent in 2016–17 to 33.5 per cent in 2018–19.

Stakeholders confirmed that the direct participation of children and young people in court processes has not increased. Many noted that a further shift in culture is required to embed participation of children and young people.

Some said the challenge can be that adults think they are protecting children and young people by keeping them out of the court processes. Another challenge they discussed was making the workforce aware that it is an option—and building that into practice.

There also needs to be a clear commitment and recognition across the sector of the importance of child participation and the acceptance of this practice as the norm, rather than it still being by exception. This includes asking questions of children and young people at each stage of court and tribunal processes and making appropriate referrals to support child participation.

Figure 4-7: Percentage of children and young people who participated in court proceedings regarding them—2016–19



Note: OPG—Office of the Public Guardian

Source: Office of the Director of Child Protection Litigation (2019), *Representation of children in court proceedings*. Unpublished data.

133 The United Nations, 1989, *Convention on the Rights of the Child*, Treaty Series, 1577, 3.

4.7 Chapter summary

This chapter has presented evaluation findings relating to revitalising child protection frontline services and family support.

The reform activities aimed to revitalise frontline child protection services by:

- improving child protection practice and developing a skilled, professional workforce and carers
- working collaboratively across sectors and disciplines
- building options for care and increasing stability of placements and access to supports for children and young people in care.

There is evidence that the demand on the child protection and family support system has increased. Investment by the government in the frontline child protection and family support workforce has seen an increase in the number of staff, but the workforce is still stretched. Through our consultations, we heard that workloads have increased for a variety of reasons, including the complexity that families face and extra work as a result of changes from the reforms.

While there is evidence of some strong foundational learning and development across the sector, access to training and development varies between the government and non-government sector and between urban and rural and remote areas. How learning and development affects the practice of the workforce, and outcomes for children, young people and their families, is unclear at a system level.

There is evidence that staff within the child protection and family support sector are working in more collaborative ways with each other and with their clients. There are reports of regional and local networks that support collaborative ways of working. Collaborative ways of working are required as the child protection and family support sector continues to implement all the reforms. This way of working takes time.

Options for care for arrangements have remained limited. The number of children and young people entering out-of-home care outstrips the number of carer families. Concerningly, there has been a pronounced growth in the number of children and young people placed in residential care services, which has increased by 73.2 per cent since 2013–14.

Placement stability has made some progress. The number of long-term child protection orders increased across the reform period, and most children and young people in out-of-home care experienced between one and three placements. However, the number of children and young people who experienced between four and six placements while in out-of-home care increased.

Through consultations, we heard that while there has been some progress, there is more work to do to stabilise placements for children and young people. As the child protection and family support system continues to work on this, it must take into account the perspectives of children and young people who have spent time in out-of-home care.

Throughout the reform period there has been increased support for children and young people in out-of-home care in relation to their health and education. It is encouraging that trialled initiatives have improved access to health supports. Further rollout is still to occur. Children and young people in out-of-home care are behind their peers who are living at home in relation to the national minimum standards for both numeracy and reading.

Unfortunately, we were unable to gain an understanding of what outcomes have been achieved for children and young people in the child protection and family support system.

Knowing for certain that they are making a positive difference to the lives of vulnerable children, young people and families would be a powerful revitaliser for the dedicated people who make up the frontline workforce.



5

Refocus oversight
on learning,
improving and
taking responsibility

Key findings

- 1 Regional governance arrangements continue, but there is currently a gap in central governance arrangements.
- 2 There is evidence of a system-wide commitment to working together, but stakeholders report challenges in terms of the capacity of governance groups to effect strategic change.
- 3 Better engagement and representation of Aboriginal and Torres Strait Islander peoples is needed to enable shared leadership and solutions.
- 4 There is some evidence of system improvements, but there are also significant concerns that we aren't always acting on what we learn.
- 5 We aren't doing enough to measure what matters:
 - In order to learn, improve and be accountable, we must listen to the voices of those within the system.
 - Some departments have better established accountability mechanisms than others.
- 6 Procurement processes could assist in the future collection of more outcomes data by being specific about what needs to be measured and how.

5.1 Background

I write on the white board in our work room 'what are we here for?'... And that's a reminder to keep people coming back to what it is that we get into this for. Our kids.

The Queensland Child Protection Commission of Inquiry (the Inquiry) concluded that:

... despite the hard work and good intentions of many and the large amounts of money invested in it since 2000, [the child protection and family support sector] is not ensuring the safety, wellbeing and best interests of children as well as it could or should.¹³⁴

The Inquiry identified that the culture of the child protection and family support sector needed to change, partly because it tended to focus on fault and punishment rather than on opportunities for learning.

The Inquiry stated that to achieve success, leadership must be shared across the government and non-government sectors, and that collaboration and a positive culture must be promoted. A principle of the Inquiry was that each department providing human services must take responsibility for outcomes for children and young people.

The Inquiry further recommended that each agency with child protection responsibilities develop an evaluation framework to enable the outcomes of reforms to be assessed to promote '... governance that establishes a climate of inquiry, innovation, learning and continuous improvement'.¹³⁵ It said that oversight of the Queensland child protection and family support system must shift to refocus on learning, improving and taking responsibility.

This chapter examines whether there is evidence of increased shared responsibility across government and whether the Queensland child protection and family support system is becoming more accountable and continuously learning from its experience.

¹³⁴ Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland child protection*, www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf

¹³⁵ Queensland Child Protection Commission of Inquiry, 2013, *Taking responsibility: A roadmap for Queensland child protection*, Recommendation 12.14, www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf

5.2 Reform activities

5.2.1 Promoting shared leadership and responsibility

The Inquiry found that one of the main issues with the child protection and family support system was an absence of shared leadership and shared responsibility. It recommended establishing central governance arrangements to provide cross-sectoral leadership, information sharing and responsibility for the protection and care of children and young people.

Regional governance arrangements were also recommended, to facilitate strong collaboration and coordination of services at the local level.

Figure 5-1 shows the central and regional governance groups established to lead the reforms. This was then complemented by the establishment of the Queensland First Children and Families Board in 2018.

Figure 5-1: Central and regional governance groups established to lead the reforms.



¹³⁶ Local level alliances had been trialled prior to the commencement of the reforms.

5.2.2 Supporting learning and continuous improvement

Several reform strategies have been undertaken to support learning and continuous improvement, including:

- developing an evaluation framework for each agency with child protection responsibilities to enable the outcomes of the reforms to be assessed
- reducing duplication and red tape through system reviews
- reviewing and amending Child Safety legislation to improve the safety and wellbeing of children and young people
- developing an enhanced complaints management process, based on client feedback, to increase responsiveness, accountability and learning
- increasing accountability and transparency by overseeing and publicly reporting on system performance.

5.3 Data sources

Several sources of data were available for this analysis, including:

1. data provided (on request) by various Queensland Government departments, including agendas and minutes of governance group meetings
2. consultations with Queensland child protection and family support sector stakeholders
3. the Queensland Family and Child Commission's surveys of the child protection and family support sector workforce
4. information about ongoing continuous improvement and planned (future) evaluations of reform activity
5. government reports and published literature.

Data we would have liked for this evaluation included:

- assessments of (both central and regional) governance groups' capacity to:
 - act strategically
 - shape reform priorities
 - effect change (for example, the demonstrated impact of meeting outcomes)
- information on the extent of representation of Aboriginal and Torres Strait Islander peoples within central governance arrangements
- information on the extent to which input from Aboriginal and Torres Strait Islander peoples has been sought in the identification of priorities for service improvement targets at the regional governance level
- more detail about complaints received by either Child Safety or the Ombudsman, such as the types of matters raised, the sources of the complaints (for example, other professionals, parents, family, or children and young people) and whether or not complaints were resolved
- the extent of children's and young people's awareness of, and satisfaction with, complaints processes
- data to assess the quality of the implementation of the Inquiry recommendations, including the extent to which they have been implemented as intended

- performance measures for departments other than Child Safety to measure the impact of the work they have undertaken in relation to their child protection responsibilities
- more measures of system performance from the perspective of children, young people and families.

5.4 Evaluation findings

5.4.1 Regional governance arrangements continue, but there is currently a gap in central governance arrangements

Originally, central governance arrangements were led by the Interdepartmental Committee. This committee was designed to strategically lead government policy direction on child protection reforms. Later it took on the responsibility for youth justice and domestic and family violence reforms. Its core membership included chief executive officer-level representatives from 14 Queensland Government departments and commissioners of agencies with child protection responsibilities.¹³⁷

The Child Protection Reform Leaders Group also originally formed part of the central governance arrangements.¹³⁸ It provided a forum for coordinating the whole-of-system implementation of the child protection and family support reforms and resolving inter-agency issues as they arose. As part of the QFCC's Implementation Evaluation, we interviewed stakeholders about the functioning of the Reform Leaders Group.¹³⁹ They identified that, as the reform period progressed, there was increasing evidence of:

- the delegation of attendance to proxies
- a reduction in the sense of shared responsibility
- a reduction in focus on governance and performance monitoring
- a focus on information sharing rather than on strategic collaboration.

In 2018, the Reform Leaders Group was disbanded and the Interdepartmental Committee took over its responsibilities.

A brief review of Interdepartmental Committee documentation¹⁴⁰ found that in 2019, five one-hour meetings were held and attendees were generally senior (director-general)-level stakeholders, with some proxies. Of the child protection matters reviewed over the course of the year, 15 were for noting and 11 were for discussion.

A recent report from the Queensland Audit Office¹⁴¹ concluded that there was opportunity for the Interdepartmental Committee to take a greater role in providing leadership and governance of the child protection system. However, it was announced in May 2021 that since all Inquiry recommendations had been finalised, the Interdepartmental Committee would cease to exist. It is unclear at this time how the Queensland Audit Office's recommendation will be progressed, given the ongoing need for strategic leadership.

Regional governance is led by 13 Regional Child, Youth and Family Committees, which include representatives from government and non-government organisations. Chaired by Child Safety regional executive directors, the committees determine regional priorities for implementing Queensland's child protection and family support reform program in line with state-wide directions from the Interdepartmental Committee.¹⁴²

They also play a key role in facilitating effective working relationships at regional and local levels.¹⁴³ The frequency of meetings varies by location, but most Regional Child, Youth and Family Committees meet around five to six times per year.

The Queensland Audit Office reported that while Regional Child, Youth and Family Committees enable collaboration and information sharing, their meetings lacked direction, were no longer action-oriented and had a high level of attendance by proxies who lacked the authority to support decision-making.¹⁴⁴

Local Level Alliances were an additional governance mechanism to support the child protection reforms, responsible for coordinating local support services in responding to local needs and issues. Each alliance includes representatives from government and non-government organisations who work with vulnerable families and children.

137 Department of Children, Youth Justice and Multicultural Affairs, 2021, *Interdepartmental committee*, www.cyjma.qld.gov.au/campaign/supporting-families/partners-reform/ceo-committee.page

138 Department of Children, Youth Justice and Multicultural Affairs, 2021, *Child protection reform leaders group*, www.cyjma.qld.gov.au/campaign/supporting-families/partners-reform/child-protection-reform-leaders-group

139 Queensland Family and Child Commission, 2018, *Queensland Child Protection Reform Program (2014–24) Implementation Evaluation: Final Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

140 Provided by the Department of Premier and Cabinet through its SharePoint site.

141 Queensland Audit Office, 2021, *Family support and child protection system (Report 1: 2020–21)*, www.qao.qld.gov.au/reports-resources/reports-parliament/family-support-child-protection-system

142 Department of Children, Youth Justice and Multicultural Affairs, 2020, *Regional child, youth and family committees*, www.cyjma.qld.gov.au/campaign/supporting-families/partners-reform/regional-child-youth-family-committees

143 While the focus of this chapter is predominantly on the impact of the Interdepartmental Committee; Regional Child, Youth and Family Committees; and Local Level Alliances, it is acknowledged that other groups were also established as part of the reforms.

144 Queensland Audit Office, 2021, *Family support and child protection system (Report 1: 2020–21)*, www.qao.qld.gov.au/reports-resources/reports-parliament/family-support-child-protection-system

5.4.2 *There is evidence of a system-wide commitment to working together, but stakeholders report challenges in terms of the capacity of governance groups to effect strategic change*

There is strong evidence of a system-wide commitment to working together

Overall, stakeholders reported high levels of commitment across the government and non-government sector to the governance groups put in place to promote shared responsibility. Many reported that the reforms had led to a greater commitment to working collaboratively and had been beneficial in fostering cross-agency relationships.

The message is very consistent through all those governance arrangements from IDC [Interdepartmental Committee] to less formalised ones. They continue to promote that shared responsibility really well and the more public messages that child safety should be everyone's responsibility.

A number of stakeholders identified that, as the reforms have progressed, there has been tangible evidence of improved inter-agency relationships and increased collaboration.

I think that the relational aspect of our work and investing in the relationships across senior people in other agencies can't be underestimated and I think we spend a lot more time now investing in those relationships but in a really purposeful way ... it's trying to get that shared vision across the system and I think we've been more successful in doing that.

I think we're having better relationships now between the Departments of Education and Health than we've ever had before. We've got health initiatives that are working in terms of priority around that. We've got educational priorities happening for children in care ... that weren't there five years ago. I think that will slowly [develop] into more case work role responsibility to take some of that load off the Department [Child Safety].

Consistent with the findings from the QFCC's Implementation Evaluation, the effectiveness of regional governance groups still appears to be contingent on the level of stakeholder engagement at each location. Overall, however, the long-term, consistent and collaborative nature of these groups was highlighted by stakeholders as a strength. Concerns were expressed that in their absence, delays or duplication in service provision might arise.

One stakeholder suggested that, while the Regional Child, Youth and Family Committees provide a useful structure, successful practice is also emerging from informal local collaborations, often established on an ad hoc basis.

We're seeing more and more local solutions to [regional governance arrangements] ... they're forming panels that have Child Safety representation, and our department's representation, and FaCC [Family and Child Connect] representation to identify and support those families.

As part of the reforms, some government agencies, including Queensland Health, the Queensland Police Service and the Department of Education, have established new child protection specialist positions within their agencies. Stakeholders highlighted the significance of these new positions, which they believe are assisting with their departments' contribution towards the reforms.

There are some challenges in terms of the capacity of governance groups to effect strategic change

Despite the consistent evidence of a system-wide commitment to working together, a number of stakeholders highlighted complexities and challenges in working collaboratively.

Concerns were raised about the extent to which governance groups have the capacity to act strategically, shape reform priorities and effect change. A further concern was that the establishment of inter-agency relationships is not enough to address the complex issues faced within the sector.

There are patches where we've made good progress in terms of building collaboration, a shared agenda. It gets us somewhere, but not far enough. It's an inadequate set of processes to be able to scale the heights of the sort of change we want to see.

What's become evident is that goodwill and best intentions aren't enough to get us there because it's really very complex and a very challenging space.

Data indicates that the central governance arrangements and local level networks do not appear to be as effective as planned at managing the reform agenda and promoting cross-agency coordination ... Multiple priorities, the complexity of relationships between various agencies and the sector and their different hierarchies and structures can make it difficult for information sharing to occur and networks to be developed. Multiple priorities across agencies can also make it difficult for the same level of dedication to reforms to be applied.

Refocus oversight on learning, improving and taking responsibility

Stakeholders from one organisation identified that, while they saw merit in an inter-agency approach, the complexity and systemic nature of the problems their agency was dealing with limited their agency's capacity to effect change. An example given was that, while they might contribute to addressing parental drug use through the delivery of a drug prevention program, many of the causes of drug use would be outside of their agency's influence and control.

A number of stakeholders suggested that commitments and decisions made at the central governance level could be quite inconsistent with the experiences of those working at the service delivery level. They emphasised the importance of higher-level governance groups engaging with voices from 'on the ground' services when making decisions.

[While there] is a really strong commitment to change at the highest levels of policy and organisations, that's not necessarily reflected in the day-to-day interactions that occur both in government and organisations. So, there's that change management challenge of bringing everyone along on the same journey. You see conversations and agreements at the executive level about a program activity, and then a service contract that absolutely undermines that.

In our Implementation Evaluation,¹⁴⁵ we heard about challenges regarding consistent messaging across the different levels of governance. We were told:

- Information sharing between governance bodies occurred inconsistently and without structure.
- Local stakeholders rarely observed information flowing from the Reform Leaders Group to Regional Child, Youth and Family Committees.
- The flow of information from the Regional Child, Youth and Family Committees to the Local Level Alliances was variable.
- While information was shared by the Reform Leaders Group/ Interdepartmental Committee secretariat, it was not always shared consistently within individual agencies.
- Information flow was also variable within agencies. It was not always available in a timely way, meaning decisions could not be made by senior governance bodies.

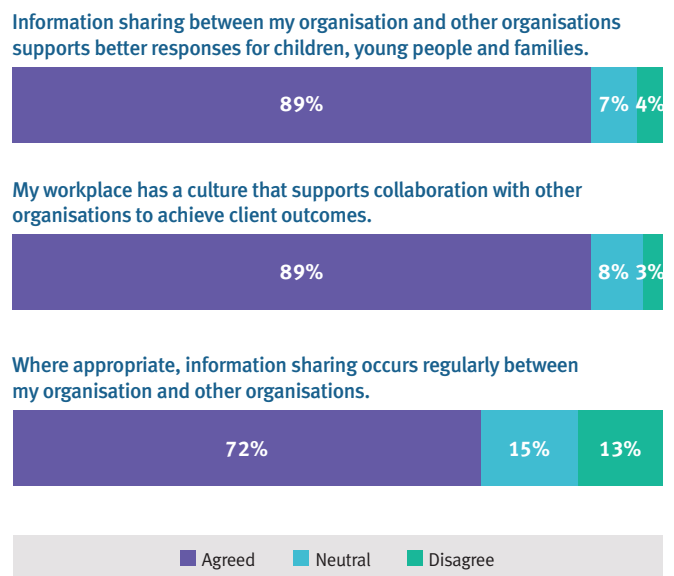
The Queensland Audit Office¹⁴⁶ concluded that the Interdepartmental Committee needed to provide greater direction to regional committees to ensure risk was collectively managed. Given that the committee no longer exists, it is unclear how this will be progressed.

Findings from our surveys of frontline workers are consistent with stakeholder feedback

The QFCC's annual survey of frontline child protection and family support workers includes items about information sharing, collaboration and the impact of regional governance groups.

Consistent with findings from our stakeholder consultations, our 2020 survey found there is a system-wide commitment to working together. The majority of our 761 survey respondents agreed that their workplace supports collaboration with other organisations and that where appropriate, information sharing occurs regularly between their organisation and others (See Figure 5-2).¹⁴⁷

Figure 5-2: Frontline workers' perceptions of collaboration and information sharing



Source: Queensland Family and Child Commission (2020), *Workforce Survey 2020: Final Research Report*.¹⁴⁸

145 Queensland Family and Child Commission, 2018, *Queensland Child Protection Reform Program (2014–24) Implementation Evaluation: Final Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

146 Queensland Audit Office, 2021, *Family support and child protection system (Report 1: 2020–21)*, www.qao.qld.gov.au/reports-resources/reports-parliament/family-support-child-protection-system

147 Queensland Family and Child Commission, 2020, *Workforce survey 2020*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

148 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

Refocus oversight on learning, improving and taking responsibility

Respondents were also asked about their experiences of Regional Child, Youth and Family Committees and Local Level Alliances. While section 4.5.1 reported the proportion of respondents who agreed with each statement, this section describes all responses.

A significant proportion of respondents (around one-third) indicated they did not know enough about Regional Child, Youth and Family Committees to respond to these questions. A further one-third provided a neutral response. As can be seen from Figure 5-3, while there was some agreement that local governance groups were having a positive impact, there is room for improvement.

Figure 5-3: Frontline workers' perceptions of Regional Child, Youth and Family Committees and Local Level Alliances

The Regional Child, Youth and Family Committee:

Promotes local level cross-agency leadership.



Promotes local level information sharing.



Promotes local level cross-agency coordination.



Supports effective local level service delivery.



Has open and transparent decision-making.



Local Level Alliances:

Promote effective information sharing.



Involve genuine partnerships.



Promote cross-agency coordination.



Support effective service delivery.



Legend: Agreed (dark blue), Neutral (light blue), Disagree (green), Don't know (grey)

Source: Queensland Family and Child Commission (2020), *Workforce Survey 2020: Final Research Report*.¹⁴⁹

5.4.3 Better engagement and representation of Aboriginal and Torres Strait Islander peoples is needed to enable shared leadership and solutions

All stakeholders acknowledged efforts must continue in order to address the ongoing, disproportionately high representation of Aboriginal and Torres Strait Islander children, young people and their families in the child protection and family support system. They highlighted the need for improved governance arrangements to ensure Aboriginal and Torres Strait Islander peoples, communities and organisations are engaged and represented—to enable shared leadership and solutions.

Stakeholder feedback indicated that important aspects of culturally capable governance includes:

- funding and support to establish and maintain Aboriginal and Torres Strait Islander community controlled organisations, noting the increases in funding to community-controlled organisations over the reform period
- funding cultural understanding and capability development activities in mainstream organisations that provide services to Aboriginal and Torres Strait Islander peoples
- ensuring culturally competent policy development
- embedding cultural values in all governance arrangements.

One stakeholder gave examples of how their agency was working towards more culturally capable governance.

Significant steps are underway to reframe the Queensland Government's relationship with Aboriginal and Torres Strait Islander people. Achieving the aims of important initiatives such as [improving] the child safety system will require strengthening respect for, and knowledge of, Aboriginal and Torres culture across the spectrum. To support this, [our agency] is currently working towards establishing a whole-of-government cultural capability project to ensure that all agencies have the necessary cultural knowledge and training to undertake co-design of policies and strategies and to work with Aboriginal and Torres Strait Islander Queenslanders in true partnership.

Stakeholders noted that there is a lack of available data about the representation of Aboriginal and Torres Strait Islander stakeholders within central governance arrangements. It is also unclear how much input from Aboriginal and Torres Strait Islander peoples has been sought in the identification of priorities for service improvement targets at the regional governance level.

Initiatives are underway to better include Aboriginal and Torres Strait Islander peoples' perspectives across government. For example, one of the first actions within the *Our Way* strategy was the establishment of the Queensland First Children and Families Board to guide and oversee the strategy and associated action plans.¹⁵⁰

149 www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

150 The Queensland First Children and Families Board comprises 11 board members appointed by the Premier. It includes prominent and experienced Aboriginal and Torres Strait Islander leaders from across Queensland who, along with the Directors-General of the Department of Children, Youth Justice and Multicultural Affairs and Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, are able to bring a strong cultural perspective to inform the leadership of the *Our Way* strategy.

5.4.4 *There is some evidence of system improvements but there are also significant concerns that we aren't always acting on what we learn*

Stakeholders reported there is some evidence of ongoing system learning and improvement. Examples were provided of changes or updates to complaints processes, policies, procedures and legislation as a result of evaluations of reform initiatives and system reviews.

Impact of evaluations

Our deep dive study of evaluation activity¹⁵¹ identified that, while several evaluations occurred early in the reform period, they had tapered off afterwards. Most of the early evaluations were pre-implementation or baseline reviews, focusing on how initiatives had been established rather than on outcomes.

Nine of the 19 evaluations we reviewed had considered the impact and outcomes of the initiatives they evaluated and one considered return on investment. This reflected the relative newness of the initiatives at the time of the evaluations.

We were particularly interested in what has happened since the initiatives were evaluated, because this gives an indication of the value of the evaluation process. We found examples where evaluation findings had led to:

- the expansion of the coverage or scope of the initiative
- the development of more consistent processes
- more training on specific issues, to address concerns and improve results
- the redesign of the initiative.

Some evaluations have directly influenced policy and legislation. For example, findings from the evaluation of the Aboriginal and Torres Strait Islander Family Led Decision-Making¹⁵² trial influenced legislative change as part of the *Child Protection Reform Amendment Act 2017* (commencing in 2018), which embedded the right of Aboriginal and Torres Strait Islander families to participate in decision-making.

Our deep dive study concluded that there is a need to keep planning and budgeting for evaluations to ensure that the policies and programs being put in place as part of the reforms are achieving their anticipated outcomes.

Queensland's annual child protection service budget is \$1.3 billion.¹⁵³ It is critical to assess whether the programs and services funded by this expenditure are achieving their intended goals. This means that adequate funds for evaluation must be allocated to this task.¹⁵⁴ Where possible, evaluations should:

- focus on outcomes
- include the perspectives of the users of services, including children, young people and families
- prioritise programs and services that provide the best potential impact for children, young people and families.

Impact of legislation updates

In response to recommendations from reviews, inquiries and insights from stakeholder consultation processes, Queensland's child protection legislation has been substantially updated over the course of the reform period. The objectives of the amendments include:

- promoting positive long-term outcomes for children in the child protection system
- promoting the safe care and connection of Aboriginal and Torres Strait Islander children and young people with their families, communities and culture
- improving information sharing.

Stakeholder feedback on amendments to the *Child Protection Act 1999* were generally positive, particularly in terms of their impact on promoting the safety, wellbeing and best interests of children and young people. A number of stakeholders were positive about changes that had supported improved information sharing.

One particular thing [that] I'd like to highlight is some of the changes that have enabled information sharing and how that occurs between agencies. That's been positive and what we're doing now is looking at system improvements on how that can be implemented more effectively ... now that there's the legislative grounds to do that, how can we make that happen in a more streamlined way.

151 Queensland Family and Child Commission, 2021, *Learning from evaluations: What have we learned and how has the child protection system responded?* www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

152 Aboriginal and Torres Strait Islander Family Led Decision-Making is a practice approach in which an Aboriginal or Torres Strait Islander facilitator, (not a child safety employee) helps families take the lead in making decisions and plans and taking action to meet the safety, belonging and wellbeing needs of the child.

153 Queensland Government, 2021, *Supporting families changing futures 2019–2023*, www.cyjma.qld.gov.au/resources/campaign/supporting-families/supporting-families-changing-futures-2019-2023.pdf; 'Child protection services' refers to protective intervention services, care services, intensive family support services, and family support services.

154 The Hewlett Foundation, 2014, *Benchmarks for spending on evaluation*, hewlett.org/wp-content/uploads/2016/08/Benchmarks%20for%20Spending%20on%20Evaluation_2014.pdf

Complaints processes need to be improved

Effective complaints management processes can result in outcomes for individual matters, and they also have the potential to influence broader system improvements.

Stakeholders noted that complaints had been a recent focus for review and improvement. Over the course of the reform period, the Queensland Ombudsman has published two reports examining Child Safety complaints processes.¹⁵⁵ The first report identified that Child Safety had not been capturing all complaints due to inadequate recording practices. In 2020, the second report made recommendations for improvements in the process for raising, facilitating and resolving complaints with Child Safety.

The Office of the Public Guardian has also reviewed and revised its complaints memorandum of understanding with Child Safety to reflect the new processes and the recommendations of the Ombudsman's report. Child Safety reported that these changes are expected to lead to a less complex complaints system and could provide a clear framework for identifying and actioning systemic issues.

Nevertheless, stakeholders identified that further work was needed and identified a number of shortcomings with complaints mechanisms and complaints data. For example, some stakeholders highlighted that in terms of accountability and reporting, very little detail was made publicly available about complaints received by either Child Safety or the Ombudsman, such as the types of matters raised, the sources of the complaints (for example, other professionals, parents, family, and children and young people) and whether or not complaints have been resolved.

Other concerns raised by stakeholders were that:

- complaints were being recorded by Child Safety as 'issues', which is of concern, as this is an important measure of accountability¹⁵⁶
- children and young people aren't fully aware of the complaints mechanisms or they find them difficult to understand and cumbersome
- few children or young people have their complaints adequately resolved.

Young people, they've got such a mistrust of the system that they often will say, 'well, you know, I tried once' or 'I didn't bother again because nothing ever comes of it.'

Collectively, feedback from stakeholders indicated that, despite the changes to complaints processes, there is still room for improvement.

There are concerns that recommendations haven't been adequately implemented

According to the Queensland Government, all recommendations from the Inquiry have been finalised. The Queensland Audit Office report notes agencies have reviewed their practices, policies and systems to identify opportunities to improve the delivery of their services to children and young people.¹⁵⁷

Nevertheless, concerns were raised by many stakeholders that, while system reviews and other mechanisms had identified important issues, often recommendations hadn't been adequately implemented. As a result, the identified issues had not been addressed and the anticipated results had not been realised.

Look at Carmody and track where it's been implemented. That should actually show real results, real funding and real stuff that's happened, where it has flowed in. Not where it's like, 'oh, it kind of aligns with this and this.' You can have a review, have recommendations and they're not put in place because they're not appropriately funded, and our workforce is still over-burdened. And we still need these things to happen [and until they do] you're not going to get your improved results.

[An important question for evaluating the reforms is] Is life better for kids in care? Is life better for children overall in Queensland? How do we know it's better? Well, just track, did you do what you said you were going to do? Did people actually deliver?

There's no shortage of insight, we know the problems. We probably even know most of the solutions. So, finding ways to come together to build a shared agenda around all that knowledge and insight and then push the effort down the 'doing' end of the problem.

A concerning but common theme arising from our stakeholder interviews was that many of the issues that were raised by the original Inquiry and subsequent system reviews are still being raised as issues more than seven years into the reform period.

155 Queensland Ombudsman, 2020, *Investigation into the management of child safety complaints within the Department of Child Safety, Youth and Women*, www.ombudsman.qld.gov.au/improve-public-administration/investigative-reports-and-casebooks/investigative-reports/management-of-child-safety-complaints-second-report; Queensland Ombudsman, 2016, *Management of child safety complaints*, www.ombudsman.qld.gov.au/ArticleDocuments/217/Management_of_child_safety_complaints.pdf.aspx?Embed=Y

156 The Department of Children, Youth Justice and Multicultural Affairs is required to publish a complaints management report to meet its *Public Service Act 2008* mandatory requirements. According to Child Safety's revised Complaints Management Policy and Procedure, a **complaint** is an expression of dissatisfaction about the department's products, services, or staff that requires a response or resolution. An **issue** is a concern or worry by a customer regarding the department's products, services or staff that can be managed routinely, as a request for service. A report by the Queensland Ombudsman expressed concern that issues were dealt with outside of Child Safety's complaints system and that many regions lack consistent processes to handle or resolve issues.

157 Queensland Audit Office, 2021, *Family support and child protection system (Report 1: 2020–21)*, www.qao.qld.gov.au/reports-resources/reports-parliament/family-support-child-protection-system

5.4.5 We aren't doing enough to measure what matters

Evaluating the extent and impact of improvements in cross-agency collaboration and shared responsibility is challenging, as outcomes can be non-specific and hard to measure. Unsurprisingly, there is an absence of adequate measures to assess these outcomes.

Data we obtained from departments on shared responsibility and governance included the number of meetings held each year, the number of attendees and the number of items on the agenda. However, data about the outcomes of meetings or the impact of decisions was not reported.

Some stakeholders highlighted the important distinction between *sharing responsibility* and *sharing accountability*. In late 2019, through our Evaluation Reference Group (made up of Queensland Government partner agency representatives), the QFCC asked all members to provide their agency's data in relation to their child protection responsibilities.

Despite high levels of engagement and cooperation from all reference group members, very few were able to provide data relating to the outcomes of their agency's interactions with children and young people in contact with the child protection and family support system.

This exercise identified that, while there may have been an increase in agencies working more collaboratively and sharing responsibility over the course of the reform period, a system of accountability for agencies other than Child Safety is lacking.

We actually need a system that keeps us all accountable. I think there is a very strong focus on keeping Child Safety accountable for what's happening [but for other departments] I think that accountability bit is still not there.

A suggestion from one senior stakeholder was that:

Performance indicators could be added for government departments that indicate cross-sector responsibility so an evaluation can be undertaken about what they actually did to respond to child abuse and neglect and the needs of families experiencing problems with drugs and alcohol, mental health, housing, etc.

Several stakeholders highlighted that for governance mechanisms to effectively establish a climate of inquiry, innovation, learning and continuous improvement, we need to capture the voices of people in the system and not just focus on government-collected data.

Government data sets, especially if you're asking people to report on its own performance, its results might differ from when you ask the consumers, or the people living within the system's opinions of their performance. We would draw your attention to where [these] mechanisms differ from young people's experiences.

Several stakeholders highlighted the need for a data alliance between government agencies and service providers that would support the collection of data at the system level. This would provide a 'whole-of-system picture' and also support a learning orientation around data.

Child Safety is currently leading the development of a new client database (Unify), which will replace its existing data system. Unify is intended to improve information sharing, reduce duplication and improve reporting between support services and across agencies.

While the new database is viewed positively, some government agencies reported that they would like to be more involved in its development.

5.4.6 Procurement processes could assist in the future collection of data on outcomes

Much of the data collected and reported upon by non-government agencies is used for compliance activities rather than for performance measurement and continuous improvement.

For example, the initial procurement of Queensland's secondary services, which are delivered by non-government agencies, began in 2014 and was guided by the 2014 Queensland Procurement Policy.¹⁵⁸ At this time, a set of deliverables and performance measures was established for all secondary services. Services were required to report on output, throughput, client demographics and a small number of outcome measures.

As noted in earlier chapters, the data collected about child protection and family support system performance, and data reported by services to Child Safety, generally relates to inputs and outputs. More outcomes evidence is needed.

Some stakeholders told us that outcomes data is often collected by non-government agencies, but it is not formally reported on through their Child Safety contract management processes and is therefore not available at the system level.

So, governments are full of heaps and heaps of information about the outputs from the system. I think there is lots and lots of information about outcomes hidden away in the practice of the organisations that look after these kids every day, and I don't just mean community organisations, indeed also frontline child protection workers. It's [just] not comprehensively evaluated, collected, stored, managed, reported on.

¹⁵⁸ The current (2019) Queensland Procurement Policy is structured around alternative principles with different emphases, which may have led to different procurement outcomes—Department of Communities, Child Safety and Disability Services, 2014, *Intensive Family Support tender specifications 2014–15*; Queensland Government, Department of Communities, Child Safety and Disability Services, 2014, *Investing in Queenslanders: Social and human services investment blueprint 2014–19*, cabinet.qld.gov.au/documents/2013/dec/socialservicesblueprint/Attachments/blueprint.PDF

Several stakeholders suggested that outcomes data from the non-government sector could be collected through the redesign of procurement and contract management processes to include criteria and measures that address outcomes.

Jurisdictions around Australia have moved away from the traditional input/output models that were used at the beginning of the reform period to more of an outcomes focus.¹⁵⁹ This was described by one stakeholder:

To agree that we want to be more outcomes-focused is certainly not enough. What we require is a serious rethink not about the architecture itself, but how we use the architecture. Now, what I mean by that is the mechanisms of commissioning procurement, contracting, contract management. Our work shows comprehensively across the board that there is a complete lack of orientation in the system to learning, and an over-reliance on compliance.

Co-designed procurement processes involving the community services industry are another contemporary focus. Co-design approaches involve designing services and system responses that attempt to actively involve all relevant stakeholders in the design process, to help ensure the result meets their needs and is usable. Stakeholder feedback suggests this could make a difference.

There isn't a really good articulation of what it takes to draw on the expertise of community organisations from practice up and the expertise of policy makers and program designers in government, and, indeed, the frontline staff of the government who get left out of this equation all the time. There's no good mechanisms or processes for bringing those people together, let alone including the voice of children, young people, and families to actually do the design work that would lead to the procurement, that would lead to contracting etc. So, the system needs to skill itself up to build its capability in that regard.

5.5 Chapter summary

This chapter has reviewed the information we collected to explore evidence of increased shared responsibility across government and to examine whether the Queensland child protection and family support system is becoming more accountable and continuously learning from its experience.

Throughout our consultations, we heard consistent reports of agencies working together more collaboratively. This has been facilitated through the establishment of formal governance groups, which have attracted considerable goodwill and support.

The sector, however, continues to face challenges in translating the enhanced relationships and high-level strategic direction into changes on the ground.

There is also an ongoing and urgent need to ensure that Aboriginal and Torres Strait Islander peoples are genuinely engaged and represented at all levels of governance—to enable shared leadership and solutions.

There is some evidence that the insights gained from evaluations and reviews have been used to improve the system, including updates to complaints processes, policies, procedures and legislation. However, persistent system issues and challenges are being repeatedly identified but not adequately addressed. Stakeholders argue that a critical component of continuous improvement has to be acting on what we learn and not just having a 'meet the timeline for acting on recommendations' focus.

The system needs to listen to the voices of children and young people, who provide unique and important insights into how well the system is working for its end users.

To have effective accountability, the system also needs measures of shared responsibility across all departments with child protection responsibilities, not just assessments of Child Safety. While other departments' roles in supporting the work of Child Safety might be growing, this does not appear to have been accompanied by an increase in their accountability for system outcomes.

Until we have a better understanding of the outcomes produced by the system, we cannot determine whether it is more accountable (and cost-effective), whether it is learning from its experience, and whether it is continuously improving.

159 Community Services Industry Alliance, 2020, *Commissioning for outcomes: An industry-led approach*, www.csialtd.com.au/2020/05/15/commissioningforoutcomesreport/



6

The impact of COVID-19

This chapter provides more details of the impact of COVID-19 based on stakeholder consultations. It also summarises insights regarding the pandemic's impact on the reforms and the child protection and family support system.

6.1 Background

The COVID-19 pandemic began just prior to the stakeholder engagement phase of this evaluation. Early research about the repercussions of the COVID-19 pandemic on child protection services has been undertaken in various countries. This research has identified some level of disruption to the operation of child protection services during the pandemic, including an increase in risk factors for child abuse and neglect and a decrease in the reporting of child maltreatment.¹⁶⁰

In Queensland, children, young people and their families were subject to several preventative actions imposed to manage COVID-19 in our communities including:

- closure of non-essential services
- encouragement to work from home
- lockdown in homes
- school closures
- remote learning
- social distancing
- limits on the number of people in enclosed spaces.

These preventative actions may have provided less opportunities for child abuse and neglect to be noticed and reported. It has also been noted that stress on families from various social issues, including financial concerns, domestic and family violence, housing instability and poor mental health, increased as COVID-19 progressed.¹⁶¹

Essential services, child protection and family support services continued to be provided across Queensland during the COVID-19 pandemic, but the way the services were delivered was adapted to ensure compliance with federal and state health directives.

Adaptations included:

- reducing the activity of courts, with potential delays in legal processes, flowing on to affect entry to or exit from out-of-home care
- using telephones or videoconferencing in place of face-to-face contact between support services and children, young people and their families
- adhering to COVID-19 travel and contact restrictions when face-to-face contact was required.¹⁶²

In Queensland, the number of reports of suspected child abuse and neglect decreased during the initial national lockdown (in April 2020). There was then an increase in reports from May 2020 as restrictions eased and students returned to school, taking them to higher than pre-COVID-19 numbers.

In contrast, the number of substantiations—where Child Safety decides a child or young person has been or is likely to be abused or neglected—remained stable from March to August 2020.

¹⁶⁰ Katz, I, Katz, C, Andresen, S, Bérubé, A, Collin-Vezina, D, Fallon, B, Fouché, A, Haffejee, S, Masrawa, N, Muñoz, P, Filho, SRP, Tarabulsky, G, Truter, E, Varela, N and Wekerle, C, 2021, 'Child maltreatment reports and Child Protection Service responses during COVID-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa', *Child Abuse and Neglect*, Vol. 116, [www.doi.org/10.1016/j.chiabu.2021.105078](https://doi.org/10.1016/j.chiabu.2021.105078)

¹⁶¹ Australian Institute of Health and Welfare, 2021, *Child protection in the time of COVID-19*, Cat. no. CWS 76, www.aihw.gov.au/reports/child-protection/child-protection-in-the-time-of-covid-19/summary

¹⁶² Australian Institute of Health and Welfare, 2021, *Child protection in the time of COVID-19*, Cat. no. CWS 76, www.aihw.gov.au/reports/child-protection/child-protection-in-the-time-of-covid-19/summary

From March to September 2020, there was a five per cent increase in the number of children and young people in out-of-home care. There were more children and young people in out-of-home care from March to August 2020 than there were in the same time period in 2019; however, further research is required to explore any causal links to COVID-19.¹⁶³

The nationwide Kids Helpline¹⁶⁴ reported that contacts to their service increased by 21 per cent (an extra 176,012) in 2020 compared to 2019. Kids Helpline also reported there were 2,783 duty of care interventions¹⁶⁵ made in 2020, an increase of 48 per cent compared to 2019. Thirty-five per cent of the duty of care interventions were related to child abuse, which increased 62 per cent from the 2019 level.¹⁶⁶

In 2020, the Queensland Family and Child Commission conducted the second *Growing up in Queensland* survey.¹⁶⁷ This survey seeks children's and young people's perspectives on their community and on hopes and issues that are important to them. Unsurprisingly, COVID-19 featured in many of their responses.¹⁶⁸

Figure 6-1 includes some quotes from children and young people expressing their perspectives about COVID-19 including social isolation, education and challenges for the future.

Figure 6-1: Children's and young people's perspectives on COVID-19 from *Growing up in Queensland—2020*¹⁶⁹

Worries	
<i>COVID-19 is scary. I talked to my mum and dad about it but it's hard to understand why everything is different to how it use [sic] to be.</i> (8 year-old)	<i>Coronavirus— Fearful of people dying.</i> (8 year-old)
Isolation	
<i>Not having play dates with friends during isolation.</i> (8 year-old)	<i>Swimming with my friends which I can't even do right now due to COVID-19 and my senior year is being ruined due to it, so it is hard to be happy.</i> (16 year-old)
Education	
<i>I do a vocational pathway at school so I can't do my work online as it majority practical [sic] so if school doesn't re-open, I would have to repeat which I will not be doing.</i> (18 year-old)	<i>I am worried that the coronavirus impacts on school will effect [sic] my results for ATAR¹⁷⁰ and at school in general which may result in me not being able to get into the course I want as easily.</i> (15 year-old)
Future	
<i>Dear Government, my hopes for the future is that the people of the world will come together and help those in need, if they are sick or injured and that we can have a COVID-19 free world.</i> (13 year-old)	<i>Making sure children and youth understand the current COVID-19 situation ... making sure they are able to ask questions if they want to.</i> (16 year-old)

Source: Queensland Family and Child Commission (2021), *Growing up in Queensland 2020: Health and COVID-19*¹⁷⁹

163 Australian Institute of Health and Welfare, 2021, *Child protection in the time of COVID-19*, Cat. no. CWS 76, www.aihw.gov.au/reports/child-protection/child-protection-in-the-time-of-covid-19/summary

164 Kids Helpline is a free, confidential 24/7 online and telephone counselling service for children and young people aged five to 25 years. There are qualified counsellors available through web chat, phone and email, www.kidshelpline.com.au or 1800 55 1800.

165 Kids Helpline defines a duty of care intervention as one involving the contacting of emergency services or another agency to protect a child or young person who is experiencing or is at imminent risk of significant harm. The risk can be related to suicide attempts, child abuse or mental health, with calls often made to police, ambulance or child protection services.

166 Yourtown, 2021, *Kids Helpline 2020 insights report*, www.yourtown.com.au/sites/default/files/document/Kids-Helpline-Insights-2020-Report-Final.pdf

167 The 2020 *Growing up in Queensland* survey used a few instruments to collect responses, including artworks (four–seven years), postcards (eight–18 years), junior survey (eight–12 years) and youth survey (13–18 years). In total 54 artworks, 1,223 postcards, 893 junior survey and 5,924 youth survey responses were received, www.qfcc.qld.gov.au/sites/default/files/2021-04/GUIQ%20Final%20report%202020.pdf

168 Queensland Family and Child Commission, 2021, *Voices of hope: Growing up in Queensland 2020 report*, www.qfcc.qld.gov.au/sites/default/files/2021-04/GUIQ%20Final%20report%202020.pdf

169 www.qfcc.qld.gov.au/sites/default/files/2021-05/GUIQ2020%20Health%20%26%20COVID-19%20Infographic.pdf

170 Australian Tertiary Admission Rank (ATAR) is the rank (not a mark/grade) used by Australian universities to help them select Year 12 students for entry into their courses.

6.2 Findings

We have divided our findings across three sets of issues: workforce and services issues; social issues; and participation of children and young people.

6.2.1 Workforce and services

During the initial COVID-19 lockdown, the child protection and family support sector continued to operate. The sector balanced the delivery of services with maintaining the health of the workforce. All our stakeholders reported that their workloads increased throughout the lockdown.

Initial implications

During our consultations, frontline stakeholders told us about the implications of COVID-19 on their workloads. Consistently, they noted the demand for child protection and family support services increased through COVID-19, as many services for children, young people and their families either ceased or dramatically changed.

Stakeholders also told us that, as a result of these changes, there were less eyes on children and young people, and therefore less opportunity for the community to fulfil its responsibility of keeping children and young people safe.

Increased stressors on families leads to increased risk of harm for children and young people. This places increased demand on support services that are already at capacity. In some areas, organisations appear to be adapting to accommodate COVID-19 containment requirements/restrictions.

You just really don't have that preparation time, it's really difficult too, COVID-19 has really complicated our ability to have those meaningful face-to-face conversations.

Some government stakeholders noted that during the lockdown, access to data about children, young people and their families improved. Some told us that data was available in a timelier way and connections with data in other systems were also provided. Stakeholders told us this caused an increase in collaborative ways of working and provided a way in which to prioritise services and cases collaboratively. Some believed this would be ongoing.

One thing with COVID, I think, we're actually getting really good data about what was occurring, and what it did and what it allowed us to do at a regional level, was to very clearly articulate what are the drivers of child abuse and where [stakeholders] fit in ... How does that look across the service system? So, we've had some really good and meaningful conversations about that and that's led into a range of ways to work together and refocus to some extent some of the priorities across other agencies.

Future implications

All stakeholders expressed concerns regarding the effects of COVID-19 on future expenditure. Several expressed their belief that, in protecting the economy, the government should not lose sight of the needs of children, young people and their families.

Many acknowledged there will be substantially less funding for services available in the next few budget cycles. They expressed concern about this, given the already visible increase in need for support services and what this will mean in a limited funding environment.

Most acknowledged that understanding which services improve outcomes for children and young people, and which services and programs are cost-effective, will be extremely important in a limited funding environment.

Someone's got to pay the COVID-19 bills. So, whatever investment government is going to make into our system for the future is not going to be anywhere near the size that it was in the past ... and is going to need to be very well thought through and very well targeted, to maximise the return on that investment and be very intentional because there's not a lot of money to go around, is there?

Some stakeholders who work on the front line of the child protection and family support sector said this offers an opportunity to be deliberate in staffing the frontline workforce into the future. Many stakeholders reflected on the need for prevention to address disadvantage, vulnerabilities and other risk factors for child abuse and neglect, with some expressing fear that if this does not occur, the child protection and family support workforce will become the first responders to poverty.

I would hope that perhaps with COVID-19, our frontline looks vastly different, that a symptom of poverty can't be having your children removed. Our Child Safety Officers are often dealing with poverty, particularly with COVID-19 now and vulnerabilities, I would really hope Child Safety Officers aren't starting to be our first response to disadvantage. Certainly, that could look like a scary worry, just watching some trends forward ... a Child Safety Officer can't be the first face you see when you're in some real challenge.

Across government, the COVID-19 health crisis has required immediate reprioritisation of work and funding, causing delays to some projects and other planned work, and restrictions on the funding and timing of recruitment of staff. Some families are experiencing financial hardship and social isolation, which substantially increases the risk of family and domestic violence in the home. There is also an increased risk of mental health issues and drug and alcohol-related concerns, due to the impacts of the health crisis. These issues can lead to families and children and young people retreating and disengaging with services. These factors can all lead to an increased need for Child Safety intervention and result in more children and young people being removed from their families and placed in care.

6.2.2 Social issues

Parental employment, adequate housing, socio-economic advantage, access to health and social services, and parental access to supports are just a few of the factors associated with preventing child abuse and neglect.¹⁷¹

Initial implications

Several stakeholders expressed concerns for children, young people and families who were already vulnerable and receiving support. The addition of economic, housing and employment difficulties has potentially exacerbated the level of stress for families. The stakeholders were also concerned that this would increase the number of children, young people and families seeking support, placing more demand on services that are already stretched.

We don't have enough services anyway, and since COVID-19 started, we've got a distinct lack of services nowadays because of the growth in [demand for] the child protection sector ... it's going to continue to grow as we see changes in the economy and the down-scaling of the Jobseeker and the Jobkeeper [payments] and we're seeing less money coming back into the community and those families.

COVID-19 has resulted in shifting priorities within agencies and the sector and has had a significant impact on the state budget, and this may slow progress on this outcome [That care and post-care for Queensland's children and young people is improved].

Future implications

All stakeholders consulted for this evaluation expressed concern about the long-term effects of COVID-19 on the economy and employment and about the number of risk factors families will face in the future.

Most stakeholders acknowledged delays in some planned projects due to reprioritisation of resources and work. Others noted that ongoing work may also require reprioritisation.

In addition, many noted there would be an economic recovery phase and wanted priority to be given to the needs of children, young people and families facing disadvantage. Without this, they feared the level of disadvantage may increase still more for families, increasing the demand on child protection and family support services, particularly with limited preventative services available.

Some of the frontline stakeholders we consulted also recognised that gaps exist in the data available on outcomes for children and young people involved with child protection and family support services. They acknowledged that without this data, we won't understand the full consequences of COVID-19.

Our outcomes might look great in terms of ICMS [the integrated client management system], but not in terms of meeting their sense of belonging or meeting needs. As I mentioned earlier, communities have changed. The introduction of Ice [crystal methamphetamine], the increase in domestic and family violence, COVID-19 pandemic, poverty and social disadvantage has increased, how can we ever measure that now moving forward compared to what it was in the past?

6.2.3 Participation of children and young people

Article 12 of the United Nations *Convention of the Rights of the Child*¹⁷² states children and young people have a right to participate and have their opinion heard when decisions affecting them are being made.¹⁷³

Some stakeholders reported that the participation of children and young people in decision-making processes affecting them altered during COVID-19. In some cases, there were positive changes, particularly in relation to the use of technology as an option for participation—including for contact with parents.

What we found out during COVID-19 is that where foster carers and kinship carers were able to do virtual contacts via Teams, whatever they were using, the feedback to us through our surveys was that those types of contacts were actually better than a lot of the face-to-face contact. What we found though with virtual contact it was the child and mum or dad, that conversation tended to be more direct, more intimate in a lot of ways as well. What we found is that's an extra layer in terms of how contact can occur that we weren't using before. We were forced into it because of this virus and when we did that though we actually saw some positives come out of it in terms of the way children were engaging with their parent.

Other stakeholders saw a decrease in the ability for children and young people to participate and have their opinions heard in decision-making processes, particularly in relation to court processes.

171 Australian Institute of Family Studies, 2017, *Risk and protective factors for child abuse and neglect*, www.aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect

172 Child rights are protections children are provided, in addition to the rights they have under general law, as Australian citizens. The United Nations *Convention on the Rights of the Child* 1989 (CROC) protects the civil, political, economic, social and cultural rights of children. CROC recognises the uniqueness of children's needs, capabilities and vulnerabilities, noting a child's right to play and grow, right to be safeguarded from mistreatment and violence, and the right to be raised in a protective and loving family. CROC consists of two parts, the first with 41 Articles noting child rights, while the second part (Articles 42–54) covers the execution of these rights, www.ohchr.org/en/professionalinterest/pages/crc.aspx

173 UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3. www.ohchr.org/en/professionalinterest/pages/crc.aspx

6.3 Summary

It was apparent that COVID-19 was affecting stakeholders at the time we were consulting with them. It was impacting on their workloads and the way they worked. It was clear that the impacts would likely persist while the pandemic continued and the economy recovered.

For this reason, we asked stakeholders to consider any consequences of the pandemic on the continued implementation of the reforms.

We found that some of the restrictions in place to address COVID-19 meant there were less reports of child abuse and neglect. However, the data shows that once restrictions eased, there was an increase in concerns about children and entries to out-of-home care.

COVID-19 is exacerbating issues for children, young people and families experiencing vulnerability, and reducing the participation of children and young people in some important decision-making processes.

However, there have been some positives as a result of the forced changes in the way things are done. For example, the use of telephone and videoconferencing contact with parents instead of face-to-face visits was better for some children and young people in care, with monitoring of the visit less distracting for the children and young people, when compared to being in a service centre room (which may be new to them) with staff observing.

Stakeholders told us they hoped this sort of flexibility wouldn't be lost when things returned to 'normal.'



7

Synthesis of evaluation findings

Our evaluation of the Queensland Child Protection Reform Environment (2014–2020) has been comprehensive, and Chapters 3 to 5 detail our findings.

The findings have informed our positions and views on the next steps for the child protection and family support system as it transitions from the reform phase into an ongoing, quality improvement phase.

Key findings

The main findings of our evaluation were:

- 1 As data about outcomes was limited or not available, we were not able to answer all of our evaluation questions.
- 2 The data that was available to us, including perspectives of stakeholders, shows the reform environment has not achieved what was expected by this point.

7.1 Background

In 2013, the Queensland Child Protection Commission of Inquiry (the Inquiry) delivered its report, outlining 121 recommendations that were accepted outright or in principle by the Queensland Government.

The Inquiry's recommendations were designed to address the following challenges facing the system:

1. unsustainable demand on the statutory system
2. the growing over-representation of Aboriginal and Torres Strait Islander children, young people and families in the system
3. inadequate early intervention supports for families at risk of entering the child protection system
4. a stretched workforce in need of support
5. children and young people in the care of the state with unstable placement options, poor health and education outcomes and a lack of support when making the transition out of the system
6. government agencies and non-government organisations working in silos, with no collaboration or shared accountability for child protection and family support
7. monitoring and evaluation being used punitively, with a focus on performance monitoring rather than on improving practices or learning from mistakes.

The Inquiry forecast that, without significant changes, 10,000 children and young people would be in the child protection system by 2019.¹⁷⁴

Our evaluation has examined evidence of progress (as well as barriers and enablers) towards the objectives (or strategic intent) of the reforms, namely to:

- Reduce the number of children and young people in the child protection system.
- Revitalise child protection frontline services and family support.
- Refocus oversight on learning, improving and taking responsibility.

We have used these objectives as the structure for the findings chapters (Chapters 3 to 5) in this report.

Additionally, Chapter 6 outlines stakeholder insights about the COVID-19 pandemic. This data was included due to its implications for system performance and budget decisions.

7.2 Findings

7.2.1 As data about outcomes was limited or not available, we were not able to answer all of our questions

More than seven years into the reforms, there is an urgent need to measure what matters to support ongoing monitoring, evaluation and demonstration of the impact for children, young people and their families

It is difficult to assess the outcomes of human services like child protection and family support, but Queensland is not currently doing enough to measure what matters. The lack of available data makes it challenging to determine whether the significant investment made in Queensland's Child Protection Reform Program has affected outcomes for vulnerable families or reduced the demand on the statutory system.

There is no shortage of data collected about the system, but it is mostly about system activity such as outputs (for example, hours of service delivery provided) and throughputs (for example, number of referrals received and number of service users).

174 Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/___data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf

This type of ‘counting’ data does not tell us how each part of the system has affected children and young people; if they were kept safe; if their basic needs were met; if their health, wellbeing and education were impacted; or if they were reunited with their families. It also doesn’t tell us what children, young people and families thought about their experience in the system and the effect they believe it had on them.

It is worrying that despite the concerns expressed by the Inquiry,¹⁷⁵ we found very little data at the system level relating to service performance, particularly in terms of outcomes for children, young people and their families.

It is also concerning that the limited data we did receive on the perspectives of children and young people often provided a contradictory narrative to that provided by government agencies. Again, we acknowledge that it is difficult to measure outcomes and that there is no perfect way to do it. Despite the difficulties, outcomes measurement is not negotiable and is long overdue.

Furthermore, the data is not joined-up at a system level, meaning we lack an understanding of each family’s outcomes and experience of the system as a whole. For example, the secondary service and statutory system client databases have deliberately been kept separate, meaning there is no way of understanding how children, young people and their families move within the broader child protection and family support system and how services in one area impact on the likelihood of requiring the services of another.¹⁷⁶

If the gathering of outcomes-focused data is not prioritised by all agencies with child protection responsibilities, there is little value in conducting further evaluations of the reform program.¹⁷⁷ Its absence will severely inhibit attempts to measure return on investment and make informed budget decisions.

Government is accountable to the public for the effective financial administration and management of public sector agencies. At present, due to the lack of system-level data about outcomes, we cannot answer important questions about the impact of the investment that has been made in the child protection and family support system.

We need to improve our measurement of outcomes to include more:

- measures of system performance from the perspective of children, young people and families
- measures of performance for agencies other than Child Safety who have child protection responsibilities
- understanding of the workforce, including clarity on the number of staff, and on caseloads, workloads, supervision and vacancy rates as well as statistics on demand for the system

- linked data to regularly monitor the pathways of children, young people and their families across and through the secondary and statutory systems.

7.2.2 The data available to us, including perspectives of stakeholders, shows the reform environment has not achieved what was expected by this point

There has been minimal change in the conditions that prompted the reforms

Demand on the statutory system continues to be unsustainable and has in fact increased since the onset of the reform period. The Inquiry forecast that without taking any action, there would be 10,000 children and young people in care by 2019. Despite considerable reform investment, Child Safety data shows that as of 30 June 2020, there were 10,527 children and young people living in out-of-home care—a 29.4 per cent increase from 8,136 (7.5 per 1,000) in the pre-Inquiry period (as of 30 June 2013).¹⁷⁸

We recognise there are many issues that affect demand on the child protection and family support system that are outside of its control and influence. These can include trauma, racism, employment, housing, family and domestic violence, mental health, alcohol and other drugs, and intergenerational dysfunction. The impact of these issues is compounding and contributes to the vulnerability and inequity children, young people and their families experience.

Over-representation of Aboriginal and Torres Strait Islander children and young people

The over-representation of Aboriginal and Torres Strait Islander children and young people in the statutory system continues to worsen. It increases the further children and young people travel through the statutory system, with the rate of over-representation of Aboriginal and Torres Strait Islander children and young people in notifications and entries to out-of-home care steadily increasing. In 2012–13, Aboriginal and Torres Strait Islander children and young people were 7.7 times more likely to enter care than non-Aboriginal and Torres Strait Islander children and young people. By 2019–20 they were 9.1 times more likely.¹⁷⁹

We acknowledge that the issues that affect demand on the child protection and family support system also contribute to over-representation.¹⁸⁰ They require long-term, generational approaches (such as the *Our Way* strategy) to effect meaningful change.

175 Queensland Child Protection Commission of Inquiry, 2013, *Taking Responsibility: A Roadmap for Queensland Child Protection*, www.childprotectioninquiry.qld.gov.au/___data/assets/pdf_file/0017/202625/qccpi-final-report-web-version.pdf

176 Child Safety advised this decision was made so families would not be deterred from engaging with secondary support services.

177 The QFCC is due to conduct an impact evaluation after 2023–24.

178 Department of Children, Youth Justice and Multicultural Affairs, 2020, *Living away from home*—Table OHC.1, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/living-away-home. Rate per 1,000 is unpublished data from Child Safety.

179 Department of Children, Youth Justice and Multicultural Affairs, 2020, *Entries to out-of-home care*, unpublished data.

180 Family Matters, 2020, *The Family Matters report 2020*, www.familymatters.org.au/the-family-matters-report-2020/

Introduction of secondary services

The introduction of secondary services has been a major achievement of the child protection reforms, but the data we have been able to access only allows us to draw limited conclusions about the impact of these services on outcomes for children, young people and their families and on demand for the statutory system.

While it is possible that a greater increase in child concern reports, notifications and entries to out-of-home care could have occurred if secondary services had not been established, we cannot confirm this, and the anticipated reductions in statutory demand have not been observed.

Demand for secondary services is high, and many eligible families do not appear to be able to access them in a timely way. The need to ‘actively hold’¹⁸¹ and risk-manage clients waiting for a place at a secondary service can further increase demand on the child protection and family support system.

There is evidence of reluctance among some mandatory reporters to use Family and Child Connect, although some will make a referral as well as making a report to Child Safety. This double-handling has the effect of increasing demand on the child protection and family support sector.

Workloads

Despite the investment in secondary services and additional staff in the frontline Child Safety workforce, both are stretched. This is largely due to the growing demand for both the secondary and statutory sectors, as well as an increase in the complexity of issues that children, young people and their families are facing. We heard from stakeholders that workloads have also increased due to changes such as court reforms and the introduction of the National Disability Insurance Scheme.

Kinship carers and foster carers

High attrition rates of kinship carers and foster carers¹⁸² have meant that children and young people have not had stability in placements. Many kinship carers and foster carers have reported that the amount of training they receive is not appropriate. Some stakeholders also mentioned poor communication between carers and frontline staff as a reason for them leaving foster caring.

Education and health

The gap between the education results of children and young people in out-of-home care and their peers who are not in out-of-home care is a persistent issue.¹⁸³ There are also less children and young people in out-of-home care in 2019–20 who have a health passport than there were in 2012–13.¹⁸⁴ Some pilot programs have been trialled to improve health care outcomes for these children and young people, but further work needs to be done to ensure the programs are appropriate for the communities in which they are being delivered.¹⁸⁵ Further, limited data is available about children and young people in out-of-home care who are living with a disability.

Making the transition to adulthood

Child Safety data shows a high rate of young people who have plans in place for their transition to adulthood and participated in that planning.¹⁸⁶ However, when young people were asked in a survey about a leaving care plan, many weren’t sure or didn’t think they had one,¹⁸⁷ highlighting the frequent mismatch between reports provided by government agencies and the experiences of service users.

Taking stock

There is evidence of reform fatigue. Stakeholders also expressed concern that compliance with an ambitious (and growing) reform schedule has compromised the extent to which implementation has delivered reform intent.

We acknowledge that improving the child protection and family support system is hard. However, we cannot ignore that the number of children, young people and families in contact with Queensland’s child protection and family support system has increased since the onset of reforms. We also need to recognise that we cannot demonstrate that there have been improvements for those children, young people and their families.

181 According to Family and Child Connect services, ‘active holding’ involves the provision of information and advice to families while waiting for a case manager to become available. It occurs because referral demand significantly exceeds service supply, and support service waitlists are very long.

182 On average, 1,464 carer families left each year between 2015–16 and 2019–20. Department of Children, Youth Justice and Multicultural Affairs, 2020, *Carer families—Table CF.4*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/ongoing-intervention-phase/carers-families

183 Department of Education, 2019, *NAPLAN data*, unpublished data.

184 Department of Children, Youth Justice and Multicultural Affairs, 2019, *Child health passports—Table CHP.1*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/high-quality-services-improved-wellbeing/child-health-passports

185 Children’s Health Queensland, 2020, *Navigate your health: a health initiative for children and young people in care final evaluation report*.

186 Department of Children, Youth Justice and Multicultural Affairs, 2019, *Transition to adulthood—Table TTA.1*, www.cyjma.qld.gov.au/about-us/performance-evaluations/our-performance/high-quality-services-improved-wellbeing/transition-adulthood

187 CREATE, 2018, *Out-of-home care in Australia: Children and Young People’s views after five years of National Standards 2018*, unpublished disaggregated Queensland data.

7.3 Queensland Family and Child Commission positions

The QFCC's views on progress to date and next steps are based on the evidence provided in our evaluation. We hold the following positions:

7.3.1 *The finite nature of reforms can negatively impact on progress*

Having a short-term, 'reform' focus reduces the impact of any changes for system stakeholders such as children and young people, their families and the workforce.

Focusing on the implementation and acquittal of recommendations, short-term governance arrangements and the limited-life funding provided to implement reforms implies that continuing to fund and deliver the changes and new services implemented under the reforms is optional.

There is an urgent need to shift the focus of the system to *outcomes* for children, young people and their families. Genuine collaboration is needed across the system to achieve a shared vision and to develop monitoring and evaluation processes to drive continuous improvement.

Feedback from reform stakeholders indicates that there must be genuine opportunities to collaborate in order to:

- ensure Aboriginal and Torres Strait Islander peoples, communities and organisations are engaged and represented—to enable shared leadership and solutions
- support an outcome-focused child and family policy agenda
- provide space for robust debate regarding the ongoing monitoring and evaluation activities required to drive continuous improvement
- be action and outcome (rather than output) oriented.

7.3.2 *Promoting the safety and wellbeing of children and young people and helping their families to thrive is not negotiable*

All parts of the child protection and family support system must be sufficiently funded. In particular, secondary support services require ongoing funding, which needs to cover time for collaboration and evaluation. This will ensure family support services are focused on helping families to stay out of the statutory child protection system.

Child Safety must be able to focus on the fundamentals of a strong statutory child protection system, including:

- being accountable for upholding children's rights
- working with stakeholders across the system to achieve collective commitment and accountability for the achievement of outcomes
- implementing all elements of the Aboriginal and Torres Strait Islander Child Placement Principle, to a standard of active efforts¹⁸⁸
- better meeting the needs of children and young people involved with the child protection system, including quality service provision; safe, stable and nurturing placements; and support for young people making the transition to adulthood.

Concurrently, investment and rebuilding from COVID-19 must address the issues of equity and access that contribute to the involvement of children, young people and families with the statutory child protection system, including employment, housing, family and domestic violence, mental health, and drugs and alcohol.

7.3.3 *Neither another inquiry nor a further attempt to evaluate the reforms is needed*

There is limited value in conducting another inquiry into the system. The problems are well known and have shown disappointingly little change over time.

There is also limited value in attempting another evaluation at the reform program level, given we know there is limited outcomes-based data available, and the reform environment has significantly evolved over time to incorporate the recommendations of additional reviews, to suit the current context and to act on learnings from earlier evaluations.

In line with our responsibility for building capacity in evaluation, the QFCC believes that evaluations of individual programs and services should be expected and not optional. They need to identify what is working, what can be improved, and what is not working. This will enable other, better options for achieving desired outcomes to be investigated, trialled and evaluated.

Future evaluations need to:

- focus on outcomes
- reflect the perspectives of clients including children, young people and their families
- prioritise programs and services that provide the best potential impact for children, young people and their families.

¹⁸⁸ Active efforts are purposeful, thorough and timely efforts that are supported by legislation and policy and enable the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people. They are the standard required of the state and the broader child protection and family support services to safeguard the rights of Aboriginal and Torres Strait Islander children. SNAICC, 2019, *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation*, www.snaicc.org.au/product/the-aboriginal-and-torres-strait-islander-child-placement-principle-a-guide-to-support-implementation/

7.3.4 Queensland needs an outcomes-focused child and family policy agenda

Rather than looking back at reform progress, the QFCC believes focus should be on the outcomes we would like to see for children, young people and their families. Responsibility and accountability for this agenda must be shared across government agencies, non-government organisations and the community.

There must also be a shared vision of what the system is aiming to achieve, with transparent collection and reporting of data on measures that matter—to support ongoing monitoring and evaluation activities and drive continuous improvement. The QFCC is prepared to lead a strategic project with stakeholders across the sector to identify these measures.

7.4 Conclusion

In our Implementation Evaluation,¹⁸⁹ we recommended a number of ‘next steps’. We acknowledged that it was too early at that stage to ‘expect evidence of outcomes’ and stated that ‘the Outcomes Evaluation will determine whether the intended outcomes of the reform program have been achieved’.

We also identified some areas in which progress was not meeting expectations, including strategic oversight of implementation, the over-representation of Aboriginal and Torres Strait Islander children and families in the system, and the need for agencies to identify the system-level outcomes the reforms are trying to achieve.

While we acknowledge that it is not easy to reform the child protection and family support system, it is very disappointing to see the same issues arising in this evaluation.

The child protection and family support system needs to address—rather than just repeatedly identify—persistent issues and challenges. An enduring child and family policy agenda with an outcomes focus is required to ensure there is shared responsibility and accountability across the system.

The child protection and family system needs to give as much urgency to this as it did to implementing the recommendations of the Inquiry, or we will miss opportunities to modify and improve practices, and to make real and necessary differences to the lives of Queensland children, young people and their families.

¹⁸⁹ Queensland Family and Child Commission, 2018, *Queensland Child Protection Reform Program (2014–24) Implementation Evaluation: Final Report*, www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

