

Part A

The child safety system

1 Overview of the child safety system

Chapter 1 key messages:

- The Child Guardian is the independent, external monitor of the child safety system and its ability to provide services which meet the needs of the children and young people in that system (including identifying any progress made or trends that indicate system-level service failure).
- The Child Guardian role involves monitoring, investigating, complaints resolution, advocacy about laws, policies and procedures, and visits to children and young people in out-of-home care by Community Visitors. The Child Guardian also has a role in chairing the Child Death Case Review Committee.
- In 2006 the two most frequently raised issues with Community Visitors by children and young people were about sufficient support being provided by the Department of Child Safety and the maintenance of family/other relationships.

The child safety system is a term which is used to describe the services collectively delivered by the Department of Child Safety (as lead agency), other relevant government entities⁵ and non-government service providers to children and young people of whom the Department of Child Safety becomes aware because of allegations of harm or risk of harm.

1.1 Children and young people and the child safety system

1.1.1 Profile of children and young people in the child safety system

A child or young person enters the child safety system when the Department of Child Safety receives information that they may have been harmed or that they may be at risk of harm.

Depending on the Department of Child Safety's assessment of this information, any of the following can occur to a child or young person:

- a decision is made not to intervene
- a referral is made for early intervention services
- intervention may occur in the family home to reduce ongoing risk factors
- the child or young person enters out-of-home care, including foster care, residential care or kinship care.

In the 2005–06 financial year the Department of Child Safety reported that a total of 25,687 distinct children and young people were notified to it⁶ and this means that at least 25,687 children and young people entered the Child Guardian's oversight jurisdiction in that time period.

At 30 June 2006 there were 6446 children and young people under care and protection orders in Queensland.⁷ Of these, 4001 children and young people were in foster care, 1650 children and young people were in relative or kinship care and 225 children and young people were in residential facilities.⁸

5 Including the Department of Communities, the Department of Education, Training and the Arts, Disability Services Queensland, Queensland Health, the Department of Corrective Services, the Department of Justice and Attorney-General, the Department of Emergency Services, the Department of Housing and the Queensland Police Service.

6 Page 24 of *Child Protection Australia 2005–06*, Australian Institute of Health and Welfare, Canberra 2007.

7 Page 46 of *Child Protection Australia 2005–06*, Australian Institute of Health and Welfare, Canberra 2007.

8 Page 52 of *Child Protection Australia 2005–06*, Australian Institute of Health and Welfare, Canberra 2007.

During 2006 the Child Guardian's Community Visitors were regularly visiting these children and young people in out-of-home care, with an average of 3011 children and young people being visited every month. During each visit, the Community Visitor obtains information about the Standards of Care outlined in Table 1.1.

Table 1.1: Standards of Care (SOC) information reported about by Community Visitors

SOC 1	Dignity and rights respected
SOC 2	Receives information on matters concerning him/her
SOC 3	Sufficient support by departmental officers
SOC 4	Physical care needs met (food/clothing)
SOC 5	Physical care needs met (accommodation)
SOC 6	Emotional care needs met
SOC 7	Cultural/ethnic needs met
SOC 8	Schooling needs met
SOC 9	Physical and mental stimulation
SOC 10	Education, training and employment
SOC 11	Positive guidance in relation to inappropriate behaviour
SOC 12	Dental needs met
SOC 13	Medical needs met
SOC 14	Therapeutic needs met
SOC 15	Participation in social/recreational activities
SOC 16	Maintenance of family/other relationships
SOC 17	Disability – special needs met

After every visit, a Community Visitor completes a report and records a rating of 1 to 4 and explanatory text in relation to each of the Standards of Care to describe what the child or young person is experiencing in terms of service delivery. The ratings of 1 to 4 have the meanings shown in Table 1.2.

Table 1.2: Rating scale used by Community Visitors

Rating	Meaning
1	Serious grievance or concern raised or identified that can not be resolved locally, including matters requiring formal escalation under section 20 of the Act and previously reported Rating 2 matters that are not rectified after a reasonable opportunity has been provided
2	Grievance or concern raised or identified is capable of local resolution
3	Standard of Care satisfactory – no grievance or concern raised or identified
4	Standard of Care exemplary in some way and may represent an approach to out-of-home care that the Department of Child Safety could model and apply elsewhere

To give an overview of the types of issues raised during visits, Table 1.3 and Figure 1.1 summarise the prevalence of types of issues that were recorded as a Rating 1 'serious grievance or concern' or as a Rating 2 'grievance or concern' by Community Visitors for 2006, in comparison with matching data for November 2004 – October 2005.⁹ Further information relevant to Figure 1.1 can be found in Appendix 3. When considering this information, the following must be taken into consideration:

- During the November 2004 – October 2005 period a total of 24,228 reports were lodged by Community Visitors, whereas for 2006 there were a total of 39,284 reports lodged (an additional 15,056 reports). This was because more children and young people entered out-of-home care in 2006, and also because recruitment and retention of Community Visitors increased during 2006
- During 2006, training was delivered to Community Visitors which may have improved the accuracy of their use of Ratings 1, 2, 3 and 4 in relation to the different Standards of Care, and

⁹ As reported on page 31 of the *Child Guardian Report 2005* which is available at www.cycpcg.qld.gov.au/about/publications/reports.html.

- In 2006 the Community Visitors may have been given more information about service delivery problems in out-of-home care by children, young people and foster carers because they had an established relationship with these individuals. (The relationships may not have been as well-formed in the November 2004 – October 2005 period as this was the start of Community Visitors visiting those in out-of-home care.)

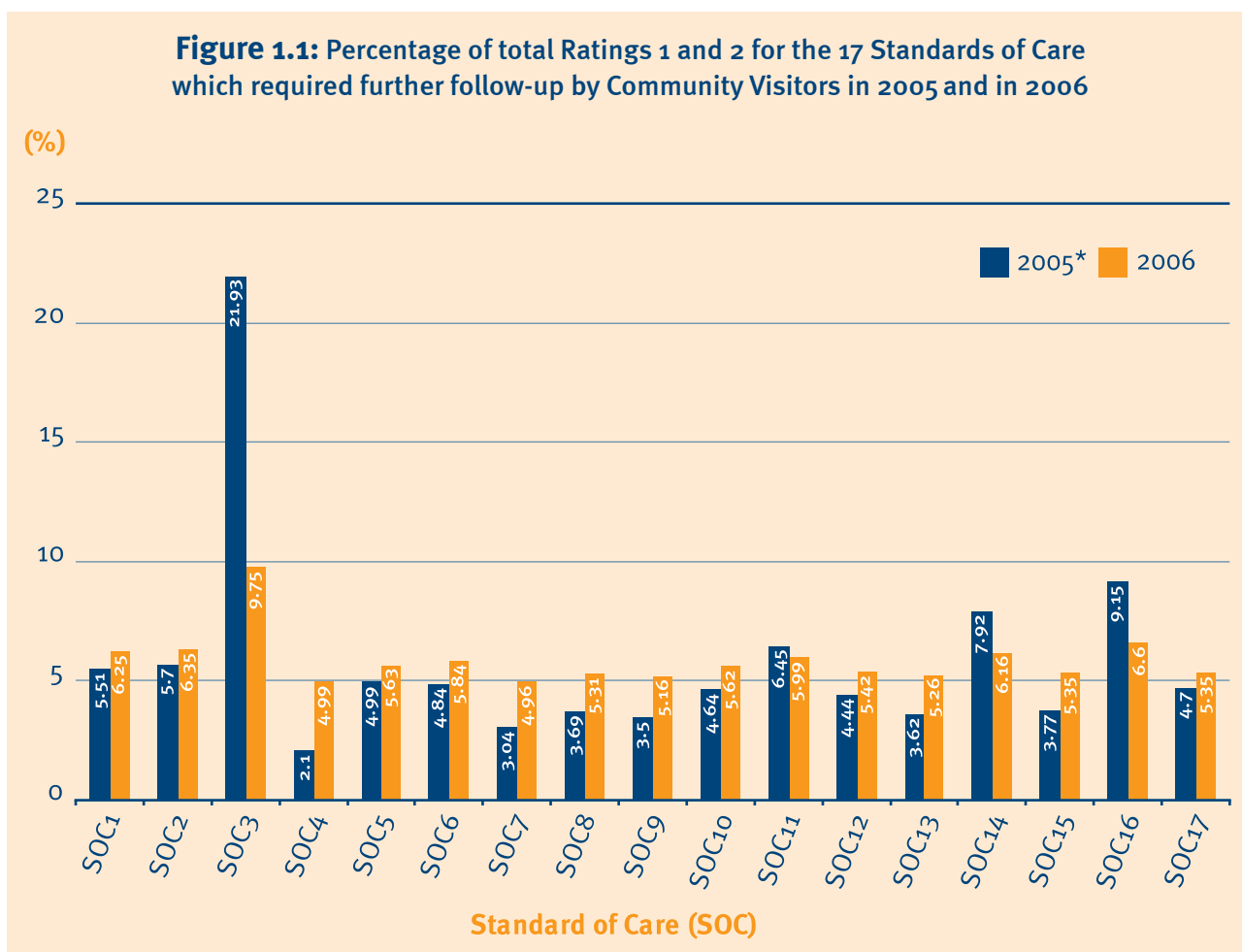
It is clear from Figure 1.1 and Table 1.3 that for 2006 and for November 2004 – October 2005 (referred to henceforth as 2005 data) the issue most frequently reported as requiring further attention was Standard of Care 3, ‘Sufficient support by departmental officers’. Standard of Care 16, ‘Maintenance of family/other relationships’, was the second most frequently raised issue for both of these time periods.

It is encouraging that, although ‘Sufficient support by departmental officers’ is still the issue that is most commonly reported as requiring follow-up, it has decreased since

2005 from 21.93% to 9.75% of the total Ratings 1 and 2 reported for all Standards of Care. Similarly ‘Maintenance of family/other relationships’ was the next most represented issue requiring follow-up, but it has also decreased, from 9.15% to 6.6% of the total Ratings 1 and 2 reported for the same periods.

Nevertheless, the fact that the same two issues were those most frequently raised in 2005 and in 2006 warrants further investigation by both the Child Guardian and the Department of Child Safety.

Another interesting aspect of the information in Table 1.3 (see over page) is that, although there were 72,529 more separate reports of Rating 2s in 2006 than there were from 2005 (which may largely result from a lot more visits being conducted in 2006 than previously), the number of Rating 1s actually decreased slightly, from 903 for 2005 to 821 for 2006. This may mean that the rate at which service delivery led to a ‘serious grievance or concern’ was less in 2006 than it had been previously.



* Data for the 2005 period is from November 2004 – October 2005.

Table 1.3: Reports against the 17 Standards of Care which required further follow up by Community Visitors in 2005* and 2006

Standard of Care	2005			2006			% 2005	% 2006
	Total Rating 1s in 2005	Total Rating 2s in 2005	Total Ratings 1 & 2 for 2005	Total Rating 1s in 2006	Total Rating 2s in 2006	Total Ratings 1 & 2 in 2006		
SOC1 Dignity and rights respected	122	704	826	181	5287	5468	5.51	6.26
SOC2 Receives info on matters concerning him/her	47	808	855	49	5504	5553	5.7	6.35
SOC3 Sufficient support by departmental officers	250	3037	3287	179	8343	8522	21.93	9.75
SOC4 Physical care needs met [food/clothing]	13	302	315	12	4354	4366	2.1	4.99
SOC5 Physical care needs met [accommodation]	63	685	748	46	4878	4924	4.99	5.63
SOC6 Emotional care needs met	47	678	725	54	5051	5105	4.84	5.84
SOC7 Cultural/ethnic needs met	2	454	456	2	4338	4340	3.04	4.96
SOC8 Schooling needs met	27	526	553	27	4619	4646	3.69	5.31
SOC9 Physical and mental stimulation	11	514	525	9	4503	4512	3.5	5.16
SOC10 Education, training and employment	29	666	695	38	4876	4914	4.65	5.62
SOC11 Positive guidance re inappropriate behavior	77	889	966	54	5181	5235	6.45	5.99
SOC12 Dental needs met	28	637	665	15	4720	4735	4.44	5.42
SOC13 Medical needs met	30	513	543	18	4580	4598	3.62	5.26
SOC14 Therapeutic needs met	41	1146	1187	41	5349	5390	7.92	6.16
SOC15 Participation in social/recreational activities	8	557	565	12	4666	4678	3.77	5.35
SOC16 Maintenance of family/other relationships	83	1288	1371	66	5705	5771	9.15	6.60
SOC17 Disability - special needs met	25	680	705	18	4659	4677	4.7	5.35
Total	903	14,084	14,987	821	86,613	87,434	100%	100.00

* Data for the 2005 period is from November 2004 – October 2005

Responses about the different Standards of Care reported by Community Visitors during 2006 will be discussed further in Chapters 4–8 as these chapters relate exclusively to children and young people in out-of-home care.

1.1.2 Children and young people in the child safety system who died¹⁰

During the period 1 July 2005 to 30 June 2006, 51 children and young people known to the child safety system¹¹ died, which can be expressed as a rate of 84.5 per 100,000, while for all children and young people the rate of death was 43.8 per 100,000. Children and young people known to the child safety system died of external causes and non-accidental trauma at a rate almost four times higher than for all children and young people (36.5 per 100,000, compared with 9.9 per 100,000). The rate of death from acquired disease/

illness was slightly lower for children and young people known to the child safety system.

Table 1.4 outlines the deaths of children and young people known to the Department of Child Safety compared with deaths of all children and young people.

As a result of the data in Table 1.4 the Child Guardian is undertaking two large projects in 2007 which involve analysing suicide and fatal assault deaths of all children and young people in Queensland between 1 January 2004 and 31 December 2006. It is expected that these projects will establish that children and young people who enter the child safety system are already more vulnerable to these types of deaths, and will examine how to better deliver services to children and young people once they are in the child safety system.

Table 1.4: Deaths of children and young people known to the Department of Child Safety, compared with all children and young people from 1 July 2005 – 30 June 2006

	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	Grand total	Rates per 100,000 known to the child safety system	Rates per 100,000 for all children
Acquired disease/illness	7	5	3	3	0	18	29.8	30.5
SIDS and undetermined	3	0	0	0	0	3	*	31.0
CCYPCG research categories							0.0	
Transport	0	0	2	3	3	8	13.3	4.2
Fatal assault	2	2	1	0	1	6	9.9	0.9
Suicide	0	0	0	1	3	4	6.6	1.5
Drowning	2	2	0	0	0	4	6.6	1.8
Total for research categories	4	4	3	4	7	22	36.5	9.9
Undetermined ≥ 1 year	0	0	1	0	0	1	*	*
Pending	2	1	1	0	3	7	11.6	0.9
Total	16	10	8	7	10	51	84.5	43.8

* Numbers less than 4 are too low to be calculated as a rate.

10 The information is from pages 6–7 of the *Child Death Case Review Committee Annual Report 2005–06*.

11 Children and young people considered ‘known’ to the child safety system were those known to the Department of Child Safety within three years of their death.

1.2 The Child Guardian and the child safety system

1.2.1 Key outcomes of the child safety system sought by the Child Guardian

The Child Guardian's role is to be the independent, external monitor of the child safety system and to assess how well the service system is meeting the needs of the children and young people with whom it deals. The Child Guardian assesses the performance of the child safety system against its systemic ability to deliver the following key outcomes:

- effective assessment
- appropriate service delivery for children and young people who do not enter out-of-home care but require further intervention
- safe and stable out-of-home care
- individual needs being listened to, understood and met
- best education possible
- best health possible
- special needs of Aboriginal, Torres Strait Islander and culturally and linguistically diverse children and young people are met, and
- successful and supported transitions from out-of-home care.

In summary, the point of developing and adopting the key outcomes of the child safety system is so that the Child Guardian remains focused on:

- outcomes which enhance the lives of children and young people in the child safety system, and
- all aspects of the child safety system continuum, from the initial notification to the Department of Child Safety through to children and young people returning to their parents or entering adulthood.

1.2.2 Tools used by the Child Guardian to influence change to the child safety system

The Child Guardian has a number of legislative functions and responsibilities which it uses to achieve change for children and young people in the child safety system at both the system level and the level of the individual child or young person.

System level

The activities in which the Child Guardian engages to influence improvements to the child safety system are:

- **advocating for laws, policies and procedures** which promote and protect the rights, interests and wellbeing of children and young people in the child safety system; this is done by:
 - making submissions about draft legislation, policies and procedures
 - creating a focus on particular problems by producing issues papers
 - being a member of working groups or committees (including the Child Safety Directors' Network) established by service providers to guide or monitor the effectiveness of particular aspects of service delivery in the child safety system, and
 - making presentations and speeches on issues affecting children and young people in the child safety system
- **monitoring system-level information from children and young people** which is produced through the regular visits made by Community Visitors and from complaints data
- **monitoring system-level information from service providers** to determine the effectiveness of laws, policies and procedures

- **monitoring system-level information about deaths of children and young people** in the child safety system by:
 - reviewing copies of all reports and recommendations made by the Department of Child Safety's Child Death Case Review Committee, and
 - maintaining a register of the deaths of all children and young people, and
 - conducting research
- **making recommendations and monitoring implementation of recommendations** about how service providers can improve their service delivery to achieve better outcomes for children and young people in the child safety system.

Examples of all of the above types of activities and their outcomes are provided in Chapters 2–9 of Part A of this report.

Individual level

The Child Guardian achieves service delivery outcomes for individual children and young people in the child safety system through the following:

- local and formal resolution of issues raised by children and young people with their Community Visitor
- resolution of complaints in relation to service delivery, and
- monitoring the implementation of recommendations made by the Child Guardian to service providers about a review of service delivery to an individual child or young person or a group of children and young people.

Examples of all of these types of activities and their outcomes are provided in Chapters 2–9 of Part A of this report.