Queensland
Government

Office of the
Director-General

Department of
Communities, Child Safety and Disability Services

Our reference: COM 03005-2015

14 MAY 2015

Ms Jeanette Radcliffe
Secretary
Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms Radcliffe

Thank you for your letter concerning the request for additional information to be provided to the Senate Community Affairs References Committee's Inquiry into out-of-home care.

Please find attached the Department of Communities, Child Safety and Disability Services responses addressing the list of questions to state and territory child protection departments provided by the Committee. The information provided to the Senate Committee is also publicly available in documents such as the Report on Government Services and the Department of Communities, Child Safety and Disability Service's Annual Report for 2013-14 which is available on our website at www.communities.qld.gov.au/gateway/about-us/corporate-publications/annual-report/annual-report-2013-14.

If you require any further information or assistance in relation to this matter, please contact Ms Cathy Taylor, Deputy Director-General, Child, Family and Community Services, Department of Communities, Child Safety and Disability Services

I trust this information is of assistance.

Yours sincerely

Michael Hogan
Director-General

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SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO OUT-OF-HOME CARE

Queensland Department of Communities, Child Safety and Disability Services
Responses to specific questions
May 2015

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO OUT-OF-HOME CARE

Queensland's Responses to Questions for states and territories

Introduction

In Queensland, the provision of out-of-home care is an important part of the state's child protection system. When the outcome of a child protection investigation and assessment indicates that a child is in need of protection, the Department of Communities, Child Safety and Disability Services (DCCSDS) will assess how a child's protective needs can best be met, and will take appropriate action under the Queensland *Child Protection Act 1999* (the Act).

Depending on the circumstances of the case, this action may include intervention with the agreement of the child's parents or, if a child protection order is required, an application to the Childrens Court for an order for the child. Child protection care agreements and orders granting custody or guardianship of a child to the Chief Executive allow the Chief Executive to place the child in out-of-home care.[1]

On 1 July 2013, the Queensland Child Protection Commission of Inquiry released its final report entitled *Taking Responsibility: A Road Map for Queensland Child Protection*[2]. The Commission of Inquiry received over 440 submissions, held 54 days of public hearings, called more than 220 witnesses, convened more than 150 meetings across the state with individuals and organisations (including a 12 member expert advisory group) over a 12-month period. The Commission of Inquiry found that the child protection system in Queensland was under immense stress and made 121 recommendations to improve the system over the next decade.

In December 2013, the former Queensland Government released a response to the recommendations made in the Commission of Inquiry's report, accepting all 121 recommendations, 115 in full and 6 in-principle[3]. Many of the Commission of Inquiry's recommendations are aimed at the out-of-home care system in Queensland. The Palaszczuk Government has committed to continuing to implement the Stronger Families reforms recommended by the Commission of Inquiry.

Out-of-home care in Queensland comprises family-based care (foster and kinship) and non family-based care (residential care supported living arrangements, safe houses and therapeutic residential services). Response to specific questions from the Senate Committee is provided below.

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[1] *Child Protection Act 1999*, Chapter 2, Part 3B.

[2] http://www.childprotectioninquiry.qld.gov.au/publications

[3] http://www.communities.qld.gov.au/resources/reform-renewal/qg-response-child-protection-inquiry.pdf

Question 1 – Expenditure by type of care

- **For 2013/14, what was the total expenditure on out-of-home care services?**
- **What proportion of expenditure was spent on:**
  - **foster care**
  - **relative/kinship care**
  - **residential care; and**
  - **other types of care?**
- **What was the expenditure per child for:**
  - **foster care**
  - **relative/kinship care**
  - **residential care; and**
  - **other types of care?**

As published in the Report on Government Services (ROGS) 2015, Queensland's total expenditure on out-of-home care (OOHC) services in 2013–2014 was $419.452 million. However, it is important to note that this total comprises:

- expenditure on OOHC services delivered by non-government agencies via grants or fee-for-service
- allowances paid to volunteer carers
- child related costs which provide additional support for the care of children in OOHC
- specialist therapeutic services for children in OOHC
- internal departmental costs to deliver or support OOHC.

ROGS also publishes an amount of $51,246 as the real expenditure per child in OOHC as at 30 June 2014. ROGS notes say this data should be interpreted with care because they do not represent unit cost measures. The measure overstates the cost per child because more children are in care during the year than at the point in time and the data does not reflect the length of time in care.

A further related data item published in ROGS states the unit cost per placement night in Queensland in 2013–2014 at $143.02. Given the average length of stay of children in OOHC in Queensland is approximately three years, the 'total' cost of a child in OOHC could be said to be approximately 3 x 365 x $143.02 = $156,607.

It is difficult to accurately split this total expenditure or the published unit cost into the categories in the question because of the multi-faceted composition of the costs, but the best estimate DCCSDS can provide, is as follows:

	Corporate Data numbers 30 June 2014 (IFC estimated)	**Estimated Cost proportions**	**Est total cost**	**Est Unit Cost**
Foster Care including Intensive Foster Care (IFC)	4223 FC Est 550 IFC Net FC 3673	51.7%	$156.787M	$37,127
Kinship Care	3306		$60.069M	$18,170
Residential Care	656	48.3%	$202.595M	$308,834
Total	8185		$419.451M	

Question 2: Allowances for carers

- **What are the available annual care allowances/reimbursements for:**
  - **relative/kinship carers;**
  - **foster carers; and**
  - **non-statutory informal carers?**

Foster and kinship care in Queensland is based on a volunteer model and is dependent on members of the community and members of a child's kin networks volunteering to care for a child. While DCCSDS provides a range of financial allowances and supports, it is an unpaid role.

Foster and kinship carers are provided financial allowances to enhance the care and maintenance of children in out-of-home care (OOHC). A base fortnightly caring allowance is provided the carer for each child placed. The amounts paid vary between $463 and $542 per fortnight, depending on the age of the child. This allowance is provided to assist with the basic costs of caring for a child, including food, clothing, basic medical, utilities, schooling and recreation.

The breakdown of carer allowances provided to foster and kinship carers in Queensland include:

- The fortnightly caring allowance of between $463 and $542 depending on the age of the child
- a one-off establishment payment of $499 when a child first enters OOHC

- a start-up allowance of $99 when a child changes placement
- a regional and remote loading of 10 per cent for carers in remote locations
- a high support needs allowance of $162 to assist with costs that exceed the Fortnightly Caring Allowance
- a complex support needs allowance of between $210 and $632, where the child's needs are assessed as being complex.

In addition to fortnightly allowances made available to carers, DCCSDS may reimburse carers for irregular or incidental costs, for example, the costs of major medical treatments or special equipment, additional travel costs, or sports registration fees. These payments are made through Child Related Costs.

In 2013–2014, DCCSDS expended $118.756 million on carer allowances,[4] including:

- $99.046 million for the fortnightly caring allowance
- $8.492 million for high support needs allowance
- $11.218 million for complex support needs allowance
- In the same period:
  - $35.923 million in grant funding was provided to foster and kinship care services
  - $36.331 million to intensive foster carer services.

- **What are the differences in care allowances/reimbursements between general, intensive and complex levels (or other levels as applicable)?**

The high support needs allowance for foster and kinship carers may be provided when caring for a child with strengths or needs that require a higher level of support, resulting in regular costs that exceed the fortnightly caring allowance.

The complex support needs allowance may be provided for a child who is assessed as having complex or extreme needs that result in even greater costs that exceed both the fortnightly caring allowance and high support needs allowance.

The high and complex support needs allowances may assist with meeting additional specific needs of the child including specialised food requirements, additional clothing and household items, additional safety equipment (such as child locks and barriers), nappies for children with incontinence, or fees associated with an identified strength or excellence, such as a sporting activity. There is no automatic entitlement to these allowances. A decision is made on eligibility and need at the time of placement or when circumstances change.

Support for non-statutory informal carers

Carers who provide non-statutory informal care outside of the statutory child protection system are not paid fortnightly caring allowances outlined above. Informal carers are able to access all other eligible payments from the Australian Government.

[4] https://www.communities.qld.gov.au/gateway/about-us/corporate-publications/annual-report/annual-report-2013-14#s-3-210-community-support

In Queensland, many grandparents are approved kinship carers under the *Child Protection Act 1999* (the Act) to provide an OHHC placement for their grandchild who is the subject of statutory child protection intervention. All foster and kinship carers must hold a certificate of approval under the Act, which requires them to hold a current working with children check positive notice (called a Blue Card) and be able to provide care that meets the standards of care for children in OOHC within the Act. DCCSDS is very grateful for the valuable contribution of foster and kinship carers, including grandparents.

Grandparents providing informal primary care for their grandchildren do not receive direct financial payments from the State of Queensland. However, the Queensland Government provides supports through access to services to enhance grandparents' capacity.[5]

In 2013–2014, DCCSDS allocated $753,113 to UnitingCare Community to deliver the Time for Grandparents Program and to provide a telephone help line, respite and support for grandparents raising grandchildren. The service provides camps and recreational activities for grand families including Aboriginal and Torres Strait Islander and culturally and linguistically diverse families.

In 2013–2014, 133 grandparents and 155 grandchildren attended the camps with 649 activities conducted for the children. More than 3700 calls to the Grandparents Info Line and 3330 calls regarding the program were also received.

Grandparents Day 2013 was held on 27 October 2013, with the theme 'Make Your Grandparent's Day!'. Grandparents Day celebrates the special contribution grandparents make to their families and communities and is an opportunity for everyone to give back to grandparents and acknowledge the enormous role they play in helping our families and communities.

DCCSDS provided a range of free resources to help with celebrations, including posters, postcards and downloadable certificates of recognition for grandparents.

DCCSDS's Queensland Carers Advisory Council (QCAC) includes four carers and representatives from organisations supporting carers in its membership. QCAC's role is to advise the Minister on strategies for increasing recognition of carers and their needs, including grandparent carers.

[5] https://www.communities.qld.gov.au/gateway/about-us/corporate-publications/annual-report/annual-report-2013-14#s-3-210-community-support

Question 3: Aboriginal and Torres Strait Islander children

- **In 2013/14, what proportion of Aboriginal and Torres Strait Islander children were placed with Aboriginal and Torres Strait Islander carers, consistent with the Aboriginal Child Placement Principle?**

As at 30 June 2014, 55.1 per cent of Aboriginal and Torres Strait Islander children in out-of-home care (OOHC) were placed with kin, other Indigenous carers, or an Indigenous residential care service.[6]

- **What proportion of departmental out-of-home care staff are Aboriginal or Torres Strait Islander?**

As at March 2015, the total staff complement of DCCSDS that identified as Aboriginal or Torres Strait Islander was 3.26 per cent.[7] In 2013–2014, Aboriginal and Torres Strait Islander was 2.75 per cent of the total staff complement.[8]

- **What role do Aboriginal organisations play in the placement and supervision of Aboriginal and Torres Strait Islander children in out-of-home care? How does the relevant department engage with Aboriginal organisations?**

In Queensland, the *Child Protection Act 1999* (the Act) requires DCCSDS to actively consult with an external independent Indigenous 'Recognised Entity' (known as an RE) in all decisions made by DCCSDS, which involve an Aboriginal or Torres Strait Islander child or young person.[9] This includes the initial placement decision and subsequent placement decisions. The RE does not play a role in day-to-day supervision of Indigenous children in OOHC.

In addition, DCCSDS funds a number of Indigenous organisations to deliver OOHC services (predominantly kinship care services but also a small number of residential care services) specifically for Indigenous children. However, mainstream services also provide care for Indigenous children, often employing Indigenous care and support staff. Currently, approximately 15.4 per cent of Indigenous children in OOHC are in placements supported by Indigenous organisations.

DCCSDS funds the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd (QATSICPP), which is a non-government Aboriginal and Torres Strait Islander peak body representing and working together with its members and partners to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families. QATSICPP is made up of 21 Aboriginal and Torres Strait Islander community controlled member organisations.

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[6] https://www.communities.qld.gov.au/childsafety/about-us/our-performance

[7] Source: department HR branch- soon to be published data

[8] https://www.communities.qld.gov.au/gateway/about-us/corporate-publications/annual-report/annual-report-2013-14#s-2-part-4-people

[9] *Child Protection Act 1999* , Chapter 1 Part 2 s6

- **What programs currently operate that aim to specifically reduce the number of Aboriginal and Torres Strait Islander children in out-of-home care? How is the effectiveness of such programs measured?**

The legislated RE program referred to above, is consulted at the point of intake when Indigenous children first become known to DCCSDS. They are also consulted and involved in decisions resulting from investigation and assessment processes. The intent of the active involvement of the RE is to obtain cultural advice and information that ensures that the removal of a child into OOHC only occurs as a last resort and that family preservation is considered. DCCSDS invests approximately $10 million per annum in the RE program.

In addition, DCCSDS invests a separate $10 million in funding Indigenous agencies to deliver Aboriginal and Torres Strait Islander family support services. These services predominantly support Indigenous families who have become known to DCCSDS or are at risk of needing child protection intervention. The primary purpose of this program is to divert Indigenous families away from the statutory child protection system.

Question 4: Non-government organisations

- **What is the role of non-government bodies (if any) in the delivery of out-of-home care services?**

- **At 30 June 2014, how many non-government organisations were responsible for delivering:**
  - **relative/kinship care;**
  - **foster care; and**
  - **residential care?**

As at 30 June 2014, there were 22 non-government organisations funded through outsourced service delivery for foster and kinship care services and 26 non-government organisations funded for residential care, therapeutic residential care and/or safe house services.

- **Where non-government organisations are responsible for delivering out-of-home care (OOHC) services, what is the role of government in administering:**
  - **relative/kinship care**
  - **foster care**
  - **residential care.**

In relation to foster and kinship care, DCCSDS has a role in the co-delivery of pre-service and ongoing training, approving carers, licensing care services, case management and referring all clients, funding services, and monitoring service performance.

In relation to residential care, the role of DCCSDS is in licensing care services, case management and referring clients, funding services and monitoring service performance.

Question 5 – Assessment and training for carers

- **What is the recruitment and assessment process for:**
  - **relative/kinship carers;**
  - **foster carers; and**
  - **residential care workers?**

Relative/kinship carers

Kinship carers cannot be recruited in advance, as they are required in response to a placement need for a specific child or young person in out-of-home care (OOHC). Departmental officers explore kinship care placement options prior to placement of a child and actively explore kinship placement options for children placed with foster carers or in residential care.

The assessment process for kinship carers occurs under the authority of the *Child Protection Act 1999* (the Act) and the associated *Child Protection Regulation 2011* (the Regulation). It is a legislative requirement that DCCSDS only grant approval or renewal of a kinship carer who is a suitable person as defined by Schedule 3 of the Act and Part 4 of the Regulation.

Kinship carers undergo a thorough and rigorous assessment process of their suitability prior to approval, which is similar to the assessment process for foster carers (outlined below). It includes the completion of a household safety study, carer applicant health and wellbeing questionnaire, personal history checks, Blue Card checks, and if necessary, medical and referee checks. The assessment report is less structured, due to the family connection that already exists between the kinship carer applicant, the child and the child's parents.

Foster carers

In Queensland, the recruitment of foster carers may be undertaken by DCCSDS or departmentally funded Foster and Kinship Care Services. Persons interested in becoming foster carers are referred to the Foster Carer Recruitment Line, which is managed by Foster Care Queensland. Enquirers are sent an information kit and their details provided to a local Foster and Kinship Care Service for follow up.

Foster care applicants undergo a thorough and rigorous assessment process of their suitability prior to approval. The assessment includes:

- personal history checks, including child protection history and where relevant, domestic violence history and traffic history
- Blue Card checks, including consideration of the applicant's criminal history, where relevant
- a household safety study, to ensure that the applicant's home is suitable for children and potential household risks are identified and rectified
- medical and referee checks (where necessary)
- interviews with applicants and household members.

The assessment process requires the assessor to gather evidence relating to the applicants experiences and actions in other contexts, and draw conclusions as to how this will impact on their ability to provide foster care in accordance with legislative and policy requirements.

An assessment report is compiled by the assessor with a recommendation for the Child Safety Service Centre manager to approve or refuse the carers application.

Residential care workers

Residential care in Queensland is delivered exclusively by non-government organisations that are funded by DCCSDS and are required to obtain and maintain Human Services Quality Framework (HSQF) certification. It is the legislated responsibility of a residential care service to recruit staff and ensure that each employee is a 'suitable person' as defined by the Regulation.

DCCSDS conducts personal history screening on all residential care staff and advice is provided to the licensee about whether there is information to suggest the person poses a risk to children.

Standard 5 of the HSQF[10] requires services to have effective recruitment processes and services are audited and monitored to ensure they implement compliant recruitment processes including the screening of staff.

- **What training is required (by legislation or policy) to be undertaken by:**
  - **relative/kinship carers;**
  - **foster carers; and**
  - **residential care workers?**

Relative/kinship carers

It is not mandatory for kinship cares to attend training, unlike foster carers. However, DCCSDS ensures kinship carer applicants are provided with all relevant information they require to fulfil their caring role, prior to approval. The person undertaking the assessment is responsible for providing the kinship carer applicant with this information.

While pre-service and standard training (see below) are not mandatory for kinship carers, DCCSDS is responsible for encouraging kinship carers to attend any necessary training that may assist them to care for the child. In many regions, kinship carers are encouraged and invited to attend all training sessions and workshops that are provided to foster carers.

DCCSDS regions and Foster and Kinship Services may target training in particular issues that are unique to the role of kinship carers, such as managing family contact and difficult family dynamics, and run sessions specifically for kinship carers.

[10] http://www.qld.gov.au/community/documents/community-organisations-volunteering/human-services-quality-standards.pdf

Foster carers

DCCSDS provides pre-service and in-service training package for foster carers, to support the development of the skills and knowledge required to provide quality care to children and young people in OOHC. The Quality Care: Foster Carer Training is a competency based training package and consists of three levels:

- Pre-service training – consists of four modules of three hours each, totalling 12 hours. The aim of pre-service training is to equip a foster carer applicant with the necessary skills and knowledge required, to enable them to meet the legislated statement of standards when caring for a child placed in care.
- Standard training – consists of three modules of three hours each, totalling nine hours. Completion is a prerequisite for renewal of authority at the end of the 12-month period.
- Advanced training – is flexible and based on the foster carer's specific learning needs. Completion of advanced training modules totalling a minimum of eight hours is a prerequisite for renewal of approval for the first two years following standard training.

Residential care workers

Section 126(f) of the Act requires licensed residential care services to have suitable methods for training people engaged in providing care services. The organisation demonstrates this requirement by documenting and implementing their training strategies. These strategies and their implementation are then assessed as part of their Human Services Quality certification and monitored during the three-year term of their licence.

Question 6 – Ongoing support services for carers

- **What ongoing support services are available for:**
  - **relative/kinship carers;**
  - **foster carers; and**
  - **residential care workers?**

- **What proportion of support services are delivered by government or non-government bodies?**

Relative/kinship and foster carers

Foster and kinship carers in Queensland have access to wide ranging supports and support services, including training, financial support, foster and kinship carer networks and support services for children in their care.

Formal support includes support from people or organisations with a formal responsibility to help and support carers such as Child Safety, Foster Care Queensland (FCQ), Foster Care Advocacy Support Team (FAST) and non-government foster and kinship care services. Support maybe provided in the form of:

- the provision of support, information and advice through telephone calls and home visits from the child's Child Safety Officer and the foster and kinship care agency worker
- Child Safety After Hours Service for support after-hours, seven days a week to address needs that require an immediate response
- the foster and kinship carer support line for after-hours support to foster and kinship carers for positive behaviour support, counselling, information in relation to policies, procedures and resources (financial and emotional) and referrals for specialist advice and assistance
- financial support with regular carer payments, additional financial support for the care of children with complex or high-support needs, dual payments of carer allowances to support short breaks
- Carer Business Discount Card provides carers with the opportunity to access discounted products and services
- training opportunities with seven modules offered through departmental Quality Care training, advanced modules some of which are funded by DCCSDS and provided on line through the Foster Parent College
- support from organisations from FCQ for advocacy, information and advice and social activities, FAST provide specially-trained local carers who volunteer to provide support, advice and advocacy.

Residential care workers

Section 126(f) of the Act requires licensed residential care services to have suitable methods for training people engaged in providing care services. The organisation demonstrates this requirement by documenting and implementing their training strategies. These strategies and their implementation are then assessed as part of their Human Services Quality certification and monitored during the three-year term of their licence.

Question 7 – Ongoing support services for children

- **What ongoing support services for children are offered by:**
  - **government; and**
  - **non-government organisations?**

In Queensland, DCCSDS retains responsibility for case management of all children and young people subject to statutory intervention under the Act. As at 30 June 2014, DCCSDS was intervening with 11,334 children and young people of whom 8185 were in out-of-home care (OOHC) and 3149 were at home. As case manager, DCCSDS is always cognisant of the support needs for its clients. Generally it is the case that most if not all ongoing support services are accessed by clients in OOHC. These support services are provided in the following way:

- clinical therapeutic services are provided to children and young people with complex-extreme mental health and behavioural needs through a program known as Evolve, which is delivered through Queensland Health and the State Disability Services program
- counselling and intervention services, including specialist sexual abuse counselling services, are provided to children and young people through funded non-government agencies as required by their assessment and case plan
- where neither of the above is available, funds are available to procure specialist services from private providers.

Question 8 – Residential care facilities

- **As at 30 June 2014, how many residential care facilities were operating?**

- **What proportion of residential care facilities are administered by:**
  - **government departments;**
  - **non-government organisations;**
  - **or other bodies?**

- **What models of residential care currently operate?**

- **What proportion of children in residential care are placed in residential care due to:**
  - **breakdown in foster care or relative/kinship placement; and**
  - **complex behaviour issues?**

As at 30 June 2014, there were 129 outsourced service delivery funded residential care services operating (including Therapeutic Residential Care and Indigenous Safe House services). In addition, there were approximately 125 fee-for-service funded residential care arrangements.

All residential care services in Queensland are delivered by funded non-government organisations.

The funded models of residential care in Queensland include standard Residential Care services, Therapeutic Residential Care, and Indigenous Safe Houses. Details of these models of residential care were provided in the Queensland Government submission to the Senate Committee.

It is not possible to determine the proportion of children placed in residential care due to placement breakdowns or behaviour issues.

Question 9 – Transition from care

- **For children transitioning from out-of-home care to independence in 2013/14:**
  - **how many children transitioned; and**
  - **what was the average age of children at transition?**

Data for children who have transitioned from care is not available. DCCSDS does however report on children exiting out-of-home care (OOHC) by age group, which shows that in 2013–2014, 566 young people (aged 15 to 17 years) exited OOHC. This equates to 37.2 per cent of children who exited care in 2013–2014.[11]

- **What proportion of children in out-of-home care have an active transition from care plan?**

As at 30 June 2014, there were 1162 young people in care aged 15 to 18 years who required transition from care planning. Of these, planning had occurred for 71.6 per cent of young people. These young people are subject to a child protection order granting custody or guardianship to the Chief Executive, and are not necessarily in OHHC placements.[12]

- **What is included in a transition from care plan? What consideration is given to the age of the child at transition?**

Transition from care planning is focused on supporting a young person's transition from OOHC into independence, in order to maximise their life opportunities and choices. Transition from care planning is recorded within the case plan document and includes the young person's goals, and key actions to be taken, across eight key life areas:

- relationships and connections
- cultural and personal identity
- placements and housing
- education and training
- employment
- health
- life skills
- financial resourcing.

[11] https://www.communities.qld.gov.au/childsafety/about-us/our-performance
[12] https://www.communities.qld.gov.au/childsafety/about-us/our-performance

A young person in care, who has a disability and is likely to require adult disability supports or services following their 18th birthday, is also referred to Disability Services for ongoing assistance. Disability Services works in conjunction with Child Safety with respect to the development and review of transition from care goals.

Young people generally transition from care upon their 18th birthday, at which time the child protection order expires. Following this 'official' transition from care however, DCCSDS may continue to provide ongoing intervention through a support service case, for example, where not all transition from care goals have been achieved or young people have needs requiring ongoing support.

In 2013–2014, DCCSDS commenced the development of reforms of the Transition from Care program that includes providing support to young people who were formerly in care to the age of 21.

In April 2015, the Queensland Government launched its first targeted service, dedicated to supporting young people up to the age 21 years, as they move out of care and on to establishing independent lives. This initiative includes a 24/7 statewide information and crisis support phone line (1800 NEXT STEP), the Sortli mobile app to keep young people connected, as well as local services providing face-to-face support.[13]

- **How are outcomes for children transitioning from care measured?**

In addition to reviewing young peoples' transition from care goals every six months and case working with them to achieve the set goals, DCCSDS measures the proportion of children subject to ongoing intervention who have a current case plan and the proportion of young people aged 15 years and over, where planning for their transition from care has occurred and they participated in the transition from care planning.

[13] Media release 23.04.15, Shannon Fentiman MP, Minister for Communities, Women and Youth, Minister for Child Safety and Minister for Multicultural Affairs

Question 10 – Permanent care and adoption

- **In 2013/14, what proportion of children in out-of-home care were placed in a permanent care arrangement, including:**
  - **adoption;**
  - **permanent care order;**
  - **transfer of guardianship to carer; or**
  - **other permanent care arrangement?**

In 2013–2014, the proportion of children in out-of-home care (OOHC) placed in a permanent care arrangement is outlined below and includes:

- three children adopted
- 5373 children on a permanent care order (subject to long-term child protection orders)
- of the 5373 children, 1380 (or 25.7 per cent) of children subject to long-term orders, had their guardianship transferred to a relative or another suitable person as their guardian.

- **What was the average age of children entering each category of permanent care arrangement listed above?**

The average age of children adopted out is not often supplied due to privacy requirements.

Data on the average age of children entering permanent care arrangement is not collected, however the breakdown of the ages of children subject to permanent care orders during 2013–2014 is provided in the table below:

Age range (in years)	No of children on Permanent care order (2013–2014)
0 to 4 years	452
5 to 9 years	1698
10 to 14 years	2090
15 to 17 years	1133
Total	**5373**

Question 11 – Children with a disability and complex needs

- **If known, how many children in out-of-home care at 30 June 2014 were identified as having a disability?**

- **If known, how many children in out-of-home care at 30 June 2014 were identified as having complex needs?**

The most recent data that is available about children who are the subject of a child protection order who have a disability is contained in the Queensland Child Protection Partnerships Report 2011–2012[14]. The following table is reproduced from page 14 of that report.

Table 2: Children subject to finalised protective orders [(a)] at any time during the year who received specialist disability services in the same year by age group, Queensland, 2007–2008 to 2011–2012

Age group (years)	2007–2008		2008–2009		2009–2010		2010–2011		2011–2012	
	Total	%	Total	%	Total	%	Total	%	Total	%
0 to 5	65	22.4	82	21.4	77	20.5	91	21.0	103	20.8
6 to 12	101	34.8	108	28.2	102	27.1	120	27.7	159	32.1
13 to 15	55	19.0	61	15.9	54	14.4	66	15.2	97	19.6
16 and over	69	23.8	132	34.5	143	38.0	156	36.0	137	27.6
Total	290	100	383	100	376	100	433	100	496	100

Source: Department of Communities, Child Safety and Disability Services

Notes:

(a) Counts the number of individual children subject to finalised child protection orders or court assessment orders during the period who also received a NDA specialist disability service during the period.

Question 12 – Contact with birth families

- **What proportion of children in out-of-home care:**
  - **maintain contact with their birth family;**
  - **attempt reunification with their birth family; and**
  - **transition out of out-of-home care back to their birth family?**

Data is often maintained as part of case plan for each child and is not readily available.

[14] https://www.communities.qld.gov.au/resources/childsafety/about-us/publications/documents/performance-partnerships-report-2011-12.pdf

Question 13 – Early intervention

- **What early intervention programs are available to supporting children in vulnerable family situations (prior to the removal of children under care and protection orders)?**

The Queensland Government funds a range of early intervention and family support programs to divert families with children from requiring a statutory child protection intervention. This ranges from universal and targeted programs funded or delivered by the Department of Health as part of its maternal health response for mothers of 0-3 year olds; to neighbourhood centres funded by the Community Services program within DCCSDS.

The Child and Family program invests in a number of secondary and intensive family support services which categorised under Activity Groups 2 and 3 respectively in ROGS 2015 (pages 15.45 – 15.46 refer). Expenditure on intensive family support is published as $40.992 million (Page 1 of Table 15A.30) and on generic family support as $57.950 million (page 2 of Table 15A.1).

- **What proportion of these programs are delivered by:**
  - **Government; or**
  - **Non-government organisations?**

A specific new focus on family support and earlier intervention commenced in Queensland in 2015 with significant new investment in Family and Child Connect services which provide for the first time in Queensland, a community-based gateway for the reporting of child protection concerns which connects with new and existing intensive family support services and other specialist services. All of these services are delivered by the non-government sector.

- **How is the efficacy of early intervention programs measured?**

The efficacy of some early intervention programs (known as the Referral for Active Intervention program; and the Helping Out Families trial) was formally evaluated and found to have reduced the numbers in statutory child protection. The new investment in Family and Child Connect and more Intensive Family Support as well as more Domestic and Family Violence services was modelled on the Helping Out Families trials and will be formally evaluated to determine the extent to which they reduce the demand for tertiary services. The Queensland Child Protection Commission of Inquiry considered the efficacy of enhanced investment in secondary family support services to support families to care safely for their children and made a number of recommendations in this regard.