Question on Notice No. 255 Asked on 7 March 2006

MRS J ATTWOOD asked the Minister for Child Safety (MR REYNOLDS)-

QUESTION:

What steps are being undertaken by his department to ensure a proactive approach to child protection?

ANSWER:

I thank the member for her question and for her keen interest in the safety of children not only in her own electorate but right across Queensland. The following initiatives demonstrate the proactive approach to child protection being undertaken by the Department of Child Safety (DChS):

- Structured Decision Making, which will be mandated from April 2006, provides risk assessment tools to support professional decision-making. These decision support tools are designed to increase consistency and accuracy of child protection decision making and ensure resources are targeted at families most at risk.
- Therapeutic services for children in care are being provided through a collaborative arrangement between Queensland Health (QH), Disability Services Queensland (DSQ), DChS, and the Department of Education and the Arts (DEA). Children with complex behavioural and mental health issues are receiving comprehensive and co-ordinated counselling and therapeutic services in Townsville, the Gold Coast and the Sunshine Coast, with a further three sites yet to be determined.
- A case plan is developed for all children where there is ongoing statutory intervention. These plans address
 the child's protective and care needs and is developed in an inclusive and participative process with the
 child, the family and other significant people. The initial case plan is developed at a family group meeting
 and updated every six months. If a child is under three the case plan will be updated every three months.
- The family group meeting is the legislative process for involving the families and their children in case planning and decision making. This process involves an independent person to facilitate the active engagement of all involved to determine the future for the child. This shared decision making improves children's experience with the child protection system, particularly in relation to family contact and their living arrangements.
- A baseline health assessment tool, a health plan and a health passport that stays with a child to provide a
 comprehensive health history are currently being piloted through the Child Advocacy Service at the Royal
 Children's Hospital for children who come into care. This initiative will ensure carers are fully informed
 about a child's medical and developmental needs and health practitioners have access to past medical
 history when assessing a child in care.
- Through the Referral for Active Intervention (RAI) initiative currently being implemented by the Department
 of Communities, DChS will refer high needs families to intensive family support and intervention services.
 Priority access to family support services is designed to divert vulnerable families with children who have
 been subject to low level notifications from the tertiary child protection system.
- Indigenous Recognised Entities are being identified and funded to participate in the significant decisions
 affecting Indigenous children in the child protection system. Participation of indigenous entities in child
 protection decision making will ensure more culturally appropriate responses are made.
- A Quality Assurance Framework encompassing eleven quality assurance service standards is being
 implemented in the non-government and government sectors. Implementation and monitoring of these
 standards will assure the quality of services provided by child protection agencies in Queensland.
- A Foster Care Recruitment Campaign was launched on 9 September 2005, to recruit an additional 500 foster carers from a diverse range of socio-economic and cultural backgrounds over the next twelve

months. In addition, enhanced training and support for foster carers will improve their capacity to provide quality care for Queensland's vulnerable children in the child protection system.

• In line with *Blueprint* provisions, DChS has been working with the community sector to establish additional placements for children and young people with complex and extreme needs who are unable to be placed with general foster carers. Since the Blueprint, an additional 362 alternative care places have been funded to provide safe and supportive care for these children with complex and extreme needs.