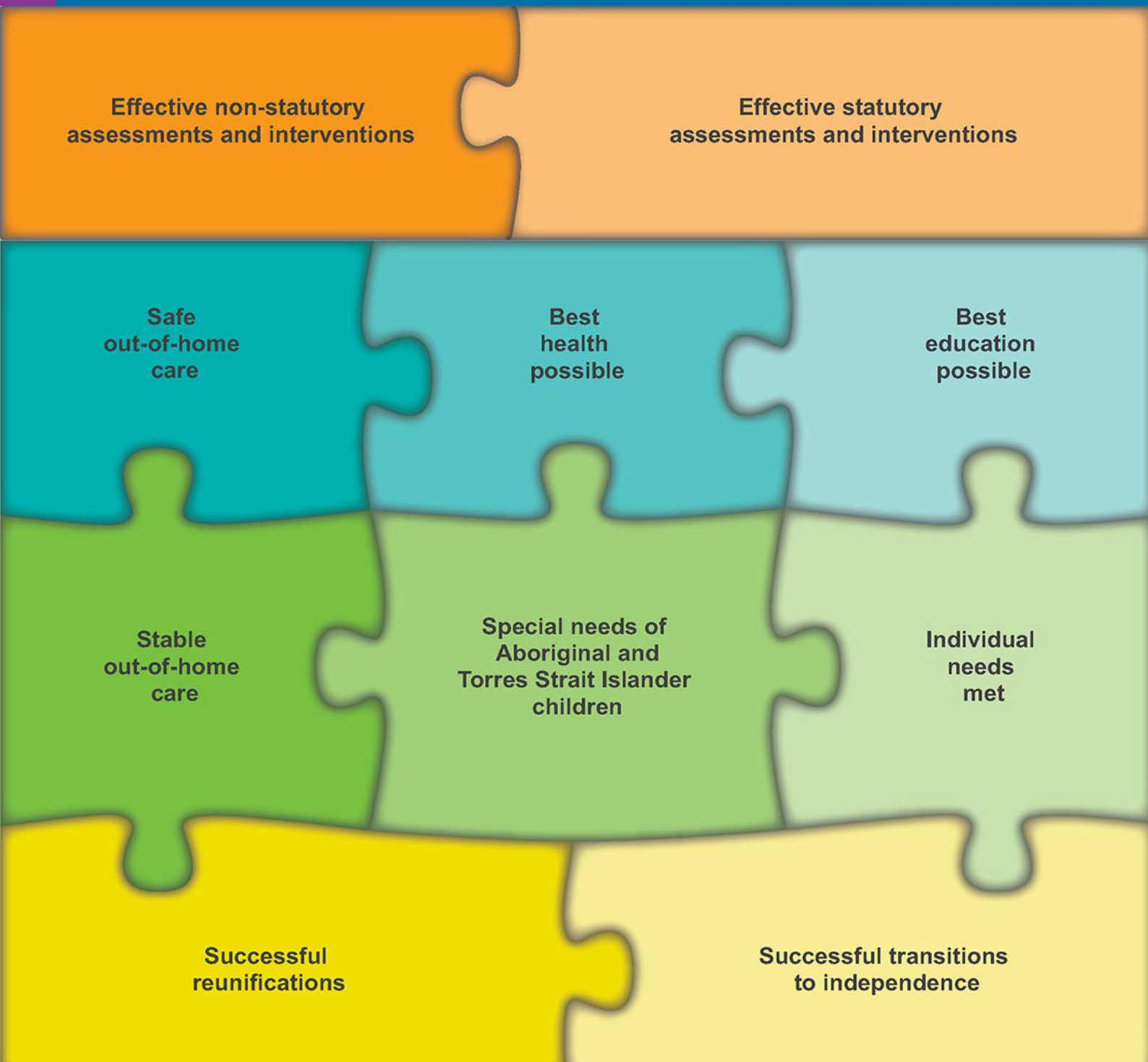
commission for children and young people and child guardian

A better life for Queensland children

Queensland Child Guardian Key Outcome Indicators Update

Queensland Child Protection System 2010-13



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Queensland Child Guardian Key Outcome Indicators Update: Queensland Child Protection System 2010–13

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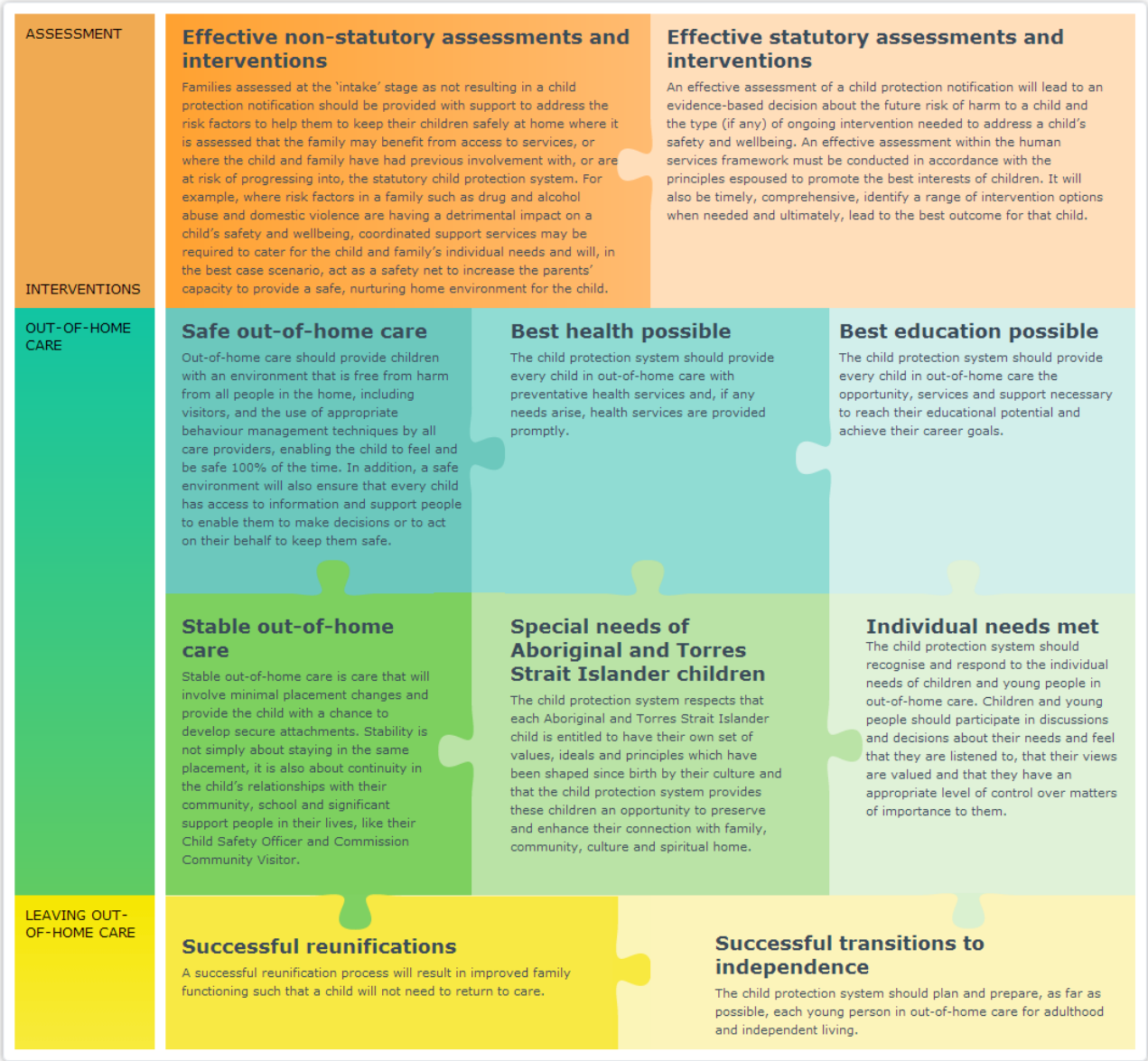


Introduction - Key Outcome Indicators Framework (Jigsaw)

Introduction

The Commission for Children and Young People and Child Guardian (the Commission) is responsible for the independent monitoring of the child protection system in Queensland. The *Queensland Child Guardian Key Outcome Indicators Update: Queensland Child Protection System 2010–13* (the Update) represents the Commission's latest analysis of the performance of the outcomes experienced by Queensland children and young people known to the child protection system.

It is important to highlight that Queensland's child protection system includes the services collectively delivered by the Department of Communities, Child Safety and Disability Services (as lead agency) and relevant government service providers, including Queensland Health and the Department of Education, Training and Employment as well as non-government service providers. The system also includes children and young people who are known to the Department of Communities, Child Safety and Disability Services (the Department) because of allegations of harm or risk of harm, regardless of whether these children enter out-of-home care.

This Update features outcome measures in the Update section of the report and additional measures included in a supplementary data report. The supplementary data is categorised under each of the Key Outcome Indicators (KOIs) and can be accessed on the online link titled *Queensland Child Guardian Key Outcome Indicators Update: Queensland Child Protection System 2010–13 - Supplementary Data*. This Update also includes an Overview section, designed to provide a succinct picture of the child protection system in Queensland. This two-pronged approach sharpens the focus on reporting genuine outcomes for children and young people known to the child protection system.

This Update features the Commission's Performance Assessments, which are intended as a summary comment on the current functioning of the child protection system in relation to each KOI. The Commission's Performance Assessments are aimed at helping service providers and stakeholders quickly identify priority areas for action.

This is the third Update released by the Commission in an interactive on-line format and continues the Commission's commitment to providing high-quality, up-to-date and readily accessible data and reports on matters pertaining to vulnerable and disadvantaged children. The on-line report also features interactive graphs. Clicking on the legend within the graph enables various elements of the data to be highlighted.

Key Outcome Indicators Framework (Jigsaw)

The KOIs (represented in the Jigsaw) provide a comprehensive framework for examining the experiences of children and young people in the child protection system. They represent the desired safety and wellbeing outcomes for children and young people who come into contact with the child protection system. The Commission developed this monitoring framework in 2005, and has reported annually on each of these outcome indicators since. Past annual reports on the KOIs can be accessed on the reports page on the Commission's website.

Each piece of information that informs these indicators adds to our understanding of how children and young people involved in this service system are faring. Combined, these indicators provide an informative picture about what we hear, what we see and what we have learned about children and young people in the child protection system.

The Commission uses this information to identify and advocate for improvements to service delivery for these children and young people. The Commission analyses and publishes this evidence so that service providers can better understand their positive and negative impacts on children and young people and direct efforts where required.

The performance assessments are determined as follows:

Child Guardian Performance Assessment Indicator (Green)

The child protection system is performing well across this key outcome indicator and any areas for improvement are being actioned appropriately.

Child Guardian Performance Assessment Indicator (Amber)

The child protection system is performing satisfactorily across this key outcome indicator. However, scope for improvement exists and the success of action being undertaken may not yet be evident.

Child Guardian Performance Assessment Indicator (Red)

The child protection system is performing below the expected standard and the corrective action being taken has not yet produced the desired result, creating risk of negative outcomes for children and young people.

The following links provide information in relation to:

- the evidence base used by the Commission to inform the Indicators
- the Department of Communities, Child Safety and Disability Services child protection data for Queensland

The future of oversight reporting on the Queensland child protection system

In light of the Government's acceptance of the Queensland Child Protection Commission of Inquiry recommendations contained in the *Taking Responsibility: A Roadmap for Queensland Child Protection* report, this will be the last Update Report produced under the monitoring and oversight powers of the current *Commission for Children and Young People and Child Guardian Act 2000*. Therefore, the Commission has sought to maintain its approach in highlighting critical findings in response to the specific key outcome indicators from service delivery programs and statutory provisions in the child protection system.

The Taking Responsibility report recommended that the Government's new Queensland Family and Child Commission (QFCC) will take over the responsibility to monitor, review and report on the performance of the child protection system in line with the *National Framework for Protecting Australia's Children 2009-2020.* The recommendations also reference the QFCC's role in providing cross-sectoral leadership and advice for the protection and care of children and young people to drive achievement of the child protection system, and to provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland's child protection system.

Maintaining and developing an appropriate outcome data collection will remain paramount to forming a solid evidential base to inform government's understanding of the trends and inherent characteristics on a national basis. It will also be critical to understand the experiences of children and young people and their families known to and at risk of entering the child protection system to form a benchmark to monitor and evaluate the effectiveness of anticipated reforms to the sector.

Overview of the child protection system in Queensland

This section details current data and trends about the Queensland child protection system as well as the particular interventions undertaken in response. This section also highlights the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system.

Overview data[1]	2010–11	2011–12	2012–13
Rate (per 1,000) of Queensland children subject to Notifications[2] (Departmental numerator data)	17.8	20.4	19.5
Rate (per 1,000) of Queensland children in out-of-home care[3] (Departmental numerator data)	6.8	7.5	7.5
Rate of Aboriginal and Torres Strait Islander children subject to a Notification (per 1,000)[4] (Departmental numerator data)	70.7	69.6	68.4

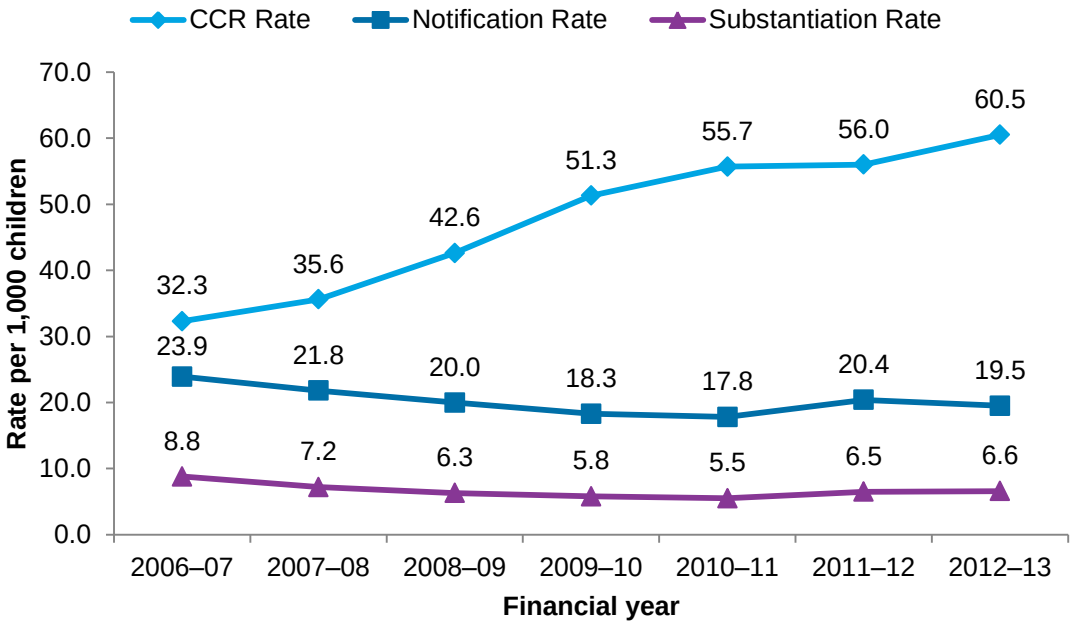
[1] Rates in this table source Departmental numerator data, and population data is sourced from ABS to calculate the rates.
[2] Note that the 2011–12 rate in this table differs from the rate in the previous update due to revised population estimates released by ABS for 2011–12.
[3] The data for this indicator was previously sourced from the Australian Institute of Health and Welfare. The 2012–13 data is not yet publicly available, so the data for this year has been sourced from the Department. Therefore, the data reported in this Update differs to what was reported in previous years.
[4] The 2011–12 rate in this table differs from the rate in the previous Update due to recalculations based on updated ABS Indigenous population estimates. Note that at the time of publication, the ABS had not recalculated Indigenous population estimates for 2010–11, so this figure may be subject to change and should be treated with caution.

Child Concern Reports, Notifications and Substantiations

Latest level and trends

There has been an increase in the rate of Child Concern Reports (CCRs) from 2011–12 to 2012–13.[5] The rate of Notifications decreased, and the rate of Substantiations increased slightly.

Rate of CCRs, Notifications and Substantiations per 1,000 children, 2006–07 to 2012–13



[5] Changes in the reporting requirements for staff of government and non-government organisations have impacted on the rates of CCRs. The reasons for the differences over time in Notification rates could reflect modifications to assessment and recording practices at intake. For example, in March 2007, the implementation of the Integrated Client Management System (ICMS) meant that any additional concerns received relating to an open investigation were recorded as additional concerns linked to the original Notification. Previously, any new concerns were recorded as an additional Notification.
Historical data was taken from the *Child Guardian Key Outcome Indicators Update: Queensland Child Protection System 2009–12*. Note that 2011–12 rates in this graph differ from the rates in the previous update due to revised population estimates released by ABS for 2011–12.

Children in the child protection system

Latest level and trends

The table below outlines the rates of children in Queensland subject to different levels of intervention in the child protection system in 2012–13 and the percentage change in the number of children subject to the same level of intervention in 2011–12.

The most noticeable change relates to the 9.7% increase in children subject to a Child Concern Report from 2011–12 to 2012–13.

Representation of children in the Queensland child protection system, 2012–13

Distinct number of children	Number	Rate per 1,000	Percentage change (2011–12 to 2012–13)[6]
1. Subject to an Intake	76,301	70.1	6.1%
2. Subject to a Child Concern Report	65,935	60.5	9.7%
3. Subject to a Notification	21,254	19.5	-3.0%
4. Subject to a Substantiation[7]	7,149	6.6	2.5%
5. Subject to an Intervention with Parental Agreement*	2,253	2.1	4.8%
6. Subject to protective orders*[8]	9,211	8.5	3.9%
7. Living away from home*[9]	8,652	7.9	2.0%

*As at 30 June 2013

[6] The percentage change is for raw counts and not rates. Rates in this table source Departmental numerator data, and population data is sourced from ABS to calculate the rates.
[7] The Department has advised that 'during 2011–12, additional staff whose role focussed on investigations and assessments were deployed across Queensland. This resulted in a decrease in the number of investigations not yet finalised, and an increase in the number of investigations with a finalised outcome of substantiated, unsubstantiated or no investigation and assessment outcome'.
[8] This measure includes all children subject to finalised or interim short and long-term child protection orders or court assessment orders.
[9] This measure includes all children in out-of-home care (including foster care, kinship care, provisionally approved care and residential care services) or other locations such as hospitals, Queensland youth detention centres and independent living.

Aboriginal and Torres Strait Islander children in the child protection system

Representation of children in the Queensland child protection system, by Aboriginal and Torres Strait Islander status, in 2012–13

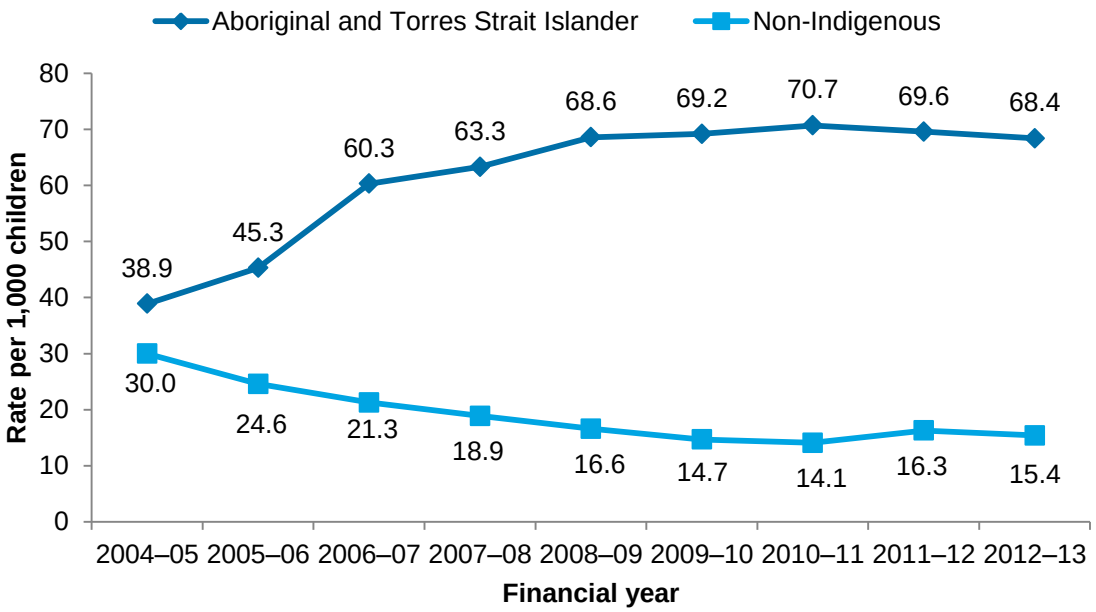
	Aboriginal and Torres Strait Islander children			Non-Indigenous children		
Distinct number of children[10]	Number	Rate per 1,000	% change[11] (2011–12 to 2012–13)	Number	Rate per 1,000	% change[12] (2011–12 to 2012–13)
1. Subject to an Intake	16,664	196.3	12.3%	59,637	59.4	4.5%
2. Subject to a Child Concern Report	14,244	167.8	19.4%	51,691	51.5	7.3%
3. Subject to a Notification	5,803	68.4	-0.3%	15,451	15.4	-4.0%
4. Subject to a Substantiation[13]	2,184	25.7	9.1%	4,965	4.9	-0.1%
5. Subject to an Intervention with Parental Agreement*	828	9.8	3.6%	1,425	1.4	5.6%
6. Subject to protective orders*[14]	3,547	41.8	5.1%	5,664	5.6	3.2%
7. Living away from home*[15]	3,417	40.3	5.0%	5,235	5.2	0.2%
8. In out-of-home care*[16]	3,195	37.6	5.1%	4,941	4.9	-0.3%
9. Exiting care in 2012–13	547	6.4	10.5%	1,017	1.0	18.9%

*As at 30 June 2013

[10] Rates in this table source Departmental numerator data, and population data is sourced from ABS to calculate the rates.
[11] The percentage change is for raw counts and not rates.
[12] The percentage change is for raw counts and not rates.
[13] The Department has advised that 'during 2011–12, additional staff focussed on investigations and assessments were deployed across Queensland. This resulted in a decrease in the number of investigations not yet finalised, and an increase in the number of investigations with a finalised outcome of substantiated, unsubstantiated or no investigation and assessment outcome'.
[14] This measure includes all children subject to finalised or interim short and long-term child protection orders or court assessment orders.
[15] This measure includes all children in out-of-home care (including foster care, kinship care, provisionally approved care and residential care services) or other locations such as hospitals, Queensland youth detention centres and independent living. Note that 2012–13 figures differ to those published by the Department as the Commission has developed synthetic estimates to produce 2012 estimated resident populations by Aboriginal and Torres Strait Islander status and age. This was done by applying 2011–12 Aboriginal and Torres Strait Islander rates by single year of age to 2012 Estimated Resident Populations from ABS.
[16] This measure includes all children in out-of-home care (including foster care, kinship care, provisionally approved care and residential care services) as per nationally agreed reporting definitions.

The rate of Aboriginal and Torres Strait Islander children subject to Notifications increased each year from 2004–05, but has decreased slightly in 2011–12[17] and 2012–13. The equivalent measure for non-Indigenous children has decreased for every year except 2011–12.[18] The rate for Aboriginal and Torres Strait Islander children in 2012–13 was more than four times higher than for non-Indigenous children.

Rates of children subject to Notifications per 1,000 children, by Aboriginal and Torres Strait Islander status, 2004–05 to 2012–13



[17] The 2011–12 Notification rates in this graph differ from the rates in the previous Update due to recalculations based on updated ABS Indigenous population estimates. Note that at the time of publication, the ABS had not recalculated Indigenous population estimates for 2010–11 or earlier, so these figures may be subject to change and should be treated with caution.
[18] Note that Notification time series data has been affected by a combination of legislation, practice and recording changes.

1. Effective non-statutory assessments and interventions

Measures	2010–11	2011–12	2012–13
1.1 Percentage of children subject to a Child Concern Report who experienced a subsequent Child Concern Report within 12 months[19] [20] (Departmental data)	39.6%	41.8%	NA
1.2 Percentage of children subject to a Child Concern Report who experienced a subsequent Notification within 12 months[21] [22] (Departmental data)	17.1%	18.6%	NA

Performance Assessment: The continuing high percentage of children who are re-referred to the Department, including with escalated risks, again endorses the need for more effective family support services across the state. The Commission acknowledges that the Government's anticipated rollout of reforms for families known to, or at risk of entering, the child protection system may have a positive impact on this trend.

Departmental comment: The pilot of the Helping Out Families (HOF) initiative, which commenced in South East Queensland in 2010, aims to reduce the demand for statutory child protection services in the longer term, including providing opportunities for better family support services to reduce escalation of risk factors.

Families are referred to the family support alliance when they have been the subject of multiple reports to Child Safety Services, or where there is no evidence of harm to a child, but complex family support needs were present.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Effective non-statutory assessments and interventions' chapter on pages 5–9 of the Supplementary Report

[19] Departmental data. This measure is the proportion of distinct children subject to a Child Concern Report in a financial year who were subject to a subsequent Child Concern Report within a period of 12 months. Data for 2012–13 will not be available until 12 months after the end of 2012–13.

[20] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Child Concern Reports related to the initial Child Concern Report (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, if the subsequent Child Concern Report related to a new member of the household, this is primarily due to changes in family circumstances that are outside the control of the Department'.

[21] Departmental data. This measure is the proportion of distinct children subject to a Child Concern Report in a financial year who were subject to a subsequent Notification within a period of 12 months. Data for 2012–13 will not be available until 12 months after the end of 2012–13.

[22] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Notifications related to the initial Child Concern Report (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, if the subsequent Notification related to a new member of the household, this is primarily due to changes in family circumstances that are outside the control of the Department'.

1.1 Children subject to a Child Concern Report experiencing a subsequent Child Concern Report within 12 months

Latest level and trends

More than 40% of children subject to a Child Concern Report (CCR) in 2011–12 were subject to a subsequent CCR within 12 months (41.8%).[23] [24] This is consistent with findings from 2010–11 and 2009–10.

Children subject to a subsequent CCR within 12 months

Distinct children subject to a CCR in 2011–12 and a subsequent CCR within 12 months	
Number	25,104
Percentage	**41.8%**
All children subject to a CCR in 2011–12	**60,099**

[23] Departmental data. This measure is the proportion of distinct children subject to a Child Concern Report in a financial year who were subject to a subsequent Child Concern Report within a period of 12 months. Data for 2012–13 will not be available until 12 months after the end of 2012–13.

[24] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Child Concern Reports related to the initial Child Concern Report (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, if the subsequent Child Concern Report related to a new member of the household, this is primarily due to changes in family circumstances that are outside the control of the Department'.

1.2 Children subject to a Child Concern Report experiencing a subsequent Notification within 12 months

Latest level and trends

Approximately one in five children subject to a Child Concern Report (CCR) in 2011–12 were subject to a subsequent Notification within 12 months (18.6%).[25] [26] This is an increase from 2010–11, when 17.1% of children subject to a CCR were subject to a subsequent Notification within 12 months.

Children subject to a subsequent Notification within 12 months

Distinct children subject to a CCR in 2011–12 and a subsequent Notification within 12 months	
Number	11,172
Percentage	**18.6%**
All children subject to a CCR in 2011–12	**60,099**

[25] Departmental data. This measure is the proportion of distinct children subject to a Child Concern Report in a financial year who were subject to a subsequent Notification within a period of 12 months. Data for 2012–13 will not be available until 12 months after the end of 2012–13.

[26] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Notifications related to the initial Child Concern Report (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, if the subsequent Notification related to a new member of the household, this is primarily due to changes in family circumstances that are outside the control of the Department'.

2. Effective statutory assessments and interventions

Measures	2010–11	2011–12	2012–13
2.1 Percentage of Investigation and Assessments commenced within the required timeframe[27] (Departmental data)	32.4%	30.4%	34.3%
2.2 Percentage of Investigation and Assessments finalised within 60 days (Departmental data)	58.7%	53.4%	61.6%
2.3 Percentage of children subject to a Substantiation who experienced a subsequent Substantiation within three or 12 months (Departmental data)[28] [29]	8.8% (3 months) 19.0% (12 months)	8.4% (3 months) 20.4% (12 months)	NA
2.4 Percentage of children subject to a decision not to substantiate who are subject to a subsequent Substantiation within three or 12 months (Departmental data)[30] [31]	3.2% (3 months) 9.6% (12 months)	3.4% (3 months) 9.8% (12 months)	NA

[27] The denominator for the 2010–11, 2011–12 and 2012–13 percentages includes all Investigation and Assessments, including those where commencement date is not recorded (8.8% in 2012–13), and therefore assumes that none of these Notifications have commenced. Removing these from the count would raise the percentage of those commenced within the allocated timeframe to 37.6% in 2012–13 (up from 34.3%) and those not commenced within the allocated timeframe to 62.4% (up from 56.9%). The Department uses this latter methodology; therefore, the figures used in this report differ from those published by the Department on the *Our Performance* website.

[28] Resubstantiations are measured as the proportion of children subject to a Substantiation in a financial year who were the subject of a subsequent Substantiation within a period of three or 12 months. For example, children subject to Substantiation in 2011–12, and who were subject to Substantiation within the following three or 12 months were counted. Data for 2012–13 will therefore not be available until 12 months after the end of 2012–13. Departmental data.

[29] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Substantiations related to the initial Substantiation (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, reported results can be affected by the finalisation of investigations or factors beyond the control of child protection services, such as changes in the family situation (including illness, unemployment or a new partner)'.

[30] Children who were subject to a decision not to substantiate experiencing a subsequent Substantiation are measured as the proportion of distinct children subject to a decision not to substantiate in a financial year who were subject to a Substantiation within a period of three or 12 months. For example, children subject to a decision not to substantiate in 2011–12 and who were subject to a subsequent Substantiation within the following three or 12 months are counted. Data for 2012–13 will therefore not be available until 12 months after the end of 2012–13. Departmental data.

[31] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Substantiations related to the initial decision not to substantiate (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, reported results can be affected by the finalisation of investigations or factors beyond the control of child protection services, such as changes in the family situation (including illness, unemployment or a new partner)'.

Performance Assessment: Measures relating to the management and outcomes of Child Protection Notifications (CPNs) reveal that work needs to continue to implement strategies to improve these outcomes. This requires urgent corrective action and the Commission acknowledges that anticipated reforms in the sector may have a significant impact on the outcome of CPN assessments and investigations.

Departmental comment: Over the last decade, the number of child protection intakes reported to Child Safety has tripled (from 33,697 in 2001–2002 to 114,503 in 2011–2012). The escalating number of intakes directly impacts on the Department's capacity to meet the workload demands at intake as well as the commencement and finalisation of timeframes for investigation and assessments.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Effective statutory assessments and interventions' chapter on pages 10–13 of the Supplementary Report

2.1 Investigation and Assessments commenced within the required timeframe

Latest level and trends

The Investigation and Assessments (I&As) that were allocated an immediate 24-hour response timeframe continued to be prioritised in 2012–13. Commencements of I&As within 5 day and 10 day response timeframes have improved but continue to be low.

I&As commenced within the allocated response timeframe, 2010–11 to 2012–13[32]

Response timeframe	Number of I&As in 2010–11	I&As commenced within response timeframe 2010–11		Number of I&As in 2011–12	I&As commenced within response timeframe 2011–12		Number of I&As in 2012–13	I&As commenced within response timeframe 2012–13	
24-hour	4,763	3,776	79.3%	4,714	3,961	84.0%	4,480	3,834	85.6%
5 days	6,238	1,439	23.1%	7,848	1,738	22.1%	8,491	2,229	26.3%
10 days	10,654	1,791	16.8%	12,261	1,850	15.1%	11,792	2,420	20.5%
All allocated timeframes	**21,655**	**7,006**	**32.4%**	**24,823**	**7,549**	**30.4%**	**24,763**	**8,483**	**34.3%**

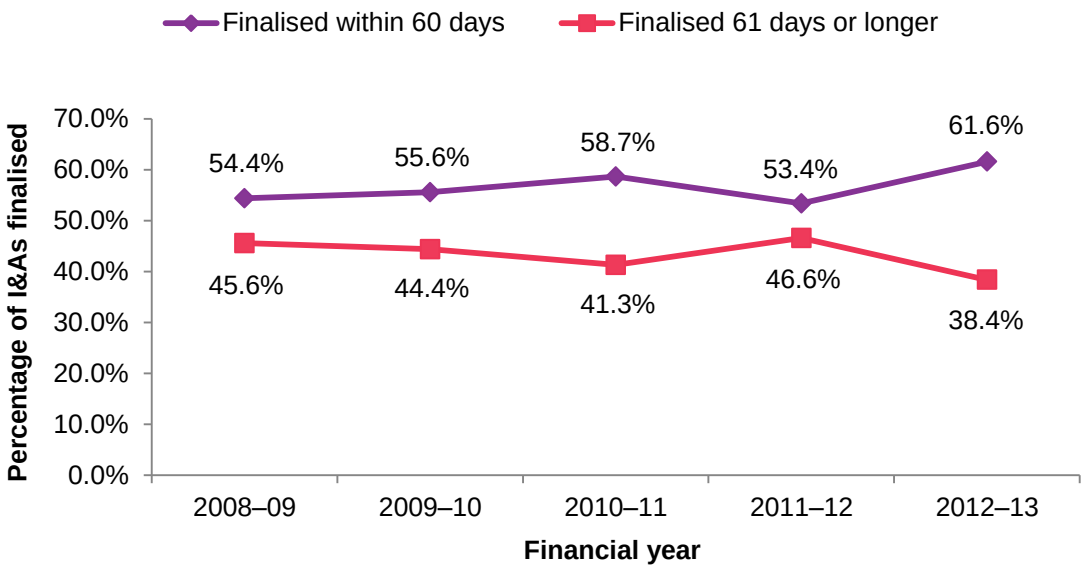
[32] The denominator for the 2010–11, 2011–12 and 2012–13 percentages includes all Investigation and Assessments, including those where commencement date is not recorded (8.8% in 2012–13), and therefore assumes that none of these Notifications have commenced. Removing these from the count would raise the percentage of those commenced within the allocated timeframe to 37.6% in 2012–13 (up from 34.3%) and those not commenced within the allocated timeframe to 62.4% (up from 56.9%). The Department uses this latter methodology; therefore, the figures used in this report differ from those published by the Department on the *Our Performance* website.

2.2 Investigation and Assessments finalised within 60 days

Latest level and trends

Overall, 61.6% of I&As were finalised within 60 days (the required completion timeframe) in 2012–13, increasing from 53.4% in 2011–12.[33]

Percentage of I&As finalised within 60 days, 2008–09 to 2012–13



[33] The time taken to complete an Investigation and Assessment is calculated as the number of days between the date the Notification was received and the date the Investigation and Assessment outcome was approved.

2.3 Children subject to a Substantiation experiencing a subsequent Substantiation within 12 months

Latest level and trends

More than 20% of children subject to Substantiation in 2011–12 were subject to a subsequent Substantiation within 12 months (20.4%).[34] This is consistent with 2010–11.

Children subject to a subsequent Substantiation within three or 12 months[35]

Distinct children subject to a Substantiation in 2011–12 and a subsequent Substantiation within three months	
Number	687
Percentage	**8.4%**
Distinct children subject to a Substantiation in 2011–12 and a subsequent Substantiation within 12 months	
Number	1,678
Percentage	**20.4%**
All children subject to a Substantiation in 2011–12[36]	**8,211**

[34] Resubstantiations are measured as the proportion of children subject to a Substantiation in a financial year who were the subject of a subsequent Substantiation within a period of three or 12 months. For example, children subject to a Substantiation in 2011–12, and who were subject to Substantiation within the following three or 12 months were counted. Data for 2012–13 will therefore not be available until 12 months after the end of 2012–13. Departmental data.

[35] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Substantiations related to the initial Substantiation (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, reported results can be affected by the finalisation of investigations or factors beyond the control of child protection services, such as changes in the family situation (including illness, unemployment or a new partner)'.

[36] The Department has advised: 'For this measure, the number of children subject to Substantiations in the reference year refers to all children with an assessment finalised in the reference year, with an outcome of substantiated, regardless of when the notification occurred. As a result, this number will not match other figures for the number of children substantiated, for which the notification must occur during the reference year.'

2.4 Children subject to a decision not to substantiate who are subject to a subsequent Substantiation within 12 months

Latest level and trends

Almost 10% of children subject to a decision not to substantiate in 2011–12 were subject to a subsequent Substantiation within 12 months (9.8%). This is consistent with 2010–11.

Children subject to a subsequent Substantiation within three or 12 months[37] [38]

Distinct children subject to a decision not to substantiate in 2011–12 who are subject to a subsequent Substantiation within three months	
Number	569
Percentage	**3.4%**
Distinct children subject to a decision not to substantiate in 2011–12 who are subject to a subsequent Substantiation within 12 months	
Number	1,638
Percentage	**9.8%**
All children subject to decisions not to substantiate in 2011–12[39]	**16,694**

[37] Children who were subject to a decision not to substantiate experiencing a subsequent Substantiation are measured as the proportion of distinct children subject to a decision not to substantiate in a financial year who were subject to a Substantiation within a period of three or 12 months. For example, children subject to a decision not to substantiate in 2011–12, and who were subject to a subsequent Substantiation within the following three or 12 months are counted. Data for 2012–13 will therefore not be available until 12 months after the end of 2012–13. Departmental data.

[38] The Department has advised that 'care should be taken when interpreting these data. This indicator does not distinguish between subsequent Substantiations related to the initial decision not to substantiate (for example, the same source of alleged harm or risk of harm) and those that are not related (a new source of alleged harm or risk of harm). For example, reported results can be affected by the finalisation of investigations or factors beyond the control of child protection services, such as changes in the family situation (including illness, unemployment or a new partner)'.

[39] The Department has advised: 'For this measure, the number of children who were subject to a decision not to substantiate in the reference year refers to all children with an assessment finalised in the reference year, with an outcome of unsubstantiation, regardless of when the notification occurred. As a result, this number will not match other figures for the number of children unsubstantiated, for which the notification must occur during the reference year.'

3. Safe out-of-home care

Measures	2010–11	2011–12	2012–13
3.1 Percentage of children subject to a substantiated Matter of Concern[40] [41] (Departmental data)	2.3%	3.7%[42]	2.7%
3.2 Percentage of young people in residential care who felt safe where they were living (Commission Views survey data)	87%	82%[43]	NA
3.3 Percentage of Commission Community Visitor reports resulting in an Issue of Concern (Commission Community Visitor data)	1.4%	1.8%	1.7%[44]

Performance Assessment: The child protection system continues to perform well in relation to the safety of children in care. Improvement is evident in the percentage of substantiated Matters of Concern (MOC); however, this outcome measure should be continued to be monitored closely as current proposed reforms to the sector are implemented.

Departmental comment: When a child is placed in out-of-home care, Child Safety works with the child, their family, carers, licensed care service staff, staff from another entity and other relevant agencies to support the child through key transitions (such as moving from home to out-of-home care) and ensure the protection and care needs of the child (including their developmental needs).

Child Safety Officers have at least monthly visits with the child in care to discuss and monitor their ongoing needs, wellbeing and safety within the placement. Child Safety Officers (or staff from non-government organisations) also implement ongoing support and monitoring activities with a view to assisting the carer to provide a level of care consistent with the statement of standards for each child placed in their care, and to achieve the stated goal and outcomes of each child's case plan.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Safe out-of-home care' chapter on pages 14–17 of the Supplementary Report

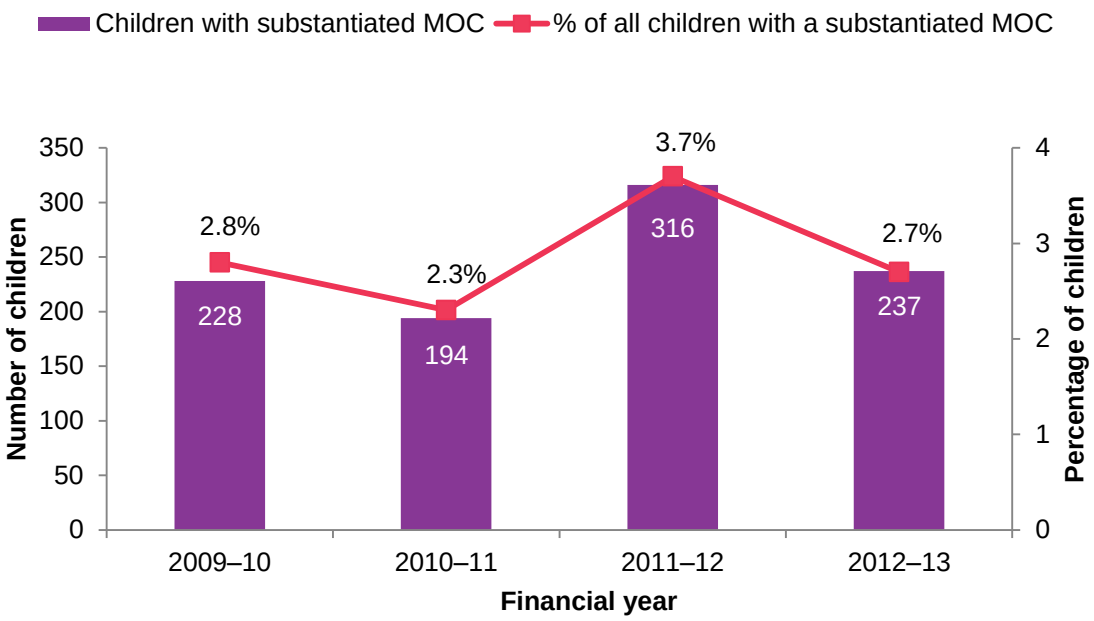
[40] In July 2013, the Department introduced new procedures that replace the previous 'Matter of Concern' process. Matters of Concern are now referred to in relation to Standards of Care. However, as the data contained in this report relate to the 2012–13 period and earlier, and in line with definitions of the data provided by the Department, the term 'Matter of Concern' has been used.
[41] Departmental data. The number of children subject to an order with custody/guardianship to the Chief Executive and in out-of-home care as per section 82(1) of the *Child Protection Act 1999* at any time during the year in 2010–11 was 8,265; 8,560 in 2011–12 and 8,706 in 2012–13.
[42] The Department indicated that figures relate to the financial year during which the alleged abuse was recorded, which is not necessarily when the alleged abuse actually occurred. Matter of Concern substantiations data reported for 2011–12 onward are not comparable to previous years. Prior to 2011–12 reporting, a system issue with the Integrated Client Management System was identified whereby some Matter of Concern substantiations recorded since 2009 were not being transferred from the Integrated Client Management System for corporate reporting. However, given the importance of this measure, the Commission considers it should be represented, although care should be taken in interpreting the data.
[43] Data source: Commission for Children and Young People and Child Guardian. (2013). The *2012 Views of Children and Young People in Residential Care Survey: Overview and selected findings*. Brisbane. The various Views surveys (detention centres, foster care and residential care) are conducted biennially. The most recent available data for this measure is represented in the 2011–12 column.
[44] Based on 45,258 visit reports completed by Commission Community Visitors, in relation to 8,078 distinct children.

3.1 Children subject to a substantiated Matter of Concern

Latest level and trends

There has been a decrease in the number and percentage of children with a substantiated Matter of Concern[45] (MOC) since 2011–12, down to 2.7% in 2012–13.[46] [47]

Number and percentage of children who had a substantiated MOC, 2009–10 to 2012–13



[45] This data is in relation to children subject to an order with custody/guardianship to the Chief Executive and in out-of-home care as per section 82(1) of the *Child Protection Act 1999* at any time during the year who were the subject of a substantiated Matter of Concern. The Department has advised that 'figures relate to the financial year during which the alleged abuse was recorded, which is not necessarily when the alleged abuse actually occurred'.

[46] Matter of Concern substantiations data reported for 2011–12 onward are not comparable to previous years. Prior to 2011–12 reporting, a system issue with the Integrated Client Management System was identified whereby some Matter of Concern substantiations recorded since 2009 were not being transferred from the Integrated Client Management System for corporate reporting. However, given the importance of this measure, the Commission considers it should be represented, although care should be taken in interpreting the data.

[47] The Department has advised that 'historically, MOC data varies from year to year, given that such data can be impacted by a range of factors, for example, children are more likely to disclose when they feel safe, variations in the number of children placed in out-of-home care each year'.

3.2 Young people in residential care who felt safe where they were living[48]

Latest level and trends

Eighty-two per cent of young people who responded to the 2012 *Views of Young People in Residential Care Survey* reported feeling safe where they were living.[49] [50] Of concern, almost one in five (or 18%) reported not feeling safe where they are living, and less than half reported feeling safe there all the time.[51] [52]

The findings from the 2013 *Views of Children and Young People in Foster Care Survey* relating to children in care who reported feeling safe in their current placement have not yet been released.

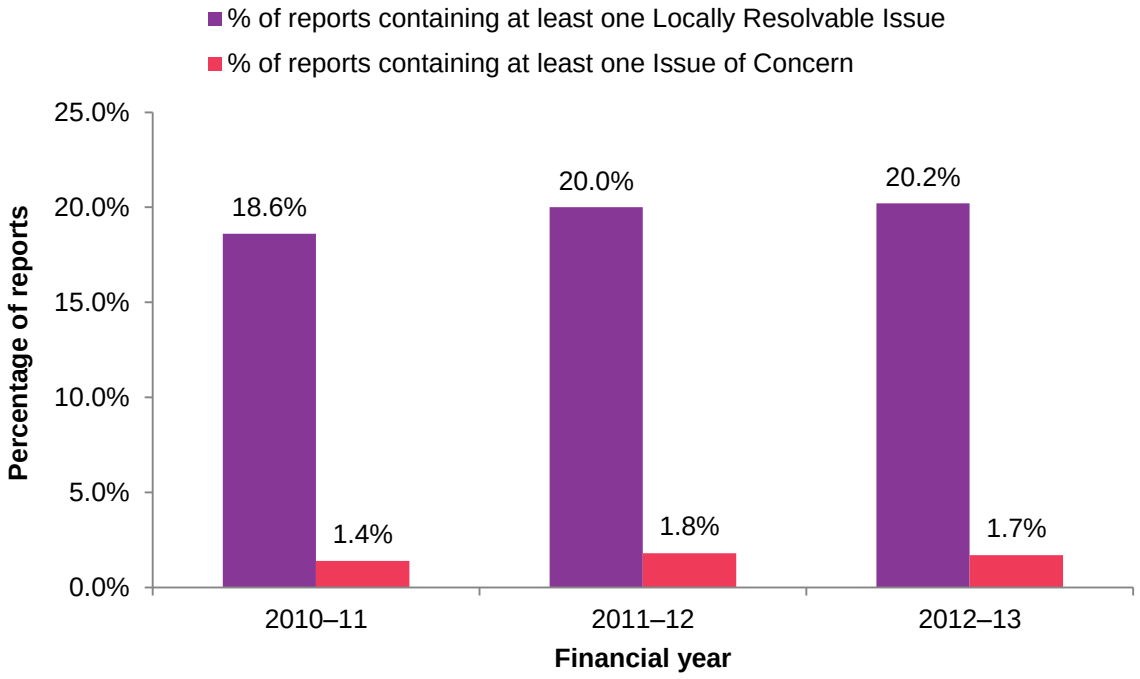
[48] The Views survey series are intended to be a subjective assessment of children and young people's experiences in the child protection system. Accordingly, a self-defined assessment of feelings of safety is a crucial component in understanding children and young people's wellbeing.
[49] The population of young people in residential care during the four-month period of the residential care survey (1 August to 30 November 2012) was 705 (based on population data obtained from Jigsaw) and, of these, a total of 181 young people responded to the survey. This corresponds to a response rate of 26.0% of children and young people living in residential care in Queensland between 1 August and 30 November 2012.
[50] There were 166 valid responses to this question. Of these, 30 (or 18%) were 'no' and 136 (or 82%) were 'yes'.
[51] Data source: Commission for Children and Young People and Child Guardian. (2013). The *2012 Views of Young People in Residential Care Survey: Overview and selected findings*. Brisbane.
[52] Young people were asked to rate how often they feel safe where they are living by placing a mark on a 10-point visual analogue scale ranging from 1 (never feel safe) to 10 (always feel safe). There were 170 valid responses to this question. Seventy-one young people (or 42%) gave a rating of 10, indicating that they always feel safe.

3.3 Issues of Concern identified by Commission Community Visitors

Latest level and trends

In 2012–13, Commission Community Visitors (CVs) completed 45,258 visit reports in relation to 8,078 distinct children.[53] Of these visit reports, 1.7% (749) identified an Issue of Concern, and 20.2% (9,160) of visit reports identified a Locally Resolvable Issue.[54]

Percentage of CV reports identifying an issue, 2010–11 to 2012–13



[53] The figures of 45,258 reports for 8,078 distinct children exclude children in detention centres, so may differ from figures reported elsewhere.

[54] The majority of Issues of Concern are generated through the CV function if, as a part of their regular visiting to children and young people in care, they come across safety and/or wellbeing issues impacting on the child or young person. The issue is classified as either an Issue of Concern or a Locally Resolvable Issue. The distinction between the two classifications is explained below.

Locally Resolvable Issues are those which can be addressed by CVs using their functions as outlined in Chapter 5 of the *Commission for Children and Young People and Child Guardian Act 2000*, and are typically service delivery issues impacting on a child or young person's wellbeing and development. A Locally Resolvable Issue could include instances where a child is impacted by not having access to appropriate dental care, education support or contact with family. Action taken in response to these issues is known as local resolution, which describes a range of activities undertaken by CVs to raise and seek resolution for issues, concerns or grievances impacting on a child or young person's wellbeing or development, with appropriate stakeholders who have the responsibility and capacity to take action to address it.

Issues of Concern relate to:

- a child or young person who is or may be in need of protection, or
- a child or young person who is or may be the victim of a criminal offence,

both of which require referral to a relevant agency (relevant agencies include the Department of Communities (Child Safety), Queensland Police Service and the Crime and Misconduct Commission) under section 25 or Chapter 4 of the *Commission for Children and Young People and Child Guardian Act 2000.* A service delivery issue significantly impacting on a child or young person's wellbeing and development which remains unresolved after two months of advocacy is also classified as an Issue of Concern.

4. Best health possible

Measures	2010–11	2011–12	2012–13
4.1 Percentage of young people in residential care who indicated requiring support in relation to their physical health (Commission Views survey data)	74%	67%[55]	NA[56]
4.2 Percentage of children who reported having an unmet health need (Commission Community Visitor data)	4.4%	4.6%	2.9%[57]
4.3 Percentage of children who reported having unmet mental health or therapeutic needs (Commission Community Visitor data)	8.2%	7.5%	8.1%[58]
4.4 Proportion of children living away from home with a Child Health Passport commenced (Departmental data)	NA[59]	94.2%	96.3%

Performance Assessment: Health outcomes remain positive across most measures. However, access to mental health and therapeutic services continues to be identified as a service delivery issue.

Departmental comment: Children will often enter out-of-home care with higher rates of significant health issues than children in the general population, often with an array of health care and mental health needs that require medical treatment and support. Child Safety remains committed to working in partnership with specialist health professionals in meeting the complex health care and therapeutic needs of children in care.

The child health passport process aims to ensure that children receive effective and coordinated health care on entering out-of-home care. The child health passport contains the information a carer, licensed care service or entity requires to meet the day-to-day health needs of a child in their care.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Best health possible' chapter on pages 18–25 of the Supplementary Report

[55] This data was not published in the *2012 Views of Young People in Residential Care Survey: Overview and selected findings*.
[56] The various Views surveys (detention centres, foster care and residential care) are conducted biennially. The most recent available data for this measure is represented in the 2011–12 column.
[57] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There was a total of 7,762 valid responses to this question.
[58] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There was a total of 6,399 valid responses to this question.
[59] The Department advised that in August 2009, new Integrated Client Management System (ICMS) fields were introduced to capture data on Child Health Passports. It took some time for data from these new fields to be recorded. Once data was available, it was subjected to assessment and validation before the measure was implemented, and accordingly data for this time period has not been released.

4.1 Young people who indicated requiring support in relation to their physical health

Latest level and trends

Sixty-seven per cent of young people who responded to the Commission's 2012 *Views of Young People in Residential Care Survey* indicated requiring support in relation to their physical health and, of these young people, 67% felt that they received sufficient help. In relation to emotional or mental health, 65% of young people identified requiring support in this area and, of these young people, 65% felt that they were receiving adequate help.[60]

The findings from the 2013 *Views of Children and Young People in Foster Care Survey* relating to young people in care who reported having a health problem they were concerned about have not yet been released.

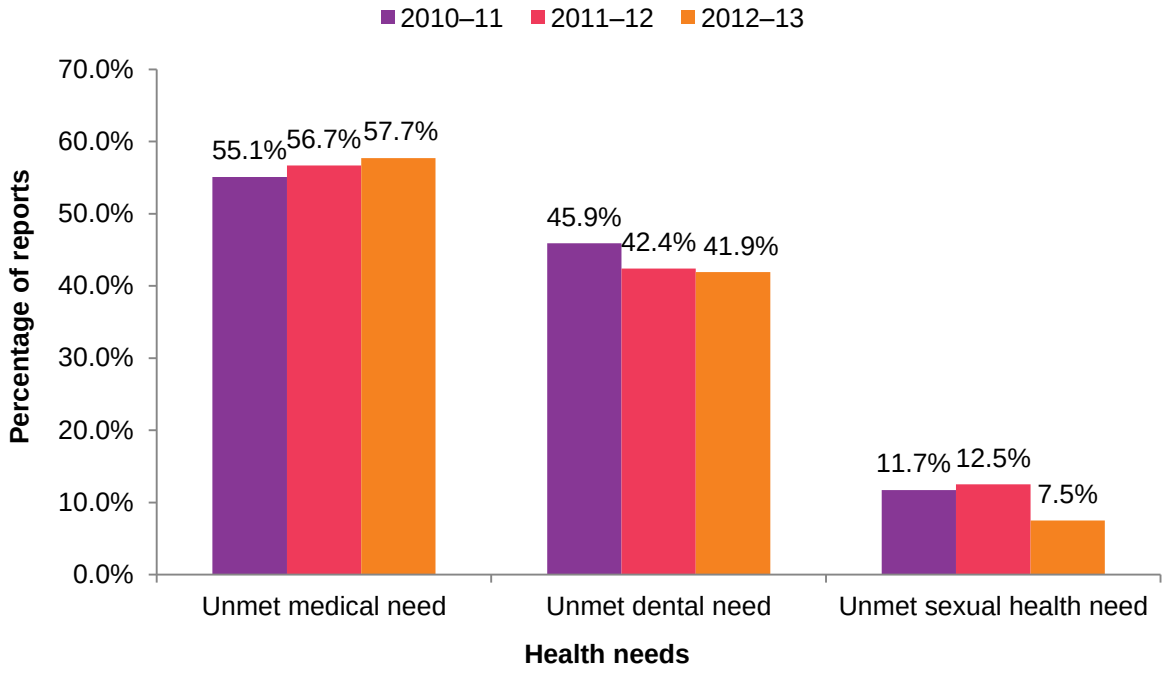
[60] These data were not published in the *2012 Views of Young People in Residential Care Survey: Overview and selected findings*.

4.2 Children who had an unmet health need

Latest level and trends

Commission Community Visitor (CV) reports identified that 2.9% of children had an unmet health need in 2012–13[61], which is a decrease from 4.6% in 2011–12. Of these, more than half related to medical needs (57.7%), a similar finding to 2011–12.[62]

Percentage breakdown of the type of unmet health need identified by CVs, 2010–11 to 2012–13



[61] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There was a total of 7,762 valid responses to this question. Unmet medical needs refer to issues including: awaiting approvals for health checks, effectiveness of particular treatments and obtaining permissions to access medical interventions. Unmet dental needs refer to issues including: awaiting approvals for particular types of dental work. Unmet sexual health needs refer to issues including: young people having access to adequate sexual health supports.

[62] Note that some children had more than one health need type.

4.3 Children who had an unmet mental health or therapeutic need

Latest level and trends

The table below shows that CVs identified that 8.1% of children had unmet mental health or therapeutic needs in 2012–13[63], which is an increase from 2011–12.

CV reports that identified that the child had unmet mental health or therapeutic needs, 2010–11 to 2012–13

Measure	2010–11		2011–12		2012–13	
	Number	Percentage	Number	Percentage	Number	Percentage
Children with unmet mental health or therapeutic needs	519	8.2%	486	7.5%	519	8.1%

[63] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There was a total of 6,399 valid responses to this question.

4.4 Children living away from home with a Child Health Passport

Latest level and trends

As at 30 June 2013, 5,588 children living away from home had a Child Health Passport commenced, which is 96.3% of children who required a health passport. This is a slight increase since 2012.

Children living away from home with a Child Health Passport, 2012 to 2013

Measure	30 June 2012	30 June 2013
Children requiring a Child Health Passport[64]	5,591	5,803
Child Health Passport commenced	5,267	5,588
Proportion of children with a Child Health Passport commenced	**94.2%**	**96.3%**

[64] The Department has advised that 'children who require a Child Health Passport include those subject to a child protection order (including finalised or interim) granting custody or guardianship to the Chief Executive and living away from home for more than 60 days. Due to current data limitations, children in locations other than foster care, kinship care or residential care services (such as hospitals, Queensland youth detention centres, independent living) are only included if the duration of time spent in their current location exceeds 60 days'.

5. Best education possible

5.1 Outcome Measure									
Children in out-of-home care who were at or above the National Minimum Standard, by year level[65]									
	Reading			**Writing**			**Numeracy**		
	2010	**2011**	**Percentage point change**	**2010**	**2011**	**Percentage point change**	**2010**	**2011**	**Percentage point change**
Year 3	64.2%	74.5%	10.3%	60.0%	77.5%	17.5%	69.1%	73.9%	4.8%
Year 5	57.1%	68.0%	10.9%	64.7%	64.6%	-0.1%	68.7%	73.8%	5.1%
Year 7	70.6%	75.2%	4.6%	68.0%	64.4%	-3.4%	69.1%	71.0%	1.9%
Year 9	48.4%	70.5%	22.1%	51.3%	50.7%	-0.6%	59.7%	70.5%	10.8%

Performance Assessment: While there have been improvements in the majority of educational outcomes measures for children and young people in care over the reporting period, the data demonstrates that across most attainment combinations, at least 25% of children and young people in care are performing below the National Minimum Standard.

Departmental comment: It is acknowledged that many children and young people in out-of-home care have significant learning difficulties and are often behind in their educational achievement due to their history of abuse and neglect. The level of trauma that children in care experience often has significant impacts upon their behaviour and ability to meaningfully engage and learn in a school environment.

For some children, the level of trauma experienced from their history of abuse and neglect can result in displaying severe and complex challenging behaviours, leading to multiple placement changes and suspensions or expulsions. These factors can impact upon their academic achievement.

Child Safety continues to work closely with the Department of Education, Training and Employment in the implementation of Education Support Plans to maximise the educational potential of children in care.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Best education possible' chapter on pages 26–36 of the Supplementary Report

[65] At the time of publication, 2012 data had not been provided. Data source: Department of Communities, Child Safety and Disability Services. *2011–12 Child Protection Partnerships Report*. Brisbane. The *2011–12 Child Protection Partnerships Report* stated that 'NAPLAN test data for children and young people in care should be interpreted with extreme caution due to the low numbers of students in care. A total of 220,398 students throughout Queensland participated in the NAPLAN tests across the four year levels in 2011 with 490 students identified as children and young people in care'. The Department advised that caution should be taken when making comparisons over time due to the complex procedure to equate one test with another, which involves some degree of statistical error. Extreme caution should be used when interpreting NAPLAN results between children in care with the general public due to the low numbers of students in care.

5.1 Children in out-of-home care who participated in the National Assessment Program – Literacy and Numeracy

Latest level and trends

Children in out-of-home care attained significantly lower scores than Queensland students across all age groups and subject matter in the NAPLAN tests. In 2011, the overall performance of all Queensland children in relation to reading, writing and numeracy was as follows:

- Reading – between 88.6% and 94.3% of Year 3, 5, 7 and 9 students met or were above the national benchmark
- Writing – between 85.0% and 94.3% of Year 3, 5, 7 and 9 students met or were above the national benchmark, and
- Numeracy – between 92.8% and 95.2% of Year 3, 5, 7 and 9 students met or were above the national benchmark.

The following table shows the contrast in performance of children in care in comparison to their peers.

Children in out-of-home care who were at or above the National Minimum Standard, by year level, 2010 and 2011[66]

	Reading			Writing			Numeracy		
	2010	2011	Percentage point change	2010	2011	Percentage point change	2010	2011	Percentage point change
Year 3	64.2%	74.5%	10.3%	60.0%	77.5%	17.5%	69.1%	73.9%	4.8%
Year 5	57.1%	68.0%	10.9%	64.7%	64.6%	-0.1%	68.7%	73.8%	5.1%
Year 7	70.6%	75.2%	4.6%	68.0%	64.4%	-3.4%	69.1%	71.0%	1.9%
Year 9	48.4%	70.5%	22.1%	51.3%	50.7%	-0.6%	59.7%	70.5%	10.8%

[66] Data source: Department of Communities, Child Safety and Disability Services. *2011–12 Child Protection Partnerships Report*. Brisbane. The *2011–12 Child Protection Partnerships Report* states that 'exempt students, such as some students with a significant intellectual disability or from a non-English speaking background who have been in Australia for less than one year, may be exempt from the tests. Exempt students are reported as below the minimum standard in national and jurisdictional data. A high proportion of children and young people in care were exempt from tests (ranging from 12 to 17 per cent in some assessment areas and year levels) compared with 1.7 per cent or less for the general school population'.

6. Stable out-of-home care

Measures	2010–11	2011–12	2012–13
6.1 Percentage of children exiting care by number of placements during their time in care (Departmental data)	76.4% (three or less) 6.4% (seven or more)	69.6% (three or less) 8.3% (seven or more)	73.7% (three or less) 7.7% (seven or more)
6.2 Percentage of young people (aged 10–17 years) who left their approved placement without approval (Commission Community Visitor data)	12.8%	13.5%[67]	11.3%

Performance Assessment: There has been a decrease in the number of children and young people leaving their approved placements without approval. The Commission notes that stability of care will remain a significant outcome measure during the transition to the Government's new reforms across the child protection system.

Departmental comment: When a child has been removed from their home for their own safety, the Department aims to ensure they are placed in a stable care environment. This includes having as few different placements as possible. However, the best interests of the child or young person are always paramount and sometimes finding the best match for a child may lead to numerous placements being made.

To match children with a placement that is right for them, the Department assesses children's level of support needs. Where there is an identified risk of placement disruption or instability, the case plan and placement agreement will include strategies to address this risk, to minimise the likelihood of further placement disruption and avoid an escalation of the child's emotional and behavioural support needs.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Stable out-of-home care' chapter on pages 37–45 of the Supplementary Report

[67] Note that reporting prior to 2011–12 analysed responses relating to children aged 0–17 years, whereas current methodology only includes children aged 10–17 years. The above figures are for children aged 10–17 years. Data source: Commission. Community Visitor data. Information extracted from any of the child's reports between July 2012 and June 2013. Children aged 0–9 years were excluded from the analysis. There was a total of 3,472 valid responses to this question.

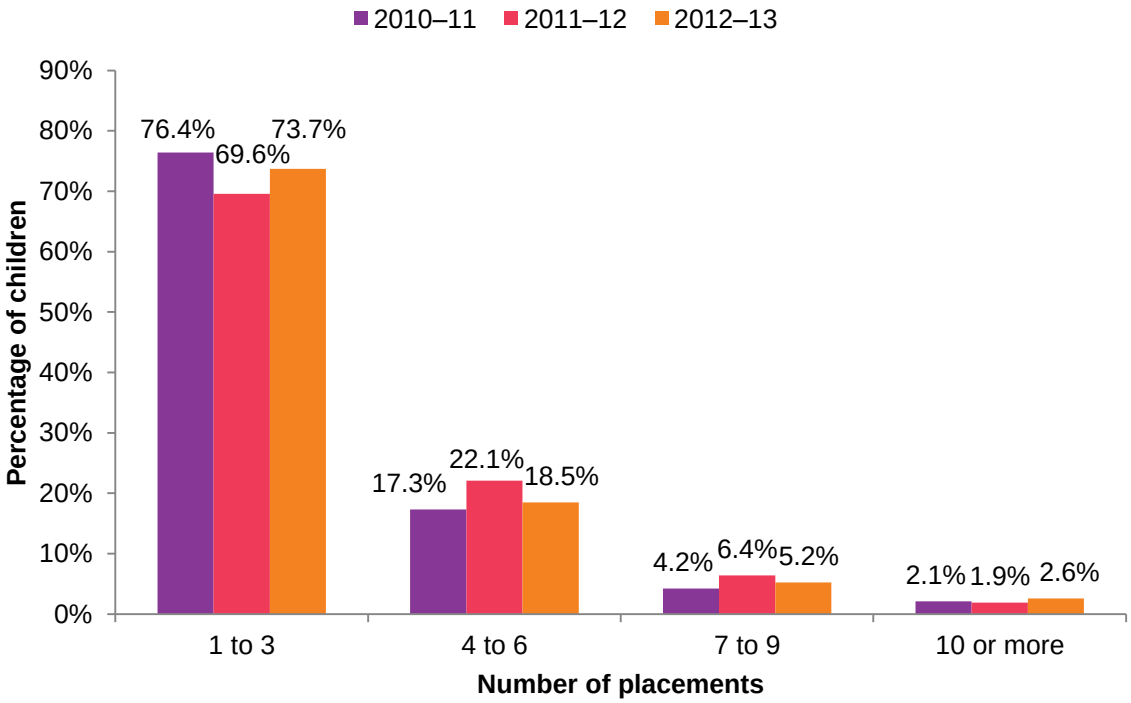
6.1 Children exiting care by number of placements during their time in care

Latest level and trends

In 2012–13, the majority of children who exited care had experienced one to three placements during their time in care (73.7%). There was a decrease in the percentage of children who had experienced four to six placements (18.5% of children in 2012–13) and seven to nine placements (5.2% of children in 2012–13).

One hundred and twenty-one children who exited care in 2012–13 experienced seven or more placements during their time in care (7.7%).[68]

Percentage of children who exited care, by number of placements, 2010–11 to 2012–13[69]



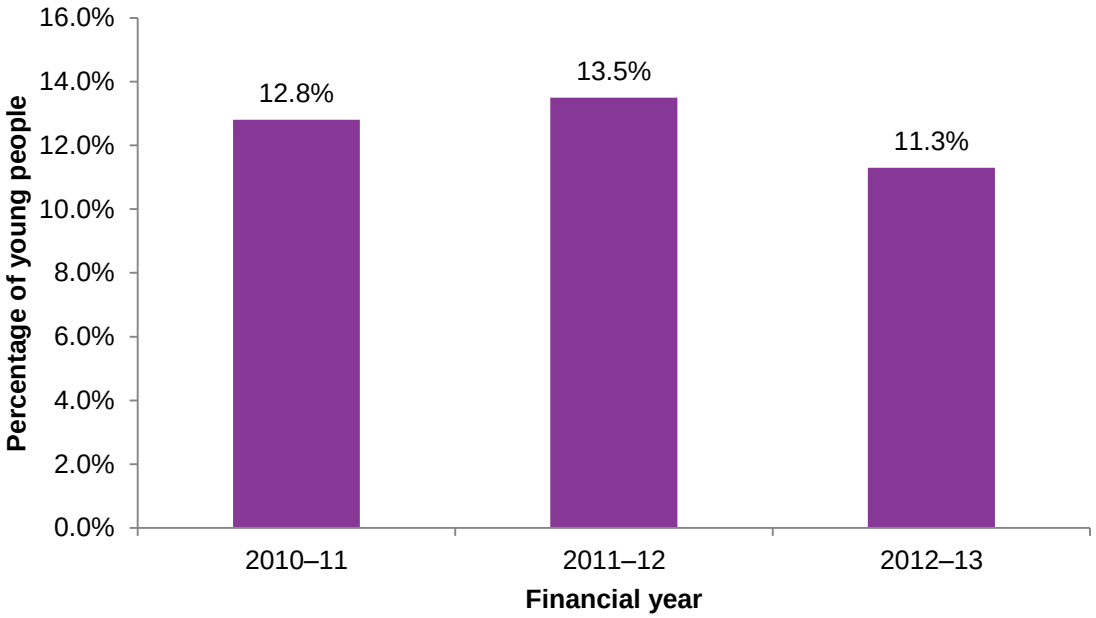
[68] Percentages may not add to total due to rounding.
[69] 76.4% represents 1,243 children, 69.6% represents 940 children, 73.7% represents 1,153 children, 17.3% represents 281 children, 22.1% represents 298 children, 18.5% represents 290 children, 4.2% represents 69 children, 6.4% represents 86 children, 5.2% represents 81 children, 2.1% represents 35 children, 1.9% represents 26 children, and 2.6% represents 40 children.

6.2 Young people who left an approved placement without approval

Latest level and trends

Three hundred and ninety-one young people (aged 10–17 years) (11.3%) visited by the Commission's Community Visitors (CVs) between July 2012 and June 2013 were reported as having left their approved placement without approval.[70] This is a decrease from 2011–12.

Percentage of young people who left an approved placement without approval, 2010–11 to 2012–13



[70] Note that reporting prior to 2011–12 analysed responses relating to children aged 0–17 years, whereas current methodology only includes children aged 10–17 years. The above figures are for children aged 10–17 years. Data source: Commission. Community Visitor data. Information extracted from any of the child's reports between July 2012 and June 2013. Children aged 0–9 years were excluded from the analysis. There were 3,472 valid responses to this question.

7. Special needs of Aboriginal and Torres Strait Islander children

Measures	2010–11	2011–12	2012–13
7.1 Percentage of children reporting that they were satisfied with the support provided by the Department to participate in cultural activities and to maintain cultural links (Commission Community Visitor data)	85.8%	87.6%	92.8%[71]
7.2 Percentage of Cultural Support Plans that identified specific cultural activities (Commission Indigenous Child Placement Principle Audit)	NA	25.0%[72]	26.2%[73]
7.3 Compliance with section 83 of the *Child Protection Act 1999* (Commission Indigenous Child Placement Principle Audit)	15.0%	NA	12.5%

[71] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Children aged 0–4 were excluded from the analysis. There were 483 valid responses to this question.
[72] This data is based on the results of a review of Cultural Support Plans (CSPs) included in the case plans of the Indigenous Child Placement Principle Audit 2010/11 sample group. Of the 327 Aboriginal and Torres Strait Islander children and young people whose case plans formed this review, 240 (73.4%) had CSPs included as part of their case plans.
[73] Data source: Commission for Children and Young People and Child Guardian. (2013). *Indigenous Child Placement Principle Audit Report 2012/13*. Brisbane. The audit samples included 632 placement decisions (from a total of 2,755), and 541 Cultural Support Plans (from a total of 2,681).

Performance Assessment: The Commission acknowledges the improvement in the percentage of Aboriginal and Torres Strait Islander children and young people reporting satisfaction with the support provided by the Department to participate in cultural activities and maintain cultural links. However, while a significant number of Aboriginal and Torres Strait Islander children and young people subject to ongoing intervention may have a Cultural Support Plan, the available evidence suggests a lack of depth in terms of the quality of the planning identifying specific cultural activities when developing these Cultural Support Plans. In light of this evidence, the Commission is concerned that many Aboriginal and Torres Strait Islander children and young people in out-of-home care remain at significant risk of losing their connection to their family, community and culture, which will have significant impacts on their long-term wellbeing.[74]

Departmental comment: As at 30 June 2013, 55.5 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers, or an Indigenous residential care service. This is an increase of 1.8 percentage points since 30 June 2012 (53.7 per cent).

Despite this increase, the demand for placements for Indigenous children continues to exceed the supply of Indigenous carers. Over the period 30 June 2009 to 30 June 2013 the number of Indigenous children placed in out-of-home care rose by 28.8 per cent. Over the same period, the number of Indigenous carer families increased by 28.2 per cent.

As at 30 June 2013, there were 4348 Indigenous children subject to ongoing intervention. Of these, 4188 or 96.3 per cent had a cultural support plan.

Of those Indigenous children subject to ongoing intervention with a cultural support plan, 3591 (94.2 per cent) had a current cultural support plan (i.e. either initially created in the last six months or reviewed in the last six months).

There are a number of valid reasons why an Indigenous child subject to ongoing intervention may not have a cultural support plan recorded on a particular reference date. These include instances where the case plan:

- has not yet been developed. A family group meeting is required to develop a case plan. This meeting must be held within 30 days of the decision a child is in need of protection, or within the timeframe set by the court on an adjournment. For example, it would be legitimate for a child who enters ongoing intervention on 5 June to not yet have a case plan and therefore a cultural support plan approved and recorded on ICMS by 30 June;
- has been developed, but is not yet recorded on the central system;
- has been completed and entered on the central system, but is yet to be approved.

The introduction of the expanded Recognised Entity Participation/Child Placement Principle form in April 2012 has created a process to assist departmental staff in decision making and the recording of those decisions regarding the hierarchy of placement options for Aboriginal and Torres Strait Islander children.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Special needs of Aboriginal and Torres Strait Islander children' chapter on pages 46–51 of the Supplementary Report

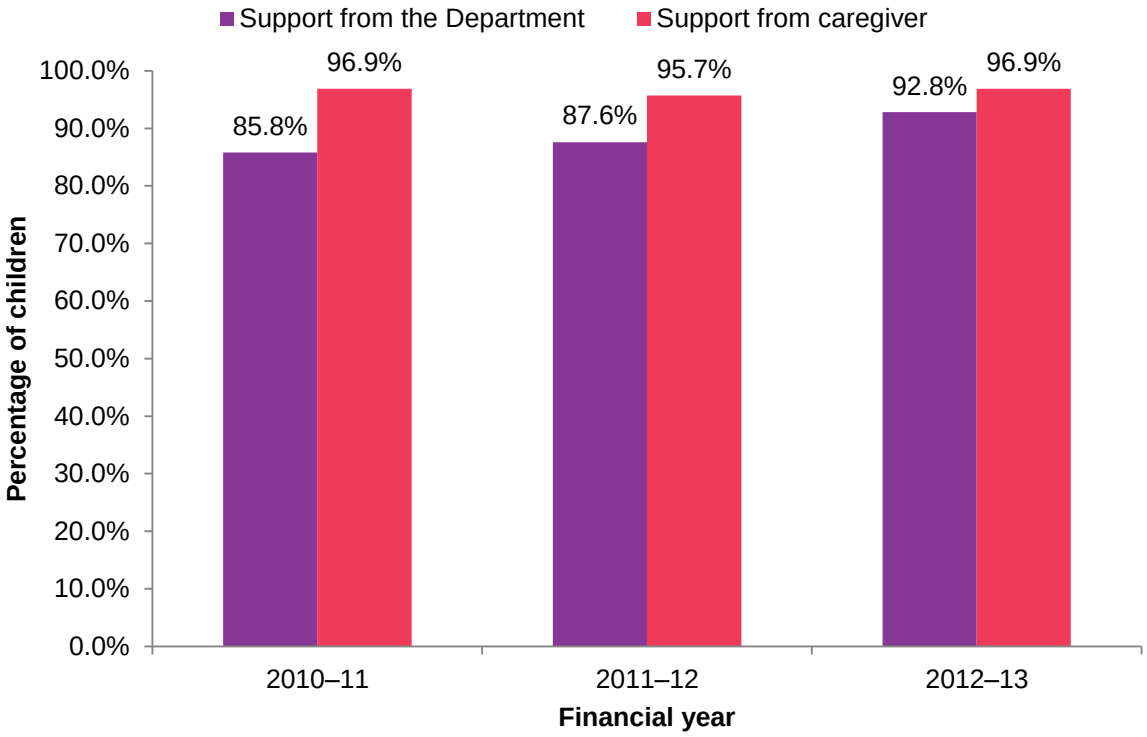
[74] The Commission acknowledges existing commitments made by the Department to augment cultural support planning mechanisms in response to recommendations contained in the *Indigenous Child Placement Principle Audit Report 2012/13*.

7.1 Children satisfied with support from the Department to participate in cultural activities

Latest level and trends

Commission Community Visitors (CVs) identified that, of the children asked about participation in cultural activities, the majority reported that they were satisfied with the support provided by the Department to participate in cultural activities and maintain cultural links (92.8%).[75]

Percentage of Aboriginal and Torres Strait Islander children satisfied with support provided to participate in cultural activities, 2010–11 to 2012–13



[75] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Children aged 0–4 were excluded from the analysis. There was a total of 483 valid responses to this question in relation to Department support satisfaction, and 686 for the question in relation to caregiver support satisfaction.

7.2 Cultural Support Plans that were of sufficient quality

Latest level and trends

The Commission undertook a review of Cultural Support Plans (CSPs) as part of the Indigenous Child Placement Principle Audit 2012/13.[76] These CSPs were developed for Aboriginal and Torres Strait Islander children and young people in the period from 1 July 2012 to 31 December 2012. Of the 2,722 Aboriginal and Torres Strait Islander children and young people whose case plans were initially identified for possible inclusion in the audit, 2,681 (98.5%) had CSPs included as part of their case plans. A random sample of 541 CSPs were reviewed. Only 142 (26.2%) of the CSPs identified involvement with specific cultural activities, for example Aboriginal art and/or dance, hunting, fishing or passing down of stories by relatives. Three hundred and forty-eight (64.3%) of the CSPs identified only general cultural activities such as family contact and participating in National Aborigines and Islanders Day Observance Committee (NAIDOC) week activities.

Quality of Cultural Support Plans

Elements of CSPs	Percentage
Cultural background information recorded in CSP	73.8%
Specific cultural activities in CSP	26.2%
CSP identified whether support was required by carer to maintain and support the contact arrangements and activities identified to maintain cultural identity	72.7%

[76] Data source: Commission for Children and Young People and Child Guardian. (2013). *Indigenous Child Placement Principle Audit Report 2012/13*. Brisbane.

7.3 Compliance with section 83 of the *Child Protection Act 1999*

Latest level and trends

The Commission has undertaken three audits of Departmental compliance with section 83 of the *Child Protection Act 1999*, which prescribes a process that must be followed when making out-of-home care placement decisions for Aboriginal and Torres Strait Islander children and young people. Compliance with section 83 is achieved when a small number of discrete steps are each observed and actioned appropriately in the placement decision-making process.

The *Indigenous Child Placement Principle Audit Report 2012/13* identified that there was evidence of complete compliance with all required steps in only 12.5% of the sample.[77] The previous *Indigenous Child Placement Principle Audit Report 2010/11* found evidence of complete compliance with all required steps in 15% of the sample,[78] and the inaugural *Indigenous Child Placement Principle Audit Report*, released in 2008, found there was no evidence of compliance by the Department with all of the required steps in any one placement decision.[79]

[77] Data source: Commission for Children and Young People and Child Guardian. (2013). *Indigenous Child Placement Principle Audit Report 2012/13*. Brisbane.
[78] Data source: Commission for Children and Young People and Child Guardian. (2012). *Indigenous Child Placement Principle Audit Report 2010/11*. Brisbane.
[79] Data source: Commission for Children and Young People and Child Guardian. (2008). *Indigenous Child Placement Principle Audit Report 2008*. Brisbane.

8. Individual needs met

Measures	2010–11	2011–12	2012–13
8.1 Percentage of children with a current case plan[80] (Departmental data)	81.5%	91.7%	93.6%
8.2 Percentage of children who participated in case plan development (Commission Community Visitor data)	57.0%	64.3%	81.7%[81]
8.3 Percentage of children who were identified as receiving effective support in relation to their high-risk behaviours (Commission Community Visitor Data)	52.2%	51.0%	51.9%[82]

Performance Assessment: There have been improvements in case planning, recognised by the increasing proportion of children who have current case plans and the proportion who reported being able to participate in their case plans' development. Low compliance remains, however, for those children with the highest and most complex needs where indicators report that supports planned and provided are not as effective as they could be.

Departmental comment: There are a number of valid reasons a proportion of all children subject to ongoing intervention on a certain day may not have a case plan recorded on ICMS. For example: A family group meeting is required to develop a case plan. This meeting must be held within 30 days of the decision a child is in need of protection, or within the timeframe set by the court on an adjournment. It would be legitimate for a child who enters ongoing intervention on 5 June to not yet have a case plan approved and recorded on ICMS by 30 June.

Case management for children or young people placed in out-of-home care, includes ongoing assessment to inform reviews of the case plan, which must integrate outcomes from the Child Strengths and Needs Assessment; the Child Health Passport; Education Support Plan; Cultural Support Plan for Aboriginal and Torres Strait Islander children and, where appropriate, children from culturally and linguistically diverse backgrounds; transition from care planning, for young people who are aged 15–17 years old; and specialist assessments, such as those conducted by Evolve Interagency Services and disability services, and any behaviour support and/or treatment plans.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Individual needs met' chapter on pages 52–57 of the Supplementary Report

[80] Departmental data. The figures for this measure are as at 30 June of 2011, 2012 and 2013.
[81] During 2012–13, the identification for this question changed from CV observation of the existence of a case plan to the child reporting that they have a case plan. Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Children aged 0–4 years were excluded from the analysis. There was a total of 1,764 valid responses to this question.
[82] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There was a total of 364 valid responses to this question. 'High-risk' behaviours include self-harm, drug use and sexualised behaviours.

8.1 Children with a current case plan

Latest level and trends

As at June 2013, 11,051 (96.8%) children subject to ongoing intervention with the Department had a case plan recorded. Of those requiring a case plan, 93.6% had a current case plan, an increase from 91.7% at 30 June 2012.

Children subject to ongoing intervention with a current case plan, by intervention type, 2012 and 2013[83]

Measures	30 June 2012			30 June 2013		
	Intervention with Parental Agreement	Child Protection Order	All children subject to ongoing intervention	Intervention with Parental Agreement	Child Protection Order	All children subject to ongoing intervention
All children subject to ongoing intervention	**2,149**	**8,814**	**10,963**	**2,253**	**9,167**	**11,420**
Case plan recorded	1,746	8,693	10,439	1,996	9,055	11,051
Created or reviewed within the past 6 months	1,604	7,077	8,681	1,862	7,374	9,236
Not created or reviewed within the past 6 months	142	642	784	134	498	632
No Case plan recorded	403	121	524	257	112	369
Percentage of children with a current case plan	**91.9%**	**91.7%**	**91.7%**	**93.3%**	**93.7%**	**93.6%**

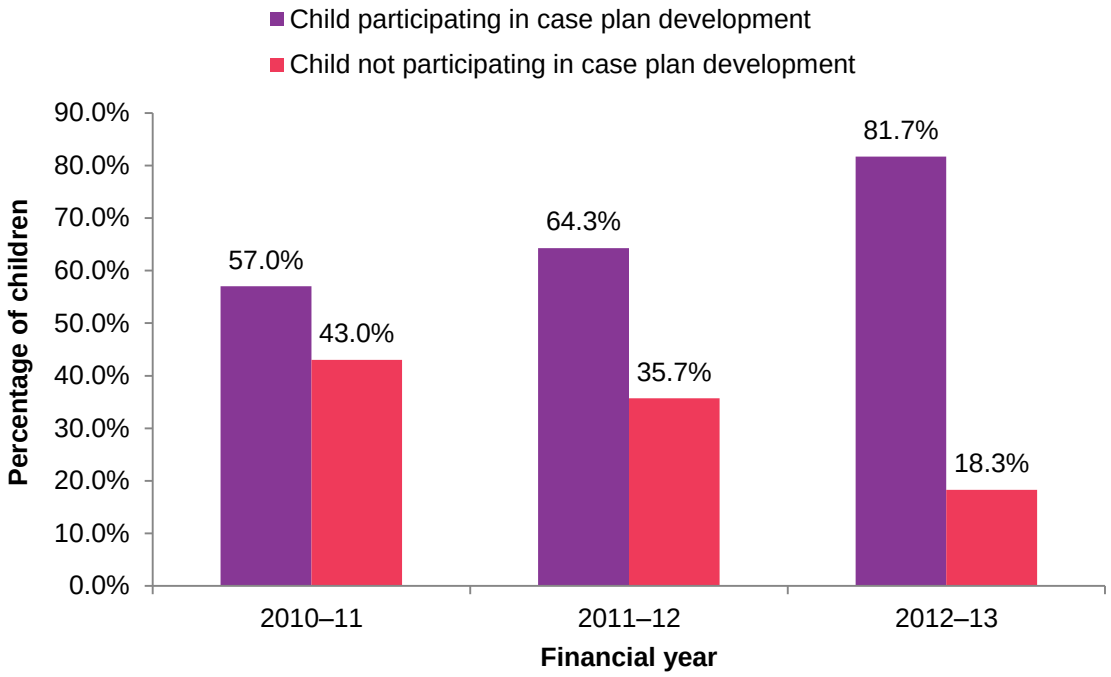
[83] Departmental data. The figures for this measure are as at 30 June 2012 and 2013.

8.2 Children who participated in case plan development

Latest level and trends

Commission Community Visitor (CV) reports identified that, of the children aged five years and over who had a case plan, 81.7% participated in case plan development in 2012–13, which is an increase from 64.3% in 2011–12.[84]

Percentage of children identified as participating in case plan development, 2010–11 to 2012–13



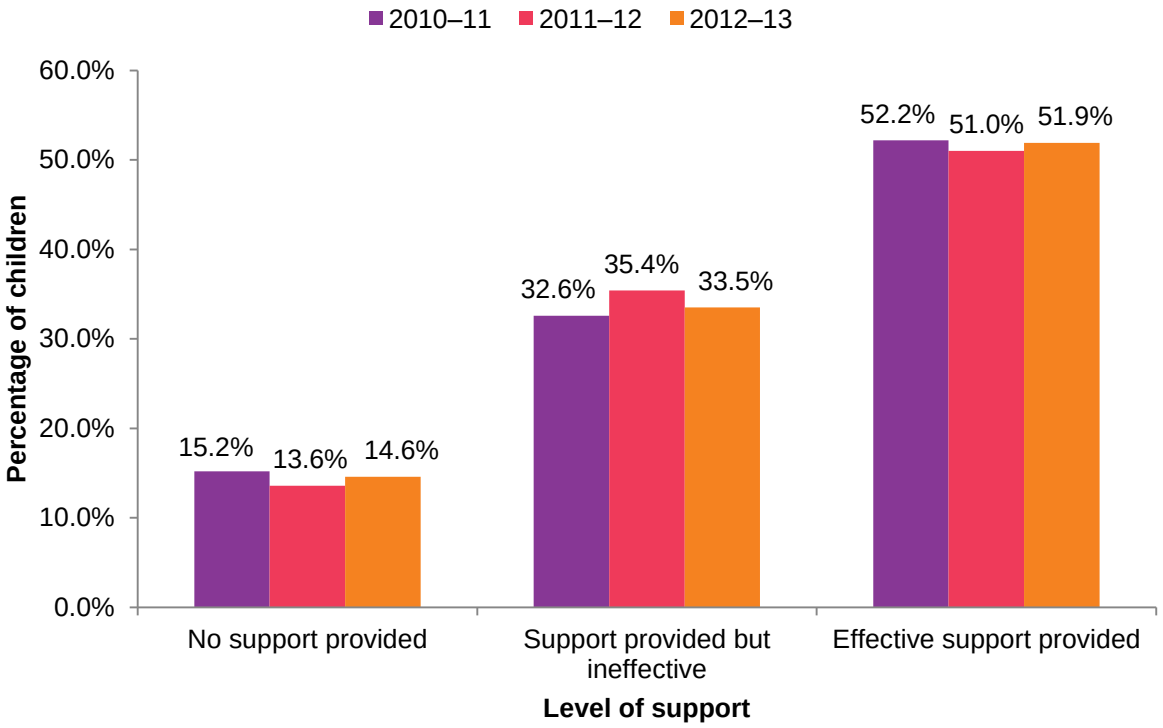
[84] During 2012–13, the identification for this question changed from CV observation of the existence of a case plan to the child reporting that they have a case plan. Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Data are for young people aged 5 years and over who stated that they had a case plan. There were 1,764 valid responses to this question.

8.3 Children receiving support in relation to their high-risk behaviours

Latest level and trends

Children who demonstrated high-risk behaviours were asked by their CVs whether or not they were receiving support from the Department and/or their care provider, and whether or not this support was effective. The figure below shows that 51.9% of children in 2012–13 who had demonstrated high-risk behaviours identified that they were receiving support and that it was effective.[85] This is consistent with previous years.

Percentage of children receiving effective support in relation to their high-risk behaviours, by level of support, 2010–11 to 2012–13



[85] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There were 364 valid responses to this question. 'High-risk' behaviours include self-harm, drug use and sexualised behaviours.

9. Successful reunifications

Measure	2010–11	2011–12	2012–13
9.1 Percentage of reunifications that did not result in the child re-entering care within six months (Commission Community Visitor data)	90.5%	90.1%	88.7%[86]

Performance Assessment: The percentage of successful reunifications has shifted from last year to be performing below the expected standard due to the small decrease in successful reunifications over the most recent reporting period. Despite existing case planning efforts and family support arrangements post-reunification, more than one in 10 children will still need to be returned to care to protect them from further harm. The Commission notes that reunification outcome measures will remain a significant indicator to monitor during the implementation of new family-based reforms across the sector.

Departmental comment: Effective intervention is a key strategy for reducing the re-entry of a child into the child protection system. It is important to note that re-entry rates are often affected by factors beyond the department's control, such as changes in family circumstances (for example, a new partner or illness). Resubstantiation is also more likely to occur if a family does not have access to the necessary support services it requires.

The majority of children and young people subject to child protection intervention will remain with their parents, or return home following a short period in out-of-home care. In circumstances where it is considered unsafe for a child to return home, the key principle for Child Safety Officers is the well-being and best interests of the child.

The Department works on an ongoing basis with children, young people and their families, and the frontline staff are dedicated to providing family support and assistance. To help prevent re-entry, the Department funds prevention and early intervention services for families to have access to appropriate support services.

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Successful reunifications' chapter on pages 58–61 of the Supplementary Report

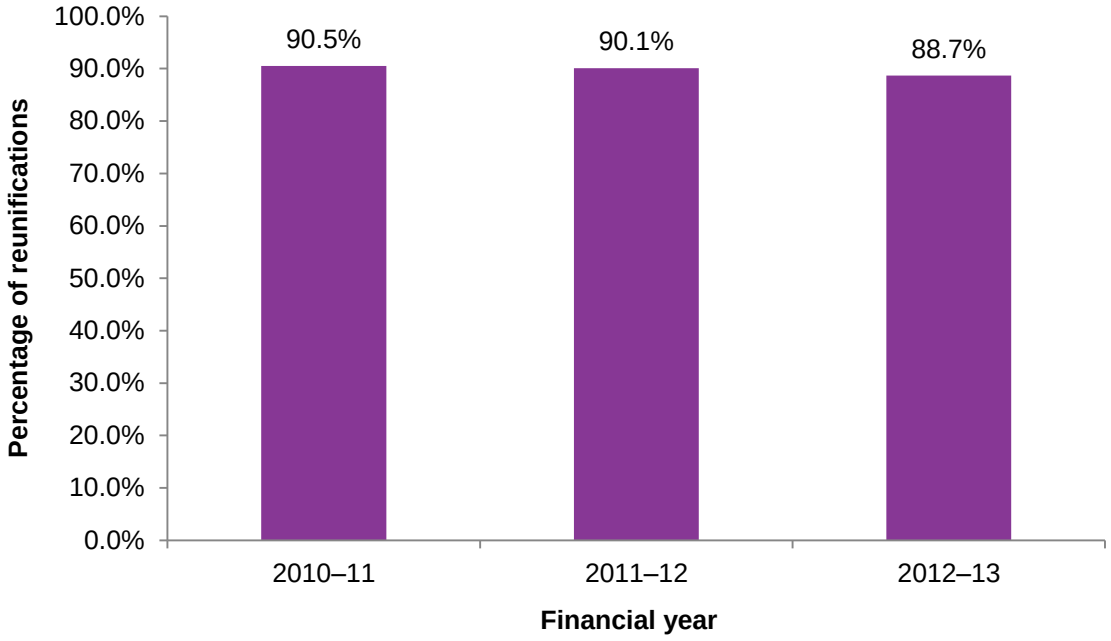
[86] Data source: Commission. Jigsaw placement data. The 2012–13 figures are based on 942 reunifications in the 2012–13 financial year.

9.1 Reunifications that did not result in the child re-entering care within six months

Latest level and trends

In 2012–13, 88.7% of reunifications remained in place for at least six months.[87] This is a slight decrease since 2011–12.

Percentage of reunifications that did not result in the child re-entering care within six months, 2010–11 to 2012–13



[87] Data source: Commission. Jigsaw placement data. The 2010–11 figures are based on 872 reunifications in the 2010–11 financial year. The 2011–12 figures are based on 795 reunifications in the 2011–12 financial year. The 2012–13 figures are based on 942 reunifications in the 2012–13 financial year. Placements recorded in Jigsaw as having a placement ending either due to 'returned to parents' or 'order expired' where the child was aged 16 or under at the time the placement ended were considered to be a reunification for the purpose of this measure. If the child did not have a new placement recorded in Jigsaw within the six-month timeframe, the reunification was considered to have been ongoing. The Commission acknowledges this methodology may include some false positives, e.g. children who subsequently run away from home are considered to be a reunification that did not result in the child re-entering care.

10. Successful transitions to independence

Measures	2010–11	2011–12	2012–13
10.1 Percentage of young people (aged 15 and 16 years) for whom transition from care planning had been completed[88] (Commission Community Visitor data)	25.2%	24.6%	29.4%
10.2 Percentage of young people (aged 17 years) identified as reporting feeling ready to transition from care[89] (Commission Community Visitor data)	83.9%	89.8%	87.4%
10.3 Percentage of Year 12 completers identified as being in out-of-home care who were either learning or earning[90] (Departmental data)	63.0%	62.5%	75.0%
10.4 Percentage of children subject to a child protection order for more than 12 months who were admitted to a supervised youth justice order at some time during the year (Departmental data)	5.2%	5.0%	NA[91]

Performance Assessment: While only 12.6% of young people self-assess as feeling unready to transition from care, significantly, only 29.4% of young people aged 15 and 16 years report having completed transition from care planning. This suggests there is scope to significantly improve readiness of young people during the transition to independence phase.

Departmental comment: Transition from care planning is recorded within the case plan document. A young person's progress towards achieving transition from care goals occurs at each case plan review or at least every six months.

The Department advises that as at 30 June 2013, there were 1247 young people aged 15 years and over subject to a child protection order granting custody or guardianship to the Chief Executive. Of these, transition from care planning had occurred for 904 young people or 72.5 per cent. The majority of these young people had participated in their planning (91.2 per cent).

Refer to Appendix D for the full Departmental response.

For additional data, see the 'Successful transitions to independence' chapter on pages 62–66 of the Supplementary Report

[88] Note that reporting prior to 2011–12 analysed responses by all children aged 15–17 years, whereas current methodology factors the specific age cohort that the question was directed to. Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Data are for young people aged 15–16 years. There were 408 valid responses to this question.

[89] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Only young people aged 17 years old responded to this question. There were 317 valid responses to this question.

[90] Data source: Department of Communities, Child Safety and Disability Services. *2011–12 Child Protection Partnerships Report*. Brisbane. The Department of Communities has previously advised that 'due to the small number of young people who had spent time in out-of-home care and taken part in the Next Step survey, it was not possible to make meaningful comparisons about types of further education or employment. Also, due to small numbers, percentages represented in the table may vary considerably from year to year. Care must be taken when interpreting these results due to the low numbers involved and the possibility of non-response bias'.

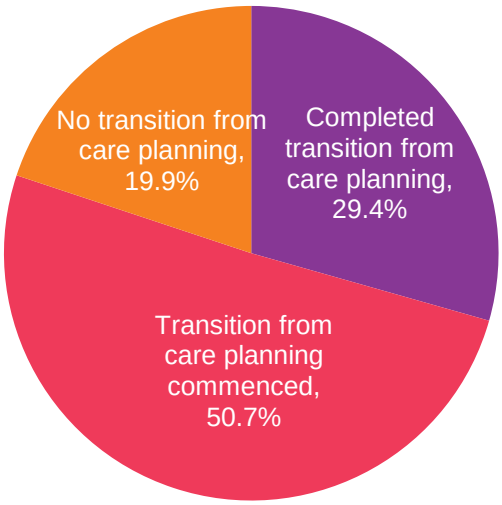
[91] Data for 2012–13 is not yet publicly available.

10.1 Young people for whom transition from care planning had been completed

Latest level and trends

Of the young people aged 15–16 years who reported whether or not they had completed transition from care planning, 29.4% reported having completed planning, and a further 50.7% reported that planning had commenced.[92]

Percentage of young people aged 15–16 years who had completed transition from care planning, transition from care planning commenced, or no transition from care planning, 2012–13[93]



[92] Commission Community Visitors (CVs) may not have actually sighted the transition from care planning documents, depending on whether the child and/or carer had a copy. In these cases, CVs rely on verbal information provided by the child and/or carer. This could be a reason for the discrepancy between these figures and the transition from care planning figures reported by the Department (contained in the Supplementary Report accompanying this Update).

[93] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. Data are for young people aged 15–16 years. There were 408 valid responses to this question.

10.2 Young people identified as reporting feeling ready to transition from care

Latest level and trends

The majority of young people aged 17 years (87.4%) reported feeling ready to transition from care.[94] A small number of young people aged 15 and 16 years identified that they would require further support with particular issues once they have transitioned from care.[95] As previously identified in research undertaken by the Commission, a young person's readiness to leave care may well be predicated on the expectation that a range of post-care support and opportunities will be readily available to them. It is quite possible that young people are not aware of what to expect or the potential difficulties in accessing and securing much-needed supports.[96]

Transition from care statistics, 2012–13[97]

Measure	Percentage
Young people who reported feeling ready to transition from care[98]	87.4%
Young people who reported requiring support with planning and decisions about transitioning[99]	12.3%
Young people who reported requiring support with engagement in further education, training or employment*	10.0%
Young people who reported requiring access to financial assistance and income support*	9.6%
Young people who reported requiring support with obtaining their drivers licence or other transport options*	9.4%

* See footnote 84

[94] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. There were 317 valid responses to this question. Note that reporting prior to 2011–12 analysed responses by all children aged 15–17 years, whereas current methodology factors the specific age cohort that the question was directed to.
[95] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013. 622 of the 758 young people aged 15 and 16 years did not provide any support requirements.
[96] *I'll make it work: Young people's views of leaving care in Queensland*. Lee Tennent, Brian Jenkins and Elizabeth Fraser, Children Australia, Volume 35 Number 4, 2010.
[97] Data source: Commission. Community Visitor data. Information extracted from the child's last report between July 2012 and June 2013.
[98] Only young people aged 17 years old responded to this question.
[99] Of the 758 young people aged 15 and 16 years, 622 did not list any support requirements. Multiple selections were allowed. Only young people aged 15–16 years were asked this question.

10.3 Earning or further learning by young people formerly in out-of-home care

Latest level and trends

Year 12 completers who had spent time in out-of-home care were consistently more than 2.3 times less likely to be either learning or earning than Year 12 completers overall.[100]

Main destinations of Year 12 completers identified as being in out-of-home care, 2010 to 2012

Destination	Children in out-of-home care			Queensland		
	2010	2011	2012	2010	2011[101]	2012
Learning[102]	46.6%	38.6%	48.8%	60.7%	60.9%	63.0%
Earning[103]	16.4%	23.9%	26.2%	27.9%	28.0%	26.2%
Neither[104]	37.0%	37.5%	25.0%	11.4%	11.1%	10.8%

[100] The Department of Communities has previously advised that 'due to the small number of young people who had spent time in out-of-home care and taken part in the Next Step survey, it was not possible to make meaningful comparisons about types of further education or employment. Also, due to small numbers, percentages represented in the table may vary considerably from year to year. Care must be taken when interpreting these results due to the low numbers involved and the possibility of non-response bias'. Data source: Department of Communities, Child Safety and Disability Services. *2011–12 Child Protection Partnerships Report*. Brisbane.
[101] Note that the 2011 data differs slightly to that reported in the 2009–12 Update as the data contained in the *2011–12 Child Protection Partnerships Report* was altered with no explanation given.
[102] The destination of 'Learning' includes all students, regardless of their labour force status.
[103] The destination of 'Earning' includes those who are working and not in further education or training.
[104] The destination of 'Neither learning nor earning' includes categories of 'seeking work' and 'not in the labour force'.

10.4 Children subject to a child protection order for more than 12 months who were admitted to a supervised youth justice order at some time during the year

Latest level and trends

In 2011–12, 194 children subject to a finalised child protection order for more than 12 months were admitted to a supervised youth justice order at some time during the year. As at 30 June 2012, 72.2% of children and young people in the youth justice system were known to the child protection system. At the time of publication, data for the 2012–13 year was not yet publicly available.

Children in the youth justice and child protection systems, 2010–11 to 2012–13

Measure	2010–11[105]	2011–12[106]	2012–13[107]
Number of children subject to a finalised child protection order for more than 12 months who were admitted to a supervised youth justice order at some time during the year	192	194	NA
Percentage of children subject to a finalised child protection order for more than 12 months who were admitted to a supervised youth justice order at some time during the year	5.2%	5.0%	NA
Percentage of children in the youth justice system who were known to the child protection system[108] [109]	69%	72.2%	NA

[105] Department of Communities. (Child Safety). (2012). *2010–11 Child Protection Partnerships Report*. Brisbane.
[106] Department of Communities. (Child Safety). (2013). *2011–12 Child Protection Partnerships Report*. Brisbane.
[107] Data for 2012–13 is not yet publicly available.
[108] The Department advised that for the purpose of this measure, a child is 'known' to the child protection system if they have been subject to a Child Concern Report, Notification or Substantiation at any time.
[109] The Department advised that 'in' the youth justice system refers to young people subject to supervised youth justice orders as at 30 June of the financial year.

Appendix A

Overview of Evidence Base

The Key Outcome Indicators (KOIs) draw on a variety of data sources to provide a comprehensive picture of the experiences of children in the child protection system. Each piece of information adds value to understanding how children reliant on this service system are faring. For the purpose of effective interpretation, and so that findings are read in context, it is important to understand how each piece of information is gathered. This section describes the data sources which contribute to the Update and factors to consider when interpreting the data. Where necessary, throughout the Update footnotes have been included to provide further explanation about the data source or findings.

Department of Communities, Child Safety and Disability Services administrative data

The Department of Communities, Child Safety and Disability Services (the Department) provides the Commission with data and information about its service delivery to children under the *Child Protection Act 1999*. Information provided by the Department covers the entire spectrum of the child protection system, from the Investigation and Assessment (I&A) phase to custody and/or guardianship orders to transitions to independence. It includes information about key service delivery areas such as timeliness of actioning I&As, case planning and Education Support Plans (ESPs).

Relevant data is captured in the Department's Integrated Client Management System (ICMS). It is provided to the Commission, along with breakdowns by age, Aboriginal and Torres Strait Islander status and region. The Department also provides data about the Referral for Active Intervention (RAI) program, which delivers early intervention services to children and families at risk of entering the child protection system, and works with the Department of Education, Training and Employment, and the Queensland Studies Authority, to provide the Commission with information about educational outcomes for children in out-of-home care. It should be noted that in this report, unless provided with updated information, historical data from the Department remains the same as previously published.

Administrative data may provide some, but not all, required insights into the quality of service delivery and the appropriateness of interventions. The quality of record keeping can also influence the availability of data. To aid in developing a complete picture of children in the child protection system, the KOIs draw on other independent data collection sources, such as Commission Community Visitor (CV) report data, collected in Jigsaw, Views survey results, audits, investigations and reviews.

Commission Community Visitor reports about children in care

CVs regularly visit children in out-of-home care, to verify that they are safe and receiving appropriate care, to advocate on their behalf to help resolve any concerns or grievances and to offer support if required. After each visit CVs prepare a written report about the standard of care experienced by the child. These reports are based on an independent assessment made by the CV. Information and evidence used to formulate the CVs assessment is derived from multiple sources. Depending on the nature of the information these may be engagement and one-on-one discussions with the child during the visit, the CV's observations of the standard of care provided during the visit and/or statements made by the child's carer about the child.

In 2009–10, an improved CV report framework was introduced within the new Jigsaw (electronic information management) system, to enhance data management and reporting and subsequent individual and systemic advocacy by the Commission. The implementation involved a change in the way CVs record the information from their visits with children. CVs now provide yes/no answers to over 75 questions, categorise their concerns in additional sub-questions and provide some free text responses. This enhanced way of reporting enables detailed data capture about care provided to a child, and becomes an important tool when that information is analysed across groups of children for trends.

A total of 45,258 CV visit reports for children from 2012–13 (relating to 8,078 distinct children) were analysed for this Update. This provides for a significant sample and representation of concerns affecting children in care. Like the Department's administrative data, where relevant, Jigsaw data is disaggregated by age, Aboriginal and Torres Strait Islander status and CV zone. In some cases, data was drawn from the last visit report in the 12 month period for a child, or from any one of the visit reports recorded for a child in the 12 month period. The footnotes throughout the report provide this additional detail and further information about children's responses to CV reports can be accessed by emailing data@ccypcg.qld.gov.au. It should be noted that unless specified, historical data remains unchanged to previously reported.

In order to maintain the data quality and integrity of information entered in Jigsaw, the Commission has developed a Data Quality Management Action Plan. The plan includes strategies to optimise the capacity of CVs to record all required information from their visits and signals the need for careful quality assurance of data.

Views of Children and Young People in Care Queensland reports

The Commission regularly conducts surveys of Queensland children in foster care, kinship and residential care, and in youth detention, to capture their subjective views and experiences. The surveys are repeated regularly with cross-sections of children and using a common set of survey questions. The survey comprises a mix of select-response and open-ended questions that gather data on children's and young people's overall feelings of safety and happiness and their perceptions of being cared for and supported.

Views data included in this Update are derived from the *2012 Views of Young People in Residential Care Survey: Overview and selected findings*. Where data has been used from this report, it has been noted in the body of this Update.

A major benefit of the data generated by both the CV reports and the Views survey data is that they augment the scope of existing Departmental administrative data.

It is important to note that Views survey findings cannot be directly compared to CV findings, due to different methodologies and different time periods for data collection. As noted previously, CV reports are collected as part of the Commission's statutory oversight of service delivery and are the CV's overall assessment of the standard of care experienced by the child or young person. The Views survey data are based upon the subjective view and opinions of children and young people.

Appendix B

Dictionary and abbreviations

Case plan

A written document identifying the goals of the ongoing child protection intervention with a child and the outcomes and actions required to achieve the goals. The *Child Protection Act 1999* states that every child who is in need of protection and requires ongoing help (such as those in out-of-home care) must have a case plan that is reviewed regularly. At a minimum, case plans must be reviewed every six months.[110] The plan should be focused on meeting the child's protection and care needs, and is developed in a participative process between the Department of Communities, Child Safety and Disability Services, the child, the child's family and other significant people.

Children (when used within the context of the *Child Guardian Views of Young People in Residential Care 2009* report)

Persons aged 5 to 8 years.

Children and young people or children

Persons aged 0 to 17 years.

Child Concern Report

A Child Concern Report is a record of child protection information received by the Department of Communities, Child Safety and Disability Services that does not meet the threshold for a Notification or is a duplicate of concerns that have already been assessed and recorded.

Child Guardian

External accountability mechanism in relation to the provision of services to, and decisions made in respect of, children and young people in the child safety system. The Commissioner's Child Guardian functions are specified in section 17(2) of the *Commission for Children and Young People and Child Guardian Act 2000*.

Child Guardian Key Outcome Indicators

An agreed framework established by the Child Guardian to monitor the effectiveness of priority areas of service delivery within the child safety system. There are 10 Key Outcome Indicators:

- Effective non-statutory assessments and interventions
- Effective statutory assessments and interventions
- Safe out-of-home care
- Best health possible
- Best education possible
- Stable out-of-home care
- Special needs of Aboriginal and Torres Strait Islander children
- Individual needs met

[110] The Department has advised that 'from August 2011, legislative amendments took effect and children subject to a long-term order to other suitable persons (long-term guardian) no longer require the regular review of their case plan'.

- Successful reunifications, and
- Successful transitions to independence.

Child Health Passport

The Child Health Passport is a joint initiative of the Department of Communities, Child Safety and Disability Services and Queensland Health. The Child Health Passport records a child's or young person's health information and provides carers with the information they need to meet the child's day-to-day health needs. The passport is to be updated throughout a child's time in care and will include a "Child Information Form" with immunisation details, a photocopy of the child's Medicare card, details of the child's baseline health assessment or annual health check details and pertinent health alerts. The passport moves with the child or young person if they change placements.

Child Placement Concern Report

This is recorded, in response to a matter of concern, where the information gathered indicates that:

- an approved carer or staff member has provided inadequate or poor quality care (for a child in out-of-home care) that fails to meet the standards of care detailed in the *Child Protection Act 1999*, section 122, and
- a child did not suffer harm, is not suffering harm and is not at unacceptable risk of suffering harm, as defined in the *Child Protection Act 1999*, section 9 due to the actions or inactions of an approved carer or staff member of a licensed care service or another entity.

Child protection order

Under section 54 of the *Child Protection Act 1999* an authorised officer may apply to the Children's Court for a child protection order for a child. Section 59 of the *Child Protection Act 1999* specifies that a court may make a child protection order only if it is satisfied the child is in need of protection and the order is appropriate and desirable for the child's protection.

Child protection system

The child protection system includes the services collectively delivered by the Department of Communities, Child Safety and Disability Services (as lead agency) and relevant government service providers, including Queensland Health and the Department of Education, Training and Employment as well as non-government service providers. The system also includes children and young people known to the Department of Communities, Child Safety and Disability Services (the Department) because of allegations of harm or risk of harm, regardless of whether these children enter out-of-home care.

Child Safety Officer (CSO)

CSOs provide statutory child protection services to children and families through:

- undertaking the roles of an authorised officer under the *Child Protection Act 1999*
- the application of relevant legislation, delegations, policies, procedures and quality standards, and
- working collaboratively with approved carers, the community, and government and non-government service providers.

Child Safety Service Centre or CSSC and Child Safety Region

Regional offices of the Department of Communities, Child Safety and Disability Services.

Commission Community Visitors (CVs)

An authorised person under the *Commission for Children and Young People and Child Guardian Act 2000* who visits and checks on the safety and wellbeing of children and young people who are in care.

Cultural Support Plan (CSP)

A cultural support plan is developed for Aboriginal and/or Torres Strait Islander children who are subject to ongoing intervention by the Department of Communities, Child Safety and Disability Services. It aims to keep children connected to their culture, families and communities regardless of the placement in which they are living. Cultural support plans are to be reviewed in conjunction with the review of the case plan i.e. at least every six months.

The Department

Department of Communities, Child Safety and Disability Services (formerly Department of Communities, Child Safety Services).

Education Support Plan (ESP)

The Education Support Plan is a joint initiative of the Department of Communities, Child Safety and Disability Services and the Department of Education, Training and Employment, which plans and documents the child's educational goals and outcomes and strategies to achieve identified outcomes. An Education Support Plan is required when a child meets all of the following requirements:

- is subject to a child protection order granting custody or guardianship to the Chief Executive
- resides in an out-of-home care placement, and
- is of compulsory school age, or enrolled at school in Years 1–12.

The plan is reviewed on an annual basis or in situations when the child's or young person's circumstances change significantly.

Exclusion

Exclusion of a child or person from a Queensland state school is governed by the provisions of the *Education (General Provisions) Act 2006*. Exclusion occurs when the state school principal believes there are grounds for the student to be excluded from that school. The principal's supervisor can also exclude a student from a school or schools they supervise. The Chief Executive may determine that the child is to be excluded from a state school at which the student is enrolled, certain state schools or all state schools. The decision to exclude a child or young person from a state school is to be based on the student's behaviour and conduct.

Family group meeting (FGM)

According to section 51G of the *Child Protection Act 1999*, the purpose of family group meetings are to provide family-based responses to children's protection and care needs and to ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs. Under the *Child Protection Act 1999*, section 51H, the Chief Executive must convene a family group meeting or have a private convenor convene a family group meeting to develop a case plan for a child. In relation to case planning occurring at a family group meeting, section 51L of the *Child Protection Act 1999* specifies the people who must be given the opportunity to participate in the meeting. This includes the child, unless it would be inappropriate because of the child's age or ability to understand, the child's parents, a legal representative of the child and a Recognised Entity if applicable.

Harm

Under section 9 of the *Child Protection Act 1999*, harm to a child is defined as any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.

Integrated Client Management System (ICMS)

The Department of Communities, Child Safety and Disability Services' computerised system that centralises all records relating to foster carers, children in care or "at risk" of harm, and young people in the youth justice system. ICMS replaced the existing Child Protection System (CPS) and Families Information System (FAMYJ) in 2007.

Indigenous Child Placement Principle

A decision-making hierarchy of placement options that must be observed when placing Aboriginal and Torres Strait Islander children and young people in out-of-home care, as described in section 83 of the *Child Protection Act 1999*.

Intake

Intake is the first phase of the child protection continuum, and is initiated when information or an allegation is received from a notifier about harm or risk of harm to a child, or when a request for departmental assistance is made.

Intervention with Parental Agreement (IPA)

Ongoing intervention with a child who is considered in need of protection, based on the agreement of a child's parent/s to work with the Department of Communities, Child Safety and Disability Services to meet a child's safety and protection needs.

Investigation and Assessment or I&A

The response of the Department of Communities, Child Safety and Disability Services to all Notifications, to determine the safety and protective needs of a child under section 14 of the *Child Protection Act 1999*. The I&A process involves determining if the child is safe, investigating allegations of harm and risk of harm, undertaking a holistic assessment of the child and family within their usual home environment, determining if the child is in need of protection, and deciding whether there are supports that the department or other agencies can provide to the child and family.

Issue of Concern

Issue of Concern is a functional term used by the Commission which relates to:

- a child or young person who is or may be in need of protection, or
- a child or young person who is or may be the victim of a criminal offence

both of which require referral to a relevant agency (relevant agencies include the Department of Communities, Child Safety and Disability Services, Queensland Police Service and the Crime and Misconduct Commission) under section 25 or Chapter 4 of the *Commission for Children and Young People and Child Guardian Act 2000*. A service delivery issue significantly impacting on a child or young person's wellbeing and development which remains unresolved after two months of advocacy is also classified as an Issue of Concern.

Jigsaw

The Commission's information management system which provides case management support for, and reporting on individual and systemic advocacy activities under, the Commission's Child Guardian functions.

Locally Resolvable Issue

A Locally Resolvable Issue is a functional term used by the Commission and could include instances where a child is significantly impacted by not having access to appropriate dental care, education support or contact with family. Locally Resolvable Issues are those which can be addressed by CVs using their functions as outlined in Chapter 5 of the *Commission for Children and Young People and Child Guardian Act 2000*, and are typically service delivery issues significantly impacting on a child or young person's wellbeing and development. Action taken in response to these issues is known as local resolution, which describes a range of activities undertaken by CVs to raise and seek resolution for issues, concerns or grievances impacting on a child or young person's wellbeing or development, with appropriate stakeholders who have the responsibility and capacity to take action to address it.

Matter of Concern (MOC)

A Matter of Concern is any concern raised in relation to the quality of care provided to a child or young person placed in out-of-home care under the *Child Protection Act 1999*, Section 82(1), where a breach of the standards of care is indicated. Matters of Concern apply to children subject to an order with custody/guardianship to the Chief Executive and placed in out-of-home care. Matters of Concern are generated by Child Safety and have no relationship to the Commission's 'Issue of Concern'.

National Assessment Program – Literacy and Numeracy (NAPLAN)

A national program, commenced in 2008, by which all students in years 3, 5, 7 and 9 are assessed on the same days using national tests in reading, writing, language conventions and numeracy.

National Disability Agreement (NDA)

An agreement between the Commonwealth of Australia and the states and territories providing the national framework and key areas of reform for the provision of government support to services for people with disabilities.

Notification or Child Protection Notification (CPN)

Information received about a child who may be at harm or at risk of harm which requires an Investigation and Assessment response. A notification is also recorded on an unborn child when there is reasonable suspicion that the child will be at risk of harm after he or she is born.

Out-of-home care (and the reporting on services provided to children and young people in out-of-home care)

The provision of care outside the home to children and young people who are in need of protection or who require a safe placement while their protection and safety needs are assessed.

The Department of Communities, Child Safety and Disability Services reports on this group of children and young people as follows:

- Subject to protective orders: this measure includes all children and young people subject to short and long-term child protection orders and court assessment orders.
- In out-of-home care: this measure is reported in accordance with the nationally agreed reporting definitions. It includes care provided to all children and young people in out-of-home care (including foster care, kinship care, provisionally approved care and residential services).
- Living away from home: data reported under this category includes all children and young people who have been removed from their home, regardless of whether the placement is departmentally funded or unfunded. It is important to note that not all of these children and young people are subject to a protective order, but are subject to some form of intervention by the Department of Communities, Child Safety and Disability Services.

The reporting on the services provided to children and young people in out-of-home care is also impacted by their custody and guardianship arrangements. The child protection system is required to provide more services to children and young people in the custody or guardianship of the Chief Executive, for example Education Support Plans and Child Health Passports.

For children and young people in out-of-home care, the Commission's Community Visitor Program is legislatively obligated to visit children and young people who are in the custody or guardianship of the Chief Executive.

This means that the reporting on services provided to children and young people in out-of-home care is a complex matter. Care has been taken throughout the report to clearly identify the population being referred to.

Recognised Entity (RE)

An entity (an individual or organisation) which the Department of Communities, Child Safety and Disability Services must either provide the opportunity to participate in the decision-making process for significant decisions or consult with for all other decisions relating to the protection and care of an Aboriginal and Torres Strait Islander child.

Referral for Active Intervention (RAI)

RAI services provide family support for children (unborn up to 18 years) at risk of entry or re-entry in to the statutory child protection system, and their families. A referral can be made by Child Safety Services, a guidance officer from the Department of Education, Training and Employment, a child health nurse from Queensland Health, other government and non-government organisations

and self-referrals. A referral cannot be made where the child is in need of protection. Child Safety is the only agency that can make a referral without the family's consent.

Regions

The Child Safety Regions for the state of Queensland are as follows:

- Brisbane
- Central Queensland
- Far North Queensland
- North Coast
- North Queensland
- South East Queensland
- South West Queensland

Residential care

Non-family based accommodation for children and young people in out-of-home care.

Reunification

The process of returning a child or young person to live with his or her family. The process should be planned and involve the provision of any required services and supports to the child or young person and family.

Standards of care

The framework Commission Community Visitors use when reporting about their visits to children and young people in out-of-home care. These standards are based on the Charter of rights for a child in care as specified in Schedule 1 of the *Child Protection Act 1999*.

The term is also used by Child Safety to refer to the standards by which children in out-of-home care are to be cared for. These standards apply to all placements made under the authority of the *Child Protection Act 1999*, section 82(1). In addition, the legislated 'Statement of standards' (*Child Protection Act 1999*, section 122) also refers to the 'Standards of care', and the two terms are used by Child Safety interchangeably.

Substantiation

The outcome of an Investigation and Assessment of a Notification by the Department of Communities, Child Safety and Disability Services where it is determined that the child or young person has experienced harm and/or there are identifiable factors that indicate the child is at unacceptable risk of being harmed in the future.

Suspension

The suspension of children and young people is governed by the *Education (General Provisions) Act 2006*. Suspension occurs when a student is not allowed to attend the school at which he or she is enrolled, or any other state school, for a particular period of time. The decision to suspend a child or young person is to be based on the behaviour and conduct of the student.

Systemic issues

Includes issues relating to children and young people in the child safety system which have affected, or will potentially affect, more than one child in a way detrimental to their rights, interests and wellbeing.

Therapeutic services

Allied health services provided or required by children and young people in out-of-home care, for example, counselling.

Transition from care

Process of preparing a young person in out-of-home care to transition to adulthood as required by Schedule 1(k) of the *Child Protection Act 1999*.

Unsubstantiated

The outcome of an Investigation and Assessment of a Notification by the Department of Communities, Child Safety and Disability Services where it is determined that a child or young person has not suffered harm and is not at unacceptable risk of harm, as the child has a parent able and willing to protect them.

Views of Children and Young People in Foster Care

The *Views of Children and Young People in Foster Care Survey* is part of the Commission's Views of Children and Young People in Care Survey series (the *Views Survey*) – an ongoing body of research that gathers the views of children and young people in foster care, residential care and youth detention. These surveys were established in response to the 2004 Crime and Misconduct Commission inquiry into the abuse of children in foster care to allow children and young people to make their own assessment of the quality of their care and to share their views. Children and young people living in foster and kinship care at the time of the survey period and who are visited by Commission Community Visitors are invited to participate.

Views of Young People in Residential Care

The *Views of Children and Young People in Residential Care Survey* is part of the Commission's Views of Children and Young People in Care Survey series (the *Views Survey*) – an ongoing body of research that gathers the views of children and young people in foster care, residential care and youth detention. The survey is open to all children and young people in statutory residential care during the survey period.

Young people (when used within the context of the Views Survey Series)

Persons aged 9 to 18 years.

Zones

The Commission Community Visitor Zones for the state of Queensland are as follows:

- Brisbane North

- Brisbane South
- Brisbane West
- Central North
- Central South
- Far Northern
- Gold Coast
- Ipswich
- Logan
- Moreton and South Burnett
- Northern
- Sunshine Coast
- Toowoomba and Western

Appendix C

Child Guardian Performance Assessment

Key Outcome Indicator	Performance Assessment	Rationale
Effective non-statutory assessments and interventions		The continuing high percentage of children who are re-referred to the Department, including with escalated risks, again endorses the need for more effective family support services across the state. The Commission acknowledges that the Government's anticipated rollout of reforms for families known to, or at risk of entering, the child protection system may have a positive impact on this trend.
Effective statutory assessments and interventions		Measures relating to the management and outcomes of Child Protection Notifications (CPNs) reveal that work needs to continue to implement strategies to improve these outcomes. This requires urgent corrective action and the Commission acknowledges that anticipated reforms in the sector may have a significant impact on the outcome of CPN assessments and investigations.
Safe out-of-home care		The child protection system continues to perform well in relation to the safety of children in care. Improvement is evident in the percentage of substantiated Matters of Concern (MOC); however, this outcome measure should be continued to be monitored closely as current proposed reforms to the sector are implemented.
Best health possible		Health outcomes remain positive across most measures. However, access to mental health and therapeutic services continues to be identified as a service delivery issue.
Best education possible		While there have been improvements in the majority of educational outcomes measures for children and young people in care over the reporting period, the data demonstrates that across most attainment combinations, at least 25% of children and young people in care are performing below the National Minimum Standard.
Stable out-of-home care		There has been a decrease in the number of children and young people leaving their approved placements without approval. The Commission notes that stability of care will remain a significant outcome measure during the transition to the Government's new reforms across the child protection system.
Special needs of Aboriginal and Torres Strait Islander children		The Commission acknowledges the improvement in the percentage of Aboriginal and Torres Strait Islander children and young people reporting satisfaction with the support provided by the Department to participate in cultural activities and maintain cultural links. However, while a significant number of Aboriginal and Torres Strait Islander children and young people subject to ongoing intervention may have a Cultural Support Plan, the available evidence suggests a lack of depth in terms of the quality of the planning identifying specific cultural activities when developing these Cultural Support Plans. In light of this evidence, the Commission is concerned that many Aboriginal and Torres Strait Islander children and young people in out-of-home care remain at significant risk of losing their connection to their family, community and culture, which will have significant impacts on their long-term wellbeing.[111]
Individual needs met		There have been improvements in case planning, recognised by the increasing proportion of children who have current case plans and the proportion who reported being able to participate in their case plans' development. Low compliance remains, however, for those children with the highest and most complex needs where indicators report that supports planned and provided are not as effective as they could be.
Successful reunifications		The percentage of successful reunifications has shifted from last year to be performing below the expected standard due to the small decrease in successful reunifications over the most recent reporting period. Despite existing case planning efforts and family support arrangements post-reunification, more than one in 10 children will still need to be returned to care to protect them from further harm. The Commission notes that reunification outcome measures will remain a significant indicator to monitor during the implementation of new family-based reforms across the sector.
Successful transitions to independence		While only 12.6% of young people self-assess as feeling unready to transition from care, significantly, only 29.4% of young people aged 15 and 16 years report having completed transition from care planning. This suggests there is scope to significantly improve readiness of young people during the transition to independence phase.

[111] The Commission acknowledges existing commitments made by the Department to augment cultural support planning mechanisms in response to recommendations contained in the *Indigenous Child Placement Principle Audit Report 2012/13*.

Appendix D – Departmental Response to Commission's Performance Assessment

Department of Communities, Child Safety and Disability Services

Effective Non-statutory Assessments and Interventions

The Queensland Government established the Child Protection Commission of Inquiry (CPCOI) on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

The pilot of the Helping Out Families (HOF) initiative, which commenced in South East Queensland in 2010, aims to reduce the demand for statutory child protection services in the longer term, including providing opportunities for better family support services to reduce escalation of risk factors.

Families are referred to the family support alliance when they have been the subject of multiple reports to Child Safety Services, or where there is no evidence of harm to a child, but complex family support needs were present.

Effective Statutory Assessments and Interventions

Over the last decade, the number of child protection intakes reported to Child Safety has tripled (from 33,697 in 2001–2002 to 114,503 in 2011–2012). The escalating number of intakes directly impacts on the Department of Communities, Child Safety and Disability Services' (department) capacity to meet the workload demands at intake as well as the commencement and finalisation of timeframes for investigation and assessments.

Safe Out-of-home Care

When a child is placed in out-of-home care, Child Safety works with the child, their family, carers, licensed care service staff, staff from another entity and other relevant agencies to support the child through key transitions (such as moving from home to out-of-home care) and ensure the protection and care needs of the child (including their developmental needs).

Child Safety Officers have at least monthly visits with the child in care to discuss and monitor their ongoing needs, wellbeing and safety within the placement. Child Safety Officers (or staff from non-government organisations) also implement ongoing support and monitoring activities with a view to assisting the carer to provide a level of care consistent with the statement of standards for each child placed in their care, and to achieve the stated goal and outcomes of each child's case plan.

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

Best Health Possible

Children will often enter out-of-home care with higher rates of significant health issues than children in the general population, often with an array of health care and mental health needs that require medical treatment and support. Child Safety remains committed to working in partnership

with specialist health professionals in meeting the complex health care and therapeutic needs of children in care.

The child health passport process aims to ensure that children receive effective and coordinated health care on entering out-of-home care. The child health passport contains the information a carer, licensed care service or entity requires to meet the day-to-day health needs of a child in their care.

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

Best Education Possible

As noted in the footnote (relating to children in out-of-home care who were at or above the National Minimum Standard), due to the small numbers involved for the 'in care' group, it is not advisable to draw conclusions about trends as the figures tend to be unstable year to year.

This data has been sourced from the Department of Communities, Child Safety and Disability Services Child Protection Partnership Report 2011–12. It was noted in this report that caution should be taken when making comparisons over time due to the complex procedure to equate one test with another which involves some degree of statistical error. It was also noted that extreme caution should be used when interpreting NAPLAN results between children in care with the general public due to the low numbers of students in care.

It is acknowledged that many children and young people in out-of-home care have significant learning difficulties and are often behind in their educational achievement due to their history of abuse and neglect.

The level of trauma that children in care experience often has significant impacts upon their behaviour and ability to meaningfully engage and learn in a school environment.

For some children, the level of trauma experienced from their history of abuse and neglect can result in displaying severe and complex challenging behaviours, leading to multiple placement changes and suspensions or expulsions. These factors can impact upon their academic achievement.

Child Safety continues to work closely with the Department of Education, Training and Employment in the implementation of Education Support Plans to maximise the educational potential of children in care.

Stable Out-of-home Care

When a child has been removed from their home for their own safety, the department aims to ensure they are placed in a stable care environment. This includes having as few different placements as possible. However, the best interests of the child or young person are always paramount and sometimes finding the best match for a child may lead to numerous placements being made.

To match children with a placement that is right for them, the department assesses children's level of support needs.

Where there is an identified risk of placement disruption or instability, the case plan and placement agreement will include strategies to address this risk, to minimise the likelihood of further

placement disruption and avoid an escalation of the child's emotional and behavioural support needs.

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

Special Needs of Aboriginal and Torres Strait Islander children

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

As at 30 June 2013, 55.5 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with kin, other Indigenous carers, or an Indigenous residential care service. This is an increase of 1.8 percentage points since 30 June 2012 (53.7 per cent).

Despite this increase, the demand for placements for Indigenous children continues to exceed the supply of Indigenous carers. Over the period 30 June 2009 to 30 June 2013 the number of Indigenous children placed in out-of-home care rose by 28.8 per cent. Over the same period, the number of Indigenous carer families increased by 28.2 per cent.

As at 30 June 2013, there were 4348 Indigenous children subject to ongoing intervention. Of these, 4188 or 96.3 per cent had a cultural support plan.

Of those Indigenous children subject to ongoing intervention with a cultural support plan, 3591 (94.2 per cent) had a current cultural support plan (i.e. either initially created in the last six months or reviewed in the last six months).

There are a number of valid reasons why an Indigenous child subject to ongoing intervention may not have a cultural support plan recorded on a particular reference date. These include instances where the case plan:

- has not yet been developed. A family group meeting is required to develop a case plan. This meeting must be held within 30 days of the decision a child is in need of protection, or within the timeframe set by the court on an adjournment. For example, it would be legitimate for a child who enters ongoing intervention on 5 June to not yet have a case plan and therefore a cultural support plan approved and recorded on ICMS by 30 June;
- has been developed, but is not yet recorded on the central system;
- has been completed and entered on the central system, but is yet to be approved.

The introduction of the expanded Recognised Entity Participation/Child Placement Principle form in April 2012 has created a process to assist departmental staff in decision making and the recording of those decisions regarding the hierarchy of placement options for Aboriginal and Torres Strait Islander children. The ICMS form also prompts staff to ensure the Recognised Entity is engaged in placement sourcing and decision making.

Individual Needs Met

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July

2013. On 16 December 2013, the Queensland Government response accepted 115 recommendations in full and six recommendations in-principle.

As at 30 June 2013, there were 11,420 children in need of protection and subject to ongoing intervention. Of these, 97 per cent (11,051) had a case plan recorded on ICMS.

There are a number of valid reasons a proportion of all children subject to ongoing intervention on a certain day may not have a case plan recorded on ICMS. For example: A family group meeting is required to develop a case plan. This meeting must be held within 30 days of the decision a child is in need of protection, or within the timeframe set by the court on an adjournment. It would be legitimate for a child who enters ongoing intervention on 5 June to not yet have a case plan approved and recorded on ICMS by 30 June.

Case management for children or young people placed in out-of-home care, includes ongoing assessment to inform reviews of the case plan, which must integrate outcomes from the following:

- the Child Strengths and Needs Assessment
- the Child Health Passport
- the Education Support Plan
- the Cultural Support Plan for Aboriginal and Torres Strait Islander children and, where appropriate, children from culturally and linguistically diverse backgrounds
- the transition from care case plan, for young people who are aged 15–17 years old and
- specialist assessments, such as those conducted by Evolve Interagency Services and disability services, and any behaviour support and/or treatment plans.

Positive behaviour support is targeted to address the developmental needs of children in out-of-home care who have experienced trauma and cumulative harm. Positive behaviour support assists a child to learn acceptable behaviours through the implementation of positive strategies by the carers, such as:

- role-modelling
- positive reinforcement
- skill development
- collaborative and inclusive approaches.

The plan may include case work support for carers and assistance with planning and implementing strategies to de-escalate behaviours through positive responses such as:

- redirection
- changing the environment
- removal of privileges or attention for a period of time
- organisation of referrals to therapeutic services.

A referral to Evolve, Disability Services or a private allied health professional may be warranted to address high to complex needs.

There are several placement models of out-of-home care which aim to meet the needs of children and young people with complex to high needs or high risk behaviours.

Specific response care is a placement and support model where an approved foster or kinship carer is employed and paid a salary or wage to provide specific response care in their own home. It may only be used to meet the needs of children in care who have extreme support needs and are subject to an interim child protection order or a child protection order granting custody or guardianship to the chief executive. Children with extreme support needs have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others. Indicators may include extreme violent, destructive and avoidant behaviours; substance misuse and dependency; significant developmental delays and disabilities; significant medical or physical care needs; and chaotic and disorganised attachments.

Therapeutic residential care is part of a continuum of placement and support services that comprise out-of-home care in Queensland. Therapeutic residential care is a placement and support model in which children and young people with complex and extreme support needs are provided with intensive therapeutic care, in a therapeutic living environment, to facilitate recovery from the impacts of physical, psychological and emotional trauma resulting from their experiences of harm or risk of harm.

Furthermore the department provides children and young people subject to statutory child protection intervention with ongoing opportunities to participate in decision-making in matters affecting their lives.

Children and young people's engagement and involvement will occur at key decision-making points across the child protection continuum. Children and young people will:

- be actively listened to and worked with
- be supported to express their views
- have their views taken into account and recorded
- be involved in decision-making processes
- be informed of the range of supports and options available
- be informed about the outcomes of decisions affecting their lives.

Children receiving support in relation to their high risk behaviours

Child Safety is committed to meeting the needs of children in care who engage in high risk behaviours. This highly vulnerable group of children often have extremely complex physical, social and emotional needs.

The department has policy, procedures and practice resources to guide departmental officers when responding to children engaging in high risk behaviours or self-placing in high risk environments.

Each child must have a case plan that addresses their educational, psychological, health and developmental needs. Where a child has high needs, the case plan will include information about therapeutic services to address these needs.

When developing case plans, Child Safety work closely with the child, key stakeholders and other government and non-government agencies to tailor responses to identified needs.

Some children in care and young people refuse to engage with Child Safety and/or remain significantly at-risk due to their high risk behaviours. Engaging these young people in case planning processes can be challenging at times. Where possible, departmental officers will have regular contact with these young people, and also link them with other support services, to ensure their safety and wellbeing.

The Memorandum of Understanding (MOU) between Child Safety Services and Child and Youth Mental Health Services was established in 2010. The MOU has facilitated greater partnership and collaboration between the services to address the mental health needs of vulnerable children and young people.

The Evolve Interagency Services program may also assist children and young people (including those with a disability) with complex behaviours by providing them with expert therapy and behavioural support. Evolve provides a service consistent with the child's or young person's level of need and may include strategies to address suicidal thoughts or intent or other high risk behaviours.

Successful Reunifications

The Queensland Government established the Child Protection CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. In its response, released on 16 December 2013, the Queensland Government accepted 115 recommendations in full and six recommendations in-principle.

Effective intervention is a key strategy for reducing the re-entry of a child into the child protection system.

It is important to note that re-entry rates are often affected by factors beyond the department's control, such as changes in family circumstances (for example, a new partner or illness). Resubstantiation is also more likely to occur if a family does not have access to the necessary support services it requires.

Reunification program support in Queensland

The *Child Protection Act 1999* recognises the child's family as the preferred permanency option and the aim of intervention is to safely return the child to their family, wherever this is safe and possible. However, the decision regarding when to return a child to their family can be a very difficult decision.

The majority of children and young people subject to child protection intervention will remain with their parents, or return home following a short period in out-of-home care. In circumstances where it is considered unsafe for a child to return home, the key principle for Child Safety Officers is the well-being and best interests of the child.

As part of the case management process, the Structured Decision Making (SDM) family reunification assessment assists Child Safety staff when making a decision about whether to return a child to his or her family. The family reunification assessment guides Child Safety staff when:

- assessing the family's progress towards achieving the case plan goals and outcomes
- considering the impact of any additional harms identified in the household
- considering the quality of the parent — child contact visits
- making recommendations about alternative permanency options when reunification is not viable.

The Child Safety Practice Manual also provides extensive procedural guidance on case planning, including planning and decision making where reunification is the case plan goal.

The department also works on an ongoing basis with children, young people and their families, and the frontline staff are dedicated to providing family support and assistance.

To help prevent re-entry, the department funds prevention and early intervention services for families to have access to appropriate support services.

The department funds the recognised Aboriginal or Torres Strait Islander entities across Queensland. These services participate in discussions and contribute to reunification decisions for an Aboriginal or Torres Strait Islander child.

Successful Transitions to Independence

The Queensland Government established the CPCOI on 1 July 2012 to review Queensland's child protection system. The CPCOI presented its final report to the Queensland Government on 1 July 2013. In its response, released on 16 December 2013, the Queensland Government accepted 115 recommendations in full and six recommendations in-principle.

Transition from care planning is the process that occurs as part of the ongoing case work and review process with a young person from the year they turn 15. Transition from care planning is recorded within the case plan document. A young person's progress towards achieving transition from care goals occurs at each case plan review or at least every six months.

As at 30 June 2013, there were 1247 young people aged 15 years and over subject to a child protection order granting custody or guardianship to the Chief Executive.

Of these, transition from care planning had occurred for 904 young people or 72.5 per cent. The majority of these young people had participated in their planning (91.2 per cent).

Queensland Health response to the 'Best Health Possible' KOI

There has been a steady increase between 2010–2011 and 2012–2013 in the numbers of children accessing Evolve Therapeutic Services (ETS) (specialist mental health services for children in the care of child safety services with severe and complex mental health needs). ETS teams across the state include professional development coordinators whose role includes education for child safety services to determine the most appropriate referral option to meet the mental health needs of an individual child. Referral options include private psychiatrists, allied health professionals or counsellors employed by non-government organisations, including headspace, Hospital and Health Service Child and Youth Mental Health Services (CYMHS), and Evolve Therapeutic Services.

The percentage of episodes of care delivered by CYMHS for children with a child safety alert (Child Safety Services involved and/or child currently under a child protection order) recorded on the Consumer Integrated Mental Health Application (CIMHA) has increased from 1.7 per cent in 2010–2011, to 2.9 per cent in 2011–2012 and 4.0 per cent in 2012–2013. In addition, the percentage of episodes of care delivered by CYMHS with a referral source of Child Safety Services has increased from 4.4 per cent in 2010–2011, to 4.9 per cent in 2011–2012 and 5.5 per cent in 2012-2013.

As the above data are reliant on clinicians entering the correct alerts and referral sources electronically in CIMHA, it is expected that these percentages may be an under-representation of the total number of children involved in the child protection system receiving mental health services from Hospital and Health Services.

Department of Education, Training and Employment response to the 'Best Education Possible' KOI and the 'Successful Transitions to Independence' KOI

The Department of Education, Training and Employment recognises that learning can be challenging for students in out-of-home care and that these students may require additional assessment, planning and support to participate in school activities and reach their full academic, social and emotional potential.

The goal of improving educational outcomes for students in out-of-home care remains a priority. The Department has recently strengthened its focus on the needs of students in out-of-home care through the development of a comprehensive suite of resources to raise awareness of relevant educational support needs and identify strategies to be implemented in schools and classrooms. This package includes a new *Students in Out-of-Home Care Policy Statement* which is available on the Department's website at www.education.qld.gov.au/schools/healthy/student-out-of-home-care-policy.html.

It was pleasing to see in the report's finding that 97.6% of children in out-of-home care feel they have adequate resources to allow them to engage effectively in school (a slight increase from 2011-12) and that 93.1% of children in out-of-home care have an Education Support Plan in place or have one in development.

Although there have been improvements over the reporting period, at least 25% of children and young people in care are performing below the National Minimum Standard for literacy and numeracy. Under the *Great Results Guarantee*, all Queensland state schools will receive a share of targeted additional funding and are required to enter an agreement that commits to having an evidence-based plan in place to address specific learning difficulties for every student not achieving the National Minimum Standard.

I acknowledge the finding that some children in out-of-home care report they have experienced bullying or participated in bullying, though this has been steadily decreasing since 2010-11. I can assure you that bullying and violence are not tolerated in Queensland state schools and the Department is committed to providing safe, supportive and disciplined learning environments and ensuring that every student is able to learn and achieve.

While the percentage of students in out-of-home care reported by Community Visitors as being suspended or excluded has decreased over the reporting period, there is still a significant number of students facing these consequences. Reforms to strengthen discipline in Queensland state schools have been introduced. These provide greater power and flexibility for principals to act swiftly to address inappropriate behaviour.

New disciplinary consequences such as discipline improvement plans, community service interventions and out-of-school hours detentions have been introduced and can be used to intervene early to keep students engaged in school. Principals are expected to use school disciplinary absences only as a last resort measure to address serious behaviour incidents, when other strategies have been ineffective or are inappropriate.

After the schooling years, the Department continues to support young people, especially those experiencing a high level of disadvantage, to take up learning opportunities. The introduction of the Certificate 3 Guarantee on 1 July 2013 enables Year 12 graduates to enrol in fee-free priority training courses. Learners with diverse needs are benefiting from additional funding to ensure that those who need it most are able to access training.

It is encouraging to see an increase in the proportion of young people who had spent time in out-of-home care either earning or learning, though I acknowledge that young people in out-of-home care were significantly more likely to be neither earning nor learning than all Queensland Year 12 completers.

commission for children and young people and child guardian

A better life for Queensland children

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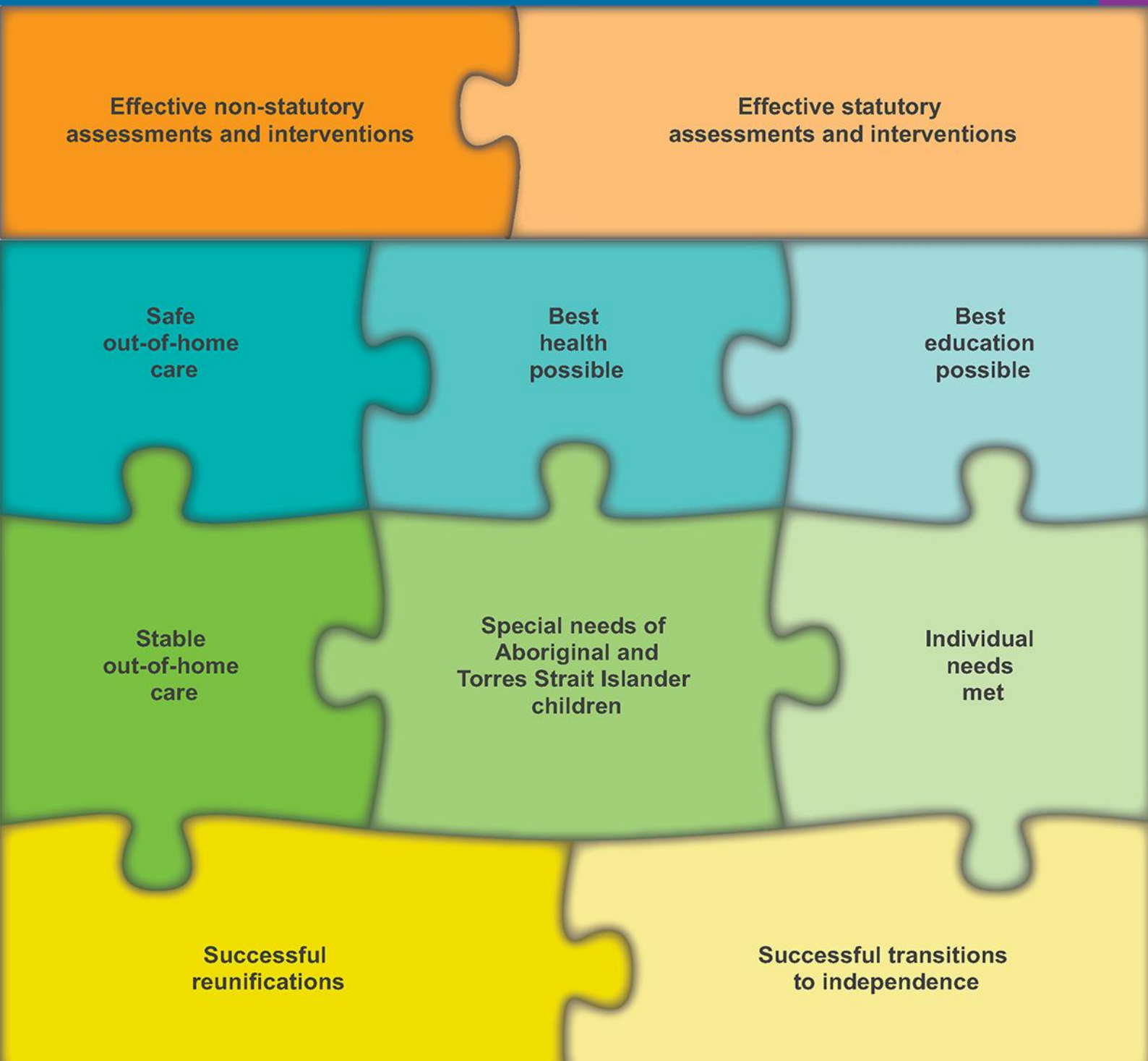
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