

**Question on Notice**  
**No. 650**  
**Asked on 19 April 2007**

MRS JANN STUCKEY MP, Member for Currumbin asked the Minister for Child Safety (MS BOYLE)-

**QUESTION:**

“With reference to the Protecting Children Enquiry and Review and with regard to the increasing number of notifications-

- (1) Why is there no clear prevention and intervention framework in place to ensure all children at risk are considered, not just those who have already come to the attention of the Department of Child Safety?
- (2) What monitoring processes have been undertaken to examine the effectiveness and appropriateness of Structure Decision Making?
- (3) How have these monitoring processes been conducted at a zonal, child safety service centre and departmental level (reported separately)?”

**ANSWER (1):**

The complete overhaul of the child protection system in Queensland undertaken by the Government in implementing the recommendations of the report of the Crime and Misconduct Commission (CMC) Inquiry into Abuse of Children in Foster Care involved the creation of the Department of Child Safety focussed exclusively on the needs of children at risk from harm, neglect or abuse. Recognising prevention and early intervention as integral components of an effective child protection system, the government is also committed to strengthening services and support for all families with children. The Department of Communities has lead responsibility for the development of whole-of-government prevention and early intervention policy and is working in collaboration with other agencies including Queensland Health, the Department of Education, Training and the Arts and the Department of Housing, to build a comprehensive and integrated child and family support service system.

The Department of Child Safety and Department of Communities have worked collaboratively to develop a process for ‘Referral for Active Intervention’ (RAI), based on a prevention and early intervention continuum. The RAI initiative involves the development of intensive support services with a specific focus on families with children (aged 0-8 years) who have had involvement in the statutory child protection system and who are assessed as not in need of protection but with high complex needs. RAI services are available in ten locations across the state.

In February 2006, the Premier launched the *Towards an Early Years Strategy* discussion paper. Development of the strategy was prompted by a recommendation of the CMC inquiry which documented the important relationship between effective parenting, access to quality child and family services and the number of children who entered the child protection system. In August 2006, the government committed \$54 million under The Best Start initiative to further improve services for children and their families in the crucial early years. Reflecting feedback from the *Towards an Early Years Strategy* consultation, and providing the foundation for a whole-of-government early years strategy, this initiative includes: expanding parenting programs, supporting neighbourhood centres, locating early childhood education and care services on or near school sites, an early literacy pilot targeting disadvantaged communities and targeted child health checks in areas of need. The Department of

Communities is leading this initiative, in collaboration with other government agencies, including Health, Education and Disability Services Queensland.

The effective protection of children requires a whole-of-Government approach. Some key elements of the current Queensland child and family support services system include community-based health services, general family support services, family support programs for children and public housing assistance. The lead Government agencies responsible include Queensland Health, the Department of Education, Training and the Arts, Disability Services Queensland and the Department of Housing.

ANSWER (2) and (3)

The Department of Child Safety purchased the Structured Decision Making System from the Children's Research Centre in 2004. From 31 October 2005 to April 2006, there was phased implementation of the SDM tools across the state.

To support statewide implementation of the tools a number of strategies were established including the:

- employment of zonal SDM coordinators. These coordinators work closely with Child Safety Service Centre (CSSC) staff to enhance their work with children and families and to ensure that the SDM tools are used accurately by staff.
- establishment of a policy and practice intake hotline to provide high quality and timely advice to staff in relation to the use of the SDM tools on a day to day basis.
- inclusion of relevant information to guide staff in the use of the SDM tools in the Child Safety Practice Manual and into the Child Safety Officer (CSO) entry level training delivered by the Training and Specialist Support Branch.

Two different strategies have also been implemented to ensure the effectiveness and appropriateness of the SDM tools for Queensland:

- The use of the SDM case reading tools. Senior Practitioners in every CSSC have been trained to use these SDM case reading tools to review the use of the SDM tools by workers in their local centre. Guidelines and requirements in relation to these reviews have been developed.

The implementation of case reading tools is a major strategy for improving quality practice and there will be continuous monitoring of the impact of the SDM system on Aboriginal and Torres Strait Islander children and families. The case reading tools ensure that SDM tools are used as designed and allow for a local qualitative review of the implementation.

- The statewide analysis of quantitative data. The department has contracted with the Children's Research Centre (CRC) to prepare quarterly progress reports on the implementation of the SDM tools for a period of 12 months post-electronic implementation. These reports will be based on statewide data that the department sends to the CRC.

On 11 April 2007, the department provided the CRC with the first batch of electronic data extracted from seven CSSCs which were identified as lead ICMS sites across the state. An analysis of this data is expected to be returned to the department shortly.