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# Queensland's Family Support System Service Context & Drivers into Statutory Systems

Summary evidence report

The Parenting Research Centre acknowledges and respects the diverse Aboriginal and Torres Strait Islander people of this country and the Elders of the past and present.

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# The Parenting Research Centre

The Parenting Research Centre (PRC) is an independent, non-profit organisation that helps children thrive by advising on new and better ways to support families in their parenting.

We bring 25 years of experience to help governments and community organisations in the fields of early childhood, health, education, disability and welfare put the best evidence on parenting and family support into action.

The PRC brings practical expertise, ISO 9001:2015 quality-assured systems, scientific rigour, and a collaborative approach to our work, meaning we are uniquely positioned to support those working with parents and systems to drive change and improve outcomes for children.

We have an outstanding record of accomplishment in design, implementation, analysis, evaluation, and reporting of experimental and quasi-experimental research.

We focus on achieving real-world outcomes by helping service providers, families and policy makers to develop and implement parenting and family support solutions that are informed by evidence and sensitive to culture and context.

# Background

QFCC approached the PRC requesting a summary review of the Queensland family services sector to understand its efficacy in supporting families to prevent entry into child protection and youth justice systems. In addition, PRC has conducted a rapid literature review to summarise evidence regarding best practice programs and approaches to family support services that are preventing families from entering statutory systems, also highlighting key features of effective system reform in this space (reported on separately from the current document).

This document provides a summary of the Queensland family support service system context, and evidence of drivers of entry to the statutory child protection and youth justice systems.

## Queensland's family support system

Intensive family support and family preservation services have never been more important. The 2023 Australian Child Maltreatment Study (ACMS) has provided evidence of high rates of child abuse and neglect in Australian communities. The ACMS also identified the impacts of childhood experiences of abuse are lifelong, with greater risk of exposed children experiencing mental health disorders, substance misuse, chronic ill health, intimate partner violence and criminal justice involvement.

Given the results of the ACMS, family support services are key to improving the safety and well-being of children by enhancing parenting skills and family functioning, addressing complex factors that contribute to the risk of harm, building networks of support for families, and supporting children's healthy development.

### History and Context — setting the scene at the National level

The quote in Box 1 could easily be attributed to a range of contemporary and current documents prepared by the Government, Commissioners, non-government agencies and the media. Sadly, this is a direct quote from the 2008 report prepared for ARACY as part of their "*Inverting the Pyramid: Enhancing Systems for Protecting Children*" project.<sup>1</sup> Despite significant investment by Governments

#### Box 1.

*"Current systems for protecting children in Australia are failing in their primary objective: to protect children. Indigenous children are more than five times more likely to be the subject of a substantiation. In addition, the Australian Institute of Health and Welfare reports that the number of children in out-of-home care in Australia has increased by 102 per cent in the last 10 years. For Indigenous children, the national average in out-of-home care was substantially higher than the non-Indigenous population. Further, the growth in child protection services is unsustainable from a system capacity perspective regardless of available resources — for example, the numbers of children in care is escalating whilst the number of foster carers is declining due to ageing. In addition, persistent workforce shortages for child protection workers evident now will only be exacerbated by increased notifications. There is widespread consensus that the best way to protect children is to prevent child abuse and neglect from happening in the first place. There is also widespread consensus that this requires a robust primary and secondary system for protecting children that provides families with the assistance they need before they come into contact with the statutory child protection system." (ARACY's *Inverting the Pyramid* Report)*

across the political spectrum the tide has not turned in terms of the volume of children entering the child protection system. In 2008, at the time the *Inverting the Pyramid* report was written, there were 7,040 children on child protection orders in Queensland. This rate of children in the care system had risen from 3,433 children in 1998. As at the most recent reporting period, the number of children on

<sup>1</sup> The Allen Consulting Group. (2008) *Inverting the Pyramid Enhancing systems for protecting children*. ARACY: [https://www.aracy.org.au/publication-resources/command/download\\_file/id/107/filename/Inverting\\_the\\_pyramid\\_-\\_Enhancing\\_systems\\_for\\_protecting\\_children.pdf](https://www.aracy.org.au/publication-resources/command/download_file/id/107/filename/Inverting_the_pyramid_-_Enhancing_systems_for_protecting_children.pdf)

child protection orders had increased to 9,832. So essentially, in Queensland since 1998 there has been a 186 percent increase in the number of children in care.<sup>2</sup> Of particular concern, the rate of children in care is much higher for Aboriginal and Torres Strait Islander children – 1 in 18 nationally, compared to 1 in 1,000 for non-Indigenous children.<sup>3</sup>

Youth crime statistics have shown a more positive trend, although remain a concern for the public and a focus of political commentary and debate. Offending by 10 to 17-year-olds (10 being the current legislated age for criminal responsibility in Queensland) has been an increasing focus in Queensland (and other jurisdictions) in recent years. Most young offenders only commit a small number of offences and are diverted away from Queensland's youth justice system. However, a small proportion reoffend and commit serious offences. Nonetheless, youth crime accounts for only a small percentage of overall crime in Queensland. The percentage has decreased from 17 percent of overall crime in 2011–12 to 13 percent in 2022–23. Nonetheless, attention to youth crime statistics and drivers of entry into the statutory justice system are important, given pathways of criminality can be difficult to break. For example, one study found that 79 percent of the 1994-95 youth offender cohort in Queensland had progressed to the adult corrections system by 2002 and served either a community corrections order or custodial order, with nearly half of the cohort serving at least one prison term.<sup>4</sup>

### **Queensland History – Commission of Inquiry Carmody, Forde**

The 1998 Commission of Inquiry into Abuse of Children in Queensland Institutions conducted by the former Chancellor of Griffith University and Governor of Queensland, Ms Leneen Forde (the Forde Inquiry), and the 2004 Inquiry into Abuse of Children in Foster Care conducted by the Crime and Misconduct Commission (CMC), were both established in response to concerns about the abuse of children in out-of-home care. Recommendations from the Forde Inquiry focused on residential care facilities and those from the CMC Inquiry extended to include foster and kinship care.

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<sup>2</sup> [Child protection Australia 2021–22](https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2021-22) (web report produced by the Australian Institute of Health and Welfare (aihw.gov.au))

<sup>3</sup> AIHW. (2021). *Data tables: Child protection Australia 2019-20*. Child Welfare series no. 74. Cat no. CWS 78. Canberra: AIHW. Accessed 28 August 2021. Available at: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2019-20/summary>

<sup>4</sup> Lynch, M., Buckman, J., & Krenske, L. (2003). Youth justice: Criminal trajectories. Australian Institute of Criminology. [Youth justice: criminal trajectories \(apo.org.au\)](https://www.apo.org.au/youth-justice-criminal-trajectories)

Just over twelve years ago on 1 July 2012, the Queensland Child Protection Commission of Inquiry, led by the Honourable Tim Carmody QC, was established in Queensland. The Commission was tasked with reviewing the entire child protection system. In comparison to previous inquiries, this Commission was more comprehensive in its terms of reference. The Carmody Commission was asked to chart a roadmap<sup>5</sup> for the state's child protection system. The Commission found that *'...despite the hard work and good intentions of many and the large amounts of money invested in it since 2000, the child protection system was not ensuring the safety, wellbeing and best interests of children as it should or could'*. Over the decade to 2012, child protection intakes had tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care 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. The budget for child protection services had more than tripled, going from \$182.3 million in 2003-04 to \$773 million in 2012-13. The overarching theme of the report was clear in that parents (and families) should take primary responsibility for the protection of their children and that, where appropriate, parents should receive the support and guidance they need to keep their children safe. It is only as a last resort that the government should intervene in a statutory role to ensure the protection of children who are at significant risk of harm (see Boxes 2 and 3).

#### Box 2.

*"Effective protection of children requires a system that supports the development of all children as well as one that identifies vulnerable families for targeted interventions on behalf of at-risk children. No one agency can be expected to achieve all of this. A multi-agency, cross-government response is required... Although in part this failure reflects the incapacity of the broader system to implement an effective preventive program that reduces the need for children to be placed in protective care, it also reflects a lack of clarity and focus about the roles of the Department of Families and other key stakeholders in protecting children at risk. Additional resourcing alone will not provide a solution to this problem."*  
Carmody's report

#### Box 3.

*"It is our strong contention that children will thrive only in a society where everyone concerned with child welfare takes responsibility for their own particular role. The need for everyone to do their bit for the greater good is easily overlooked or ignored in an egocentric world. If we want a better system, then a much greater commitment and communal effort is required from everyone: politicians, bureaucrats, departmental staff, police, allied agencies and sectors, the community and — most of all — families themselves. The risk-averse 'better safe than sorry' culture that has sprung up over the last 10 years has been only too evident during this inquiry. This overly timorous attitude pervades child protection decision-making at all levels of government and across the entire system. It is the root cause of over-reporting, resource wastage, workforce stress and an overcrowded out-of-home care system struggling to provide safe and stable placements for children with multiple and complex needs who could, with proper support, be cared for safely at home by a still-loved parent."*  
Carmody's report

## The Public Health Approach to Protecting Children

Recommendations from the Carmody Report are in line with a public health approach to child protection, which emphasises preventing child abuse and neglect by addressing the underlying risk factors that make it more likely for children to experience harm. A public health response to child protection also involves intervening early when problems do arise to reduce potential damage.<sup>6,7</sup> As part of the *National Framework for Protecting Australia's Children 2009–2020*, auspiced by the Commonwealth of Australian Governments (COAG), Australian governments acknowledged the

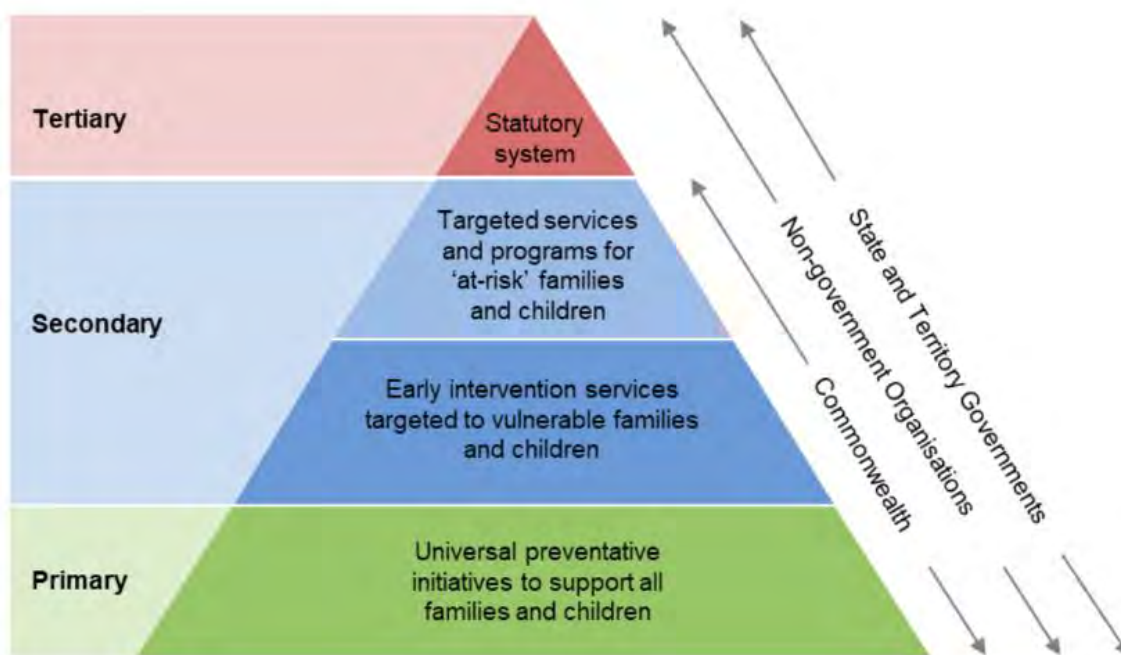
<sup>5</sup> [qpcpi-final-report-web-version.pdf](http://qpcpi-final-report-web-version.pdf) ([childprotectioninquiry.qld.gov.au](http://childprotectioninquiry.qld.gov.au))

<sup>6</sup> Barlow, J., & Calam, R. (2011). A public health approach to safeguarding in the 21st century. *Child Abuse Review*, 20(4), 238–255. <https://doi.org/10.1002/car.1194>

<sup>7</sup> Richmond-Crum, M., Joyner, C., Fogerty, S., Ellis, M. L., & Saul, J. (2013). Applying a public health approach: the role of state health departments in preventing maltreatment and fatalities of children. *Child welfare*, 92(2), 99–117.

importance of moving away from reactive, statutory responses towards a public health model focused on prevention and early intervention to ensure children's safety and wellbeing.<sup>8</sup>

Within a public health approach to child protection, universal (primary) support services are prioritised for all families, such as maternal and child health services and early education. More intensive (secondary) prevention efforts are directed towards vulnerable or high-risk families, often focusing on early intervention, such as family support service system interventions and parenting programs that develop skills and address issues or concerns. Tertiary (statutory) child protection services, like child protection orders or out-of-home care, are considered a last resort when abuse or neglect has already occurred, and when non-statutory interventions, such as family support services, are not feasible.<sup>9</sup> The figure below illustrates this tiered approach succinctly.



**Figure 1.** The public health approach to child protection (source: COAG (2009). *National Framework for Protecting Australia's Children 2009-2020*. Available at: [www.dss.gov.au/sites/default/files/documents/child\\_protection\\_framework.pdf](http://www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf)

In the context of increasing incidence of child abuse and neglect, there is increasing demand for child protection and related services, however, there is no national system of child protection to ensure alignment and consistency in practice to improve outcomes for children across jurisdictions. Of note:

- Progress has been made towards national safety standards for safeguarding children and for standards of out-of-home care following Royal Commissions.
- Yet, there has been no measurable change for reducing rates of child abuse and neglect over the 10 years of the National Framework for Protection Australia's Children. An evaluation of the first National Framework was completed by PriceWaterhouseCoopers in 2020. They recommended that future efforts be more targeted and focussed on specific cohorts including families experiencing the most disadvantage and vulnerability, Aboriginal and Torres Strait

<sup>8</sup> Council of Australian Governments (COAG). (April 2009). *National Framework for Protecting Australia's Children 2009-2020*. Available at: <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

<sup>9</sup> [what-works-child-protection-consultation.docx](http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/what-works-child-protection-consultation.docx) (live.com)

Islander families, families with children with a disability and young people leaving out-of-home care.

- The next iteration of the National Framework - the 2021-2031 National Framework for Protecting Australia's Children entitled **Safe and Supported** - sets a shared vision that Australian children and young people have the right to grow up safe, connected and supported in their family, community and culture, and within an environment that enables them to reach their full potential. The identified goal of Safe and Supported is to make a large and sustained impact on reducing the rate of child abuse and neglect and its intergenerational impacts. The vision and goal of Safe and Supported call for a national focus on strengthening families and communities; identifying those as the best place for children to grow up safe and supported.

### **Current Queensland Family and Child Support System – Overview**

The Carmody Commission of Inquiry resulted in a range of changes to the Queensland child protection systems and was the catalyst for programs such as the Family and Child Connect services, the Family Wellbeing Service (for Aboriginal and Torres Strait Islander families) and Intensive Family Support services.

Currently, Queensland Government funds a range of services across the public health tiered approach to support families with various levels of need.

#### ***Family & Child Connect Service***

The Family and Child Connect system is now the entry point for information and support advice for vulnerable families in Queensland. The role of Family and Child Connect is to assess the needs of a family and help that family link to local services that best meet their needs. Families, community members and professionals seeking assistance can all contact Family and Child Connect to discuss their concerns about a family and what supports are available.

Family and Child Connect may be able to help in a single session, or by taking more time getting to know the family's situation then connecting them to the right services that can help. Family and Child Connect is available to help a family over the phone, or they can visit the family in their home or at place that the family thinks is a safe place to talk.

There are currently 21 Family and Child Connect sites (see Table 1) listed on the Department website and the service can be accessed online or by visiting a service.

*Table 1. Family and Child Connect providers across Queensland (Source: Queensland Government website)*

Catchment	Service Provider	Street Address	Suburb
Bayside	The Benevolent Society	Redlands Integrated Early Years Service Cnr School Road and Mount Cotton Road	Capalaba
Beenleigh	The Benevolent Society	Level 1, 3994 Pacific Highway	Loganholme
Brisbane	Kurbingui Youth and Family Development	445 Zillmere Road	Zillmere
Browns Plains/Beaudesert	Mercy Community	Level 1, 3202/10-20 Eastern Road	Browns Plains
Bundaberg/Fraser Coast	Act 4 Kids	Currently relocating.	
Cairns	Act for Kids	210-218 Scott Street	Bungalow
Charleville	Lifeline Darling Downs & South West QLD	65 Edward Street	Charleville
Emerald	UnitingCare Community	124 Borilla Street	Emerald
Gladstone	UnitingCare Community	25 Off Street	Gladstone
Gold Coast	Act for Kids	1-3 Casua Drive	Varsity Lakes
Ipswich	Kummara Limited	13 Thorn Street	Ipswich
Kingaroy	South Burnett CTC	Lot 2 Somerset Street	Kingaroy
Logan	The Benevolent Society	Level 1, 3994 Pacific Highway	Loganholme
Mackay	Act For Kids	15 Peel Street	Mackay
Moreton Bay	Mercy Community	Suites 28-29 Kingsgate Centre, 42-44 King Street	Caboolture
Mount Isa/Gulf	54 reasons	121 Marian Street	Townview
Rockhampton	UnitingCare Community	229 Musgrave Street	North Rockhampton
Roma	Lifeline Darling Downs & South West QLD	14-16 McDowall Street	Roma
Sunshine Coast/Gympie	Act for Kids	Unit 6A, 9 Capital Place	Birtinya
Toowoomba	Mercy Community	104 South Street	Rangeville
Townsville	Mercy Community	111 Charters Towers Road	Hermit Park

### *Family Wellbeing Services*

Queensland's Family Wellbeing Service was established to provide culturally responsive support to Aboriginal and Torres Strait Islander families to build their capacity to protect and care for their children. Aboriginal and Torres Strait Islander Community-Controlled Organisations led the design of the service, and lead service delivery, in collaboration with other community service providers.

This is the version of the intensive family support services that is specifically designed for Aboriginal and Torres Strait Islander families. It aims to divert Aboriginal and Torres Strait Islander families away from the need for ongoing departmental involvement and in some cases can focus in supporting family reunification to avoid long-term out-of-home care placement.

It is difficult to identify the exact number of Aboriginal and Torres Strait Islander Family Wellbeing Services online. However, there appear to be 35 services across Queensland delivered by community-controlled organisations to enable families to access support to improve wellbeing and build capacity to safely care for and protect their children.

### *Intensive Family Support Services*

The Intensive Family Support services respond to vulnerable families with children and young people (unborn to 18) who are at risk of involvement in the statutory child protection system. Intensive Family Support is a consent based program providing case management for clients who agree to engage with the service.

All individuals who identify as being family members of the referred child and consent to engage are eligible for a service. Case managers work collaboratively with families to identify and prioritise their presenting needs and provide intensive support interventions and engagement with specialist services.

In terms of Intensive Family Support services, there are 42 services available to respond to families with multiple and complex challenges using a case management approach to address risk factors and improve family functioning.<sup>10</sup>

#### *Secondary family support services*

Secondary Family Support services adopt a lead case manager model to match supports to families' needs and provide linkages to universally provided supports in the community. They aim to prevent entry or re-entry to the statutory child protection system.

#### *Targeted Family Support services*

Targeted Family Support services focus on particular cohort types or deliver specific types of intervention to vulnerable families who are not currently involved with or at immediate risk of entry to statutory child protective services, with a view to preventing entry or re-entry to that statutory system.

#### *Other*

There are a range of other programs and initiatives funded by Queensland Government that seek to address family members' needs in the pre-statutory context (e.g., Safe Haven). And in the youth justice space, Queensland Government funds a suite of initiatives from the secondary prevention and early intervention end (e.g., specialised TAFE courses), through to tertiary supports (e.g., the Alternative Diversion Program, Intensive Case Management).<sup>11</sup> The extent to which these are evidence-informed and routinely evaluated in the Queensland context varies, and should be a priority consideration for Government.

#### *Evaluations of Queensland's family support system*

There is limited publicly available outcomes or impact data on Queensland's government-funded family support system.

In 2015 the Queensland Government commissioned independent evaluations of Family and Child Connect and the Intensive Family Support service. While the reports from these evaluations are not publicly available, some key findings are in the public domain. For example, the PRC partnered with the University of Queensland (UQ) to examine outcomes associated with the Intensive Family Support Service across the 22 sites where it was delivered at that time. Their findings<sup>12,13</sup> indicated the Service was showing evidence of successfully reducing child protection notifications (the child protection escalation rate dropped from 12 to 7 percent over the course of implementation of the service), and improved life skills in parents. Three in five staff felt the service was effective in reducing entry/re-entry to Child Safety and rated 76 percent of families as having reduced or resolved their needs at exit from the service. The final report concluded that the service was addressing an important gap in the Queensland service system. Nevertheless, the study revealed a number of limitations associated with the delivery of Intensive Family Support services, including incontinuity in approach to service delivery between sites, gaps in service guidelines for very complex cases,

<sup>10</sup> [https://www.dcssds.qld.gov.au/\\_\\_data/assets/pdf\\_file/0011/5132/ifs-model-guidelines.pdf](https://www.dcssds.qld.gov.au/__data/assets/pdf_file/0011/5132/ifs-model-guidelines.pdf)

<sup>11</sup> <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/92dc8f1c-c8e3-439d-86e6-767fd12de899/a-safer-queensland-queensland-youth-justice-strategy-2024-2028.pdf>

<sup>12</sup> <https://www.parentingrc.org.au/news/intensive-family-support-program-improves-child-safety/>

<sup>13</sup> Referenced in Appendices B-8 to B-12 of this report by QFCC:

<https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Queensland%20Child%20Protection%20Reform%20Program%20%282014-24%29%20Implementation%20Evaluation%20Final%20Report%202019.PDF>

challenges associated with gaps in step-down services, and the need for greater staff practice guidance in working with Aboriginal and Torres Strait Islander families.

Griffith University was commissioned by the Queensland Government in 2015 to conduct an implementation and impact evaluation of the Family and Child Connect service. Findings<sup>14</sup> indicated a lack of awareness among potential referrers about the service and misaligned understanding about child safety thresholds between referrers and Child Safety which may have limited the use of the Family and Child Connect as an alternative to making a Child Concern Report. Nonetheless, Family and Child Connect staff and other stakeholders tended to view the service as effective in helping families navigate complex service systems.

QFCC's (October 2019<sup>15</sup>) evaluation of the Queensland Child Protection Reform Program identified the Family Wellbeing Service was viewed by stakeholders as an important way to address ongoing overrepresentation of Aboriginal and Torres Strait Islander families in the child protection system. However, at the time of their evaluation it was too early to determine what impact the Family Wellbeing Service was having.

The Department's website provides some public data about each of these programs; primarily output data including referral source, enquiries and rates per Aboriginal and Torres Strait Islander status and per 1,000 children. In the absence of any outcome or impact data it is extremely difficult to measure the success of a service and if the service is having the desired effect. Other jurisdictions such as NSW require universal measures using tools such as the Strengths and Difficulties (SDQ) questionnaire to ensure consistency of data and outcome measures across funded programs.

## Funding

Online data about funding for Queensland Government's suite of family support programs is available through Report on Government Services (ROGS) and Departmental annual reports.

A high-level overview of funding available is summarised below:

### *Report on Government Services*

Rate per child commencing Intensive Family Support<sup>16</sup>

- Queensland 2022/23 FY - \$13,879
- National Average during this same period was \$18,195 (range \$7,493 - \$25,645)

Real Recurrent Expenditure Intensive Family Support<sup>17</sup>

- Queensland 2022/23 FY - \$8,333
- National Average during this same period was \$10,976 (range \$4,424 - \$15,440)

The Department's Annual Report and the Report on Government Services do not align in terms of figures. This discrepancy is acknowledged by the Department, which has noted that Queensland's results in national publications like ROGS follow national counting rules, while figures reported by the Department use counting rules that align with Queensland legislation, policy and practice.

Nonetheless, on the basis of the public ROGS data Queensland spends \$4,316 per child commencing Intensive Family Support, which is \$2,643 less per child than the national average.

The Department's most recently available annual report published data about investment per family for Intensive Family Support and Family Wellbeing services. As summarised in Table 2 below the

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<sup>14</sup> Referenced in Appendix B-5 of this QFCC report: <https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Queensland%20Child%20Protection%20Reform%20Program%20%282014-24%29%20Implementation%20Evaluation%20Final%20Report%202019.PDF>

<sup>15</sup> Available at: <https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Queensland%20Child%20Protection%20Reform%20Program%20%282014-24%29%20Implementation%20Evaluation%20Final%20Report%202019.PDF>

<sup>16</sup> [16 Child protection services - Report on Government Services 2024 - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/16-child-protection-services-report-on-government-services-2024)

<sup>17</sup> [rogs-2024-partf-section16-child-protection-data-tables.xlsx \(live.com\)](https://www.rogs-2024-partf-section16-child-protection-data-tables.xlsx)

actual spend was \$13,174 per family (note this is a per family figure not a per child figure as listed above).

*Table 2. Per family investment in intensive family support in Queensland 2022-2023 (Source: Queensland Government website)<sup>18</sup>*

Investment per family support client receiving a service	Target	Actual
Intensive Family Support	\$12,200	\$13,174
Family Wellbeing	\$8,492	\$8,761

### Overview of Client Numbers – Family and Child Connect/ Intensive Family Support

In terms of client numbers, Department-reported data<sup>19</sup> indicate moderate decreases over the past five years:

Family and Child Connect – Enquires:

- 2019 – 32,538
- 2023 – 30,120

Family and Child Connect – Cases Created:

- 2019 – 18,556
- 2023 – 19,107

Intensive Family Support – Rates per 1,000:

- 2019 – No data
- 2020 – 16 per 1,000
- 2023 – 14 per 1,000 (Australian average 9.1 per 1,000)

However, it is unclear why these decreases have occurred, where and due to what changes or improvements.

During the 2019-2020 financial year the Department's total expenses for Child and Family Services (reported in the Annual report for Child and Family Services) was \$1,280,665,000. During the 2022-2023 financial year the total Child and Family Services budget was \$2,030,918,000. While the increase in expenditure may to some degree be explained by Machinery of Government changes with movements in Departmental structures, in the absence of other data, this is the closest available figure to compare Departmental expenditure over the same period of time. These figures suggest a \$750,253,000 (or a 58.5 percent) increase over time, yet this increasing expenditure is not reflected in the average spend on Intensive Family Support per child, which as noted earlier, is lower in Queensland than the national average.

While there are a number of references in the Department's Annual Report to where investments had gone during the 2022-23 period, it appears that investment was primarily into tertiary funded services. A more detailed examination of this data is outside the scope of this report.

### Queensland Audit Office – Family Support and Child Protection System

In 2021 The Queensland Audit Office conducted an Audit to assess how effectively Queensland public sector entities work together for safety and wellbeing titled "Family support and child protection system" Report 1:2020:21.<sup>20</sup> The report outlined that vulnerable families now have access to more support than they did before the Carmody enquiry, and many families report that the assistance is meeting their needs. However, the report goes on to outline that family support services at that time

<sup>18</sup> [Performance statement 2022-23 \(dcssds.qld.gov.au\)](https://www.dcssds.qld.gov.au/performance-statement-2022-23)

<sup>19</sup> [Family and Child Connect \(FaCC\) | Our Performance \(dcssds.qld.gov.au\)](https://www.dcssds.qld.gov.au/family-and-child-connect-facc-our-performance)

<sup>20</sup> [Family support and child protection system | Queensland Audit Office \(qao.qld.gov.au\)](https://www.qao.qld.gov.au/family-support-and-child-protection-system)

(i.e., 2021) lacked the capacity to significantly expand their offerings. The report outlined nine recommendations including two related to systems governance with a focus on more clearly defined roles, purpose and the interrelationship of the Interdepartmental Committee and the Regional Child, Youth and Family Committees, along with the enhancement of performance management through improving publicly available reporting data. This report reinforces findings of previous inquiries and reports and highlighted the need for meta-analysis of past programs of work and stronger investment, impact and outcome data to ensure future systems reform achieves the desired results in an increasingly tight fiscal environment.

## Drivers of entry to the statutory child protection system

Over the last decade there have been more than 40 Royal Commissions and independent inquiries in relation to child protection, with extensive reporting on the drivers of entry into the child protection system across the country. Internationally, the academic literature is replete with evidence about factors *associated* with increased risk for child abuse and neglect,<sup>21</sup> including individual child factors (e.g., low birth weight, pregnancy or birth complications, child temperament and behaviour, child disability), familial or parental factors (e.g., substance abuse, involvement in criminal behaviour, family conflict or violence, mental health, perceptions of the child as ‘a problem’, parental history of maltreatment as a child, large family size, exposure to stress, parental temperament, teenage/young parenting, single parenting, low level of parental education, intellectual disability, use of corporal punishment, unplanned pregnancy, physical health problems, low self-esteem, social isolation), and socio-environmental factors (e.g., socio-economic disadvantage, parental unemployment, housing stress, lack of access to social support, lack of prenatal care, neighbourhood disadvantage, neighbourhood violence).

The problem is that none of these risks are definitively predictive of abuse, even when risks are cumulative.

Child protection systems are based on certain assumptions, such as the idea that as risk increases, fewer children are affected, and that child concern reports need to be screened to identify real cases needing protection. Additionally, the evidence is clear that there are not enough early intervention services for vulnerable families. There are a range of factors that escalate entry of children and ‘at-risk’ families into the child protection system. In Queensland, several complex and interconnected elements contribute to children entering the statutory system. These factors reflect both individual family situations and broader societal influences. Key factors include:

### 1. *Family and parenting pressure points and domestic and family violence*

The ACMS found that four family-related adversities in childhood each more than doubled the likelihood of experiencing multi-type maltreatment in childhood: (a) parental separation/divorce; (b) living with someone who was mentally ill, suicidal or severely depressed; (c) living with someone who had a problem with alcohol or other drugs (AOD); and (d) family economic hardship.<sup>22</sup>

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<sup>21</sup> For example, Black, Smith Slep & Heyman, 2001; Brown, Cohen, Johnson, & Salzinger, 1998; Clément, Bérubé & Chamberland, 2016; Dubowitz et al., 2011; Forston, Klevens, Merrick, Gilbert & Alexander, 2016; Freisthler, Merrit & LaScala 2006; Li et al., 2011; Palusci, 2011; Putnam-Hornstein & Needell, 2011; Shook Slack et al., 2011

<sup>22</sup> Higgins, D. J. & Hunt, G. R. (2023). Child, parent and contextual factors associated with child protection system involvement and child maltreatment in the family: A rapid evidence review. *Australian Journal of Social Issues*. <https://doi.org/10.1002/ajs4.306>

A wealth of Australian and international studies have pointed to family and parent characteristics that are commonly associated with child maltreatment, and which may be driving referrals into the child protection system. For instance:

- In addition to parental AOD use and parental mental health issues, domestic and family violence (DFV) has been identified as a key behavioural risk factor in reports of child maltreatment and placement in out-of-home care.<sup>23,24</sup>
- In an Australian study<sup>25</sup> of families reported prenatally to child protection authorities, 58 percent of the families included cases of parental mental health issues ranging from suicidal ideation or suicide attempts, self-harm, diagnosed mental disorders, or hospitalisation; and 63 percent of the families included cases of parental AOD use.
- The Wood Inquiry<sup>26</sup> into child protection services in New South Wales (2008) found that families in contact with the child protection system are characterised by a range of complex risk factors including DFV, AOD use, mental health issues, limited social supports, low income and a history of incarceration.
- In a New South Wales birth cohort study, young maternal age ( $\leq 21$  years), maternal mental health, maternal smoking during pregnancy, parent criminality and parent mental illness were associated with child maltreatment.<sup>27</sup>
- Kisely and colleagues<sup>28</sup> examined a longitudinal birth cohort of Australian siblings and found that maternal age (under 20 years) was the strongest and most consistent predictor of child maltreatment, with Aboriginal and Torres Strait Islander status, experiences of poverty, parental relationship and maternal depression as having a smaller association with child maltreatment. Kisely et al<sup>29</sup> also found single parenting to be a factor in child protection referrals, as have other Australian studies.<sup>30,31</sup>

## 2. Disability and illness

Additional family pressures may make families vulnerable to child protection involvement. One widely examined 'pressure' is child disability. Parents of children with disability experience significantly

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<sup>23</sup> Fernandez, E., Delfabbro, P., Ramia, I. & Kovacs, S. (2019) Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*, 97, 100–111.  
<https://doi.org/10.1016/j.childyouth.2017.06.008>

<sup>24</sup> Luu, B., Conley Wright, A., Schurer, S., Metcalfe, L., Heward-Belle, S., Collings, S., & Barrett, E. (2024). Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues. ANROWS. [RP20.02-LUU-WRIGHT-2024-Analysis-of-linked-longitudinal-administrative-data-on-child-protection.pdf](https://www.anrows.gov.au/sites/default/files/2024-02/2024-02-LUU-WRIGHT-2024-Analysis-of-linked-longitudinal-administrative-data-on-child-protection.pdf) ([anrows-2019.s3.ap-southeast-2.amazonaws.com](https://www.anrows.gov.au/sites/default/files/2024-02/2024-02-LUU-WRIGHT-2024-Analysis-of-linked-longitudinal-administrative-data-on-child-protection.pdf))

<sup>25</sup> Meiksans, J., Arney, F., Flaherty, R., Octoman, O., Chong, A., Ward, F. et al. (2021) Risk factors identified in prenatal child protection reports. *Children and Youth Services Review*, 122, 105905.

<sup>26</sup> <https://www.nsw.gov.au/the-cabinet-office/special-commissions-of-inquiry/child-protection-services-nsw>

<sup>27</sup> Green, M.J., Watkeys, O.J., Kariuki, M., Hindmarsh, G., Whitten, T., Dean, K. et al. (2022) Forecasting childhood adversities from conditions of birth. *Paediatric and Perinatal Epidemiology*, 36, 230–242.

<sup>28</sup> Kisely, S., Strathearn, L. & Najman, J.M. (2021) Risk factors for maltreatment in siblings of abused children. *Pediatrics*, 147(5), e2020036004.

<sup>29</sup> Kisely, S., Strathearn, L. & Najman, J.M. (2021) Risk factors for maltreatment in siblings of abused children. *Pediatrics*, 147(5), e2020036004.

<sup>30</sup> Bor, W., Stallman, H., Collerson, E., Boyle, C., Swenson, C.C., McDermott, B. et al. (2013) Therapy implications of child abuse in multi-risk families. *Australasian Psychiatry*, 21(4), 389–392.

<sup>31</sup> Fernandez, E., Delfabbro, P., Ramia, I. & Kovacs, S. (2019) Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*, 97, 100–111.  
<https://doi.org/10.1016/j.childyouth.2017.06.008>

greater stress, depression and anxiety compared to other parents.<sup>32,33,34</sup> They are less likely to engage in self-care and self-compassion, and are more likely to report sleep problems in their child and their own fatigue.<sup>35</sup> Families who have a child with disability are also reported to be at greater likelihood of statutory child protection involvement. Both physical and intellectual disabilities in children have been shown to be associated with higher rates of child maltreatment.<sup>36</sup> A large proportion (up to 1 in 3 as reported in international studies) of children in care have physical or cognitive disabilities.<sup>37</sup> Australian Institute of Health and Welfare (AIHW) data<sup>38</sup> indicate that in Australia about 15 percent of children in care have a disability, noting there are definitional differences across jurisdictions and the proportion is likely to be much higher if a broader conceptualisation of disability is applied.<sup>39</sup>

Parental disability and illness have been identified as common factors associated with child protection involvement.<sup>40</sup> And certainly, parents with intellectual disability are overrepresented in child protection systems here and internationally.<sup>41</sup> However, the extent to which prejudiced beliefs, perceptions and expectations about parents with intellectual disability influences this overrepresentation must be considered.<sup>42</sup> For example, unfair assessment processes and failure to offer parents the opportunity to learn/change through appropriately tailored support are some of the consequences of assumptions that parents will be incapable of meeting the demands of parenting. Child protection notifications may be made in such cases, rather than a referral or offer of family support.

Thus, while some family, child or parent characteristics are likely to drive entry into the statutory child protection system, the extent to which these characteristics are *causal* to child maltreatment is less clear. Certainly, in some cases, parent or child characteristics are *indicators* of a need for support, but not necessarily indicators of *risk*.

### 3. Parenting skills

Poor parenting skills have been shown to be associated with child protection involvement. For example, Lennings and colleagues (2014)<sup>43</sup> found the number of child abuse notifications was

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<sup>32</sup> Dillon-Wallace, J.A., McDonagh, S.H., & Fordham, L.A. (2014). How stable is the well-being of Australian mothers who care for young children with special health care needs? *Journal of Child and Family Studies*, 23(7), 1215-1226.

<sup>33</sup> Miodrag, N., Burke, M., Tanner-Smith, E., & Hodapp, R.M. (2015). Adverse health in parents of children with disabilities and chronic health conditions: a metaanalysis using the Parenting Stress Index's Health Sub-domain. *Journal of Intellectual Disability Research*, 59(3), 257-271

<sup>34</sup> Cousino, M.K., & Hazen, R.A. (2013). Parenting stress among caregivers of children with chronic illness: a systematic review. *Journal of Pediatric Psychology*, 38(8), 809-828.

<sup>35</sup> Parenting Research Centre. (March, 2021). *Research Brief: Parental Self-Care and Self-Compassion*. Melbourne: Parenting Research Centre. [https://www.parentingrc.org.au/wp-content/uploads/ResearchBrief\\_ParentalSelfCareCompassion43.pdf](https://www.parentingrc.org.au/wp-content/uploads/ResearchBrief_ParentalSelfCareCompassion43.pdf)

<sup>36</sup> Kisely, S., Strathearn, L. & Najman, J.M. (2021) Risk factors for maltreatment in siblings of abused children. *Pediatrics*, 147(5), e2020036004.

<sup>37</sup> Slayter E. M. (2016). Foster Care Outcomes for Children With Intellectual Disability. *Intellectual and developmental disabilities*, 54(5), 299–315. <https://doi.org/10.1352/1934-9556-54.5.299>

<sup>38</sup> AIHW. (2021). Data tables: Child protection Australia 2019–20. Child Welfare series no. 74. Cat no. CWS 78. Canberra: AIHW. Accessed 28 August 2021. Available at: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2019-20/summary>

<sup>39</sup> Wade C. (2024). Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. *Child Abuse Negl.*, 149, 106398. doi: 10.1016/j.chiabu.2023.106398

<sup>40</sup> Fernandez, E., Delfabbro, P., Ramia, I. & Kovacs, S. (2019) Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*, 97, 100–111. <https://doi.org/10.1016/j.chilyouth.2017.06.008>

<sup>41</sup> <https://www.parentingrc.org.au/wp-content/uploads/PRC-Submission-to-Royal-Commission-on-Disability-Oct-2019.pdf>

<sup>42</sup> IASSID Special Interest Research Group on Parents and Parenting with Intellectual Disabilities (2008)

<sup>43</sup> Lennings, C.J., Brummert Lennings, H.I., Bussey, K. & Taylor, A.J. (2014) Family risk assessment: Characteristics of families with child abuse notifications in Australia. *Journal of Child Custody*, 11(1), 61–75.

associated with parents' poor interpersonal skills and poor stress management. Bor and colleagues (2013)<sup>44</sup> found that the majority of parents of children involved with child protection services had dysfunctional parenting practices including over-reliance on overly long reprimands and talking. These findings highlight that with the right supports parenting skills can be enhanced, ameliorating the drive into statutory child protection processes.

#### 4. Socioeconomic disadvantage

Poverty and homelessness or housing instability have also been identified as key drivers into the child protection system. Geography is also a consideration, particularly in remote parts of Australia.

The AIHW (2024)<sup>45</sup> describe currently available National child protection data and note that families living in very remote areas are more likely to have substantiated notifications, compared to those living in major cities, and that families living in low socioeconomic situations are more likely to enter the child protection system and have substantiated notifications.

Housing instability, including homelessness, and financial difficulty were strongly associated with child maltreatment and increased the likelihood for child protection involvement.<sup>46</sup>

#### 5. Cultural factors

The AIHW report<sup>47</sup> that Aboriginal and Torres Strait Islander children and young people are seven times more likely to receive child protection services nationally than other young people. In Queensland, despite Aboriginal and Torres Strait Islander people accounting for less than three percent of the population, one-third of children receiving child protection services are Aboriginal or Torres Strait Islander.

The overrepresentation of Aboriginal and Torres Strait Islander children in child protection (and youth justice) systems continues to be a concern. And while Aboriginal and Torres Strait Islander status is thought to be a predictor of entry into child protection and out-of-home care, research remains quite limited on this.<sup>48,49,50</sup>

In one Queensland study<sup>51</sup> involving a cohort study of 3,217 individuals with at least one contact with the Queensland child protection system, 22.8 percent of perpetrators of child abuse and neglect were Aboriginal and/or Torres Strait Islander.

Aboriginal and Torres Strait Islander children have been reported to have a 19- to 22-fold greater prevalence of exposure to violence, be more likely to be in care due to their parents being affected

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<sup>44</sup> Bor, W., Stallman, H., Collerson, E., Boyle, C., Swenson, C.C., McDermott, B. et al. (2013) Therapy implications of child abuse in multi-risk families. *Australasian Psychiatry*, 21(4), 389–392.

<sup>45</sup> <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection#same>

<sup>46</sup> Fernandez, E., Delfabbro, P., Ramia, I. & Kovacs, S. (2019) Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*, 97, 100–111. <https://doi.org/10.1016/j.childyouth.2017.06.008>

<sup>47</sup> <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2014-15/summary>

<sup>48</sup> Delfabbro, P. (2018). *Aboriginal children in out-of-home care in NSW: Developmental outcomes and cultural and family connections*. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 11. Sydney. NSW Department of Family and Community Services.

<sup>49</sup> Mendes, P., Standfield, R., Saunders, B., McCurdy, S., Walsh, J. & Turnbull, L. (2022). Indigenous youth transitioning from out-of-home care in Australia: A study of key challenges and effective practice responses. *Journal of Children's Services*, 17, 16-32.

<sup>50</sup> Wade C. (2024). Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. *Child Abuse Negl.*, 149, 106398. doi: 10.1016/j.chiabu.2023.106398

<sup>51</sup> Allard, T. & Hurren, E. (2018) Who is responsible for child maltreatment? *Trends and Issues in Crime and Criminal Justice*, 547, 1–15.

by DFV, parent illness and disability, sexual abuse and substance abuse and are less likely to be reunified with their family after being placed in care.<sup>52</sup>

Explanations for this overrepresentation must be mindful of the likely impact of colonisation, past attempts at assimilation (e.g., through the Stolen Generation) and trauma on Aboriginal and Torres Strait Islander people and communities.<sup>53,54</sup> Inter-generational trauma and forced living circumstances that do not meet the cultural needs of children, may place Aboriginal and Torres Strait Islander children at increased risk of poor safety, justice contacts and poor wellbeing outcomes. Systemic and institutional racism also play a role in the overrepresentation of Aboriginal and Torres Strait Islander children and young people in child protection systems.

#### 4. Mandatory reporting

Five years ago Queensland increased thresholds for Mandatory Reporting. This led to increased referrals to regional intake services rather than the previous approach of making a notification to Child Safety. In doing so reporters acquit their responsibility for the case even if the family did not receive an appropriately triaged response. This led to the creation of bottlenecks in the intake, referral and reporting system – children who could have been receiving targeted early intervention or family preservation supports were compelled to wait, often while risks escalated. As a result of this process change, increasing the threshold for notification seems to have led to increased risks for families with complex needs receiving timely and appropriate support.

One of the results from the Crime and Misconduct Commission Protecting Children Inquiry into Abuse of Children in Foster Care and the subsequent Reforming Child Protection in Queensland Report<sup>55</sup> was the creation of Child Safe Directors in every department. These roles were established with the intention of creating dedicated directors within departments, and a high-level coordinating committee, to ensure multi-agency cooperation, coordination and service delivery in a holistic and integrated child protection model. Some of the roles have been maintained in Department's in child protection units, but in many settings these roles have now morphed into other positions.

The current reporting and referral structures for children identified as at-risk can mean that responsibility for support is shifted from agency to agency. As was identified in the PRC and UQ report on the implementation and impact of the Intensive Family Support Service in 2018, gaps in the availability of services locally means that referrers don't know where else to refer children but back to child protective services. Services need to be better equipped to provide a response to families that goes beyond navigation to another agency.

#### 5. Community and social services involvement

Previous child protection contacts both for parents ("intergenerational" involvement) and for children (either earlier contacts for the same child, or for siblings) have been associated with higher likelihoods of further harm.<sup>56,57</sup> And there is some evidence that parents who were abused as a child are also

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<sup>52</sup> Fernandez, E., Delfabbro, P., Ramia, I. & Kovacs, S. (2019) Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*, 97, 100–111. <https://doi.org/10.1016/j.childyouth.2017.06.008>

<sup>53</sup> Mendes, P., Standfield, R., Saunders, B., McCurdy, S., Walsh, J. & Turnbull, L. (2022). Indigenous youth transitioning from out-of-home care in Australia: A study of key challenges and effective practice responses. *Journal of Children's Services*, 17, 16-32.

<sup>54</sup> Wade C. (2024). Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. *Child Abuse Negl.*, 149, 106398. doi: 10.1016/j.chiabu.2023.106398

<sup>55</sup> [Reforming-child-protection-in-qld-a-review-of-the-implementation-Report-2007.pdf \(ccc.qld.gov.au\)](#)

<sup>56</sup> Fogarty, A., Jones, A., Seymour, M., Savopoulos, P., Evans, K., O'Brien, J. et al. (2022) The parenting skill development and education service: telehealth support for families at risk of child maltreatment during the COVID-19 pandemic. *Child & Family Social Work*, 27(3), 392–404.

<sup>57</sup> Lennings, C.J., Brummert Lennings, H.I., Bussey, K. & Taylor, A.J. (2014) Family risk assessment: Characteristics of families with child abuse notifications in Australia. *Journal of Child Custody*, 11(1), 61–75.

significantly more likely to be re-referred to child protection.<sup>58</sup> However, the degree to which any association between past abuse of the parent as a child and likelihood of abusing an own child is due to learnt parenting approaches through exposure to poor parenting, or to other associated contextual factors such as poverty and family pressures, is unclear.

## Youth Justice

Many of the drivers into the child protection system described above are important also when considering drivers into the Youth Justice system.

For example:

- Research indicates that many young offenders experience complex issues within their family, including neglect, DFV, and AOD use. Many have poor health, including mental health issues and behavioural disorders; and many are disengaged from education and employment.<sup>59</sup>
- Parental employment and education status, low parent supervision, family structures (e.g. parental relationship status), home instability, family stress, experience of child abuse and neglect and a lack of parenting skills and knowledge have been identified as childhood contributors to rates of offending.<sup>60</sup>
- Sociological factors such as poverty, social exclusion, and low levels of education are linked to criminal behaviour. Individuals who live in disadvantaged neighbourhoods or who lack access to education and employment opportunities may be more likely to engage in criminal activities due to a lack of other options. Similarly, social networks and peer pressure can also play a role in the development of criminal behaviour.<sup>61</sup>
- Exposure to violence, substance abuse, and other forms of trauma can increase the risk of criminal activity. Ayano et al. (2024)<sup>62</sup> found evidence of a relationship between youth criminal behaviour and substance use, previous history of crime, moral development, psychopathology, adverse childhood experiences, inadequate parental supervision child abuse or neglect, attachment, and school bullying.
- A 2019 study by the Australian Institute of Criminology<sup>63</sup> explored histories of children involved in the Victorian youth justice system. They found these children almost universally had adverse family circumstances, including child protection involvement, exposure to DFV, the presence of mental illness in the household, substance abuse in the household, criminal justice involvement of other family members, parental death and parental separation or divorce. Furthermore, interacting with the youth justice system was associated with a high likelihood of criminal justice involvement as an adult.

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<sup>58</sup> Kaltner, M. (2013) Re-referral for complex child abuse and neglect concerns: the influence of family and child factors in a 25 year data set. *Children Australia*, 38(1), 15–21.

<sup>59</sup> [Criminology: Understanding the Causes and Consequences of Criminal Behavior \(PoliceOfficer.org\)](#)

<sup>60</sup> Basto-Pereira, M., & Farrington, D.P. (2022). Developmental predictors of offending and persistence in crime: A systematic review of meta-analyses. *Aggression and Violent Behaviour*, 65. <https://doi.org/10.1016/j.avb.2022.101761>

<sup>61</sup> [Criminology: Understanding the Causes and Consequences of Criminal Behavior \(PoliceOfficer.org\)](#)

<sup>62</sup> Ayano, G., Rooney, R., Pollard, C.M. et al. (2024). Risk and protective factors of youth crime: An umbrella review of systematic reviews and meta-analyses. *Clinical Psychology Review*. <https://doi.org/10.1016/j.cpr.2024.102479>

<sup>63</sup> Baidawi, S. & Sheehan, R. (2019). 'Crossover kids': Offending by child protection-involved youth. Australian Institute of Criminology: Trends & issues in crime and criminal justice. [ti582\\_crossover\\_kids-v2.pdf \(aic.gov.au\)](https://www.aic.gov.au/ti582_crossover_kids-v2.pdf)

# Re-imagining family support

Families with multiple complexities – including those that are intergenerational – face the greatest perceived risk of children entering statutory child protection and youth justice systems. Can these pathways be avoided with earlier intervention and prevention strategies? Is greater investment at the early intervention and prevention end of the spectrum going to yield better results (including economically) in terms of children and youth keeping safe and well, and parents and families who are thriving? The current service system is ill-equipped to meet the needs of families with multiple and complex needs, and statutory systems like child protection are currently unable to identify optimal intervention points for families in need.

Parenting and family support play a crucial role in enhancing outcomes for children and families. Research indicates that the health, development and overall wellbeing of children depend on the quality of parenting received.<sup>64,65,66,67,68,69,70</sup> Importantly, parenting skills are not static; with the right support and circumstances, parents can learn effective strategies to meet their child's development and learning needs and can acquire the skills and understanding to keep their children safe from harm.<sup>71,72,73,74</sup>

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<sup>64</sup> Dyches TT, Smith TB, Korth BB, Roper SO, Mandlco B. (2012). Positive parenting of children with developmental disabilities: a meta-analysis. *Res Dev Disabil*, 33(6), 2213-20.

<sup>65</sup> Kaminski JW, Robinson LR, Hutchins HJ, Newsome KB, Barry CM. (2022). Evidence base review of couple- and family-based psychosocial interventions to promote infant and early childhood mental health, 2010-2019. *J Marital Fam Ther*, 48(1), 23-55.

<sup>66</sup> Keating DP, Hertzman C (1999). *Developmental health and the wealth of nations: Social, biological, and educational dynamics*. The Guilford Press.

<sup>67</sup> Meisels SJ, & Shonkoff JP. (2000). *Handbook of early childhood intervention*. Cambridge University Press.

<sup>68</sup> Doyle FL, Morawska A, Higgins DJ, Havighurst SS, Mazzucchelli TG, Toumbourou JW, Middeldorp CM, Chainey C, Cobham VE, Harnett P, Sanders MR. (2023). Policies are Needed to Increase the Reach and Impact of Evidence-Based Parenting Supports: A Call for a Population-Based Approach to Supporting Parents, Children, and Families. *Child Psychiatry Hum Dev*, 54(3), 891-904.

<sup>69</sup> Davidov M, Grusec JE. (2006). Untangling the links of parental responsiveness to distress and warmth to child outcomes. *Child Dev*, 77(1), 44-58.

<sup>70</sup> Morris AS, Criss MM, Silk JS, Houlberg BJ. (2017). The Impact of Parenting on Emotion Regulation During Childhood and Adolescence. *Child Dev Perspect*, 11, 233-238.

<sup>71</sup> FrameWorks Institute. (2020). *Reframing Children's Mental Health: A communications toolkit* [Internet]. Accessed Apr 20, 2023. Available from: <https://www.frameworksinstitute.org/toolkit/reframing-childrens-mental-health>

<sup>72</sup> Hackworth N, Nicholson JM, Matthews J, Berthelsen D, Cann W, Westrupp EM, Ukoumunne OC, Yu M, Bennetto J, Bennetts S, Hamilton V, Johnson N, Phan T, Scicluna A, Trajanovska M. (2013). *Early Home Learning Study: Overview and outcomes. Final Report to the Victorian Government Department of Education and Early Child Development* [Internet] Melbourne: Parenting Research Centre. Accessed Apr 20, 2023. Available from: <https://www.smalltalk.net.au/wp-content/uploads/EHLS-Early-Home-Learning-Study-Exec-Summary-Final.pdf>

<sup>73</sup> Hackworth NJ, Berthelsen D, Matthews J, Westrupp EM, Cann W, Ukoumunne OC, Bennetts SK, Phan T, Scicluna A, Trajanovska M, Yu M, Nicholson JM. (2017). Impact of a Brief Group Intervention to Enhance Parenting and the Home Learning Environment for Children Aged 6-36 Months: a Cluster Randomised Controlled Trial. *Prev Sci*, 18(3), 337-349.

<sup>74</sup> Parenting Research Centre. (2017). *Support for new parents and babies in New South Wales: The importance of parenting support* [Internet]. Melbourne: Parenting Research Centre. Accessed Apr 2023. Available from: <https://www.parentingrc.org.au/wp-content/uploads/2018/02/Submission-NSW-Parl-Inquiry-1.pdf>

A substantial body of research<sup>75,76,77,78,79,80</sup> has shown that interventions aimed at improving the skills and confidence of parents and caregivers are among the most effective means of positively influencing children's developmental pathways and supporting their wellbeing. Consequently, parents and caregivers should be recognised as vital "change agents" capable of making a significant positive impact on their children's lives, and acknowledging this is essential for improving child outcomes.

It is worth noting, in particular, that pre-teens (ages 9-12) and their families are frequently neglected in family and child support policies and practices, resulting in lost opportunities for early intervention and prevention at a crucial stage of development. During the pre-teen years, while parents and caregivers continue to exert significant influence, PRC research<sup>81</sup> highlights that this is also a period when parental confidence tends to decline. By providing supports tailored to this developmental stage and implementing specific parenting interventions, we can enhance parental confidence and empower families to navigate this transitional phase, ultimately benefiting the health and wellbeing of young people through to early adulthood.

Supporting families in their parenting efforts has the potential to tackle inequality and reduce the effects of disadvantage. It is well-documented that children's wellbeing follows a social gradient; however, research also demonstrates that the quality of nurturing received can mitigate the impact of adverse conditions on children's development and wellbeing. Studies from the PRC<sup>82, 83</sup> indicate that parents from socially disadvantaged backgrounds can enhance the frequency of positive parent-child interactions at home, which are known to foster early cognitive and language development. This positioning can allow their children to better leverage educational opportunities, potentially leading to improved long-term life outcomes.

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<sup>75</sup> Doyle FL, Morawska A, Higgins DJ, Havighurst SS, Mazzucchelli TG, Tombourou JW, Middeldorp CM, Chainey C, Cobham VE, Harnett P, Sanders MR. (2023). Policies are Needed to Increase the Reach and Impact of EvidenceBased Parenting Supports: A Call for a Population-Based Approach to Supporting Parents, Children, and Families. *Child Psychiatry Hum Dev*, 54(3), 891-904.

<sup>76</sup> Hudson A, Cameron C, Matthews J. (2008). The wide-scale implementation of a support program for parents of children with an intellectual disability and difficult behaviour. *J Intellect Dev Disabil*, 33(2), 117-26.

<sup>77</sup> Gardner F, Montgomery P, Knerr W. (2016). Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3-10) Between Countries: Systematic Review and Meta-Analysis. *J Clin Child Adolesc Psychol*. 5(6), 749-762.

<sup>78</sup> Michelson D, Davenport C, Dretzke J, Barlow J, Day C. (2013). Do evidence-based interventions work when tested in the "real world?" A systematic review and meta-analysis of parent management training for the treatment of child disruptive behavior. *Clin Child Fam Psychol Rev*, 16(1), 18-34.

<sup>79</sup> Ruane A, Carr A. (2019). Systematic Review and Meta-analysis of Stepping Stones Triple P for Parents of Children with Disabilities. *Fam Process*, 58(1), 232-246.

<sup>80</sup> Spencer CM, Topham GL, King EL. (2019). Do online parenting programs create change?: A meta-analysis. *J Fam Psychol*, 34(3), 364-374.

<sup>81</sup> Wade, C., Almendingen, A. & Robinson, E. (2022). How parenting pre-teens compares to other child stages: Identifying opportunities to enhance adolescent mental health and wellbeing. *Children and Society*, 36(6), 1296-1318. doi: 10.1111/chso.12577

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