



Blue Card And Foster Care Systems Review Report on Term of Reference 5

STRENGTHENING CAPACITY ACROSS QUEENSLAND'S CHILD PROTECTION SYSTEM

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Queensland
Family & Child
Commission



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March 2017



The Honourable Anastacia Palaszczuk MP
Premier
1 William Street
Brisbane Queensland 4002

Dear Premier

In accordance with my appointment on 25 September 2016 as a Member of the Expert Panel working with the Queensland Family and Child Commission to undertake the Blue Card and Foster Care Systems Review, I am pleased to present my report on Term of Reference 5.

Yours sincerely



Linda Apelt

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EXECUTIVE SUMMARY

Queensland's child protection system has been extensively investigated in recent years, with three major inquiries since 1999. The most recent, the Queensland Child Protection Commission of Inquiry in 2013, provided a comprehensive and practical framework for re-shaping the child protection system over the long term. The overarching goal is for a system that is proactive, responsive and collaborative.

We must be realistic about the time needed for these reforms to be implemented and to take full effect. Commitment and goodwill is required across the board for the reforms to be successful. Regular review and refinement will help ensure the intent as well as the letter of the reforms is met. Bipartisan and community support and commitment is needed for a rolling horizon of reforms, with annual gateway reviews and disciplined change management.

This report, *Strengthening Capacity Across Queensland's Child Protection System*, is one part of a review into the Blue Card and Foster Care Systems. The review provides us with a valuable opportunity, more than three years into the reform process flowing from the Queensland Child Protection Commission of Inquiry, to take stock and adjust our course as necessary. My appointment as a Member of the Expert Panel working with the Queensland Family and Child Commission to undertake the review included particular responsibility for Term of Reference 5. This Term of Reference required me to:

Review Child Safety Services within the Department of Communities, Child Safety and Disability Services to determine whether it is operating effectively, including engaging with frontline staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the Child Protection System.

Capacity issues relate to matters such as skills, work practices and workplace cultures that determine whether staff will be accepting of change. Pressure points concern matters such as funding, staff numbers, workload and the impacts of major reforms of process and practice. My review of these matters relied on two components. The first was a report from KPMG on demand and resourcing for child protection services, and the second was extensive consultation across the child protection system.

The KPMG report, *Review of Demand and Resourcing for Child Protection in Queensland*, provides data, analysis and strategies for consideration. It presents a thorough investigation of Queensland's child protection system and comparison with other relevant jurisdictions. Among the key findings, KPMG reports that demand on the statutory system is not declining to the degree anticipated by the Queensland Child Protection Commission of Inquiry. In fact, demand has increased in some regions. Average caseloads per worker remain above recommended levels and the complexity of cases is increasing. Demand and pressure across the system are projected to increase into the future, alongside continued growth in population and disadvantage (KPMG Report 2017: 133). Demand pressures are intensified by the need to manage a major reform program which has affected almost all the operations of the Department of Communities, Child Safety and Disability Services.

Acknowledging that the reforms 'will ultimately position Queensland's child safety system to be focussed on better supporting families and children', KPMG notes that 'the impacts on day to day service delivery cannot be under-estimated' (KPMG Report 2017: 23). KPMG concludes the Department faces a resourcing challenge in simultaneously delivering core services and major reforms. Much of the recent new and additional funding has been directed to the reforms, with a decline in real terms for core services and low growth in frontline staff numbers. The KPMG report is provided at Appendix 2.

The KPMG report was a firm foundation and a key reference for my team as we undertook consultations and prepared recommendations for the Queensland Government. My team was involved in 34 consultations across the child protection system to ensure our recommendations would be well grounded. In addition to joining the KPMG team for three consultations at Child Safety Service Centres in the Far North Queensland, North Queensland and South West regions, we undertook another 31 consultations between December 2016 and March 2017. Consultations were held with frontline staff and managers from another four Child Safety Service Centres in the North Coast, South West and South East regions. In all, we spoke with 68 staff and managers.

We also consulted current and former Department of Communities, Child Safety and Disability Services Regional Executive Directors, and executives and delegates of the Together Union. We spoke with executives from six Queensland Government agencies and one South Australian agency, four statutory bodies, and senior judicial officers including the Chief Magistrate and the former Commissioner of the Queensland Child Protection Commission of Inquiry. To ensure we heard as many views as possible, we consulted executives from eight non-government service providers and peak organisations. My thanks to everyone who participated in the consultations. A full list is provided at Appendix 1.

Our consultations identified a number of key capacity issues and pressure points throughout the child protection system. These included the overall level of funding as well as the equity of distribution, inflexibility in some program funding and the need for better targeting of funding. Many consultations raised the need for more Child Safety staff to deal with demand, caseloads and workloads, and the increasing complexity of cases. Inability to backfill for staff on leave was another major concern.

Court-related reforms flowing from the Queensland Child Protection Commission of Inquiry generated a number of concerns including cultural differences between the child protection and legal systems, increased bureaucracy and a cumbersome information and communication technology (ICT) system. Other constraints included the quantity, quality and location of non-government services and gaps in collaboration across government and between the government and non-government sectors. Local level change management was seen as important for communicating the entire reform process and bedding down the court reforms in particular.

The findings from these consultations and KPMG's strategies for consideration were considered in the context of the 121 recommendations from the Queensland Child Protection Commission of Inquiry. We identified priority actions for relieving key capacity issues and pressure points. This work has been distilled into a six-point recommended action plan with 14 specific actions. These practical measures will allow everyone working in child protection to focus on their core task of assisting children and their families.

During the course of this review and in my previous role as Director-General of the Department of Communities which included Child Safety, I have had the opportunity to meet and talk with many people working in the child protection system. I commend their commitment to this important but often difficult and confronting work. Even with the greatest professionalism and dedication, no child protection worker and no child protection system alone can prevent and detect all cases of neglect and abuse. The community as a whole must take responsibility for child protection over the long term, and must support evolution of the child protection system over the long term. We must continue this work. Vulnerable children and families are counting on us all.



SUMMARY OF RECOMMENDED ACTION PLAN

1. The right services in the right places for the right people

- 1.1 Re-balance overall Child Safety resourcing in future budgets to focus on frontline staff by streamlining central office resources.
- 1.2 Streamline central governance resources into a dedicated change management team which is focussed on monitoring performance and practice improvement. Undertake annual, formal gateway reviews of place-by-place outcomes to inform resource allocation decisions.
- 1.3 Adopt a Regional Funding Allocation model to better link funding to demand. Building on the Department's Needs and Services Assessment Tool, this model should include population needs, other demographics such as Socio-Economic Indexes for Areas and analysis of data sets to predict which populations of children and families are at risk of entering the child protection system and may benefit from early intervention and support.

2. Targeted increases in staffing

- 2.1 Allocate more frontline Child Safety positions at the local level.
- 2.2 Employ more Child Safety Service Centre Administrative support officers to allow Child Safety Officers and Child Safety Support Officers to focus on their statutory child protection responsibilities and not be diverted by non-core administrative duties.
- 2.3 Establish relief pools of mobile, qualified and trained Child Safety Officers, Child Safety Support Officers and Administrative Officers at the regional level, to backfill for staff on leave and to supplement overall staff numbers during peaks in activity.
- 2.4 Introduce mobile, specialist senior practice teams of child safety workers to target hot spots with backlogs, high caseloads or emerging issues and to provide practice improvement advice.

3. Targeted growth in specialist non-government services

- 3.1 Pool existing statewide program funds for child safety and family support, apportion an allocation to Regional Executive Directors and give them greater flexibility in commissioning quality local services to respond more quickly and effectively to changing local needs. There should be a particular focus on assisting Indigenous children and families to avoid involvement with the statutory system.
- 3.2 Strengthen the existing non-government service system in future Budgets to fill identified gaps in child and family support. Specialist services should include community-based child and family contact centres. Specialist services should also include intensive family support such as coaching families in caring for children, behaviour management and relationship skills. Further, specialist services should be funded to connect children and families with specialised domestic violence and therapeutic services. There should be a particular focus on assisting Indigenous children and families to avoid involvement with the statutory system.

4. Streamlining court-related processes

- 4.1 Undertake an independent business analysis of the work processes between Child Safety Service Centres, the Office of the Child and Family Official Solicitor, the Director of Child Protection Litigation and the courts with the aim of reducing double handling and improving the timeliness and quality of court material.
- 4.2 Introduce targeted change management to progress the integration of the practices of the child protection and legal systems, which are now working more closely on court-related matters.

5. Greater collaboration across the system

- 5.1 Pursue opportunities for greater collaboration between Child Safety and non-government organisations to improve the overall quality of services provided to children and their families, and increase their chances of moving out of the statutory system.
- 5.2 Support practice improvement across the child protection system by sharing learnings from Child Death Reviews.

6. Modernise the ICT system

- 6.1 Introduce a modern, integrated client management ICT system to replace the current outdated Integrated Client Management System in Child Safety.



KEY FINDINGS

INTRODUCTION

Consultations identified a number of key capacity issues and pressure points throughout the child protection system. They fall into six broad categories - funding, staffing, court reforms, non-government services, greater collaboration across the system, and change management. Some of these capacity issues and pressure points are located within government agencies and structures, and others within non-government organisations. Some are connected to long-standing issues, and others to recommendations of the Queensland Child Protection Commission of Inquiry.

In most consultations, we heard concerns about the overall level of funding for child protection as well as the equity of distribution across the seven Child Safety regions. We also heard about inflexibility in some program funding and the need for better targeting of funding for services. Many of those we consulted raised the need for more Child Safety staff to deal with ongoing demand, caseloads and workloads, and the increasing complexity of cases. Inability to backfill for staff on leave was another major concern.

The court-related reforms from the Queensland Child Protection Commission of Inquiry generated concerns about clashes between the cultures and practices of the child protection and legal systems, increased bureaucracy, timely provision of materials, and the cumbersome system for sharing electronic files.

Many of those we consulted identified the quantity, quality and location of non-government services as constraints on the system. Also nominated was the need for greater collaboration across government agencies and between the government and non-government sectors. The goal here is to deliver better outcomes for children and help more families avoid contact with the statutory system and help those already in the system to exit sooner. Respondents also saw practical, local level change management as important for communicating the entire reform process and bedding down the court reforms in particular.

KEY CAPACITY ISSUES AND PRESSURE POINTS

Funding

Most consultations reported a need for more funding across the child protection system. Consultations also raised apparent inequities in funding across regions and Child Safety Service Centres, inflexibility in some funding, and a need for more Child Safety staff, more targeted funding and more non-government services.

One of the most consistent themes from the consultations was the need for increased funding for the full range of services in both the statutory and non-government sectors. Some respondents explicitly discussed the need for a general increase across the system. Others raised the need for more resourcing of multiple components of the system, ranging from frontline staff through to specialist services and support for carers, which collectively would require an increase in overall funding. Even with an eight per cent increase in funding for the Department overall in the 2016-17 Budget (KPMG Report 2017: 105-109), Queensland continues to spend less than the national average on the full range of child protection services. In addition, the Department is under pressure to fund both frontline services and the major reform program flowing from the Queensland Child Protection Commission of Inquiry. Much of the extra funding in recent Budgets has been directed to supporting the reforms rather than frontline services because demand for these services was expected to drop as the reforms took effect. This has meant only modest increases for regional budgets, including 0.8 per cent in 2016-17 (KPMG Report 2017: 108). While

there has been some decline in demand for frontline services stemming from fewer notifications and investigations of child abuse and neglect, there is evidence that demand is increasing once again (KPMG Report 2017: 10-12, 125-130). With population and disadvantage also continuing to grow (KPMG Report 2017: 134), demand is projected to continue to increase across all levels of the child protection system.

A number of Child Safety Service Centre managers and staff raised concerns about perceived inequities in resourcing across regions and centres. Resourcing for regions is largely based on historical budget allocations (KPMG Report 2017: 133).

This has led to apparent inequities in resourcing across the seven regions, most notably in North Queensland, North Coast and South West where budgets for core services have not kept pace with demand (KPMG Report 2017: 133). Respondents at consultations provided a number of examples of how inequities manifest. The most commonly-raised related to disparities in the number of Child Safety Officers and Child Safety Support Officers between centres. There were also examples of inequitable allocation of Centre Managers, Senior Practitioners, Family Group Meeting Convenors, and Administrative Officers. Such inequities produce imbalances in workloads across regions and centres and impair workplace morale. See Supplementary Report: Regional Profiles at Appendix 3 for further discussion and modelling of resource allocation.

The staff and managers of Child Safety and representatives of non-government organisations spoke of the inflexibility or silo-like nature of funding for some programs. Currently, a number of Child Safety programs provide funding for specific purposes, such as Child Related Costs funding that can only be used for children under intervention orders. Such rigidity means managers cannot re-direct funding to assist a particular child or family or to meet an emerging need. Funding inflexibility leads to delays in responding to children, their families and carers and frustration all round.

Consultations with child protection workers, union representatives, and some non-government organisations consistently reported a need for more staff to meet demand and workloads, and backfill for staff on leave. See **Staffing** for further discussion. Child Safety staff and managers and representatives of non-government organisations suggested that better targeted funding, especially for early intervention and support services, would help ensure the right services are in the right places to help children, their families and carers. See **Non-government services** for further discussion.

Staffing

As mentioned, a common theme from consultations with child protection workers, union representatives and non-government organisations was the urgent need for more Child Safety staff. Every Child Safety Service Centre reported that there are too few Child Safety Officers to manage the level of demand, caseloads and overall workloads, the increasing complexity of cases, and placement breakdowns. The reforms from the Queensland Child Protection Commission of Inquiry are also commonly believed to have increased day-to-day work. In addition, managers and staff regularly raised the problems caused by an inability to backfill for staff on leave.

Child Safety Service Centres universally reported that staffing levels are insufficient to meet current demand. KPMG has noted that while the overall level of demand on the child protection system has moderated, the demand on the statutory end of system has not fallen to the extent envisaged by the Queensland Child Protection Commission of Inquiry (KPMG Report 2017: 10). Measures of demand include investigations and assessments of notifications of possible harm or risk of harm, and ongoing interventions in cases of substantiated harm or risk (KPMG Report 2017: 12).



Demand drives overall workload, a significant component of which is the caseload carried by each Child Safety Officer. At the regional level over the past three years, some but not all measures of demand have fallen. As a result, there are some notable workload pressures in the North Queensland, North Coast, South East and South West regions (KPMG Report 2017: 10-11). At the service centre level, there is significant variation in demand and workload pressure, with some pockets of extremely high demand including in Rockhampton, Caboolture, Mackay, Thuringowa and Toowoomba South (KPMG Report 2017: 12).

Across the state, the average caseload of 19.1 per worker as at June 2016 was greater than the 15 recommended by the Queensland Child Protection Commission of Inquiry (KPMG Report 2017: 13-14) with high caseloads at Child Safety Service Centres in Toowoomba, Nerang, Loganlea, Mackay and Cairns North (KPMG Report 2017: 85). With the addition of 129 full time equivalent staff in September and October 2016, Child Safety has 1031 full time equivalent Child Safety Officers and 1020 full time equivalent support staff in service centres (KPMG Report 2017: 85).

In the past five years, the total number of administrative and other frontline support and executive staff has decreased by 3.7% (KPMG Report 2017: 87-88). This includes the additional staff announced in September and October last year. Prior to this announcement, Child Safety Officer numbers had increased by only 39 over four years (KPMG Report 2017: 88). In addition, the mix of staff varies considerably across regions with the North Coast and South West regions having lower ratios of support staff to Child Safety Officers (KPMG Report 2017: 89).

In consultations, Child Safety staff described the effects of high workloads and caseloads on their day-to-day work. One centre, for example, recently recorded a doubling of intakes and assessments from about 20 to 40 a month. Managers responded by re-organising workloads internally, which was described as ‘robbing Peter to pay Paul’, and by creating a Child Safety Officer position that remains unfunded. Another centre receives an average of five to eight new ongoing intervention cases per week, and has received up to 16 new cases in one week. A third reported that although there is a Regional Intake Service, Child Safety Officers spend about a day each week on intake work due to people directly approaching the centre that is highly visible and easily accessible. Child Safety Officers said their workloads prevent them from working more intensively with children and families, especially those on Interventions with Parental Agreement. One Child Safety Officer probably spoke for many when she reported feeling that she was failing children for lack of time. A non-government organisation said some child protection staff, especially the less experienced, seem to be ‘absolutely overwhelmed’ by demand.

Caseloads are affected by complexity, which makes working with children and families more difficult and time-consuming. Every Child Safety Service Centre and many non-government organisations raised the problem of increasing complexity. Child Safety staff noted that more children have multiple issues including substance abuse, children are younger when presenting with multiple issues, and children are becoming sexually active at a younger age. Another common factor in complexity is the increased level of trauma exhibited by children because of their family circumstances. Complexity also refers to families with multiple issues, and KPMG reports that family complexity is increasing (KPMG Report 2017: 118-119).

A number of centres spoke of widespread use of the drug ice, which compounds the effects of factors such as other drug and alcohol abuse, domestic and family violence, mental health issues and poverty. One centre reported that use of ice is a factor in about half of all notifications, another that it is surprising when ice is not mentioned in a notification.

Geography also contributes to complexity. Child Safety staff frequently mentioned the extra time required to work with children and families in regional and rural areas, providing two examples in particular. Staff

undertaking assessments of notifications of suspected abuse make unannounced visits to families and will sometimes find no-one at home, which necessitates a return visit. Some staff also drive long distances to transport children to school or other appointments when carers are unable to do so, or to facilitate family contact meetings.

A number of child protection staff noted that the community-based Family and Child Connect and Intensive Family Support services rightly deal with more straightforward cases meaning harder and more complex cases go to Child Safety Officers. One non-government organisation spoke of some Child Safety Officers seemingly overwhelmed by the complexity of cases. KPMG analysis shows that complexity increases workplace pressures in places that have high caseload numbers (KPMG Report 2017: 14-15).

Workloads are also affected by the stability of out-of-home care placements for children, which include home-based settings such as foster and kinship care and residential care services. There were 9,091 children living away from home in Queensland as at June 30, 2016, a 2.8% increase on the previous year (KPMG Report 2017: 9). Finding placements and managing the breakdown of placements were nominated as major problems at most consultations with Child Safety Service Centres. A particular problem is a lack of placements for big sibling groups, children with disabilities and high-risk adolescents. See **Non-government services** for further discussion. Staff said placement breakdown had significant consequences for workload, with staff having to find another suitable place at short notice. Staff reported that placement breakdowns often occur at the end of the day. One cited the example of a child in a regional centre being placed in a city two hours drive away. Another reported having to find a new placement for one child every day for a week.

Child Safety staff and managers consistently reported that some of the reforms from the Queensland Child Protection Commission of Inquiry had increased workloads. The new Strengthening Families Supporting Children Framework for Practice and the court-related changes were the most commonly cited examples. Child Safety staff generally praised the new framework, which focusses on working collaboratively with families, but noted that it takes much more time. Intakes and assessments take longer, for example, because of the emphasis on working with extended families as needed and developing sometimes long-term safety plans to try to keep children in their homes. There are often delays in organising meetings with everyone involved in a case. Staff reported that the timelines for some tasks had increased from four to ten weeks (KPMG Report 2017: 122). Staff also require training to use the new practice framework and 163,000 training hours have been required to date (KPMG Report 2017: 23, 136-137).

In relation to the court reforms, staff reported increased bureaucracy, double and triple handing of material, a cumbersome ICT system and extra administrative demands. See **Court-related reforms** for further discussion. Many of those consulted spoke of the increased pressure on the child protection system caused by the introduction of the Queensland Child Protection Commission of Inquiry reforms on top of day-to-day activities. This view is supported by KPMG analysis (KPMG Report 2017: 23, 135).

A consistent theme from consultations with Child Safety staff was that there are too few Child Safety Support Officers and Administrative Officers in Child Safety Service Centres. At 30 June 2016, there were an estimated 382 Child Safety Administrative support staff regionally, including Regional Offices and Child Safety Service Centres. The proportion of Administrative support staff within each region is detailed (KPMG Supplementary Report 2017: 77). Some respondents cited the ongoing impact of cuts to support and administrative staff from 2012, notwithstanding the increases in September and October 2016. Others said numbers simply have not kept pace with demand. They also noted a marked increase in administration associated with the reforms from the Queensland Child Protection Commission of Inquiry, especially those related to the new practice framework and the court-related processes.



The situation is compounded when positions are vacant, as noted by one centre that has been unable to fill an administrative vacancy for about three years. This results in Child Safety Officers performing a lot of administrative duties such as entering hand written case notes into a computer system, preparing Child Related Cost forms, scanning lengthy court-related material for uploading to the Integrated Client Management System and SharePoint ICT systems, printing court-related documents, record keeping and filing. This means Child Safety Officers have less time to focus on their core business of intervention and support. Many Child Safety Service Centre staff, when asked to identify one thing that would make an immediate difference, nominated more administrative, finance and recordkeeping staff. There was near-unanimous support for more administrative staff from other consultations, with one respondent saying extra experienced staff would make the whole system work better.

Child Safety Service Centre managers and staff consistently raised the problem of being unable to backfill for staff on planned or unplanned leave, due to budget constraints. The inability to backfill is particularly a problem in centres where high demand and caseloads are an issue (KPMG Report 2017: 22). One of the most significant consequences is that Team Leaders pick up the work of Child Safety Officers who are on leave, in addition to their own responsibilities. In centres that have teams of six Child Safety Officers, for example, this means Team Leaders can take on the equivalent of an additional twenty-four weeks of work annually just to cover planned holiday leave.

The problem of being unable to backfill is compounded when centres are carrying vacancies. Several centres reported that it is difficult to attract and retain staff, especially in regional areas. One regional centre has had 20 separations in the last 12 months. Such situations lead to unacceptably high workloads, higher risk in case management, and staff burn-out. A number of other respondents noted that the high turnover of Child Safety staff affected continuity in case management, could affect court cases, and eroded family and community trust.

Court-related reforms

Court-related reforms from the Queensland Child Protection Commission of Inquiry, which have been in effect since July 2016, are improving the quality of material presented to courts. Consultations across the board, however, reported significant concerns about the operation and impact of some of the reforms. Consistently raised pressure points included differences between the cultures and practices of the child protection and legal systems, increased bureaucracy with the introduction of the Office of the Child and Family Official Solicitor and the Director of Child Protection Litigation, and a cumbersome and slow system for sharing electronic files. Other common complaints were about the timely provision of materials between child protection and legal staff, and about Child Safety Officers not routinely appearing at court.

From both a child protection and legal perspective, the consultations raised the differences between the cultures and practices of the two systems. Respondents often described two competing frameworks, with a number of people speaking of the collaborative approach of child protection workers versus the adversarial approach of legal staff. Child protection workers acknowledged that increased assistance is improving court-related materials, while respondents from a legal perspective acknowledged that some Director of Child Protection Litigation lawyers are inexperienced in child protection matters. Together Union representatives spoke of a structural disconnect caused by the involvement of the departments of Communities, Child Safety and Disability Services and Justice and Attorney-General, and noted the union is unable to jointly engage with the two departments to resolve issues related to the reforms.

Consultations with child protection workers consistently identified concerns that the court process has become overly bureaucratic following the introduction of the Office of the Child and Family Official

Solicitor and the Director of Child Protection Litigation. Under the new procedures, Child Safety Officers liaise with Office of the Child and Family Official Solicitor staff, who communicate with Director of Child Protection Litigation staff, then report back to Child Safety Officers. As a result, Child Safety Service Centre-generated material for court cases must go through multiple steps. Child protection workers said this leads to double and triple-handling of documents. It was reported that Director of Child Protection Litigation staff also found it problematic that they could not talk directly to Child Safety Officers.

The shared ICT system was identified as a significant pressure point by child protection workers, union representatives and legal respondents. Child Safety staff have access to the Department's Integrated Client Management System but Director of Child Protection Litigation staff do not. The SharePoint system was introduced in June 2016 for child protection and legal staff to share court-related materials. The two-system process was designed to provide shared access to documents while meeting the confidentiality provisions of the Child Protection Act.

Child protection workers consistently expressed frustration over the duplication of recording information in the Integrated Client Management System and in SharePoint, with some saying this has greatly increased administrative work. The problem is compounded when there are multiple siblings in one family, with separate files required for each person. In some cases, thousands of pages of files from the Integrated Client Management System and hard copy case notes or historical files must be scanned into SharePoint.

In addition, the Integrated Client Management System updates have not kept pace with reforms and some forms have not been modified to meet new Case Plan requirements. Director of Child Protection Litigation staff find the dual system as cumbersome as Child Safety Officers do. Both child protection and legal respondents spoke of how long it takes to upload or download files to SharePoint, with one reporting it can take 24 to 48 hours. Respondents questioned why relevant material could not be shared via a simpler system, such as secure email.

The new process for approving court-related material and the dual computer systems are reported to be affecting the timely provision of material and approvals from all quarters. Among the significant consequences are delays in provision of court material, including affidavits, to the Director of Child Protection Litigation. Around 30% of notices are received the day before matters are scheduled in court, and less than 1% of notices to renew orders are being lodged within the required timeframe.

Child protection staff voiced concern that Child Safety Officers no longer routinely attend court, as they are not applicants to the proceedings. While some other respondents agreed that officers with knowledge of a case at hand should attend as a resource for the court, others believed they should focus on their core work with children and families.

Non-government services

A near-universal theme from consultations was an urgent need for more investment in non-government services across the board and for particular services in particular regions. Consultations detailed gaps and waiting lists for some services, the difficulties of getting local services in regional and remote areas, and the lack of specialist Indigenous services. Another common theme was the urgent need for more out-of-home care places.

A significant proportion of the overall investment in child protection is spent on delivering non-government services. Spending on family support programs has increased by 81% since 2011-12, with almost \$117 million allocated for these programs from a total Budget of \$936 million in 2015-16 (KPMG



Report 2017: 19). Nonetheless, Queensland has yet to overcome an historical under-investment in early intervention services (KPMG Report 2017: 56), and investment is still tilted towards the statutory system (KPMG Report 2017: 30).

In addition to being essential to achieving the reforms of the Queensland Child Protection Commission of Inquiry, non-government services are highly valued by the community because they do not carry the stigma of the statutory child protection system. At consultations, respondents regularly spoke of the importance of targeted funding to help ensure there are enough services with the right mix of offerings and appropriately skilled staff. They also noted that such services are in short supply. This means that a child or a parent with inter-connected substance abuse and mental health issues, for example, may not be able to access assistance for both problems at a single service provider. It also means that some services are ill-equipped or unwilling to work with individuals or families with complex needs.

There are gaps and waiting lists for some services, too few local services in regional and remote areas, and too few specialist Indigenous services. Consultations regularly reported waiting lists for Intensive Family Support and Family and Child Connect services, as well as for drug treatment and mental health services. The Family and Child Connect services are very popular, with reports of families self-referring, leading to long waiting lists in some areas.

Several respondents raised the need for treatment services for ice users in outer metropolitan and regional areas. Regional centres also reported a need for intensive intervention services for families and services for children dealing with the effects of domestic violence or sexual assault. A number of Child Safety Service Centres and non-government organisations noted the need for more specialist services for Aboriginal and Torres Strait Islander families and children.

A consistent theme was a lack of out-of-home care places - foster, kin and residential - especially for big sibling groups, children with disabilities and high-risk adolescents. Child Safety Service Centres reported shortages ranging between 30 and 100 places (KPMG Report 2017: 120). Foster care is among the issues being examined under Terms of Reference 1 and 4 of the Blue Card and Foster Care Systems Review.

Collaboration

Consultations with Child Safety workers, other government agencies and non-government organisations fairly consistently reported that there were multiple opportunities for better collaboration. There were four main themes: the need for more collaboration between Child Safety and non-government organisations to improve the quality of services; the need for improved collaboration between Child Safety and non-government organisations to assist families to exit the statutory system; the need for greater collaboration across government agencies, and; a desire to learn from Child Death Reviews.

Child Safety staff and non-government organisations alike recognise the need for greater collaboration to improve the reach and standard of services offered to children, their families and carers. Non-government organisations reported an eagerness to increase their capability and capacity in service delivery. Non-government organisations and child protection workers offered numerous ideas for collaboration. One of the most common was expansion of intensive family support services for families with children of every age from birth to adolescence. Consultations reported that such services are popular and well-accepted but some have long waiting lists. There were also suggestions for contact houses that provide home-like environments for families to have supervised contact with their children in care and provide opportunities for parents to learn basic skills. Other suggestions included contracting non-government organisations to run transport services for children when carers are unable to transport them, and transferring

management to non-government organisations of lower resource intensive and lower risk cases such as children on Long Term Guardianship orders.

Consultations pointed to the need to more actively assist children and families to exit the statutory child protection system. Two pressure points, in particular, work against exits from the system. The first is a lack of quality services for children and families. The second is a lack of clarity about what families must do, that is through an up-to-date Case Plan, to be able to move out of the system. The key to resolving these pressure points is greater collaboration between the statutory system and non-government services.

Currently, there is limited sharing of the results of Child Death Reviews which investigate the deaths of children known to the child protection system within the preceding 12 months. Child protection staff believe individual workers and the whole system would benefit from knowing the broad findings and learnings from these reviews.

Change management

Consultations regularly raised concerns about the centralised change management associated with the reforms from the Queensland Child Protection Commission of Inquiry. This process has been underway for more than three years and governance is now well established, with a cross-government strategy, dedicated Program Management Office resources in the Department, and local committees. Consultations raised two major issues; that the change management was focussed on process and rigid timelines rather than on outcomes for children and families, and that there is too little engagement with staff.

Several respondents reported that change management seems focussed on implementation of the reforms, often described as ‘ticking a box’, rather than meaningful change for children and families. Non-government organisations expressed frustration that rigid deadlines meant that sometimes lip service only was paid to reforms that were meant to be collaborative or co-designed. Some respondents, however, praised the Reform Leaders Group as a critical forum for strategic direction and oversight and the local committees as the necessary mechanism to achieve practical change.

Consultations suggested that workers and service providers across the child protection system need assistance to better understand the reforms and how to implement them. They also suggested the child protection and legal systems would benefit from receiving assistance to develop a new working relationship to support the court reforms. A number of respondents said the new court processes are not yet working well, in part because cultural differences were not fully appreciated. Some good work is already underway to bridge the gap, such as training for Director of Child Protection Litigation staff to better understand the work of child protection staff. More can be done to encourage mutual understanding of, and respect for, the practice and strengths of each profession.



SUMMARY

Consultations with frontline staff, managers and executives across the system provided the day-to-day experiences and outcomes that confirmed the data and analysis produced by KPMG. Together, our consultations and the KPMG report have pinpointed capacity issues and pressure points that are constraining both the implementation of the reform agenda flowing from the Queensland Child Protection Commission of Inquiry and the daily operations of the child protection system.

We identified constraints in funding, staffing, the court reforms, non-government services, collaboration and change management. Collectively, these constraints inhibit the timely provision of appropriate services and support for children, families and carers. They create more work, pressure and frustration for staff. And they erode the dedication and drive that is needed to evolve Queensland's child protection system over the long term.

These constraints can be overcome via the targeted, practical measures which are detailed in the Recommended Action Plan. The overarching aim is to deliver the right services in the right places for those who need them. This will require targeted increases in Child Safety staff and in specialist non-government services, a streamlining of court-related processes, greater collaboration across the system, and a modern ICT system. The action plan will help ensure that everyone in the child protection system can focus their energies on re-shaping the system to meet the needs of children, their families and carers across Queensland.

RECOMMENDED ACTION PLAN

The Queensland Child Protection Commission of Inquiry in 2013 provided a comprehensive and practical framework for re-shaping the child protection system over the long term. The overarching goal is for a system that is proactive, responsive and collaborative. We must be realistic about the time needed for these reforms to be implemented and to take full effect. Commitment and goodwill is required across the board for the reforms to be successful. Regular review and refinement will help ensure the intent as well as the letter of the reforms is met. Bipartisan and community support and commitment is needed for a rolling horizon of reforms, with annual gateway reviews and disciplined change management. We must continue this work. Vulnerable children and families are counting on us all.

1. The right services in the right places for the right people

1.1 Re-balance overall Child Safety resourcing in future Budgets to focus on frontline staff by streamlining central office resources.


Future Budgets should continue to invest in the reform program flowing from the Queensland Child Protection Commission of Inquiry. They should also recognise it is now time to increase investment in frontline staff to meet projected future demand.

1.2 Streamline central governance resources into a dedicated change management team that focusses on monitoring performance and practice improvement. Undertake annual, formal gateway reviews of place-by-place outcomes to inform resource allocation decisions.

The reform process associated with the Queensland Child Protection Commission of Inquiry has been underway for more than three years and governance is now well established. It is timely for the Department to streamline backend central governance structures and processes by transforming the various Program Management Office resources into a targeted change management function that provides disciplined oversight of performance and practice improvement. Annual gateway reviews, with results to be published on the Department's website, will ensure the reform process remains on track. Focus and resources can be shifted to supporting staff in the regions with practical change management assistance.

1.3 Adopt a Regional Funding Allocation model to better link funding to demand. This should build on the Department's Needs and Services Assessment Tool. It should include population needs, other demographics such as Socio-Economic Indexes for Areas and analysis of data sets to predict which populations of children and families are at risk of entering the child protection system and may benefit from early intervention and support.

Resourcing for regions is largely based on historical budget allocations rather than current and predicted demand. This has led to apparent inequities in resourcing across the seven regions, most notably in North Queensland, North Coast and South West where budgets for core services have not kept pace with demand. A Regional Funding Allocation model will ensure that funding is better matched to demand and will enable more equitable and transparent allocation across the



regions. The model will also direct funding to early intervention and support services to help at-risk children and families avoid contact with the child protection system. This proactive approach will help achieve the long-term goals of the Queensland Child Protection Commission of Inquiry.

2. Targeted increases in staffing

2.1 Allocate more frontline Child Safety positions at the local level.

A common theme from consultations with child protection workers, the union, and non-government organisations was the urgent need for more frontline staff to meet continuing demand. As noted, demand and pressure across the system are projected to increase into the future, alongside continued growth in population and disadvantage.

2.2 Employ more Child Safety Service Centre administrative support officers to allow Child Safety Officers and Child Safety Support Officers to focus on their statutory child protection responsibilities and not be diverted by non-core administrative duties.

A consistent theme from consultations with frontline Child Safety staff was that there are too few administrative support workers in Child Safety Service Centres. They also noted a marked increase in administration associated with the reforms from the Queensland Child Protection Commission of Inquiry, especially those related to the new practice framework and the court processes. Additional support staff would, in particular, relieve the administrative burden of Child Safety Officers, allowing them to focus on their core business. Extra support staff should be appointed as soon as possible, with Regional Executive Directors to be consulted on which Child Safety Service Centres have the greatest administrative pressures.

2.3 Establish relief pools of mobile, qualified and trained Child Safety Officers, Child Safety Support Officers and Administrative Officers at the regional level, to backfill for staff on leave and to supplement overall staff numbers during peaks in activity.

Child Safety Service Centre managers and staff consistently raised the problem of being unable to backfill for staff on planned or unplanned leave. One of the most significant consequences is that Team Leaders pick up the work of Child Safety Officers on annual leave, in addition to their own responsibilities. Such situations lead to unacceptably high workloads, higher risk in case management, and staff burn-out. The problem of being unable to backfill is compounded when centres are carrying vacancies due to budget constraints. Regionally managed pools of relief staff, with at least three years' experience, should be established as quickly as possible through discussion between Regional Executive Directors and Child Safety Service Centre managers.

2.4 Introduce mobile, specialist senior practice teams of child safety workers to target hot spots with backlogs, high caseloads or emerging issues and to provide practice improvement advice.

Mobile experienced Child Safety Officers and support staff, with at least five years' experience, can be used to target pressure points. These specialists should integrate with local teams to help reduce high workloads and caseloads, manage emerging problems, showcase best practice and identify possible change management issues. The specialists can maintain contact with each centre they have supported, via videoconferencing or visits, to help lock in gains and share success stories. Centrally managed mobile specialist teams should be established as quickly as possible, and deployed by discussion between Regional Executive Directors and Child Safety Service Centre managers.

3. Targeted growth in specialist non-government services

3.1 Pool existing state wide child safety and family support program funds, apportion an allocation to Regional Executive Directors and give them greater flexibility in commissioning quality local services to respond more quickly and effectively to changing local needs. There should be a particular focus on assisting Indigenous children and families to avoid involvement with the statutory system.

Currently, a number of Child Safety programs provide funding for specific purposes only. Such rigidity means Regional Executive Directors cannot re-direct funding to assist a particular child or family or to meet an emerging need. Consultations reported this leads to frustration and delays in responding to children and families in need. Centralised management of some programs, such as procurement, is cost-efficient and should remain. Other programs that respond to regional-specific needs can be more flexible and more effective. Giving Regional Executive Directors greater flexibility with a pool of funding will mean families and children receive appropriate assistance more quickly and will likely improve the outcomes for families and children. Quality local services should include, where possible, existing community-based early education and care services, sporting organisations, paediatric, and adolescent and family support services.

3.2 Strengthen the existing non-government service system in future Budgets to fill identified gaps in child and family support. Specialist services should include community-based child and family contact centres. Specialist services should also include intensive family support such as coaching families in caring for children, behaviour management and relationship skills. Further, specialist services should be funded to connect children and families with specialised domestic violence and therapeutic services. There should be a particular focus on assisting Indigenous children and families to avoid involvement with the statutory system.

A near-universal theme from consultations was an urgent need for more non-government services across the board and for particular services in particular regions. Non-government services are highly valued because they do not carry the stigma of the statutory child protection system. Non-government organisations reported an eagerness to increase their capability and capacity. Opportunities might include:

- Expansion of intensive family support services for families with children of every age from birth to adolescence. Consultations reported that such services are popular and well-accepted, and some have long waiting lists.
- A trial of a non-government organisation-run specialised transport service for children in care. Such a service, which would incorporate the highest safeguards for children and be targeted to areas of most need, would allow Child Safety Officers to focus on their core responsibilities.
- Contact houses that provide home-like environments for families to have supervised contact with their children in care. This would provide opportunities for parents to learn basic skills, such as caring for and playing with their children, communicating with children, managing their behaviour, and general relationship skills.
- Transferring management to non-government organisations of lower resource intensive and lower risk cases such as children on Long Term Guardianship orders. These children may be living with family members who are not their parents, kin or foster carers or others deemed suitable.

4. Streamlining court-related processes

4.1 Undertake an independent business analysis of the work processes between Child Safety Service Centres, the Office of the Child and Family Official Solicitor, the Director of Child Protection Litigation and the courts with the aim of reducing double handling and improving the timeliness and quality of court material.

The reforms recommended by the Queensland Child Protection Commission of Inquiry Report are improving the quality of material presented to courts. The operation and impact of some of the reforms, however, generated some significant concerns in the consultations.

Pressure points included differences between the cultures and practices of the child protection and legal systems, increased bureaucracy with the introduction of the Office of the Child and Family Official Solicitor and the Director of Child Protection Litigation, a cumbersome and slow system for sharing electronic files, timely provision of materials between child protection and legal staff, and Child Safety Officers not routinely appearing at court.

4.2 Introduce targeted change management to progress the integration of the practices of the child protection and legal systems, which are now working more closely on court-related matters.

Seeking a child protection order has always been a legal process; however, the court-related reforms of the Queensland Child Protection Commission of Inquiry require significant changes in practice and culture. New relationships are required to support a new system. The court-related reforms are among the biggest to flow from the Inquiry and need extra change management support to ensure their success.

5. Greater collaboration across the system

5.1 Pursue opportunities for greater collaboration between Child Safety and non-government organisations to improve the overall quality of services provided to children and their families, and increase their chances of moving out of the statutory system.

Consultations pointed to the need to more actively assist children and families to exit the statutory child protection system. Two pressure points, in particular, work against exits from the system. The first is a lack of quality services for children and families. The second is a lack of clarity about what families must do, that is through an up-to-date Case Plan, to be able to move out of the system. The key to resolving these pressure points is greater collaboration between the statutory system and non-government services. Enhancing the quality of the services provided by non-government organisations will improve the outcomes for children and their families. This, coupled with clear direction from Child Safety staff about what must be achieved for family reunification, will likely help more children and families to exit the statutory system.

5.2 Support practice improvement across the child protection system by sharing learnings from Child Death Reviews.

There is currently limited sharing of the results of Child Death Reviews, which investigate the deaths of children known to the child protection system in the preceding 12 months. Child protection staff believe individual workers and the whole system would benefit from knowing the broad findings and learnings from Child Death Reviews. De-identified information from future reviews should be shared with Child Safety Officers, child protection liaison officers, and the relevant peak organisations representing non-government service providers.

6. Modernise the ICT system

6.1 Introduce a modern, integrated client management ICT system to replace the current outdated Integrated Client Management System in Child Safety.

Almost every Child Safety Service Centre reported problems with the Integrated Client Management System. The system is generally considered to be outdated and cumbersome. Updates have not kept pace with reforms from the Queensland Child Protection Commission of Inquiry. This means, for example, that some forms have not been modified to reflect new Case Plan requirements.

Providing child protection staff with a modern, integrated ICT system will save them time in entering information, ensure they can easily access information and enable them to focus on their core business.

APPENDIX 1: CONSULTATIONS

Child Safety Service Centres, Regional Directors and Regional Executive Directors

Manager and staff, Child Safety Service Centre, Mackay. North Queensland Region. December 2016.
(Participated in KPMG-led consultation)

Manager and staff, Child Safety Service Centre, Cairns. Far North Queensland Region. December 2016.
(Participated in KPMG-led consultation)

Regional Director, manager and staff, Child Safety Service Centre, Toowoomba. South West Region.
December 2016. (Participated in KPMG-led consultation)

Manager and staff, Child Safety Service Centre, Caboolture. North Coast Region. January 2017.

Manager and staff, Child Safety Service Centre, Logan. South East Region. January 2017.

Managers and staff, Child Safety Service Centre, Ipswich North and Ipswich South Regions. January 2017.

Julieann Cork, Regional Executive Director, Department of Communities, Child Safety and Disability Services, North Coast Region. January 2017.

Peter Ryan, Former Regional Executive Director, Department of Communities, Child Safety and Disability Services, North Coast Region. February 2017.

Unions

Alex Scott, Secretary, Dee Spink, A/Lead Organiser, and Joanne O'Shanesy, Delegate, Together Union.
December 2016.

Delegates, Together Union. February 2017.

Government agencies and statutory bodies

Michael Hogan, Director-General, Department of Communities, Child Safety and Disability Services.
November 2016 and February 2017.

David Mackie, Director-General, and Jenny Lang, Deputy Director-General, Department of Justice and Attorney-General, Queensland. January 2017.

Michael Walsh, Director-General, and Graham Kraak, Director, Queensland Health. January 2017.

Natalie Siegel-Brown, Public Guardian, Office of Public Guardian. January 2017.

Cathy Taylor, Chief Executive Officer, Department for Child Protection, South Australia and former Deputy Director-General, Department of Communities, Child Safety and Disability Services, Queensland. February 2017.

Tammy Williams, Commissioner, Queensland Family and Child Commissioner. February 2017.

Mark Healey, General Counsel, Department Of Communities, Child Safety and Disability Services. January 2017.

Tracey de Simone, Official Solicitor, Office of the Child and Family Official Solicitor. February 2017.

Jim Watterson, Director-General, Education Queensland. February 2017.

Ian Stewart, Commissioner, and Detective Superintendent Cheryl Scanlon, Child Safety and Sexual Crimes Group, Queensland Police Service. February 2017.

Nigel Miller, Director Child Protection Litigation, and Graham Murray, Assistant Director Child Protection Litigation. February 2017.

Expert Panel chaired by Cheryl Vardon, Principal Commissioner, Queensland Family and Child Commission. February 2017.

David Glasgow, Commissioner, Families Responsibilities Commission. March 2017.

Clare O'Connor, Director-General, Department of Aboriginal and Torres Strait Islander Partnerships. March 2017.

Judiciary

Justice Tim Carmody, Member of Queensland Civil and Administrative Tribunal and Commissioner of the Queensland Child Protection Commission of Inquiry 2012-2013. February 2017.

Justice Ray Rinaudo, Chief Magistrate, Terry Gardiner and Leanne O'Shea, Deputy Chief Magistrates and Maryanne May, Principal Legal Officer, Magistrates Court

February 2017.

Non-government organisations

Mark Henley, Chief Executive Officer, Queensland Council of Social Services. January 2017.

Hetty Johnston, Chair, Bravehearts. January 2017.

Lucas Moore, Queensland State Coordinator, Create Foundation. January 2017

Katrina Lines, Executive Director of Services, Act For Kids. January 2017.

Steven King, Executive Director, Mercy Family Services. January 2017

Lindsay Wegener, Executive Director, PeakCare. January 2017.

Gerald Featherstone, Chief Executive Officer, Kummara Association. February 2017.

Natalie Lewis, Chief Executive Officer, Queensland Aboriginal and Torres Strait Islander Child Protection Peak. February 2017.



APPENDIX 2: REVIEW OF DEMAND AND RESOURCING FOR CHILD PROTECTION IN QUEENSLAND



Review of Demand and Resourcing for Child Protection in Queensland

Final Report
February 2017

Glossary of terms

Assessment	<i>Assessment is the process of gathering, analysing and interpreting information to inform decision-making.</i>
AIHW	Australian Institute of Health and Welfare
Case management	<i>Refers to the overall responsibilities of the department when intervening in the life of a child and family. Case management is a way of working with children, families and other agencies to ensure that the services provided are coordinated, integrated and targeted to meet the needs and goals of children and their families.</i>
CCC	Child Care Centre
Child	<i>The Child Protection Act 1999, section 8, defines a child as an individual who is under 18 years of age. The term child is used throughout the practice manual to signify both a child and a young person. Under the Youth Justice Act 1992, a child is:</i> <ul style="list-style-type: none"> - a person who has not turned 17 years, or - after a day fixed under section 6 - a person who has not turned 18 years.
Child concern reports	<i>A child concern report is a record of child protection concerns received by the department that does not meet the threshold for a notification.#</i>
Child in need of protection	<i>A child who has suffered harm, is suffering harm, or is at unacceptable risk of suffering from harm, and does not have a parent able and willing to protect the child from the harm (Child Protection Act 1999, section 10).</i>
CMC	Crime and Misconduct Commission
CPO	Child Protection Order
CSO	Child Safety Officer <i>A child safety officer (CSO) is an authorised officer under the Child Protection Act 1999, who is responsible for delivering statutory child protection services, such as investigating and assessing allegations of suspected child abuse and neglect, and intervening to ensure the safety and wellbeing of children subject to ongoing intervention, in accordance with legislation, policies and procedures.</i>
CSSC	Child Safety Service Centre
Cultural Support Plan	<i>The cultural support plan is a component of the case plan for an Aboriginal or Torres Strait Islander child or a child from another cultural community that is completed when a child is in need of protection, to ensure that they are provided with safe and protective family, community and cultural supports.</i>
DCCSDS	Department of Communities, Child Safety and Disability Services
FaCC	Family and Child Connect

Family Group Meeting	<p><i>A meeting convened in accordance with the Child Protection Act 1999, section 51, to:</i></p> <ul style="list-style-type: none"> <i>- provide family-based responses to children's protection and care needs</i> <i>- to ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs. #</i>
FIS	Family Intervention Services
FTE	Full Time Equivalent
I&A	<p><i>Investigation and Assessment</i></p> <p><i>Investigation and assessment is the second phase of the child protection continuum. An investigation and assessment is the departmental response to all notifications, and is the process of assessing the child's need for protection, where there are allegations of harm or risk of harm to a child (Child Protection Act 1999, section 14).</i></p>
IFS	Intensive Family Support
Intake	<p><i>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 unborn child, or when a request for departmental assistance is made.</i></p>
IPA	<p><i>Intervention with Parental Agreement</i></p> <p><i>Refers to 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 to meet a child's safety and protection needs. #</i></p>
LT-CPO	Long Term Child Protection Order
Neglect	<p><i>The child's basic needs of life are unmet by their parent to such an extent that the child's health and development are affected, causing harm, or likely to cause an unacceptable risk of harm to the child. #</i></p>
Notifications	<p><i>Information received about a child who may be harmed or at risk of harm which requires an investigation and assessment response. A notification is also recorded for an unborn child when there is reasonable suspicion that they will be at risk of harm after they are born.</i></p>

Definitions sourced from Department of Communities, Child Safety and Disability Services website and relevant legislation

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Inherent Limitations

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

Some of the findings in this report are based on a qualitative study and the reported results reflect a perception of Department of Communities, Child Safety and Disability Services but only to the extent of the sample surveyed, being Department of Communities, Child Safety and Disability Services' approved representative sample of management, personnel and stakeholders. Any projection to the wider management, personnel and stakeholders is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Department of Communities, Child Safety and Disability Services' management, personnel and stakeholders consulted as part of the process.

KPMG has indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

Third Party Reliance

This report is solely for the purpose set out in the Scope Section and for Department of Communities, Child Safety and Disability Services' information, and is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent.

This report has been prepared at the request of Department of Communities, Child Safety and Disability Services in accordance with the terms of KPMG's engagement letter/contract dated 16 September 2016. Other than our responsibility to Department of Communities, Child Safety and Disability Services, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility. This report may be made available on Department of Communities, Child Safety and Disability Services' website. Third parties who access this report are not a party to KPMG's contract with Department of Communities, Child Safety and Disability Services and, accordingly, may not place reliance on this report. KPMG shall not be liable for any losses, claims, expenses, actions, demands, damages, liabilities or any other proceedings arising out of any reliance by a third party on this report.

Executive summary

Introduction

KPMG was engaged by the Department of Communities, Child Safety and Disability Services (the Department) to undertake a review of demand for child safety services in Queensland and to examine associated workforce and resource allocation methodologies.

This work is being undertaken in the context of significant reforms in the child safety sector which were initiated by Government in response to the 121 recommendations set out in the Queensland Child Protection Commission of Inquiry report *Taking Responsibility: A Roadmap for Queensland Child Protection* (Carmody Report). The Carmody Report sets out a ten year blueprint for reform of Queensland's child protection system, and work on the reforms commenced in the 2013-14 financial year. While still only in the early stages of implementation, the Department has overseen significant changes to child protection including:

- enhancing family support and intervention services including the roll-out of Family and Child Connect Services and intensive family support services;
- introducing a new Strengthening Families Protecting Children Framework for Practice for child safety workers based on a strengths based approach to working with families;
- legislative change to shift responsibilities for child protection litigation to the Department of Justice and Attorney-General and to introduce consistent mandatory reporting standards; and
- working with other government and non-government partners to provide better coordinated and integrated services for children and families.

The Queensland Premier, through the Queensland Family and Child Commission (QFCC), subsequently established an Expert Panel to undertake a review of the *Working with Children (Child Protection) Act (2000)*. As part of the scope of its review, the Expert Panel was asked to engage with front line staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the child protection system.

In late October 2016, the synergies between the work being undertaken by KPMG and the inputs required by the Expert Panel prompted Government to change sponsorship of the engagement to the QFCC, with the KPMG project team reporting directly to the Expert Panel.

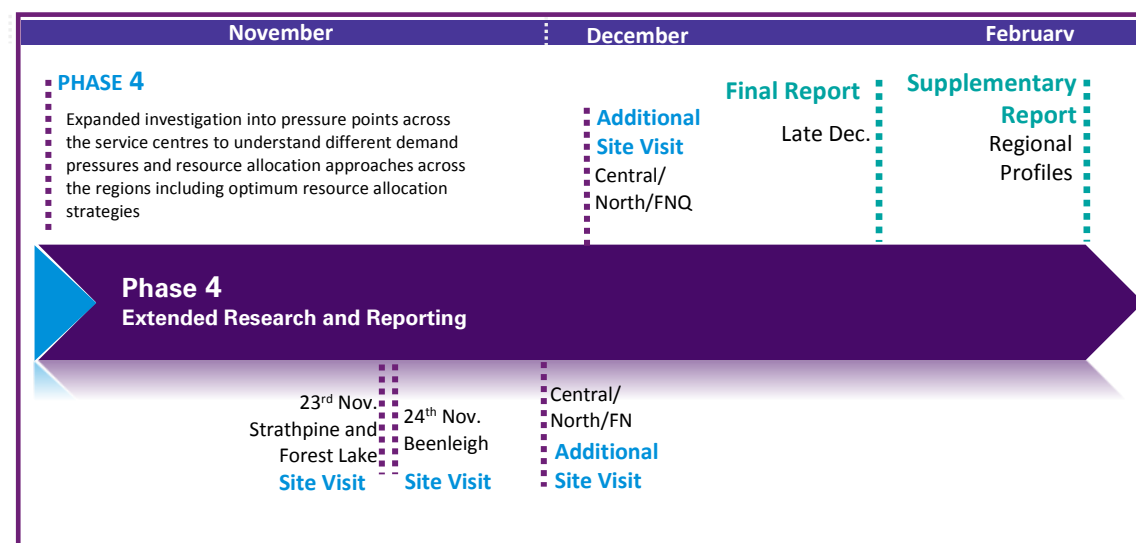
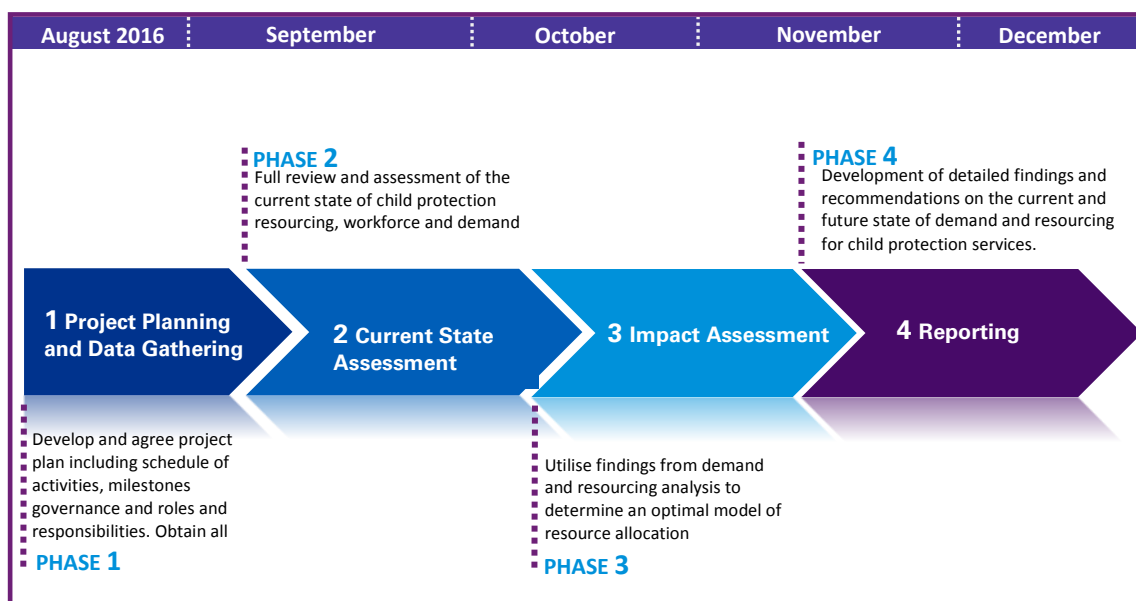
The scope of the KPMG review covers consideration of:

- ✓ the context the Department is operating in following changes post CMC Inquiry (2003/04) and the current reform program – Supporting Families Changing Futures;
- ✓ the current methods used to allocate and distribute resources for child safety services operated and/or funded by the Department including regional resource distribution and workforce allocation models, and associated performance benchmarks;
- ✓ overall resourcing for child safety and trends in expenditure including mapping changes in operations/investments over time and analysing workforce and resource allocation;
- ✓ current and forecast demand for child safety services on a state-wide and regional basis;
- ✓ impacts on overall caseloads for child safety officers on a state-wide and regional basis and assessment of responsiveness to service need;
- ✓ where appropriate, benchmarking of Queensland's resourcing methodology and performance with other Australian and overseas jurisdictions; and
- ✓ recommendations to ensure the Department can continue to provide a sustainable and responsive child protection system.

Scope and Approach

This final report presents the findings of the review of demand for child protection services at the State, regional and service centre level. It also provides a high level analysis of resourcing for child protection services across the State and trends in the child safety workforce and caseloads. Forecasting of demand for child protection services has been undertaken and benchmarking data on Queensland's performance is also provided. A supplementary report providing more detailed analysis at the regional level has also been prepared.

The review proceeded through a number of stages as shown below. It has primarily involved a detailed analysis of data across all levels of the system to understand and analyse demand pressures and the way in which resources and the workforce are being deployed to respond to demand. A range of strategies have been identified to ensure the Department is adequately equipped to handle the demand pressures that have been identified covering resourcing, workload management, implementation and change management, and performance and governance strategies.



Snapshot of Queensland's Child Protection System in 2016

99,293

Child safety reports/intakes



22,607

Child protection notifications



31%

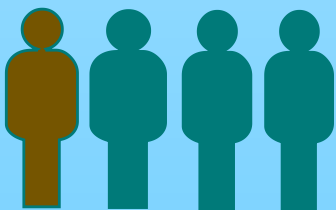
of finalised notifications substantiated



11,458 subject to ongoing intervention

8,654

children living in out of home care



One in every four children in the child protection system are Indigenous

\$1.011 billion

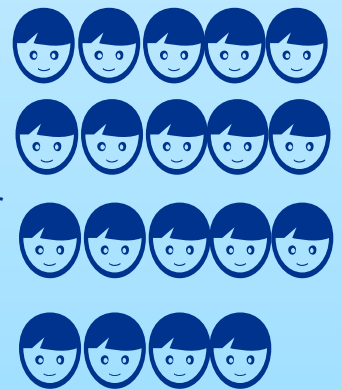
Spent on child protection related services



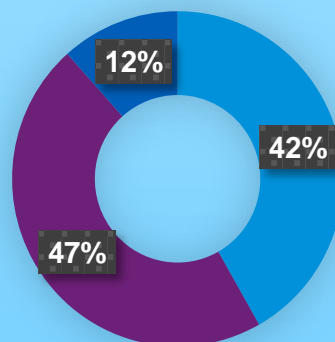
1,045 Child Safety Officers



19 children on average per caseworker



81% increase in program expenditure on family support services since 2011-12.



41.8% of children in care placed with kin
46.6% placed in other home-based services
11.7% in residential care and other locations

49.1%

Investigations completed within timeframe

Child Protection Services

The Department of Communities, Child Safety and Disability Services (the Department) is the primary agency with responsibility for child protection services in Queensland.

Child protection services are provided to protect children and young people aged up to 18 years who are at risk of abuse and neglect from their families.

The Department provides a range of child protection services including:

- dealing with reports of concern about children and young people who may have been harmed or who are at risk of significant harm;
- undertaking investigations and assessments where appropriate;
- initiating interventions where necessary, including applying for a child protection order through a court;
- securing a safe placement for children including placing in out-of-home care where necessary;
- providing family support services to help families care for their children;
- working with families to reunite with their children who have been removed; and
- working with non-government organisations to provide support services to families, children and young people.

In 2016-17, the Queensland Government will spend around \$1.011 billion on child protection services, an increase of 34.3 per cent over the last five years. At June 2016, the Department employed a total of 1,944 Full Time Equivalent (FTE) regional child safety staff, comprising 975 FTE front line Child Safety Officers and 969 FTE regional support and administrative staff. In 2016-17, following the announcement of additional staff in September and October 2016, it is estimated there are now 2,051 FTE staff in front line service delivery and support comprising 1,031 FTE child safety officers state-wide, and 1,020 support and administrative staff.¹

A significant proportion of funds are invested in the non-government sector which provides a range of support services and programs to families and young people across a broad range of primary, secondary and tertiary child safety services.

Other agencies are also involved in dealing with child protection including the Queensland Police Service which investigates allegations of child abuse and neglect, the courts which decide whether an order should be made, Queensland Health and Hospital and Health Services which are involved in assessing child protection matters and providing health services, and the Department of Education and Training which deals with the educational needs of children within the child protection sector.

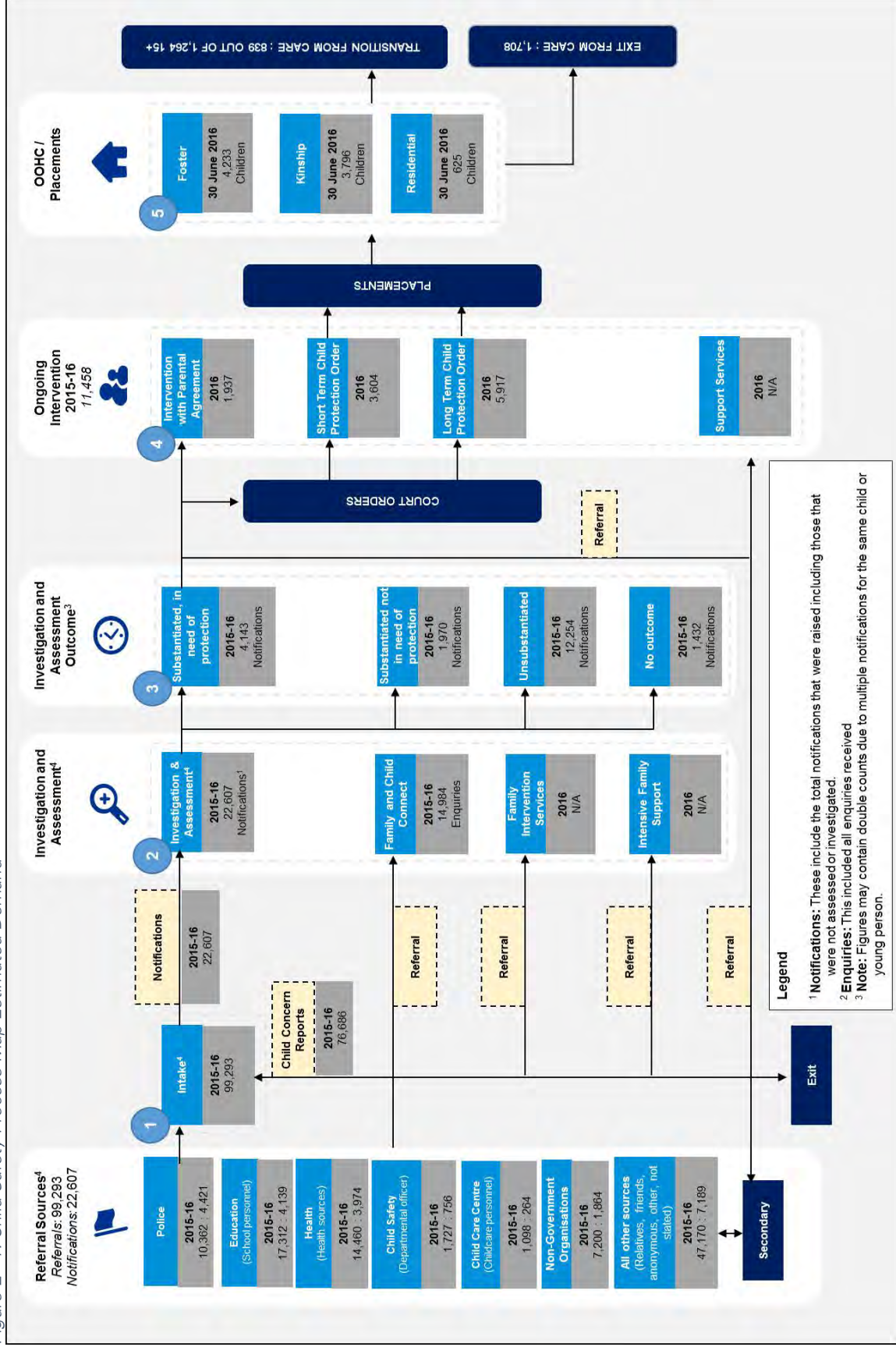
A number of professionals within public sector agencies, the non-government sector and child care sector, are required under the *Child Protection Act 1999* to report to the Department any reasonable suspicions that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, or that a child is in need of protection due to any other form of abuse or neglect. These 'mandatory reporters' are teachers, doctors, registered nurses, police officers with child protection responsibilities, or individuals performing child advocacy functions under the *Public Guardian Act 2014*. From July 2017, early childhood education and care professionals will also be required to report child safety concerns to the Department.²

A summary of the process for dealing with child protection issues is shown overleaf.

¹ Department of Communities, Child Safety and Disability Services, 2016. Note that of the 129 additional staff announced in September and October 2016, 107 have been allocated to front line service delivery and support.

² Department of Communities, Child Safety and Disability Services, 2016.

Figure E - 1: Child Safety Process Map Estimated Demand



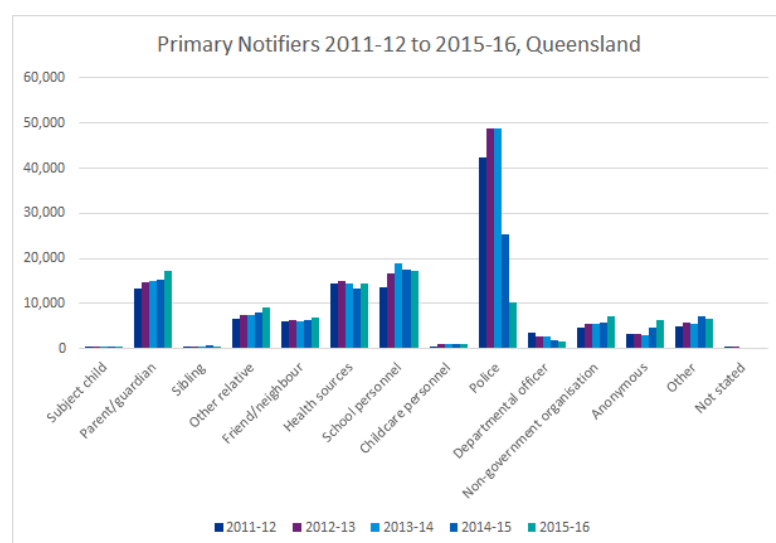
Source: Department of Communities Child Safety, and Disability Services, 'Performance' Child Protection Data 2016

How the system works?

Reports of Safety Concerns

As shown in Figure E - 1, the Department receives reports about safety concerns of children from a range of sources including members of the general public as well as those who are mandated within Queensland legislation to make reports. Mandated reporters are police officers, doctors, nurses and teachers and will soon also include child care centre staff following legislation passed by the Queensland Parliament in September 2016. The majority of referrals are made by school personnel, parents/guardians, health sources and police (see Figure E - 2 below).

Figure E - 2: Primary Notifiers 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

In 2015-16, the Department received 99,293 reports regarding concerns about the safety of children and young people in Queensland, which represents a decrease from the previous year of 7.7 per cent.

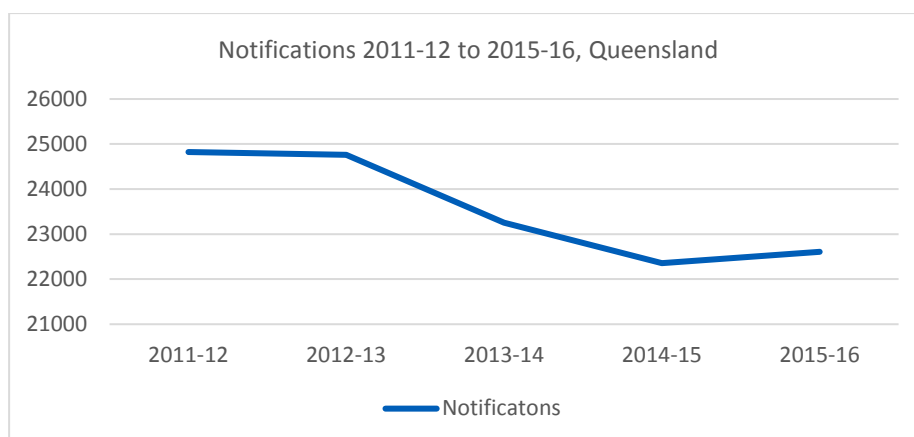
These reports or intakes of suspected risk or harm are then assessed by the Department, usually through a Regional Intake Service (RIS), which will determine the Department's response. The Department will either record an intake enquiry, record a child concern report or record a notification which meets the threshold for a statutory child protection response. A notification will be raised when the concern reported suggests a child is in need of protection. Children and young people in need of protection are defined as "those who have suffered significant harm, are suffering significant harm, or are at unacceptable risk of suffering significant harm and do not have a parent able and willing to protect them from the harm"³.

Notifications

In 2015-16, 22,607 notifications were made for children and young people in Queensland. The rate of growth in notifications decreased in Queensland over the period 2012-13 to 2014-15, but in 2015-16 increased over the previous year as shown in the Figure E - 3 below.

³ Department of Communities, Child Safety and Disability Services

Figure E - 3: Notification 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

Aboriginal and Torres Strait Islander children have a much higher rate of notification than non-Indigenous children with the rate of notifications almost five times the rate of non-Indigenous children - 66.5 per 1,000 compared to 13.6 per 1,000 for non-Indigenous children. While Aboriginal and Torres Strait Islander children make up a significant portion of the overall notifications, the number of notifications that relate to this group has remained relatively stable over the five year period from 2011-12 to 2015-16. Notifications for non-Indigenous children have fallen over the same period by 16.6 per cent overall.

A child can be subject to more than one notification. The number of children aged between 0 and 17 years subject to a notification in 2015-16 was 19,930, which equates to an average of around 1.1 notifications per child notified.

Investigations and Assessments

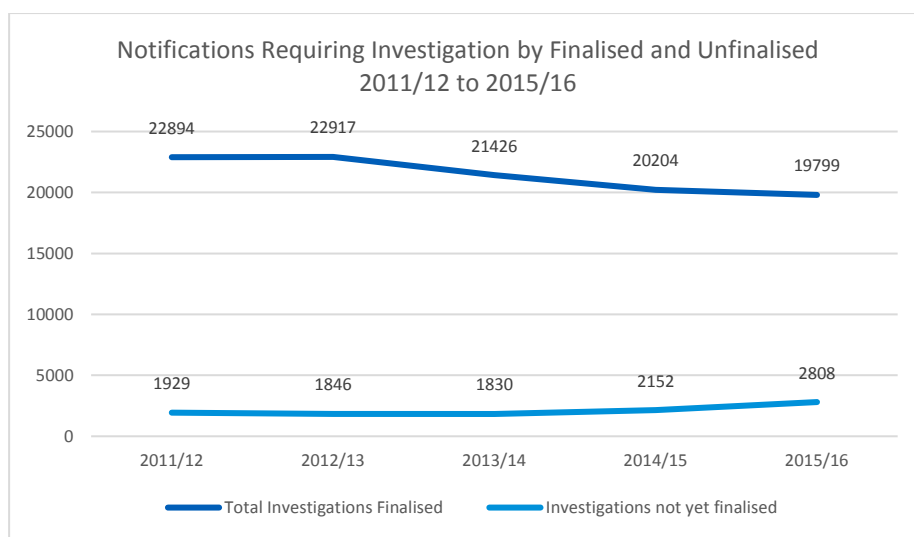
When a notification is recorded, the Department usually conducts an investigation and assesses the concerns raised.

In 2015-16, the Department initiated 22,607 investigations with respect to the notifications received in the period. Of these, 19,799 investigations were finalised, and 2,808 were not yet finalised by 31 August 2016 (Figure E-4).

Investigations can lead to one of three broad outcomes:

1. the concern is substantiated which means the child has suffered harm or is considered to be at significant risk of suffering harm in the future, and the child will be deemed either in need of protection or not in need of protection;
2. the concern is unsubstantiated and therefore the child is considered not in need of protection; or
3. a full investigation was not possible due to insufficient information or inability to locate a child or family.

Figure E - 4: Notifications Requiring Investigation by Finalised and Un-finalised status 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

Substantiations

A total of 6,113, or approximately 31 per cent of investigations in 2015-16 found that there was evidence of substantiated harm or risk of harm. This is down from 6,445, or 32 per cent, in the previous year. A total of 12,254, or 62 per cent of investigations, found harm was unsubstantiated and the children notified were not in need of protection. However, it is sometimes the case that families notified will be referred on to secondary family support services where necessary and appropriate. A further 1,432 notifications were closed under the category 'other outcome' which represents a substantial rise from the 944 notifications finalised under the 'other outcome' category in 2014-15. An investigation categorised as 'other outcome' means a full investigation for a child was not possible for what can be a variety of reasons, and the case was closed. Reasons a full investigation may not be possible include that the family has relocated interstate or overseas, or insufficient information was provided and the family cannot be located after all reasonable attempts to identify the family and their location have been exhausted.⁴

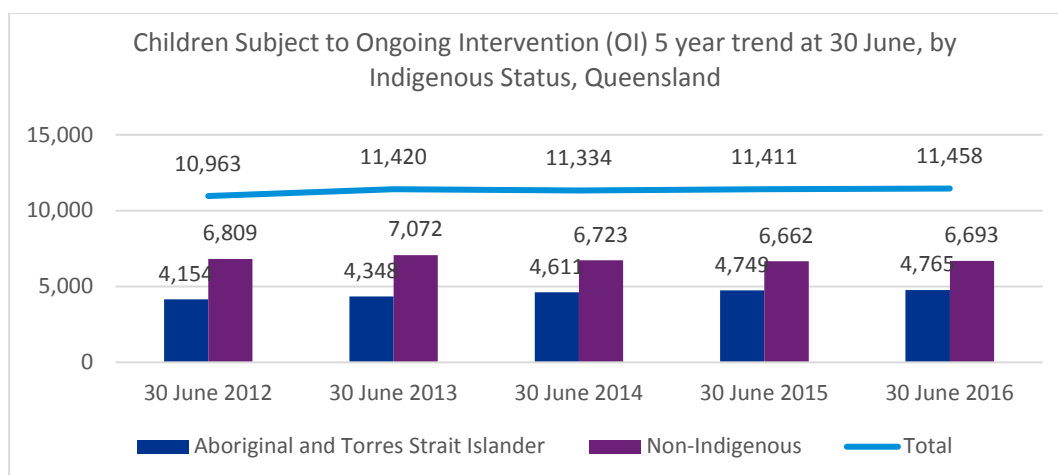
There are two types of substantiations:

- 1) substantiated and child in need of protection; or
- 2) substantiated and child not in need of protection.

Children who have substantiations and are in need of protection can either be subject to a child protection order which is obtained through the courts, or can be managed at home with support under an Intervention with Parental Agreement (IPA). As at 30 June 2016, there were 11,458 children subject to ongoing intervention, an increase of 0.4 per cent from the previous year (Figure E-5).

⁴ Department of Communities, Child Safety and Disability Services, 2017.

Figure E - 5: Children Subject to Ongoing Intervention (OI) 30 June 2012 to 30 June 2016 by Indigenous Status, Queensland.



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

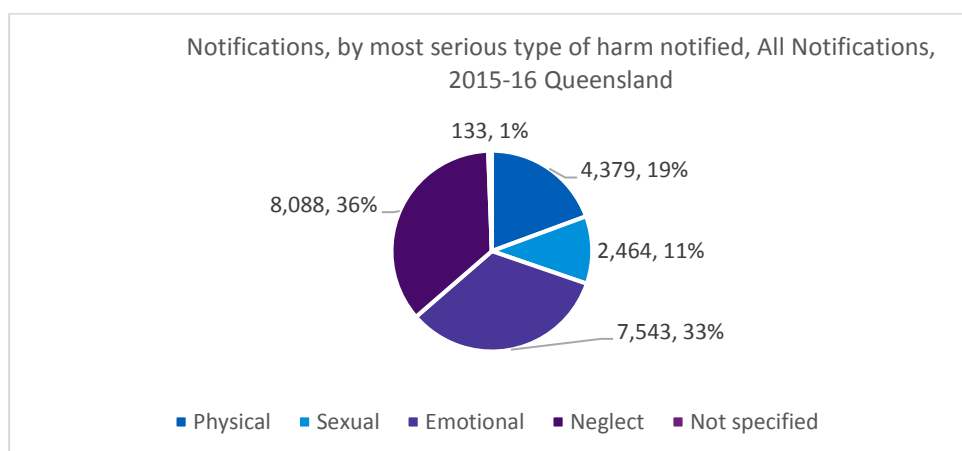
Placements

Children and young people placed on child protection orders can be placed in a variety of settings. Most commonly, children are placed in home-based care settings such as with foster carers, kinship carers or with provisionally approved carers. However, sometimes children are placed with residential care services, or alternatively are not living in 'placements' as defined in the *Child Protection Act 1999*, but are living independently or by necessity are in hospital or youth detention settings. As at 30 June 2016, there were 9,091 children living away from home in Queensland. Of these, 8,654 children were in out-of-home care within either a home-based care setting (8,029) or residential care setting (625). A total of 437 children were either independently living, or were in hospitals, youth detention centres or other locations. The number of children in out-of-home care has increased as at 30 June 2016 by 2.8 per cent over the previous year and by 8.2 per cent over the previous five years from 30 June 2012.

Types of Harm

The most common forms of harm notified were allegations of emotional harm and neglect comprising almost 70 per cent of all notifications in the 2015-16 financial year. Allegations of physical and sexual abuse comprised 30 per cent of all notifications with the remaining small proportion of notifications not specifically recording the harm type alleged.

Figure E - 6: Child Protection Notification Harm Type, 2016, Queensland



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

How well is the system working?

The key objectives of any child protection system is to protect children and young people from abuse and to ensure quality of care for those children and young people who are removed from their families for safety reasons. It is also the responsibility of the agencies involved to provide services in an effective and efficient manner making the best use of available resources to deliver better outcomes for children and young people.

At the time the Commission of Inquiry into Child Protection Report, *Taking Responsibility: A Roadmap for Queensland Child Protection* (Carmody Report) was released, the number of children being reported to the Department had been increasing at alarmingly high rates. In the ten year period from 2002-03 to 2011-12, intakes increased from 40,202 to 114,503, an increase which averaged around 20.5 per cent per annum.

A major focus of the Commission's recommendations for reform was to shift the system from an emphasis on statutory protection to providing better support for families so children and young people can remain safely at home. A range of new programs have been introduced including new family and child connect services, parenting and anger management programs, counselling, and other specialist services dealing with family violence and substance abuse to help manage demand on the system.⁵

Managing Demand

On that basis, a key indicator of the effectiveness of the system would be a reduction in the number of intakes, notifications and substantiations. As noted above, the number of intakes, notifications and substantiations has been decreasing since 2013-14 although there has been an increase in notifications from 2014-15 to 2015-16.

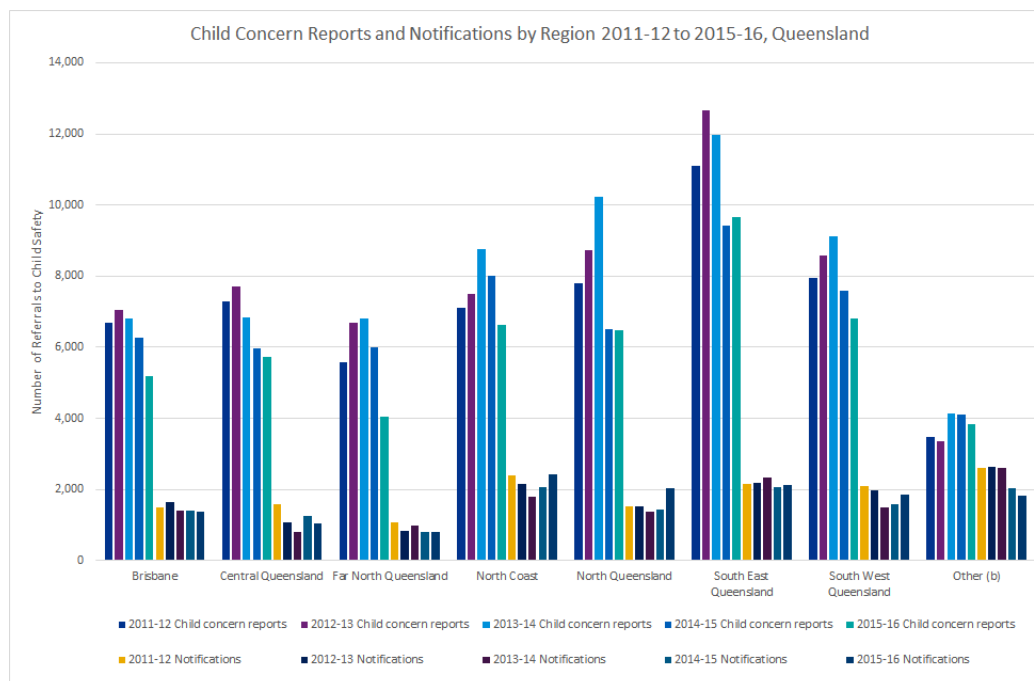
While the level of demand overall may have moderated, demand at the statutory end of the system has not declined to the extent envisaged by the Carmody reforms. Increased pressure from population growth and growing levels of disadvantage are likely to continue to put pressure on core child protection services. The introduction of mandatory reporting by child care staff in 2017 is expected to further add to demand pressures. As the benchmarking data in the next section shows, jurisdictions like Victoria which have much higher levels of investment in family support and early intervention services still have growing notification and investigation rates. Section 2.3 of the report deals in more detail with the assumptions in the Carmody Report about the changes in demand that were expected to result from implementation of the reforms.

At the regional level, the number of contacts with the child protection system that do not meet the threshold for investigation have been dropping across all regions with the exception of South East region where referrals resulting in child concern reports increased in 2015-16 over the 2014-15 result. In 2015-16, the greatest number of referrals was received in South East Queensland. However, the North Coast region in the past two years has had the largest number of referrals resulting in notifications that met the threshold for investigation and assessment which has contributed to an increasing workload pressure on that region.

In terms of intakes, most regions have experienced declines in child concern reports in line with reducing numbers of overall intakes. However, notifications meeting the threshold for investigation have increased in North Coast, North Queensland, South East and South West regions where notifications are trending upwards (Figure E-7).

⁵ Commission of Inquiry into Child Protection in Queensland (2012) "Taking Responsibility: A Roadmap for Queensland Child Protection."

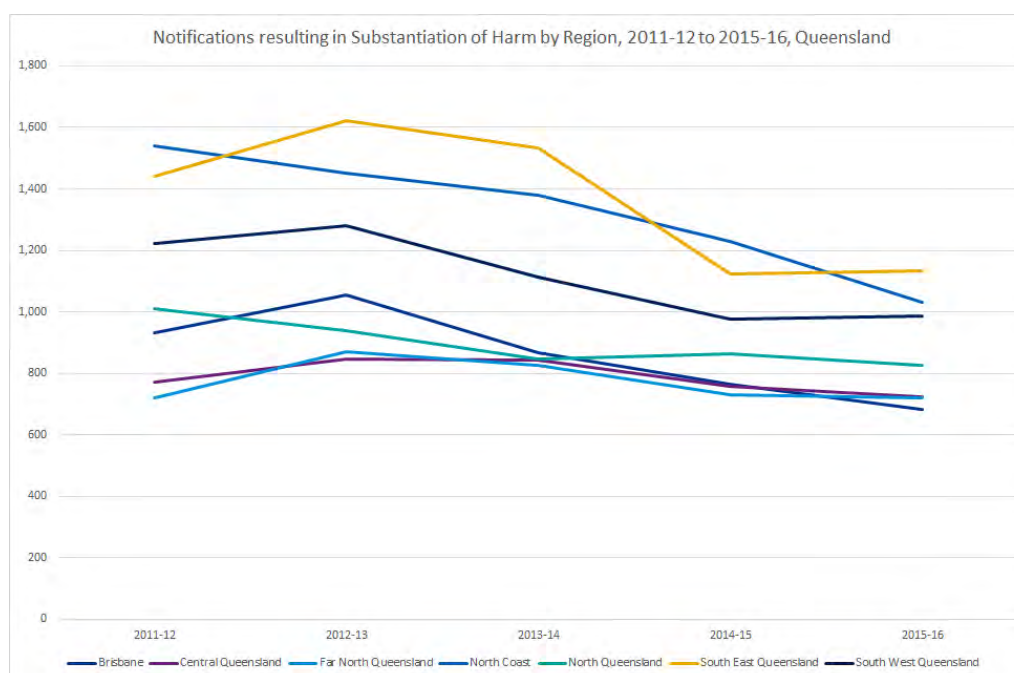
Figure E - 7: Child Concern Reports and Notifications by Region, 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Most regions have also remained fairly static in terms of number of children subject to ongoing intervention except for North Coast and North Queensland regions which both had significant increases in the numbers of children subject to ongoing intervention increasing by 6.2 per cent and 7.5 per cent respectively. When the volume of investigations is mapped against staff numbers, workload pressures are particularly evident in North Queensland, North Coast, South West and South East regions. Figure E-8 shows the number of notifications resulting in substantiation of harm has been declining over the period of analysis, but there have been marginal increases in numbers in South East Queensland and South West Queensland in the 2015-16 year over the previous year.

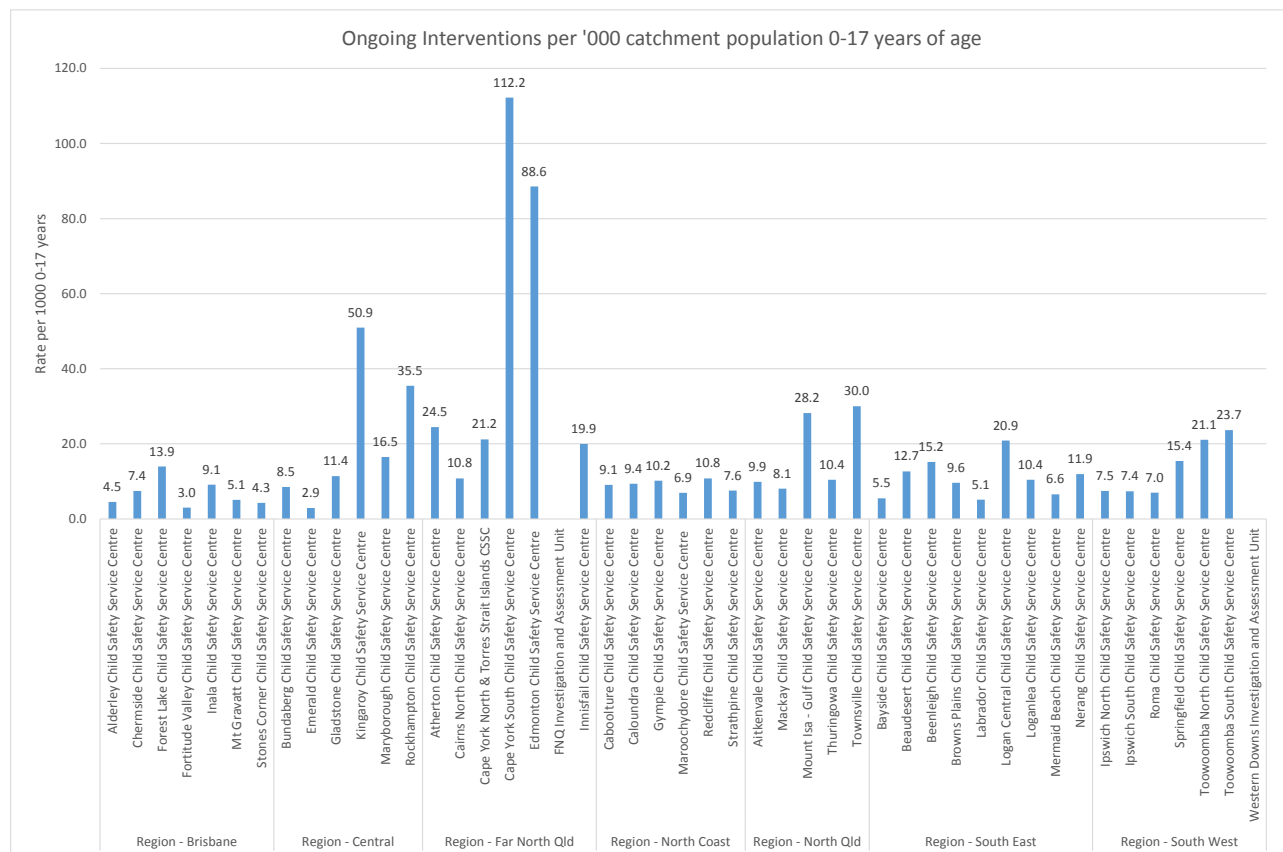
Figure E - 8: Notifications resulting in Substantiation of Harm by Region, 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

At the service centre level, there is significant variability in demand and workload pressure. A detailed analysis of demand, as measured by ongoing interventions and investigations and assessments, has been undertaken at service centre level. It shows there are some pockets of extremely high volumes of demand including in Rockhampton, Caboolture, Mackay, Thuringowa and Toowoomba South. Taking into account the percentage share of population, demand is disproportionately high as measured by ongoing interventions in Rockhampton (rate of 35.5 per 1,000 children) and Toowoomba South (rate of 23.7 per 1,000). Statewide the average is 10.2 per 1,000 children.

Figure E - 9: Ongoing Interventions per '000 catchment population 0-17 years of age



Source: KPMG 2016, from data provided by Department of Communities, Child Safety and Disability Services

However, the highest rates for ongoing interventions are Cape York South (112.2 per 1,000) and Edmonton (88.6 per 1,000) in Far North Queensland and Kingaroy (50.9 per 1,000) in Central Queensland region. In comparison, Investigation and Assessment numbers are highest in Kingaroy, Cape York South, Mount Isa-Gulf, Townsville, Logan Central and Western Downs Investigation and Assessment unit (Toowoomba North and Toowoomba South). These findings are generally consistent with indicators of socio-economic disadvantage in these areas.

Response times

Another indicator of the effectiveness of the system is response times. There are two common measures used:

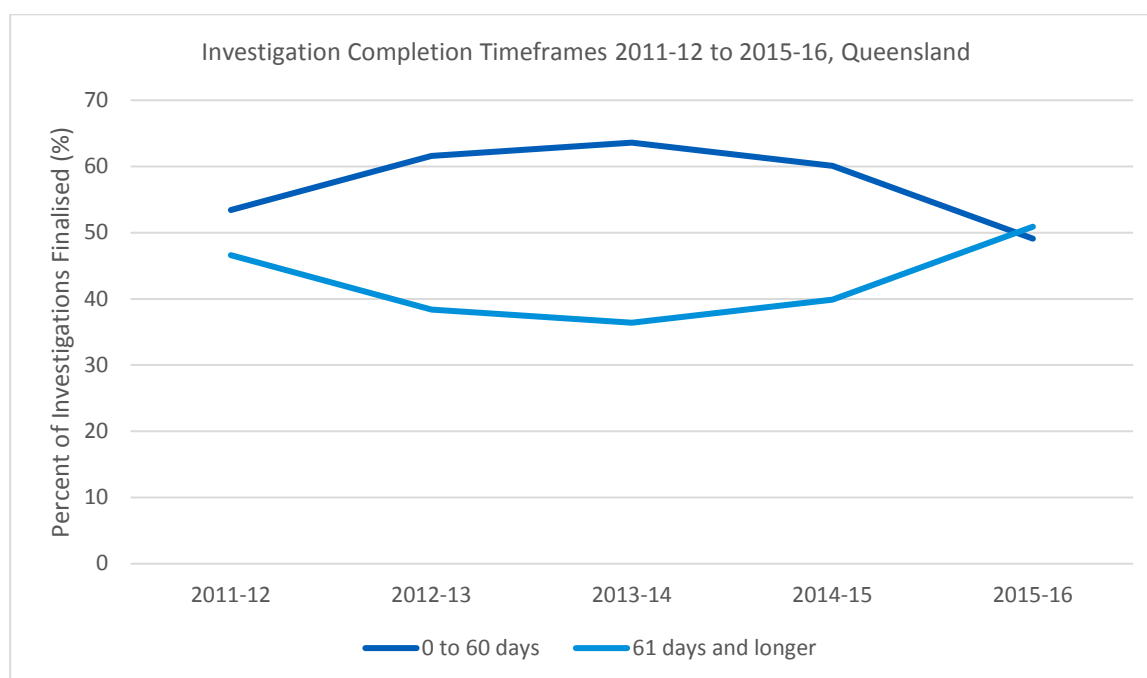
1. Commencement response time - time taken to commence investigations (measures the length of time from when the Department records a notification and the date an investigation is commenced); and
2. Completion response time - time taken to complete investigation (measures length of time from when a notification is recorded to when the investigation is completed).

In Queensland, an investigation is not considered commenced until the child, or pregnant mother, has been sighted by a Child Safety Officer. It is important to note that unlike all other jurisdictions, Queensland investigates all child protection investigations (this is discussed further in Section 2.5.2). Responses are prioritised according to whether the concern warrants a 24 hour, 5 day or 10 day

response time which in turn is linked to the level of risk identified. While, in the 2015-16 year, a very high proportion of the most urgent cases was responded to in the timeframes specified by the Department with 89 per cent of the 'within 24 hours category' responded to in the timeframe, lower response rates were recorded for the other, less urgent categories with 26 per cent of investigations in the 5 day category commenced within that timeframe, and 21 per cent of investigations in the 10 day category commenced within that timeframe. The proportion of investigations commenced within timeframe has fallen by around 3 to 4 percentage points across all categories in the 2015-16 year over the previous year.

Investigations are to be completed and approved in Queensland within two months from the date the notification was received. However, the Department reports that in 2015-16 there was a substantial reduction in the number of investigations that were able to be completed within the required timeframe from the previous year (49.1 per cent of investigations completed within 60 days as opposed to 60.1 per cent in 2014-15).

Figure E - 10: Investigation Completion Timeframes 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data provided by the Department

There are other indicators which suggest that the system is struggling to keep up with the current levels of demand. A key indicator of capacity in the system is caseloads for child safety workers.

Caseloads

The Commission recommended that caseloads of front line Child Safety Officers should not exceed an average of 15 children per officer, which was also the recommendation of the 2004 CMC Inquiry. Caseload can be defined as the number of cases handled by a full-time equivalent caseworker at any point in time, or over a stated period. However, caseload can refer to the cases workers manage across the child protection continuum. For example, the recommended caseload of 15 refers to the ongoing intervention cases managed by a Child Safety Officer at any point in time. However, caseload benchmarks are also recommended for other processes, such as Intake and Investigation and Assessment. For intake, the current reasonable caseload limit in Queensland is recommended to be 4-5 matters per day per officer and for investigation and assessment, the recommended maximum

caseload per Child Safety Officer is 6-8 families.⁶ However, these reasonable caseload limits need to be considered in the context of caseload complexity and relative worker experience.

At the time of the Commission's report, there was an average state-wide caseload of children subject to ongoing intervention reported by the Department of 20 cases per officer. As at 30 June 2016, the comparable state-wide average caseload reported by the Department was 19.1.

Table E - 1 breaks down average caseloads by region demonstrating that North Coast has the highest caseload for ongoing interventions, and the second highest caseload for investigations and assessments behind North Queensland. At that time, all regions were operating at beyond the caseload recommended within the Commission's report for ongoing interventions.

A further indicator of workload can be obtained through analysis of the Investigation and Assessment phase of the child protection continuum. Investigations and Assessments carried forward into the next period are closely related to the investigation commencement timeframe performance measure. Investigations not finalised in the month notified in 2015-16 are increasing as are the average timeframes taken to commence an investigation. The analysis in Table E - 1 incorporates investigation and assessment cases that have been carried forward from previous periods to provide a more complete picture of overall caseloads in investigations and assessments. This demonstrates the workload pressures in relation to investigations and assessments within service centres in North Queensland and North Coast regions in particular.

Table E - 1: Average Caseloads by Region for CSO staff undertaking Ongoing Interventions or Investigations and Assessments, 2015-16 Queensland

DCCSDS Region	Ongoing Intervention Caseload per CSO FTE (Benchmark 15.0 on average per officer)	I&A Monthly Caseload (Benchmark 6-8 families per month)
Brisbane	17.1	2.9
Central	18.8	6.8
Far North Queensland	18.6	5.5
North Coast	20.1	8.5
North Queensland	18.8	11.6
South East	19.5	7.4
South West	20.0	6.1

Source: KPMG 2016, based on data provided by the Department

Analysis of service centre level data shows considerable variability in caseloads across individual service centres (note this takes into account the additional staff announced in September 2016). High caseloads in ongoing interventions remain evident in Mackay (23.2), Loganlea (21.8), Toowoomba South (21.6), Cairns North (20.6) and Nerang (20.5). The highest caseloads in investigations and assessments are in North Queensland and in North Coast regions. All service centres in North Queensland have higher than the benchmark of 6 with the exception of Mackay which has 5.9 (Figure E-11).

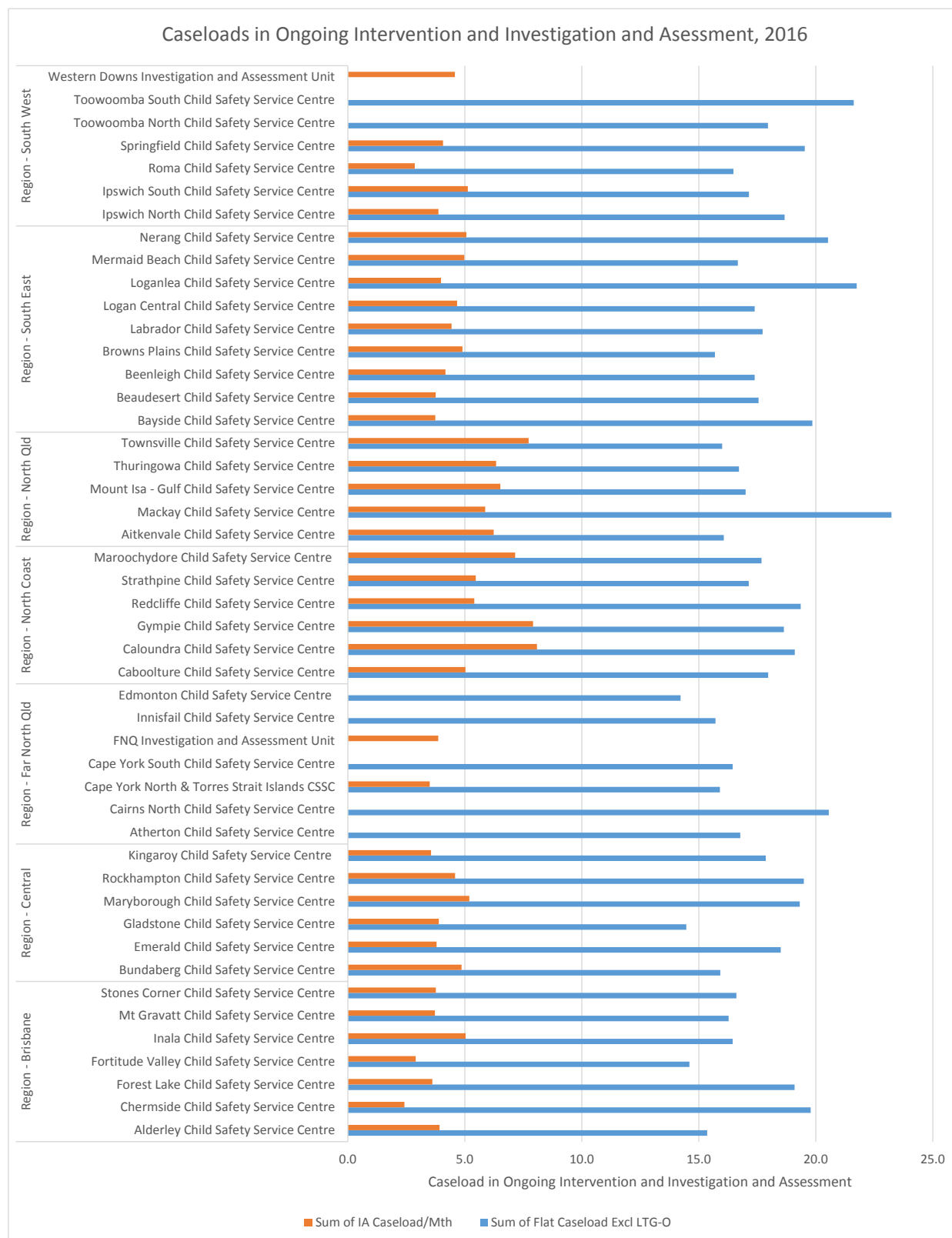
Caseload data is only one indicator of workload, and is also affected by the relative complexity of cases. A caseload of 15 highly complex cases is not comparable to a caseload of 15 low complexity cases. The time required to manage cases where there are behavioural issues or placement breakdowns is significantly greater than for cases where there is placement stability. The Case Plan goal can also affect the time that needs to be dedicated by an officer any particular matter. For example, a case with a goal of reunification will take considerably more time than other cases where there is a stable long-term care arrangement in place.

An examination of caseload complexity has also been undertaken taking into account the intensity of case management and categorising cases into high, medium and low intensity. It shows that caseload

⁶ Department of Communities Child Safety and Disability Services, "Workload Management Guide for Child Safety", Queensland Government, May 2016.

intensity exacerbates workforce pressures for locations where raw caseload numbers are already high such as Mackay, Cairns North, Rockhampton and Maryborough, Toowoomba North, Toowoomba South and Springfield.

Figure E - 11: Investigation Completion Timeframes 2011-12 to 2015-16, Queensland



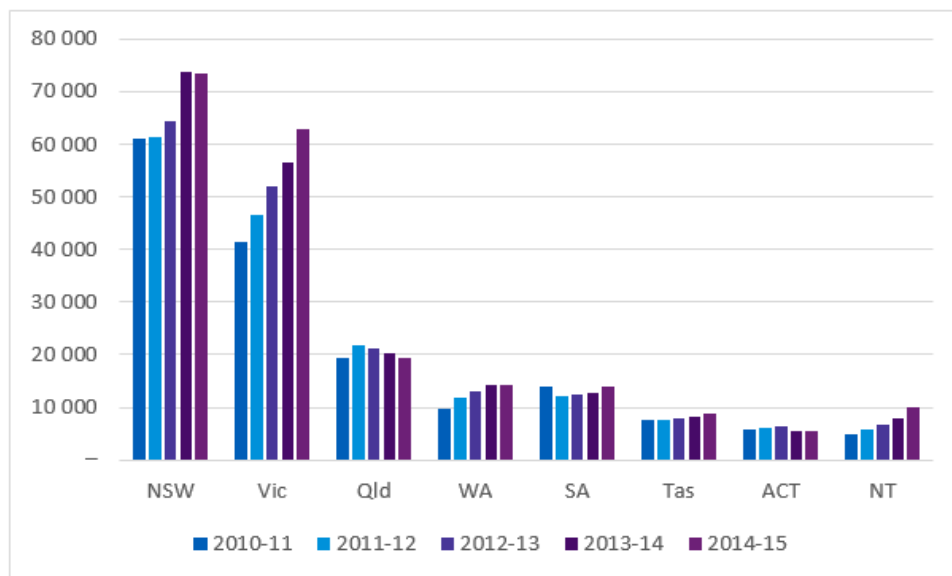
Source: KPMG 2016, based on data provided by the Department of Communities Child Safety and Disability Services

How does Queensland compare with other jurisdictions?

In order to compare performance in Queensland with other jurisdictions, we have used the latest release of data provided within the Report on Government Services 2016. It should be noted that the latest available comparable data is for the 2014-15 financial year. There are also limitations with making direct comparisons noting the different financial and service delivery systems across jurisdictions.

Queensland records lower notifications than the other major States and Territories and, unlike the vast majority of other States and Territories, this number has been trending down over the last five years. In 2014-15, Queensland had the lowest rate of notifications per 1,000 children of any Australian State or Territory, 17.4 per 1,000 children compared to 39.2 for the national average.

Figure E - 12: Total number of children in notifications, 2010-11 to 2014-15, Australia



Source: Report on Government Services 2016

The number of Aboriginal and Torres Strait Islander child protection notifications in Queensland is low compared with New South Wales, which has the highest Aboriginal and Torres Strait Islander population, and is also low compared to the Northern Territory, which has the highest proportion of Aboriginal and Torres Strait Islanders per population.

Queensland also experienced a consistent number of notifications over the last five years whereas notifications in New South Wales, Victoria and the Northern Territory are increasing. However, in contrast to all other jurisdictions, all notifications in Queensland are investigated, something that does not occur elsewhere. Queensland is also experiencing a steady decrease in investigation completion rates compared to other jurisdictions (noting, however, that Queensland investigates all notifications).

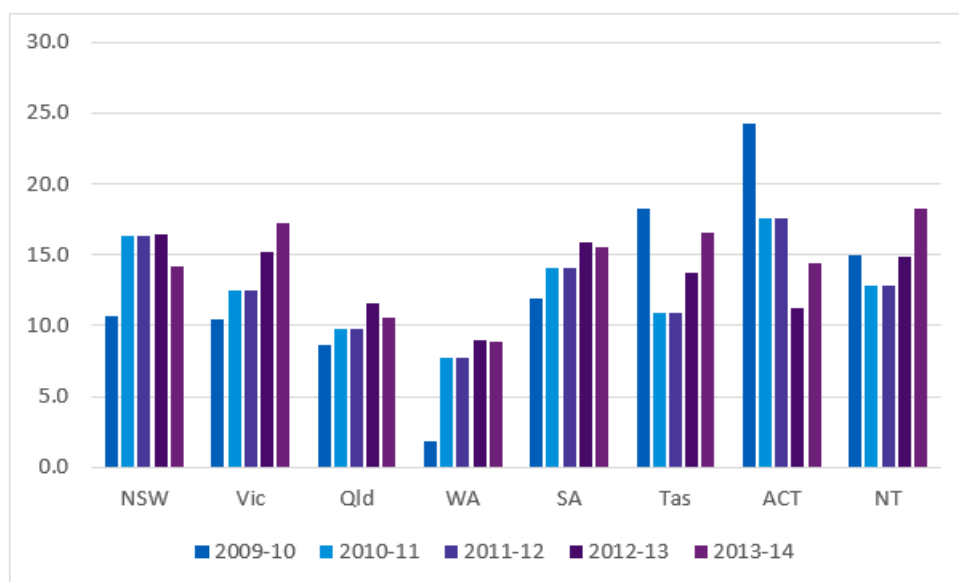
Figure E - 13: Rate per 1,000 children in finalised investigations, 2010-11 to 2014-15



Source: 2016 ROGS, Table 15A.8

The proportion of investigations that are substantiated in Queensland is on a par with New South Wales and Western Australia but lower than Victoria, South Australia and Tasmania, and has been steadily declining. In Queensland, the proportion of children who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months is the second lowest across Australia. A low proportion of children who receive a subsequent substantiation is desirable as this suggests that the initial categorisation of notifications and investigations is appropriate.

Figure E - 14: Proportion of children (%) who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months



Source: 2016 ROGS, Table 15A.10

In 2014-15, Queensland's real recurrent expenditure on child protection services was close to \$315 million and expenditure on all services in the child protection system, inclusive of out-of-home care, intensive family support and family support service was \$860 million. The real recurrent expenditure in Queensland and other jurisdictions has steadily increased over the ten years to 2015.

As shown in the Table E - 2 below, overall, Queensland spends less per child than other jurisdictions on child protection, out-of-home care and family support services. Queensland would need to spend an estimated additional \$57.6 million per annum to roughly approximate the national trend based on 2015 population figures and Report on Government Services (ROGS) data. However, the State spends well above the national average on tertiary child protection services but considerably less on family support and intensive family support services. This reflects that the focus has traditionally been on the statutory front end and that Queensland has lagged other jurisdictions in investing in intervention and family support services. This situation will change over coming years in line with the increasing investment that has been directed to secondary support services in response to the Carmody recommendations.

Table E - 2: Summary Expenditure Indicators Qld and Australia 2014-15

	Key performance indicators	Qld	Aust.
↓	Expenditure per child (child protection, out-of-home care, intensive family support and family support services)	\$764.08	\$815.28
↑	Expenditure per child (child protection services)	\$279.50	\$222.30
↓	Expenditure per child (out-of-home care)	\$396.01	\$457.86
↓	Expenditure per child (intensive family support)	\$ 60.90	\$ 67.15
↓	Expenditure per child (family support)	\$ 27.68	\$ 68.00

Source: 2016 ROGS Table 15A.1

What's happened with resourcing for child protection services and the child protection workforce?

Budget Trends

The total budget allocated for Queensland's child safety services in 2016-17 is \$1.011 billion. The budget for child safety has increased by around 34 per cent since 2011-12. Table E - 3 below shows the annual change in budget over the period 2011-12 to 2016-17. It demonstrates that the budget has grown in most years apart from a reduction in funding in 2013-14 which reflected the deferral of expenditure until 2014-15 for a number of initiatives that were implemented in response to the Child Protection Commission of Inquiry Final Report.

Table E - 3: Queensland government spending on child safety services

Budget Allocation	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 budget
Child Safety Services (\$'000)	\$ 753,103	\$ 825,780	\$ 812,081	\$ 865,943	\$ 936,056	\$1,011,308
Annual growth in expenditure		10%	-2%	7%	8%	8%

Source: The Department Service Delivery Statements 2012-13 to 2015-16

Following the release of the Commission of Inquiry Report in 2012, an additional \$425 million was made available to fund the reforms that were identified in the Report. This is being progressively rolled out and is being used to support a range of initiatives including:

- setting up new community based intake and referral services;
- expanding secondary family support services targeting families with complex needs;
- continuing and expanding new Family and Child Connect Services; and
- development of a new child protection practice framework to help staff better support families at home.

Around one third of the child safety services budget is allocated to Child Safety Service Centres (CSSCs) and approximately 60 per cent is spent on programs that support child safety services such as:

- out-of-home care placement services including physical, psychological and emotional care for children and young people;
- child protection support services which are often provided by a non-government organisations, and aim to assist children and young people who are referred by child safety services for a range of interventions;
- child related costs that are provided to support children and young people who are subject to statutory intervention; and
- allowances for carers of children in out-of-home care including the fortnightly care allowance; the high support needs allowance; and the complex support needs allowance.

Table E - 4 below shows the break-down of funding over the past four years.

Table E - 4: Breakdown of expenditure for Child Safety Services

Child Safety Funding	2011-12	2012-13	2013-14	2014-15	2015-16	% change
Regional Allocations (Excluding CRC-PaS, Carmody)	\$ 256,482,360	\$ 267,751,520	\$ 266,283,878	\$ 271,710,982	\$ 286,853,544	12%
Program Expenditure: Outsourced service Delivery	\$ 167,776,900	\$ 171,754,408	\$ 185,772,480	\$ 198,341,996	\$ 206,739,769	23%
Child Related Costs – Placement and Support	\$ 75,441,662	\$ 71,766,354	\$ 72,630,783	\$ 82,129,728	\$ 82,767,630	10%
Program Expenditure: Family Supports	\$ 64,762,868	\$ 73,907,101	\$ 82,249,782	\$ 94,199,472	\$ 116,939,053	81%
Program Expenditure: Child Protection Support Services	\$ 33,424,251	\$ 46,548,214	\$ 40,186,805	\$ 42,733,194	\$ 48,017,452	44%
Sub Total Child Protection Funding	\$ 597,888,041	\$ 631,727,597	\$ 647,123,727	\$ 689,115,372	\$ 741,317,448	24%
Balance of Child Safety Expenditure (Corporate Functions and other)	\$ 155,214,959	\$ 194,052,403	\$ 164,957,273	\$ 176,827,628	\$ 194,738,552	25%
Child Safety Total funding	\$ 753,103,000	\$ 825,780,000	\$ 812,081,000	\$ 865,943,000	\$ 936,056,000	24%

Source: KPMG analysis of the Department program funding data

The largest increases in funding have gone to the family supports program (an increase of 81 per cent since 2011-2) and the child protection support program (an increase of 44 per cent since 2011-12). Funding to regions on the other hand has only grown by 12 per cent over the same period.

Carmody reform expenditure is funded from new funding in addition to Departmental offsets as shown in Table E-5 below. The table assumes that offsets relate to existing services that are being subsumed within the reform agenda, and as such existing funding can be redirected. Offsets factored in range between \$17 million to almost \$27 million per annum. It should be noted that growth in funding for business-as-usual activities has been lower than growth rates for the overall budget. A balance must therefore be achieved between the shift necessary for whole-of-system reform, and maintaining the BAU activities until demand impacts from the reforms begin to take effect.

Table E- 5: Real Growth in Budget for Business as Usual Activities, 2013-14 to 2018-19

Carmody Funding	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Carmody new funding		\$ 19,449,000	\$ 58,498,000	\$ 103,217,000	\$ 113,218,000	\$ 113,250,000
Carmody offset allocation		\$ 17,990,000	\$ 18,004,000	\$ 24,876,000	\$ 26,948,000	\$ 23,908,000
Total Reform Expenditure		\$ 37,439,000	\$ 76,502,000	\$ 128,093,000	\$ 140,166,000	\$ 137,158,000
Total new funds in budget	-\$ 13,699,000	\$ 53,862,000	\$ 70,113,000	\$ 75,252,000	\$ 25,282,700	\$ 25,914,767
Real growth in budget for BAU¹	-\$ 13,699,000	\$ 34,413,000	\$ 31,064,000	\$ 30,533,000	\$ 15,281,700	\$ 25,882,767

Source: KPMG analysis of the Department program funding data

There are also inequities in the distribution of funding amongst regions. Regional budget allocations for the 2016-17 year for service centres are shown in Table E-6. These allocations do not include Regional Office expenses which are inclusive of Regional Intake Services and Placement Services Units.

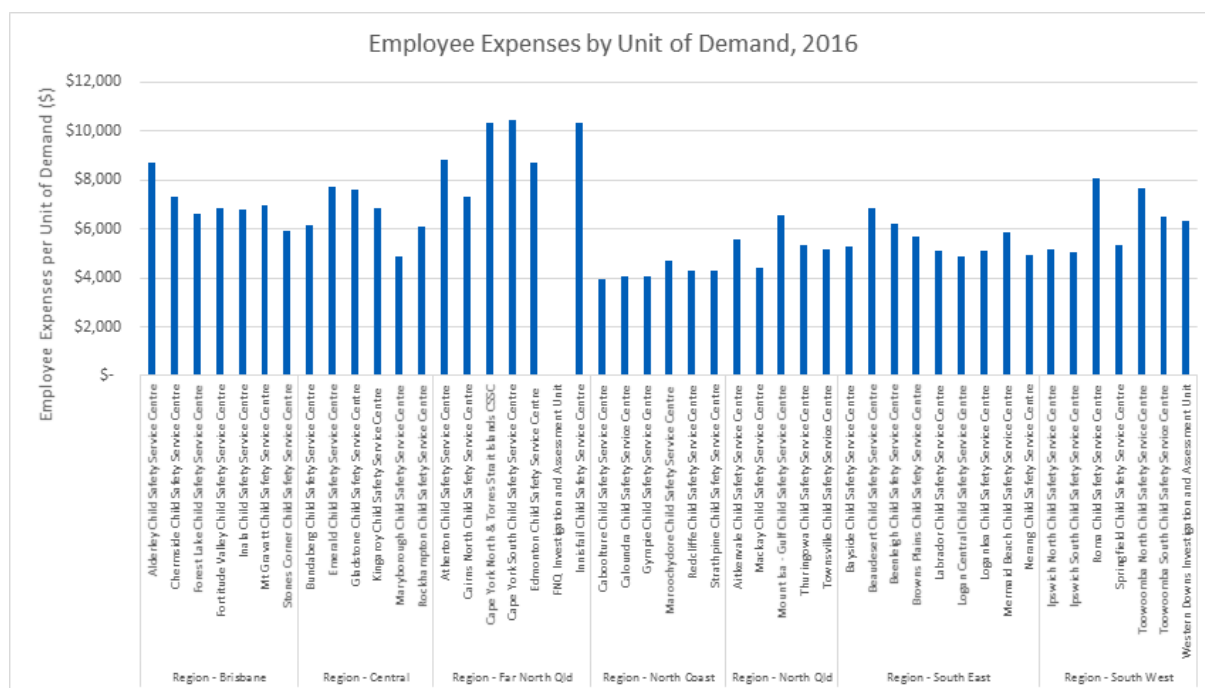
Table E - 6: Regional Budget for Child Safety Service Centres, excluding Carmody Reforms and CRC PaS, 2016-17

Region	Employee expenses	Supplies and Services	Child related costs	Education support funding	Foster Care and High support needs allowance	Complex support needs allowance	Other expenses	Total Regional Budget 2016-17
Brisbane	21564731	990220	1335680	228699	11301088	1017171	1592310	\$ 38,029,899
Central	\$ 18,508,262	\$ 1,094,637	\$ 2,021,919	\$ 342,876	\$ 16,508,933	\$ 991,690	\$ 1,146,825	\$ 40,615,142
Far North	\$ 12,844,828	\$ 1,485,698	\$ 1,454,900	\$ 246,588	\$ 11,500,846	\$ 814,058	\$ 687,440	\$ 29,034,358
North Coast	\$ 16,894,971	\$ 781,600	\$ 1,856,956	\$ 334,572	\$ 17,100,892	\$ 1,255,153	\$ 1,607,232	\$ 39,831,376
North Qld	\$ 17,495,512	\$ 1,372,863	\$ 1,325,041	\$ 254,648	\$ 13,031,110	\$ 839,986	\$ -	\$ 34,319,160
South East	\$ 27,386,483	\$ 1,320,598	\$ 2,500,071	\$ 489,921	\$ 24,601,539	\$ 2,309,065	\$ 2,771,997	\$ 61,379,674
South West	\$ 18,926,732	\$ 942,292	\$ 2,394,208	\$ 438,369	\$ 20,750,033	\$ 1,172,342	\$ 1,357,499	\$ 45,981,475
Total	\$133,621,519	\$ 7,987,908	\$ 12,888,775	\$ 2,335,673	\$ 114,794,441	\$ 8,399,465	\$ 9,163,303	\$ 289,191,084

Source: KPMG analysis from Data provided by Department of Communities, Child Safety and Disability Services

When volume of activity is taken into consideration, there is a degree of difference between funding allocated across regions and across service centres. This disparity is highlighted in Figure E-15 in which it can be seen that expenditure by unit of demand across service centres is highly variable, with North Coast region funded least for employee expenses per unit of demand while Far North region is funded at the highest for employee expenses per unit of demand. Note, units of demand include both investigations and assessments and ongoing intervention activities.

Figure E - 15: Employee Expenses by Unit of Demand, 2016



Source: KPMG analysis of the Department funding data

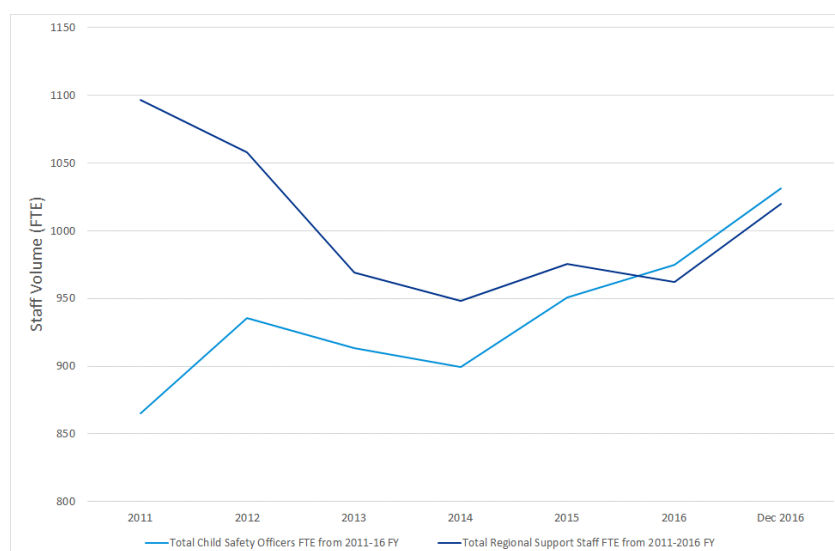
Workforce Trends

Across Queensland, there are currently 2,051 Full Time Equivalent (FTE) staff working in child safety services (note this takes into account the additional staff that were announced in September and October 2016). In addition to Child Safety Officers (CSOs), this workforce comprises a number of roles which are designed to support CSOs to complete intakes, carry out investigations and assessments, and manage ongoing interventions with local families. These support roles include administrative and managerial positions such as Administrative Officers, Business Officers, Child Safety Support Officers, Family Group Meeting Conveners, Foster and Kinship Support workers, Team Leaders, Directors and Regional Directors.

Approximately half of the total FTE working in child safety services in Queensland are CSOs (1,031 FTE CSOs state-wide) and the other half fulfill support roles (1,020 FTE support staff).

The graph below shows that over the last five years the total number of administrative and other front line support and executive staff has decreased from 1,058 in 2012 to 1,020 in 2016 (3.7 per cent reduction over five years) while the total number of CSOs has increased from 936 in 2012 to 1,031 in 2016 (increase of 10.2 per cent over five years). The significant increase in 2016 has been due to the investment in an additional 82 front line staff for Child Safety Service Centres in September 2016, comprising an additional 48 CSOs and 34 front line support staff, as well as a further 47 FTE front line staff announced in October 2016 comprising an additional 8 FTE CSOs and a number of additional front line support staff. Prior to that, CSO staffing numbers had only increased by 39 staff over the preceding four year period or 4 per cent.

Figure E - 16: Overview of Queensland's state-wide workforce composition for support roles in child safety services.



Source: KPMG analysis of Department quarterly reports of FTE

Staff Profile

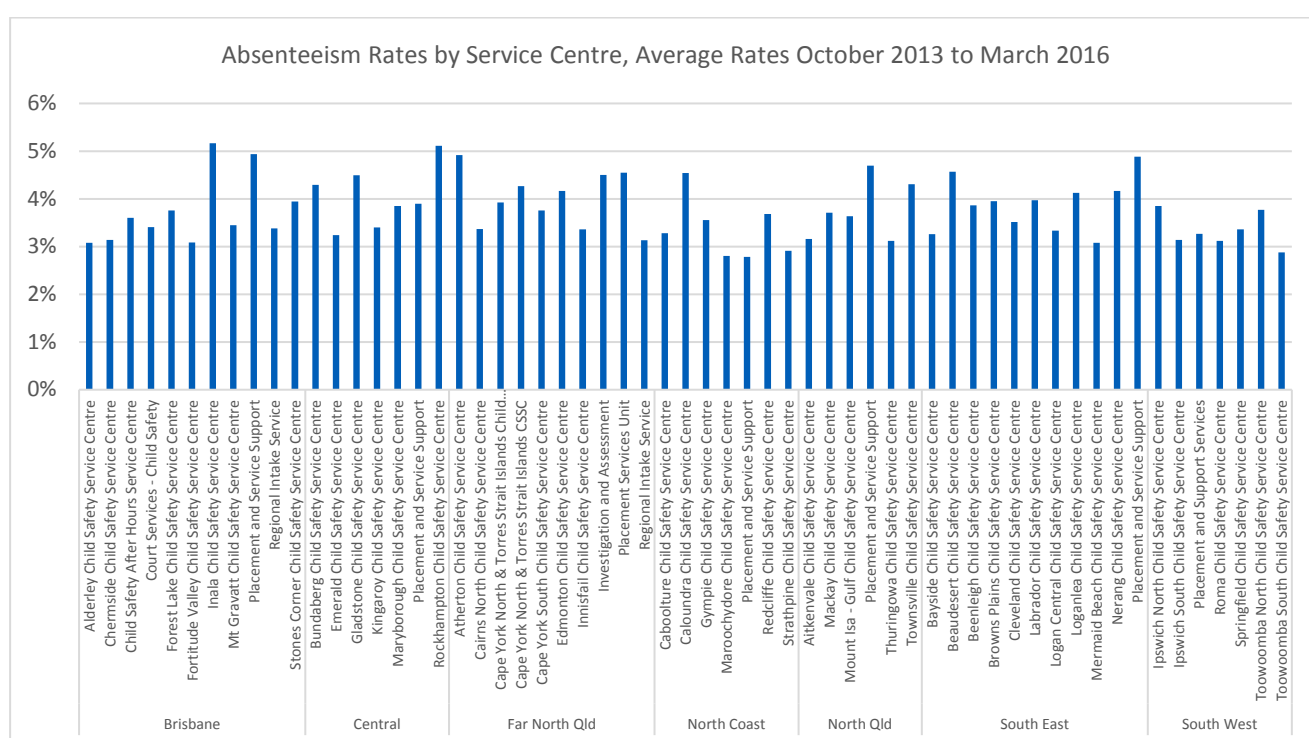
The average age of a CSO is currently around 39 years and the largest proportion of CSOs are aged between 30 and 34 years (23 per cent). Analysis of tenure shows that a significant proportion of CSOs (38 per cent) have been in the workforce less than four years. Approximately 4 per cent of CSOs have been working as a CSO for more than 15 years.

South East region has the highest number of staff overall, but also has the highest number of notifications requiring investigation as well as number of children on child protection orders. There is variability in the mix between CSO roles, and administrative and support roles. North Coast and South West regions have comparatively lower proportions of child safety support staff compared to other regions, but particularly Far North Queensland, North Queensland and Central regions where CSOs

appear to be well supported by additional front-line staff. Too few support staff can mean that CSOs need to take on a greater role in providing and organizing support for families and children including various administrative tasks.

Absenteeism, along with backfilling for planned leave, are significant issues for service centres and are exacerbated where high levels of demand and caseloads are an issue. The average absenteeism rate for all service centres across the state was 3.78 per cent over the period from October 2013 to March 2016. However, significant absenteeism rates above the state-wide averages for child safety staff are experienced in some service centres. From the chart overleaf it is apparent there are significantly higher rates of absenteeism on average in Inala within Brisbane region, Rockhampton and Gladstone within Central region, Atherton in Far North Queensland region, Beaudesert in South West region, and Caloundra within North Coast region. Some Placement Services Units also experience significant levels of absenteeism. High levels of absenteeism can have significant impacts on staff within a service centre where there are high caseloads and insufficient opportunities to backfill while staff are away.

Figure E - 17: Absenteeism Rates by Service Centre



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Breaking this down further and looking at the number of staff that team leaders are required to manage, there is again significant variability at the regional and service centre level. The analysis shows there is a disproportionately large numbers of CSOs per team leader in Stones Corner in Brisbane region, Strathpine in North Coast region, Innisfail in Far North Queensland region, Rockhampton, Maryborough and Emerald in Central region and Roma, Ipswich South and Western Downs Investigation and Assessment Unit in South West region. All these service centres have a variation of between 6 and 10 FTE CSOs that Senior Team Leaders are managing. By comparison, the average across the State is 4.9 CSOs per Senior Team Leader.

Site Visits

KPMG conducted a number of site visits to gain further insights as to what was happening at the service centre level. The common themes and issues identified through the site visits include:

- challenges in recruiting and retaining staff especially in regional areas and a view that this has only been compounded by the Carmody Report recommendations which restrict the qualifications for CSOs and promote a focus on the secondary service sector that competes for similarly qualified staff;

- difficulties backfilling staff when planned or unplanned leave is taken and the impact this has on the centre's capacity to manage caseloads in particular Team Leaders who have to cover for absent staff;
- increasing case complexity that relates to both more complex behaviours of children and young people that are exhibited at a younger age as well as the need to work with families who have multiple risk factors;
- managing the implementation of the Carmody reforms in particular implementation of the new practice framework which has been associated with an additional 163,000 training hours⁷ and which requires workers to spend more time working with families in a collaborative practice based approach;
- the court reforms introduced under Carmody were also identified as having a major impact on the day to day workload of Child Safety Officers with some estimating that this was doubling or tripling their workload;
- perceived inequities in caseloads between service centres in particular between metropolitan and regional service centres noting the need for workers in some regional centres to travel extensively to undertake their duties;
- concerns about discrepancies in the number of CSOs Senior Team Leaders are required to manage and the number of teams that Managers are required to manage which has been particularly challenging in the current reform environment;
- availability of appropriately located carers is a major challenge in regional centres with most reporting they operate at or above placement capacity – this means workers are spending longer finding suitable placements and negotiating with existing carers to take on more children; and
- concerns about the capability of secondary support services provided by non-government organisations in rural and regional areas.

Summary

This report has highlighted the demand pressures on the child safety system in Queensland including particular pressure points at the regional and service centre level. These pressures have been exacerbated by the need to manage a major reform program as a result of the Queensland Child Protection Commission of Inquiry.

The reforms which have been introduced have been extensive and have impacted on almost every facet of the Department's operations. They have included a completely new practice framework designed to support a focus on families in addition to implementation of court reforms aimed at improving the fairness and transparency of the process of removing children from their families.

The reforms will ultimately position Queensland's child safety system to be focused on better supporting families and children, however, the impacts on day to day service delivery cannot be under-estimated.

There are also clear pockets of increasing demand pressure at the regional and service centre level. Caseloads remain above recommended benchmarks, response times for completing investigations have declined, and there is evidence of caseload pressure in investigations and assessment, as well as increasing times to commence investigations.

The analysis has shown that funding for the core business activities of the Department has declined in real terms as new and additional funding has primarily been directed towards supporting implementation of the Carmody reforms and introducing new family support services. The savings that were predicted under Carmody have not been realised to the extent originally expected, and the Department is facing a resourcing challenge in managing its core child protection activities as well as delivering on its significant reform agenda.

This is borne out in the workforce figures which show that the number of front line CSOs has increased by only 39 staff over a four year period. This low level of growth contributes directly to caseload pressures in a number of regions and service centres. The extra 129 FTE staff that were announced in September and October 2016 will improve the situation but will not be sufficient to address the workload pressure points identified.

⁷ Training hours provided by Department of Communities, Child Safety and Disability Services.

In addition, there is evidence that the complexity of cases the Department is dealing with is increasing as children begin exhibiting challenging behaviours at an earlier age and families present with multiple issues and needs which is impacting on its capacity to respond. Departmental data show that in 2006-07, 55 per cent of substantiated households had multiple risk factors including mental health, domestic and family violence and drug and alcohol and that this number has now increased to 82 per cent.

The analysis has also highlighted the need to focus not just on quantitative type indicators such as the number of notifications, investigations and completion rates but to also consider quality related indicators in terms of improved outcomes for children and their families. This is particularly important as the Department continues to drive reform and divert children and families away from the statutory child protection system. Too often the focus on child safety systems only happens when something goes wrong and the opportunities to educate and inform the public, community and staff more broadly about the successes and improvements that are occurring are often lost. An enhanced performance management and governance framework should be put in place to proactively manage and monitor performance at the regional level across a lead set of quality and quantitative indicators to drive ongoing improvements supported by governance arrangements involving other agencies as well as non-government partners.

Strategies for Consideration

The following strategies have been identified to address the pressures and challenges that have been identified in Queensland's child protection system including resourcing, workforce management, implementation/ change management and performance and governance strategies.

Resourcing Strategies

1. In recognition of the pressures that are currently being experienced and the slower than expected delivery in demand reduction, the overall level of resourcing for the Department should be reviewed to ensure there is sufficient funding allocated to core child protection activities.
2. The Department consider adopting a Resource Allocation Formula to distribute funds across regions based on population and other demographic and risk factors to provide an equitable distribution of resources that link more directly to demand drivers. This could build upon the Needs and Services Assessment tool that has already been developed.
3. Pooling of programme funding should be considered by the Department to provide increased flexibility in funding at the regional and service centre level to enable managers to respond more quickly and effectively to changing local needs and circumstances.

New Workforce Models

4. The Department should continue to develop a new workload management guide to assess and monitor relative workload pressures across the system and help guide the allocation of resources at the service centre level.
5. The Department should closely monitor caseloads at the service centre level, refine its measures of caseload complexity and publish data on caseloads on its website to improve transparency.

6. The Department should consider implementing a short term increase in front line child safety and administrative staff to provide additional support during the major adjustment period associated with implementation of the Carmody reforms.
7. Introducing specialist mobile teams of child safety workers or flying squads to target areas with particularly high caseload pressures should be considered along with a more formalised relief system structures to cover staff absences.
8. The Department should consider expanding the use of Joint Investigation Teams which would bring resources from other agencies such as Police and Health into the child protection system and help provide a more timely response (this may be associated with additional financial implications).
9. Consideration should be given to partnering with non-government organisations to improve overall system capacity including investigating the potential transfer of the management of lower risk cases such as children on “guardianship to other” orders to non-government organisations.

Implementation and Change Management

10. The Department should consider introducing a tailored leadership and change management training program for senior management at the regional and service centre level to help support staff through the major changes in policy and practice associated with the Carmody reforms.
11. The Department should undertake a systematic business process review to identify opportunities to streamline processes, reduce any unnecessary activities, optimise digital ICT enablement and allow child safety officers to focus on their core business of looking after children and working with families.

Enhanced Performance and Governance Frameworks

12. The Department should continue to develop and refine its performance management frameworks to monitor and manage performance across a range of indicators including using more sophisticated measures which focus not just on activity but also on the quality of services and other qualitative type measures. Data on key performance measures should continue to be made public to encourage openness, transparency and improved community understanding.
13. The Department should enhance governance and accountability by introducing quarterly review processes for regions based on a new set of agreed performance indicators involving regional, Departmental, other agency and non-government partners.
14. Ways of incentivising improved performance through specific target setting and payments for success at the regional level should be considered to drive continuous improvement and reward good performance.

Using Big Data and Predictive Analytics

15. The Department should consider developing a predictive analytical tool which could enable interventions to be targeted at the earliest possible time to families identified as being at high risk of coming into contact with the child safety system.

1. Introduction



1 Introduction

1.1 Background

Across Australia, child safety systems operate in an environment of escalating demand and Queensland's child safety system is no different. As governments provide services to an increasing number of children, young people and their families in order to keep children and young people safe, they also seek to review their systems as a whole in order to understand how they can prevent children and young people from needing statutory intervention.

To do this in Queensland, the Queensland Child Protection Commission of Inquiry was established to review Queensland's child protection and out-of-home care services, design a new child protection system and develop a roadmap for the next decade. In 2013, the Queensland Child Protection Commission of Inquiry (the Carmody Inquiry) delivered its final report, *Taking Responsibility: A Roadmap for Queensland Child Protection*.

It is now three years since the Carmody Inquiry's report was released. The report sets out a ten year blueprint for reform of Queensland's child protection system with 121 recommendations. The Department of Communities, Child Safety and Disability Services (the Department) is now in its third year of implementing the reforms.

Work has commenced on 120 of the 121 recommendations and the Department has overseen significant changes to child protection including:

- enhancing family support and intervention services including the roll-out of Family and Child Connect Services and intensive family support services;
- introducing a new Strengthening Families Supporting Children practice framework for child safety workers based on a strengths based approach to working with families;
- legislative change to shift responsibilities for child protection litigation to the Department of Justice and Attorney-General; and
- working with other government and non-government partners to provide better coordinated and integrated services for children and families.

A key emphasis of the reforms was the need to focus more on working with families to divert children from the statutory child protection system. However, while the reforms are being rolled over a number of stages, it is timely to consider how the continuing demand for child safety is impacting on the child safety workforce. KPMG has been engaged by the Department to undertake a review to support an understanding of demand for services on current child safety workloads and to assess optimal resource allocation methods to meet these demands.

1.2 Scope

The scope of KPMG's review has considered the following key aspects:

- the context the Department is operating in following changes post the 2003-04 Crime and Misconduct Commission (CMC) Inquiry and the current reform program – Supporting Families: Changing Futures;
- the current methods used to allocate and distribute resources for child safety services operated and/or funded by the Department including regional resource distribution and workforce allocation models, including the associated performance benchmarks;
- overall resourcing for child safety and trends in expenditure including mapping changes in operations/investments over time and analysing workforce and resource allocation;

- current and forecast demand for child safety services on a state-wide and regional basis;
- impacts on overall caseloads for child safety officers on a state-wide and regional basis and assessment of responsiveness to service need including consideration of para-professional and other specialist professional positions funded to work in the child protection area;
- where appropriate, benchmarking of Queensland's resourcing methodology and performance with other Australian jurisdictions and overseas jurisdictions (with a focus on the United States, Canada and New Zealand); and
- recommendations to ensure the Department can continue to provide a sustainable and responsive child protection system.

1.3 Methodology

The work undertaken as part of the current state review and assessment of child protection in Queensland was conducted from August 2016 to December 2016. The key stages of the review are summarised in Table 1.1.

Table 1.1: Key review phases

Phase	Overview
Project planning and data gathering	<p>Project planning and data gathering was undertaken and included gathering information about resourcing trends, departmental funding and expenditure and data on the number of families accessing support. Key departmental data were also obtained to provide context on the system operations and service level responsiveness.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • develop and agree project plan including schedule of activities, milestones, governance and roles and responsibilities; and • obtain all relevant information and data.
Current state assessment	<p>This phase included a detailed review of progress against the child protection reform Blueprint. Changes in operations and investment over time were mapped against the Blueprint and the level of resourcing across the state was examined.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • full review and assessment of the current state of child protection resourcing, workforce and demand; and • benchmarking performance of key indicators.
Impact assessment	<p>The impact assessment was conducted from a state-wide, regional and service centre perspective to identify areas of pressure both at a high level and at a service delivery level. Site visits were conducted at six service centres to verify the issues which are impacting workforce and demand at the service centre level. This phase also included the development of an estimate of future demand for services.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • utilise findings from demand and resourcing analysis to determine an optimal model of resource allocation; • undertake site visits to identify key issues at service centre level; and • develop an estimate of future demand
Reporting	<p>Development of detailed findings and recommendations on the current and future state of demand and resourcing for child protection services.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • development and completion of the interim and final reports; and • a supplementary report providing more detailed analysis at the regional level has also been prepared.



2. Current State Assessment



2 Current State Assessment

This section of the report provides a detailed assessment of the current state of Queensland's child protection system. It describes the key functions and activities of child protection services, analyses the demand for child protection services at the State, regional and service centre level and benchmarks key performance indicators in Queensland with other jurisdictions.

The analysis suggests that demand overall has been declining over the last five years as measured by the number of child protection notifications and investigations although there has been an increase in state-wide notifications in 2015-16. There are also clear pressure points with growing levels of demand in North Coast, North Queensland, South West and South East regions and some pockets of extremely high volumes of demand in service centres in Rockhampton, Caboolture, Mackay, Thuringowa and Toowoomba South.

Queensland has relatively lower levels of notifications, completed investigations and substantiation rates than other Australian jurisdictions. Unlike all other jurisdictions, Queensland investigates all child protection matters which makes direct comparisons difficult. Queensland spends less overall on child protection services than the national average with investment still skewed towards the statutory protection part of the system.

2.1 System Overview

The Department aims to improve the lives of vulnerable Queenslanders by investing, providing and partnering in effective and innovative services. Within the Department, Child Safety is charged with leading the Queensland Government's child protection and adoption services role. Child Safety works to protect children and young people whose parents are unable or unwilling to protect their children from harm and also protect those children that have been harmed or who are at risk of harm, to ensure their future safety, wellbeing and belonging. As the agency responsible for statutory child protection, the Government (and within this, specifically Child Safety) is responsible for working with families, the community, non-government partners and other Departments to support the ongoing safety and wellbeing of Queensland's vulnerable children and young people.⁸

In particular, Child Safety is responsible for:

- providing and investing in services delivered by the Department and funded non-government organisations which support families to safely care for their children;
- providing services to protect children and young people who have been harmed, or who are at risk of harm, to secure their future safety and wellbeing;
- providing and investing in out-of-home care and adoption services for children and young people not able to be cared for by their families; and
- implementing initiatives arising from the *Supporting Families and Changing Futures* reform.⁹

Specific services provided by Child Safety include:

- prevention and early intervention services with the aim of reducing the likelihood of harm or risk of harm to children or young people;
- voluntary intervention with the families of children and young people who have been harmed or are at risk of harm;
- intervention in the form of child protection orders;
- provision of out-of-home care for children in the out-of-home care system; and

⁸ The Department of Communities, Child Safety and Disability Services, '2012-2014 Child Protection Partnership Report' (2014).

⁹ The Queensland Government, 'Service Delivery Statements Department of Communities, Child Safety and Disability Services' (2016).

- the provision of services that respond to the cultural, wellbeing and therapeutic needs of children in the child protection system.¹⁰

Reflecting that it is a key priority for Government, Child Safety's remit also has a specific focus on addressing the over-representation of Aboriginal and Torres Strait Islander children and families in the child protection system. This is evidenced by the \$150 million commitment that has been made to strengthen and expand parenting and family support and wellbeing services delivered to Aboriginal and Torres Strait Islander organisations over 5 years.¹¹ To deliver on its responsibilities, Child Safety has been allocated \$1.011 billion for operational expenditure in 2016-17.¹² This is an increase of 8.2 per cent on the 2015-16 Budget of \$936 million.¹³

Responses to vulnerable children in the out-of-home care system and those at risk of entering the child protection system require a coordinated and collaborative approach. There are various other agencies that have a role child protection. These are outlined in Table 2.1 below.

Table 2.1: Key roles and responsibilities for child protection in Queensland

Agency name	Key roles and responsibilities in relation to child protection
Queensland Police Service	The Queensland Police Service (QPS) investigates allegations of child abuse and neglect. The primary role of the QPS in child protection is to provide investigative expertise and where necessary placing matters before the criminal courts. ¹⁴
Department of Justice and Attorney General	The Department of Justice and Attorney General's role in relation to child protection is performed mainly through the Children's Court and the Queensland Civil and Administrative Tribunal (QCAT). Legal Aid Queensland (LAQ) provides legal and advocacy services to both children and parents in the child protection system. ¹⁵
Queensland Health and Hospital and Health Services	Queensland Health and Hospital and Health Services are involved in assessing child protection health matters and providing health services to children and young persons involved in out-of-home care, for example through the Child Protection Service run out of Children's Health Queensland Hospital and Health Service which is a 24 hour clinical and consultation service. Health services are also a key partner in the Suspected Child Abuse and Neglect (SCAN) team system.
The Department of Education and Training	The Department of Education and Training deals with the educational needs of children and young persons in out-of-home care. For example, the Education Support Plan program is a joint initiative between the Department and the Department of Education and Training that is aimed at improving educational experiences and outcomes for those in out-of-home care. It is a state-wide process implemented across all Queensland schools. ¹⁶
The Department of Housing and Public Works	The Department of Housing and Public works has a role in providing children in contact with the child protection system housing and accommodation support. For example, the Department is charged with providing social housing rental properties for young people in out-of-home care. ¹⁷

¹⁰ The Department of Communities, Child Safety and Disability Services, '2012-2014 Child Protection Partnership Report' (2014).

¹¹ The Queensland Government, 'Service Delivery Statements Department of Communities, Child Safety and Disability Services' (2016).

¹² Ibid.

¹³ Ibid.

¹⁴ The Department of Communities, Child Safety and Disability Services, '2012-2014 Child Protection Partnership Report' (2014).

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

The principal child protection legislation in Queensland is the *Child Protection Act 1999* (the Act), which is currently undergoing review as part of a legislative reform and redesign process. The review of the Act is occurring as part of the *Supporting Families Changing Futures* initiative. This is aimed at improving the quality and outcomes of the child protection and family support system in Queensland. These changes are reflective of the broader system trends and shifts being observed in Australia and Queensland.

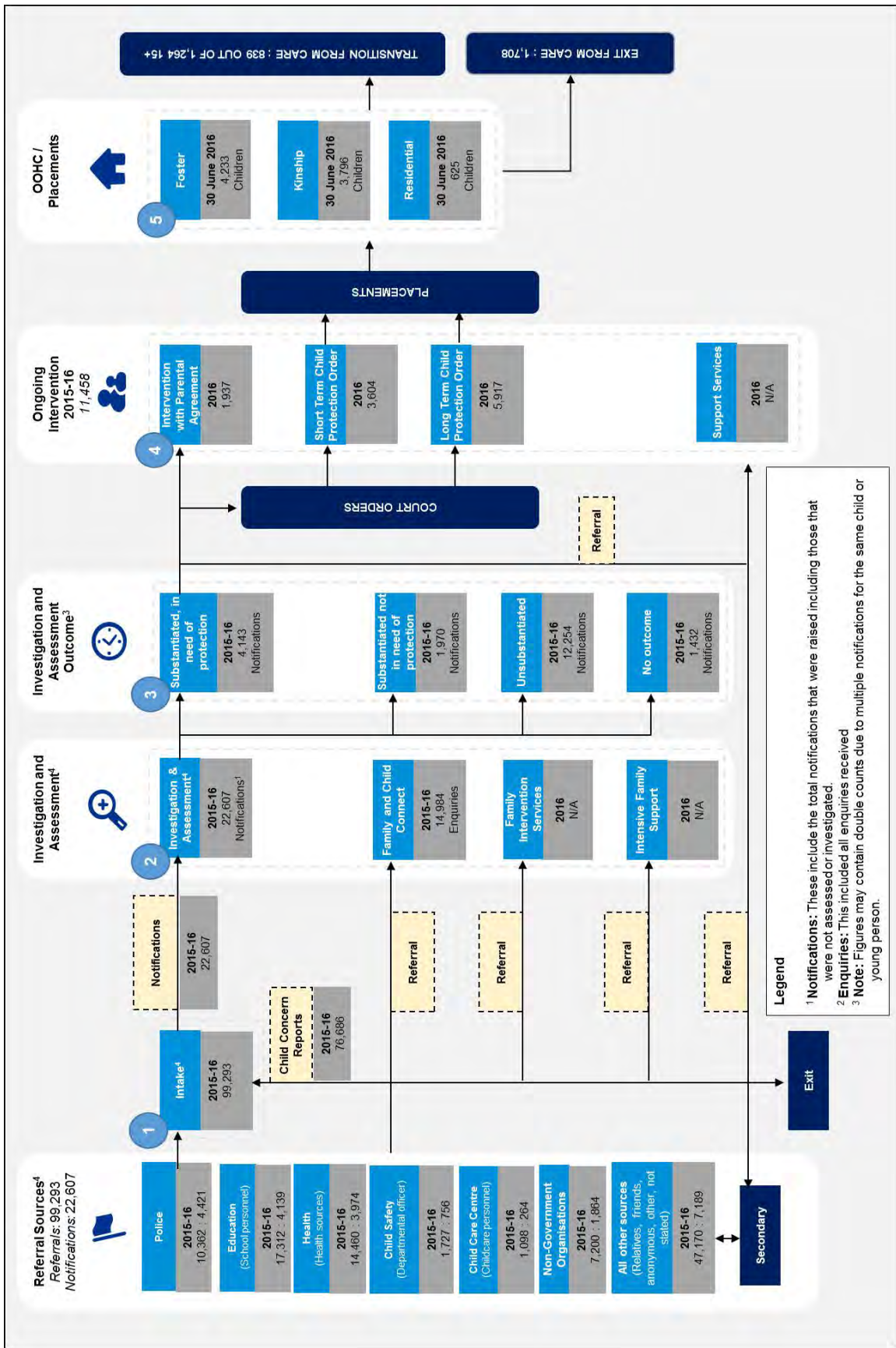
2.2 Child Protection Snapshot

During the course of the project, KPMG undertook a review of key departmental data and documentation in order to provide context to the assessment of current system operations and service level responsiveness in respect of the current state of child protection in Queensland. A component of this phase included a detailed review of the current process for the various stages in a child or young person's journey through the child protection system including: referrals, investigation and assessments, ongoing intervention; as well as the placement of children and young person in care arrangements.

The following process map has been used to identify potential impact points which will be affected by the continued implementation of the Carmody recommendations. Further, it has been used to identify how changes in operations and investment over time will impact the current resourcing demand across the State, as well as to support estimations on where future demand for services will occur across the current system.

This information has been used to support the development of an understanding of demand for services on current child safety workloads as well as assessing optimal resource allocation methods to meet these demands into the future.

Figure 2.1: Child Safety Process Map Estimated Demand



Source: Department of Communities Child Safety, and Disability Services, 'Performance' Child Protection Data 2016

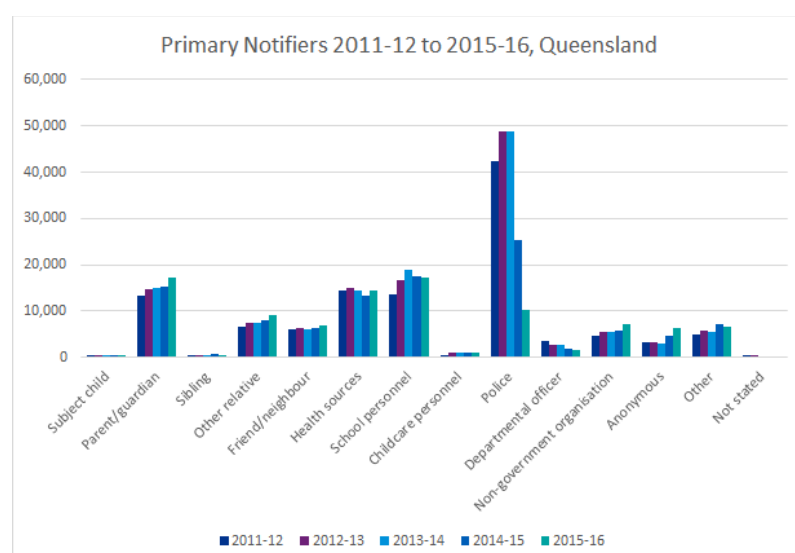
Issue	Key areas of demand
1	<ul style="list-style-type: none"> • Intake phase is the initial decision-making point after referrals to child safety are made by referral sources • Department determines its response to a harm concern by recording either a child concern report or a notification • A child concern report does not meet the threshold for a statutory child protection response and will either exit the system, or will be referred to family support services if the family is considered to be at risk • A notification is recorded if the harm concern meets the threshold for a statutory child protection response under the <i>Child Protection Act 1999</i>
2	<ul style="list-style-type: none"> • All notifications recorded are investigated and the Department makes an assessment of whether the child is in need of protection • When the notification is initially received, the response and assessment of the child's safety begins • The Department will collect information with regard to the history of the child and may contact other agencies and professionals such as teachers, police and health service providers • The investigation is not considered to be commenced, however, until contact with the child has been made at which time an assessment is made about the immediate safety of the child • The investigation process will end with a decision about whether the child has suffered significant harm, or is at risk of suffering significant harm in order for a decision to be made about whether ongoing intervention is warranted • The investigation outcome will be recorded as substantiated (child in need of protection), substantiated (child not in need of protection), unsubstantiated, or other, where the investigation has been unable to be commenced or completed
3	<ul style="list-style-type: none"> • Ongoing intervention by the Department is only necessary where the outcome of the investigation phase is that the harm to the child has been substantiated, and the child is in need of protection • At this point, the child enters the statutory child protection system • When ongoing intervention is necessary, a case plan will be developed in conjunction with the child or young person and their family
4	<ul style="list-style-type: none"> • Interventions can be undertaken without a child protection order, but with a parent's consent under an Intervention with Parental Agreement where a child will usually remain at home • However, in cases where a child's safety cannot be ensured while the issues at home are worked through, or if the family is not prepared to work with the Department, a Child Protection Order will be sought through the courts • Where the case plan goal is reunification, a short-term order will usually be sought • Where there is little prospect of reunification, a long term order may be sought in order to provide placement stability for the child or young person • Long term guardianship can be granted to the Chief Executive or a relative or other suitable person
5	<ul style="list-style-type: none"> • The Department sometimes needs to remove the child from their home in order to provide them with stability and safety • This may happen through the investigation and assessment phase or through the ongoing intervention phase • The first preference of the Department is a kinship placement, however there are a variety of alternative options including other home based care services (foster, and provisionally approved carers) and residential care services.

2.3 Statewide Analysis of Demand for Child Protection Services in Queensland

Reports of Safety Concerns

As shown in Figure 2.1, the Department receives reports about safety concerns of children from a range of sources including members of the general public as well as those who are mandated within Queensland legislation to make reports. Mandated reporters are police officers, doctors, nurses and teachers and will soon also include child care centre staff following legislation passed by the Queensland Parliament in September 2016. The majority of referrals are made by school personnel, parents/guardians, health sources and police. The profile of notifications has changed substantially over the period 2011-12 to 2014-15, primarily due to changes in legislation in Queensland which standardised the criteria for mandatory reporting across statutory notifiers such as Police, Education and Health.

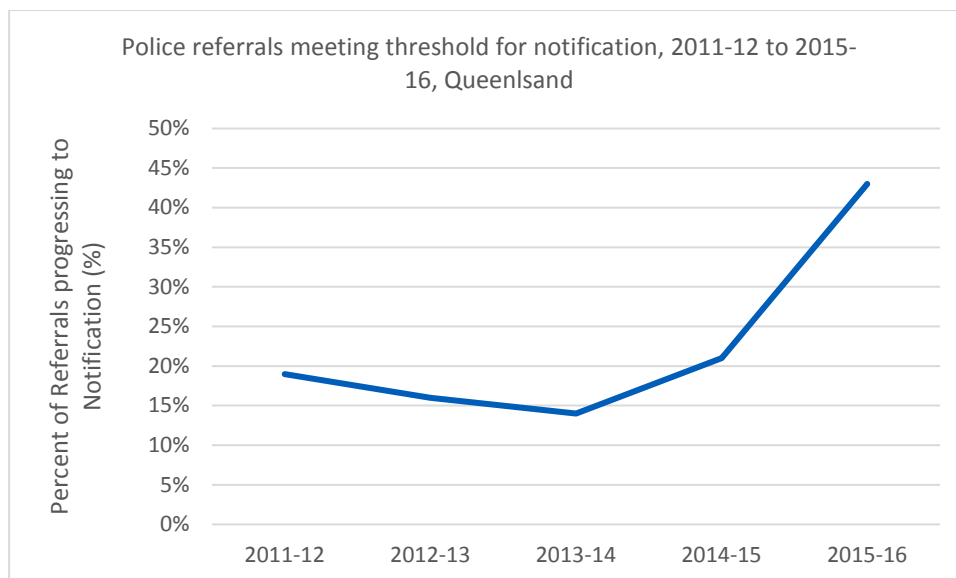
Figure 2.2: Primary Notifiers 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The effect of the legislative changes was to reduce the need for Police, in particular, to report every domestic and family violence (DFV) case where a child is living in the household, irrespective of whether the child witnessed or experienced harm. This has reduced substantially the number of reports from Police in the 2014-15 and 2015-16 financial years by 48.3 per cent and 59.1 per cent respectively. However, while the corresponding number of notifications where Police were the referring source has declined, the proportion of Police referrals progressing to notification has increased. That is, of all the referrals made police in 2013-14, only 14 per cent met the threshold for a statutory child protection response. Consequently, the practice of reporting every DFV incident placed a significant resource burden on the Department which in response needed to assess each referral made. However, in 2015-16, of the reduced number of referrals made by Police, 43 per cent met the threshold for a statutory child protection response (Figure 2.3). Thus while the volume of referrals declined, the quality of referrals increased.

Figure 2.3: Police Referrals meeting Threshold for a Statutory Child Protection Response, 2011-12 to 2015-16, Queensland



Source: KPMG from data provided by the Department of Communities, Child Safety and Disability Services

In 2015-16, the Department received 99,293 referrals regarding concerns about the safety of children and young people in Queensland, which represented a decrease from the previous year of 7.7 per cent. As mentioned, this decrease was largely due to the decline in Police referrals. However, this decline was offset to some degree by an increase in referrals from other sources, including parents and guardians, relatives, Health and non-government organisations.

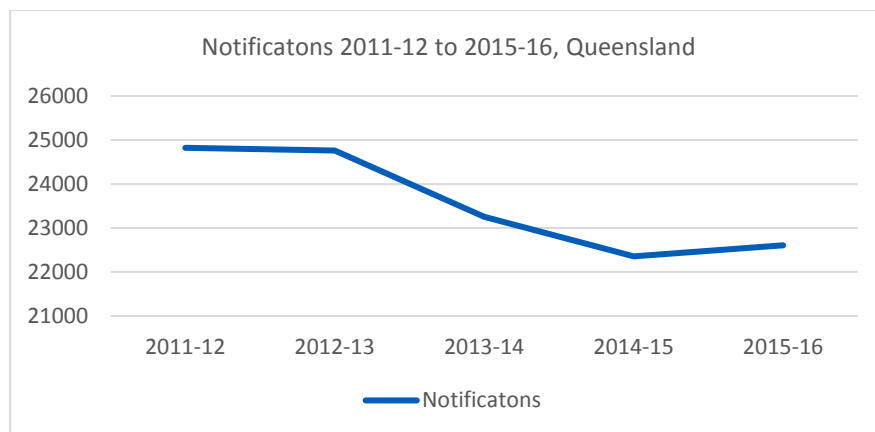
These reports or intakes of suspected risk or harm are assessed by the Department, usually through a Regional Intake Service (RIS), which will determine the Department's response. The Department will either record an intake enquiry, record a child concern report or record a notification which meets the threshold for a statutory child protection response. A notification will be raised when the concern reported suggests a child is in need of protection. Children and young people in need of protection are defined as "those who have suffered significant harm, are suffering significant harm, or are at unacceptable risk of suffering significant harm and do not have a parent able and willing to protect them from the harm" ¹⁸.

Notifications

In 2015-16, 22,607 notifications were made for children and young people in Queensland. The rate of growth in notifications decreased in Queensland over the period 2012-13 to 2014-15, but in 2015-16 increased over the previous year as shown in Figure 2.4 overleaf.

¹⁸ Department of Communities, Child Safety and Disability Services

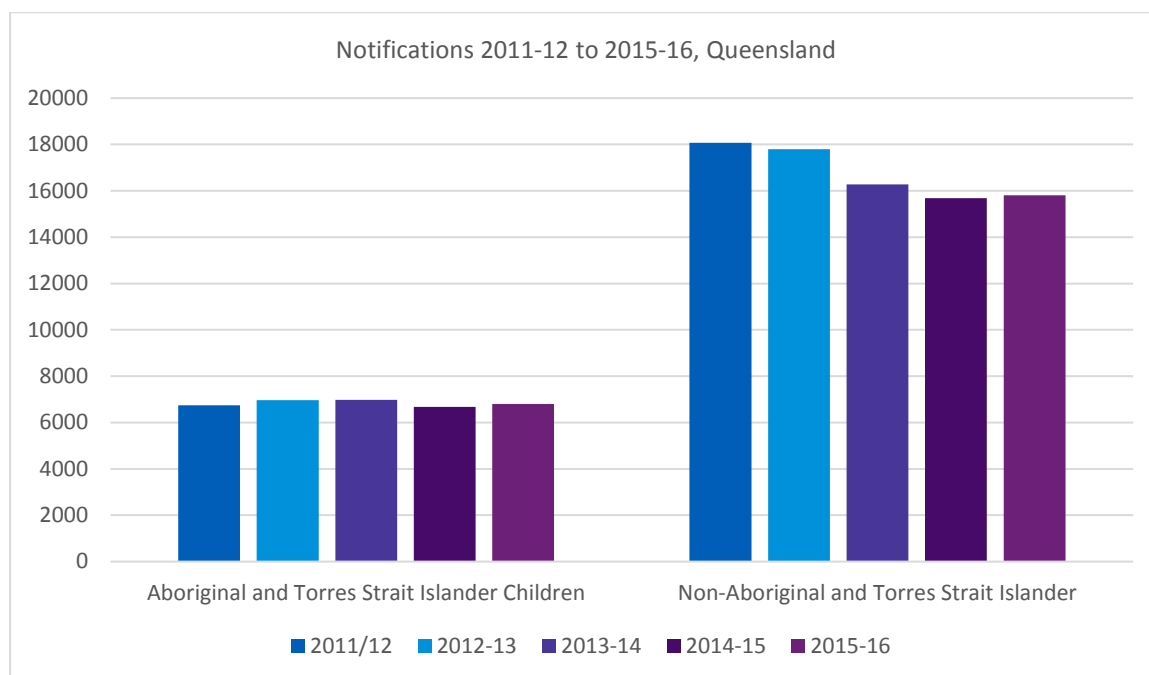
Figure 2.4: Notifications 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Aboriginal and Torres Strait Islander children have a much higher rate of notification than non-Indigenous children with the rate of notifications almost five times the rate of all children - 66.5 per 1,000 compared to 13.6 per 1,000 for non-Indigenous children. While Aboriginal and Torres Strait Islander children make up a significant portion of the overall notifications, the number of notifications has remained relatively stable over the five year period from 2011-12 to 2015-16. The rate of notifications for non-Indigenous children has fallen over the same period by 8.9 per cent overall.

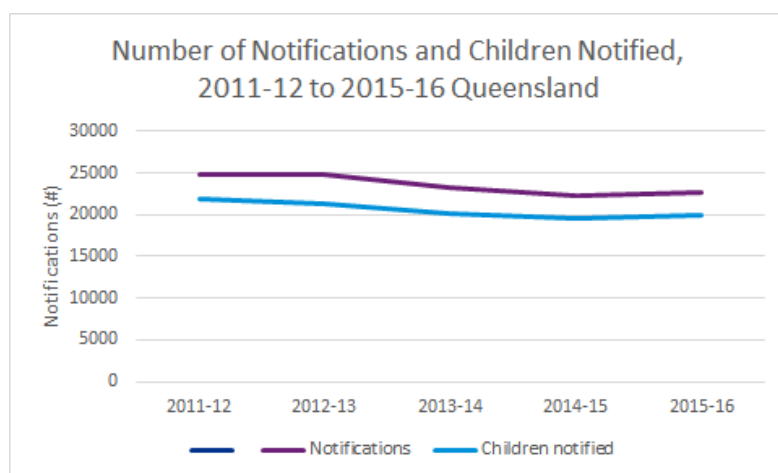
Figure 2.5: Notifications by Indigenous Status 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

A child can, however, be subject to more than one notification. The number of children aged between 0 and 17 years subject to a notification in 2015-16 was 19,930 which equates to an average of around 1.1 notifications per child.

Figure 2.6: Notifications and number of Children Notified 2011-12 to 2015-16, Queensland



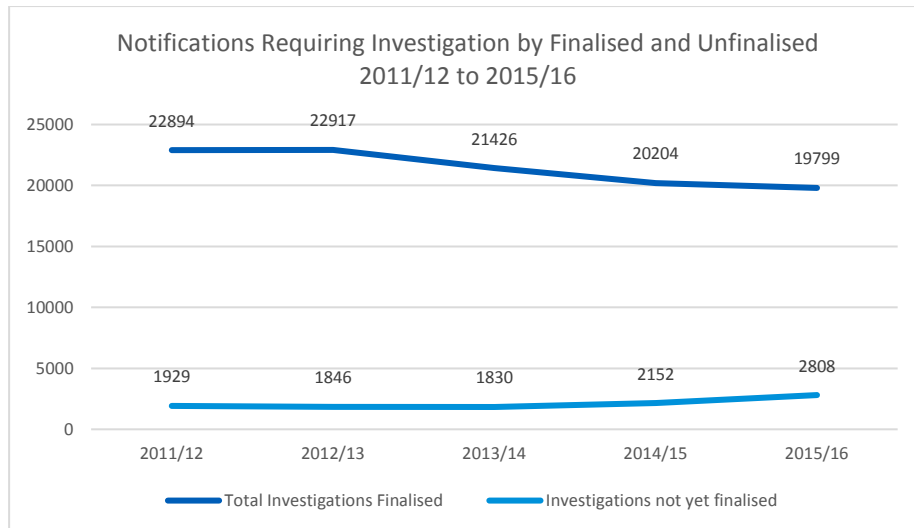
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Investigations and Assessments

When a notification is recorded, the Department usually conducts an investigation in order to assesses the concerns raised.

In 2015-16, the Department initiated 22,607 investigations with respect to the referrals received in the period. Of these, 19,799 investigations were finalised, and 2,808 were not yet finalised by 31 August 2016.

Figure 2.7: Notifications Requiring Investigation by Finalised and Unfinalised status 2011-12 to 2015-16, Queensland

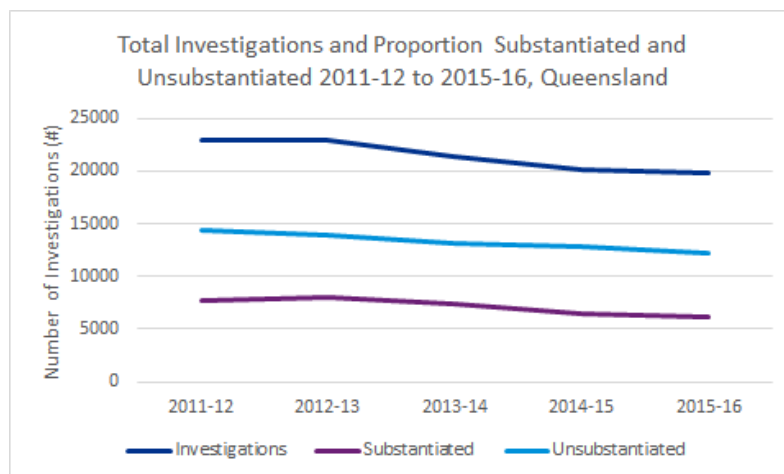


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Investigations can lead to one of three broad outcomes:

1. the concern is substantiated which means the child has suffered harm or is at significant risk of suffering harm in the future, and the child will be deemed either in need of protection or not in need of protection;
2. the concern is unsubstantiated and therefore the child is not in need of protection; or
3. a full investigation was not possible due to insufficient information or inability to locate a child or family.

Figure 2.8: Total Investigations and proportion Substantiated and Unsubstantiated, 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 2.8 demonstrates the total number of investigations that result in harm to the child being substantiated. Of the 19,799 investigations finalised, 6,113, or approximately 31 per cent, were substantiated for harm. A further 12,254 notifications were unsubstantiated, meaning the family involved either exited the system, or was referred to more appropriate secondary family support services.

Substantiations

As mentioned above, a total of 6,113, or around 31 per cent of finalised investigations in 2015-16 found that there was evidence of substantiated harm or risk of harm. This is down from 6,445, or around 32 per cent in the previous year. A total of 12,254, or around 62 per cent of investigations found harm was unsubstantiated and the children notified were not in need of protection. A further 1,432 notifications were closed under the category of 'other outcome' which represents a substantial rise from the 944 notifications finalised under the 'other outcome' category in the previous year. An investigation categorised as 'other outcome' means a full investigation for a child was not possible for what can be a variety of reasons, and the case was closed. Reasons a full investigation may not be possible include that the family has relocated interstate or overseas, or insufficient information was provided and the family cannot be located after all reasonable attempts to identify the family and their location have been exhausted.¹⁹

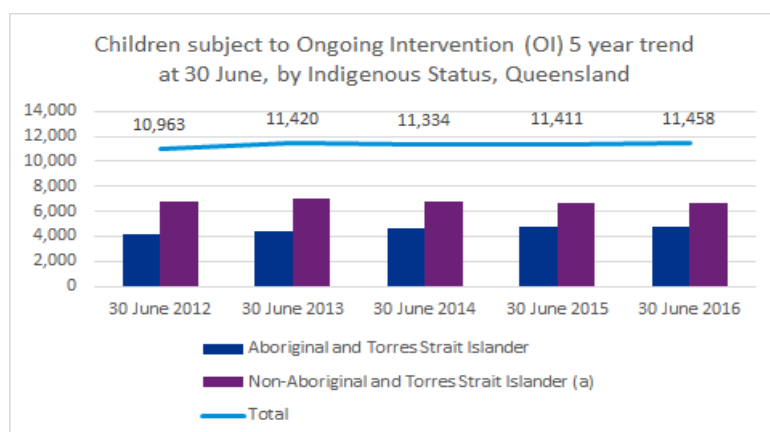
There are two types of substantiations:

- 1) substantiated and child in need of protection; or
- 2) substantiated and child not in need of protection

Children who have substantiations and are in need of protection can either be placed on a child protection order which is obtained through the courts, or can be managed at home with support under an Intervention with Parental Agreement (IPA). As at June 2016, there were 11,458 children subject to ongoing intervention, an increase of 0.4 per cent from the previous year.

¹⁹ Department of Communities, Child Safety and Disability Services, 2017.

Figure 2.9: Children Subject to Ongoing Intervention (OI) 30 June 2012 to 30 June 2016 by Indigenous Status, Queensland.

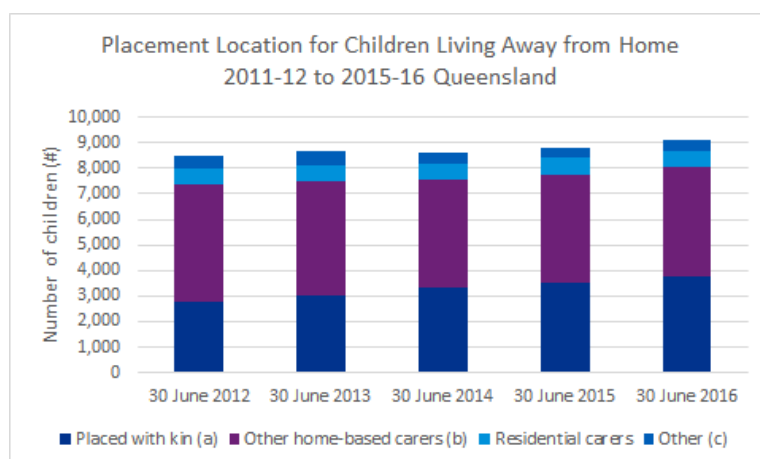


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Placements

Children and young people placed on child protection orders can be placed in a variety of settings. Most commonly, children are placed in home-based care settings such as with foster carers, kinship carers or with provisionally approved carers. However, sometimes children are placed with residential care services, are living independently or by necessity are in the hospital or youth detention settings.

Figure 2.10: Placement location for children living away from home 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

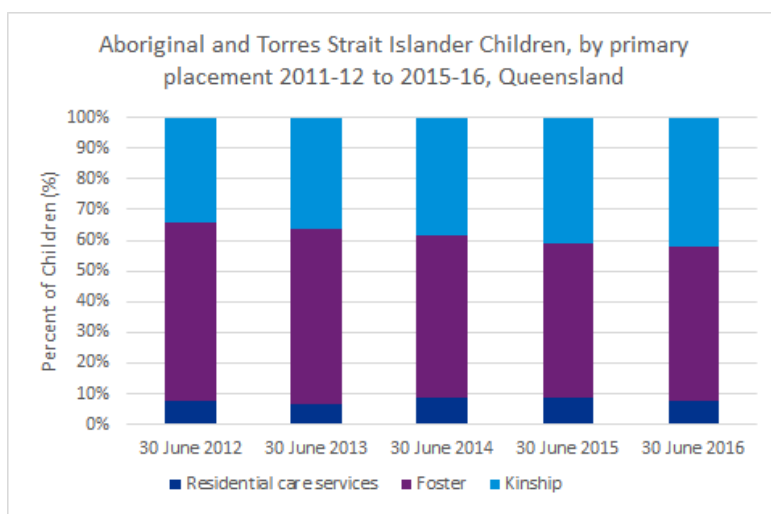
- (a) Includes children living with a kinship carer, and children living with a carer where a family relationship exists between the carer and child
- (b) Includes children living with a foster carer where no family relationship exists
- (c) Hospitals, independent living, youth detention centres and other locations

In 2015-16, there were 9,091 children living away from home in Queensland. Of these, 8,654 children were in out-of-home care within either a home-based care setting (8,029) or residential care setting (625). A further 437 children were either independently living, or were in hospitals, youth detention centres or other locations. Figure 2.10 demonstrates the increasing proportion of children in care who are being placed with kin.

The number of children in out-of-home care has increased in 2015-16 by 2.8 per cent over the previous year, and by 8.2 per cent over the previous five years from 2011-12. However, a greater proportion of children across both Aboriginal and Torres Strait Islander populations and Non-Indigenous populations are being placed in home-based care with kin, as opposed to foster care arrangements where no kinship relationship exists. Figures 2.11 and 2.12 demonstrate the increasing

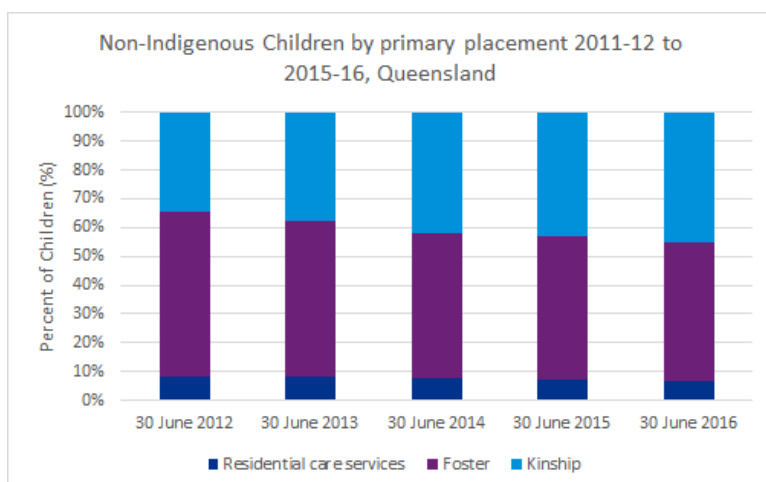
proportion of children placed in kinship arrangements, with a marginally greater proportion of Aboriginal and Torres Strait Islander children placed with kin.

Figure 2.11: Proportion of Aboriginal and Torres Strait Islander Children by Placement Type 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 2.12: Proportion of Aboriginal and Torres Strait Islander Children by Placement Type 2011-12 to 2015-16, Queensland

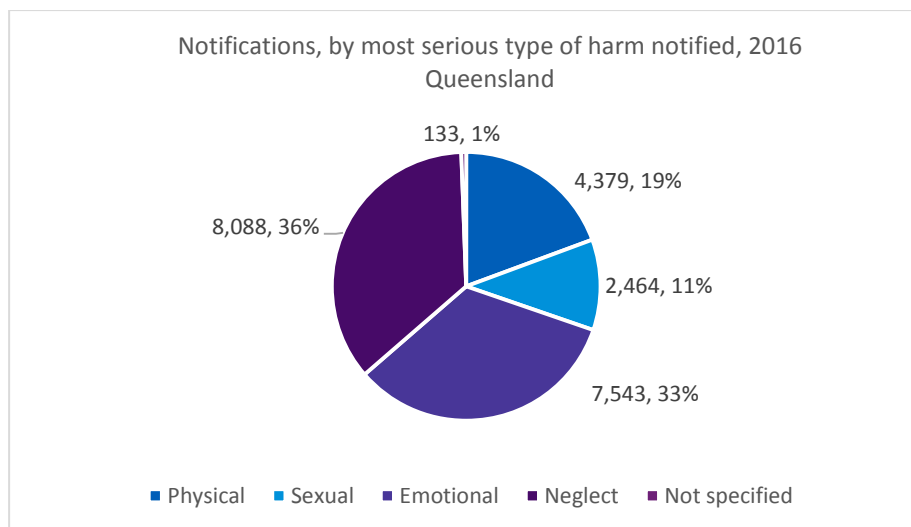


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Types of Harm

The most common forms of harm notified were allegations of emotional harm and neglect comprising almost 70 per cent of all notifications in the 2015-16 financial year. Allegations of physical and sexual abuse comprised 30 per cent of all notifications with the remaining small proportion of notifications not specifically recording the harm type alleged.

Figure 2.13: Child Protection Notification Harm Type, 2016, Queensland



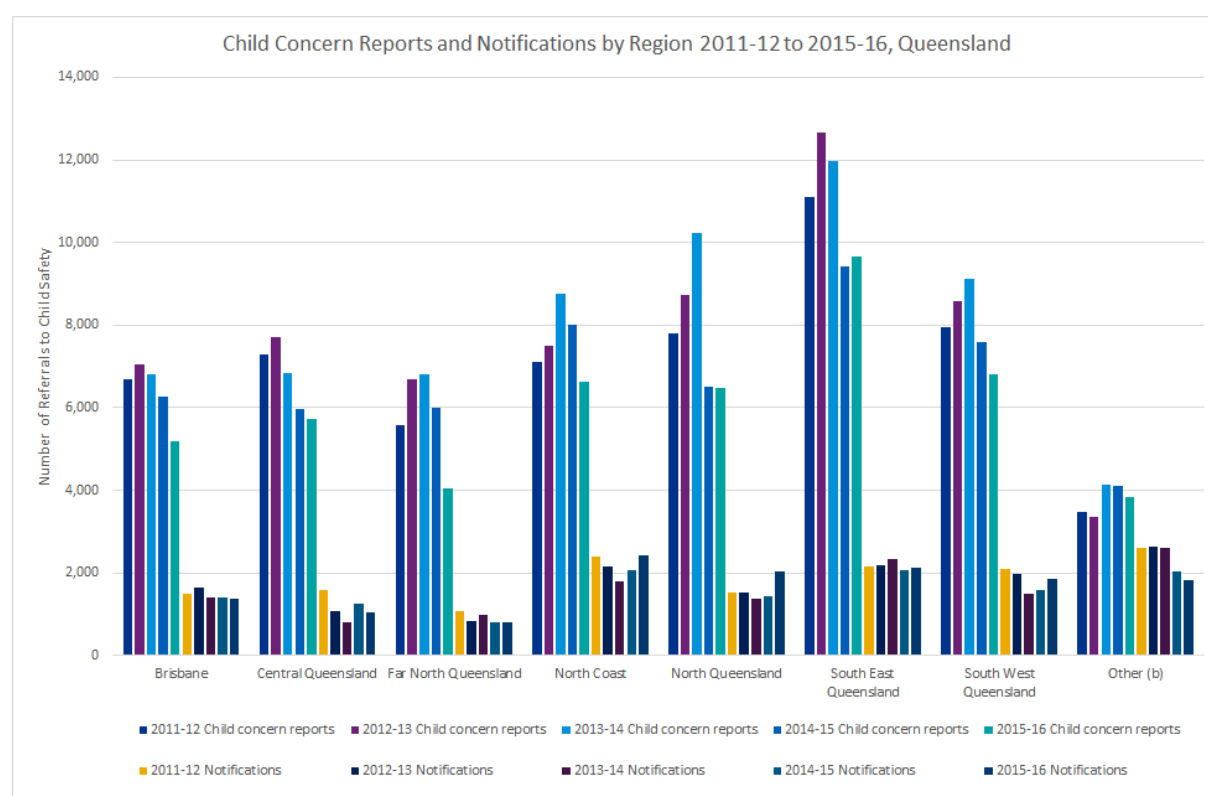
Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

2.4 Regional and Service Centre Analysis of Demand for Child Protection Services in Queensland

2.4.1 Regional Intake

Regionally, intake numbers are consistently dropping, primarily due to a reduction of referrals resulting in Child Concern Reports. The number of contacts with the child protection system that do not meet the threshold for investigation has reduced in 2014-15, and again in 2015-16, across all regions. The exception is with South East region where referrals resulting in Child Concern Reports increased in 2015-16 over the 2014-15 result. In 2015-16, the greatest number of referrals were received in South East Queensland, but North Coast region in the past two years has had the largest number of referrals resulting in notifications that meet the threshold for investigation and assessment which has contributed to an increasing workload pressure on that region.

Figure 2.14: Child Concern Reports and Notifications by Region 2011-12 to 2015-16, Queensland

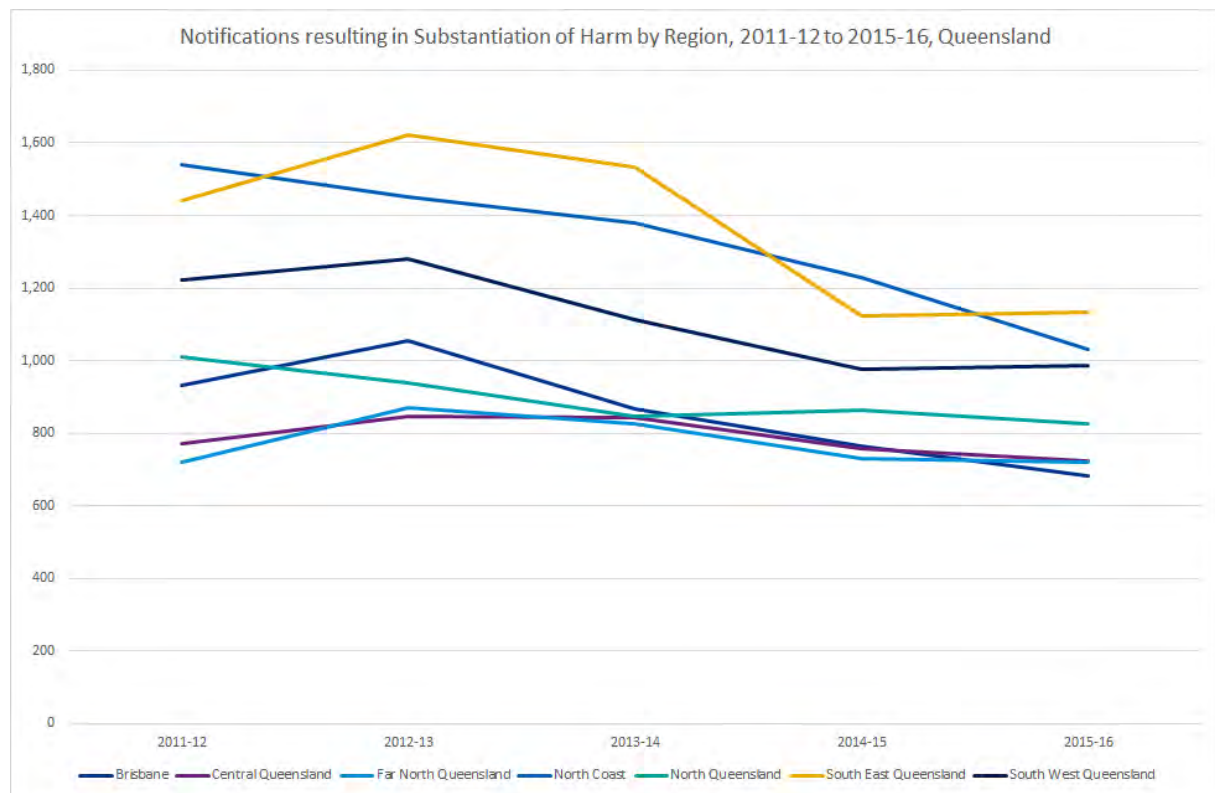


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

As mentioned previously, an investigation after intake can result in one of three broad outcomes. These are that the harm is substantiated and the child is either in need of protection or not in need of protection, the harm is unsubstantiated and the child is not in need of protection, or there is no investigation and assessment outcome. There are additional categories where an investigation is warranted for a child who is currently subject to ongoing intervention. These categories are substantiated, ongoing intervention continues, and unsubstantiated, ongoing intervention continues. In all regions, the general five year trend of notifications substantiated has been declining. However, in South West Queensland and South East Queensland in the 2015-16 year, notifications

substantiated increased slightly over the 2014-15 outcome. Figure 2.15 demonstrates that substantial decreases in substantiated harm have been recorded in most regions over the period.

Figure 2.15: Notifications resulting in Substantiation of Harm by Region, 2011-12 to 2015-16, Queensland



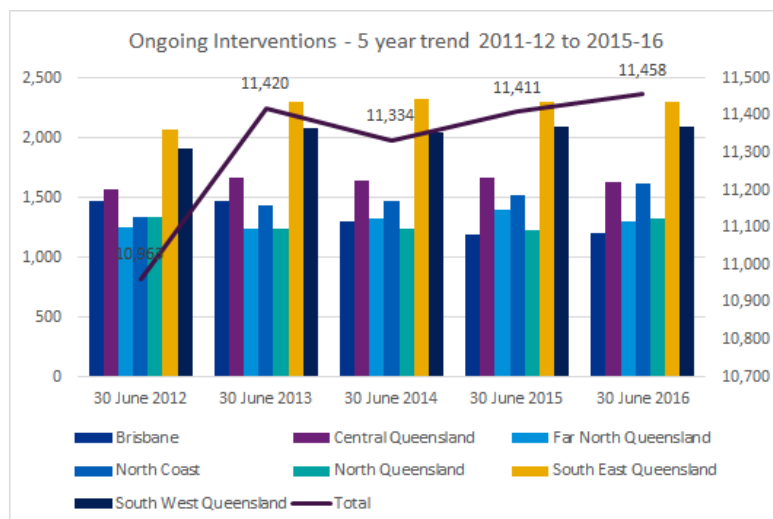
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Statewide, for those children with substantiated harm, 4,143 substantiations, or 67.8 per cent, were considered in need of further protection. This is a slight increase proportionally from the previous year, but a decline in number with 4,335 substantiations in the previous year having an outcome of child in need of protection.

Overall, children subject to ongoing interventions are increasing marginally. As those entering ongoing intervention is declining overall, this suggests that children are remaining subject to the statutory protection system for longer. Overall, there were 11,458 children subject to ongoing intervention in 2015-16. Of these, 1,937 were under interventions with parental agreement, 5,917 were subject to a long-term child protection order, and 3,604 were subject to a short-term child protection order.

Most regions remained fairly static in terms of number of children subject to ongoing intervention, however North Coast region and North Queensland region had significant increases in the volume of children subject to ongoing intervention increasing 6.19 per cent and 7.55 per cent respectively in the 2015-16 year. Figure 2.16 demonstrates the relative volume of children subject to ongoing interventions in each region over the period 2011-12 to 2015-16.

Figure 2.16: Ongoing Interventions by Region 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

While general trends of demand across intakes, investigation and assessment and ongoing interventions appear on the surface to be stabilising and in some areas declining, there also appear to be pockets of increasing demand pressure at the regional level. The series of charts in Figure 2.17 overleaf demonstrate at a high level the potential for workforce pressure when overall regional demand across the investigation and assessment and ongoing interventions is considered against the overall staffing profile of each region.

These charts map volume of investigation and assessments, and the volume of ongoing intervention cases being managed by child safety officers against FTE staffing levels of child safety officers (as a gauge of the actual CSO workloads), against full time equivalent staffing levels for all front line staff (as a gauge of the level of support for CSOs) and the total staffing levels within the region. The charts also include, as a measure of pressure on each region, the number of investigations and assessments that are carried forward from period to period.

The charts demonstrate that workload pressure in the area of investigation and assessments are a growing issue in North Coast, South West and South East regions.

Figure 2.17: Number of FTE staff (including front line and child safety officers) against the number of intakes for each Region, 2011 to 2016

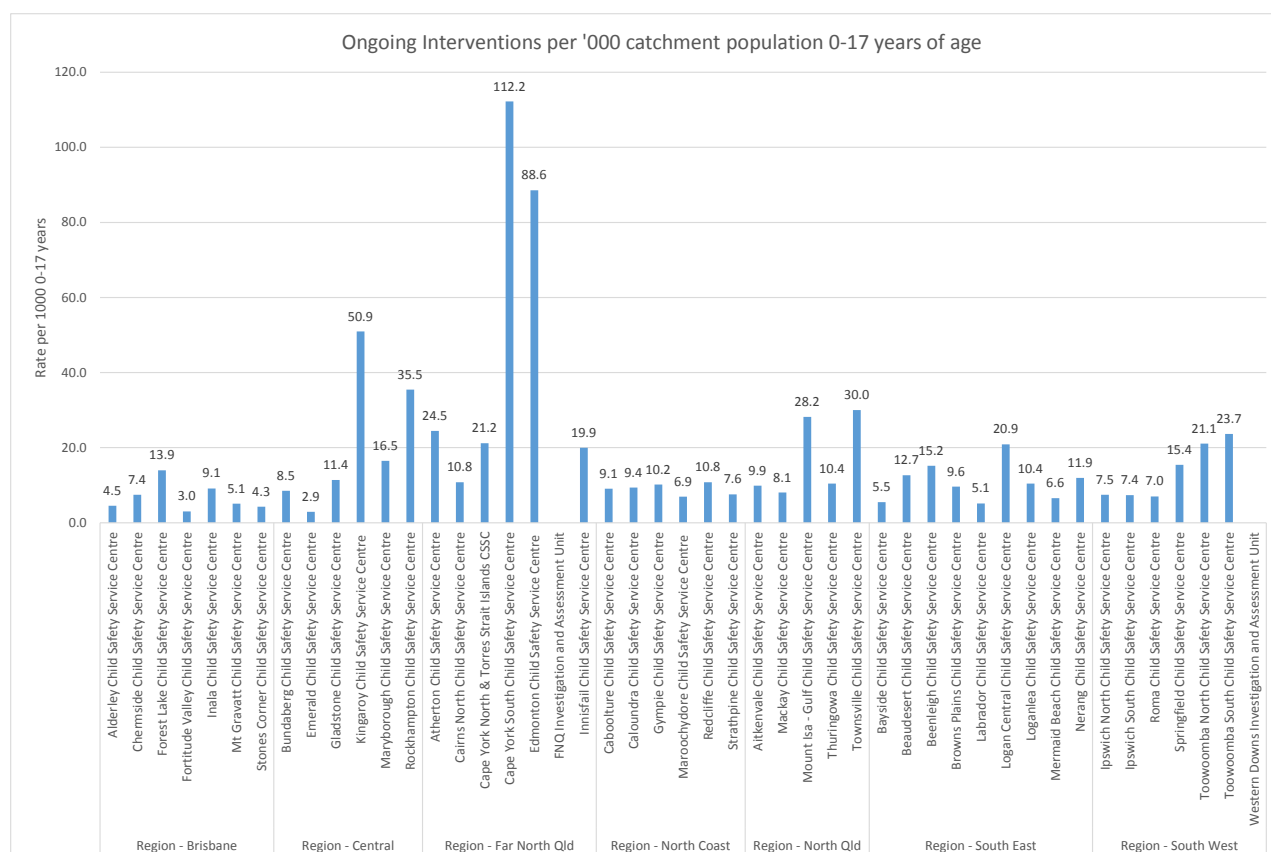


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

2.4.2 Demand at Service Centre Level

At the service centre level, there is significant variability in demand and workload pressure. A detailed analysis of demand, as measured by ongoing interventions and investigations and assessments, has been undertaken. It shows there are some pockets of extremely high volumes of demand including in Rockhampton, Caboolture, Mackay, Thuringowa and Toowoomba South. As shown in Figure 2.18, the highest rates for ongoing interventions are Cape York South (112.2 per 1,000) and Edmonton (88.6 per 1,000) in Far North Queensland. Demand also appears disproportionately high as measured by ongoing interventions in Kingaroy (rate of 50.9 per 1,000 children), Rockhampton (rate of 35.5 per 1,000 children) and Toowoomba South (rate of 23.7 per 1,000). Statewide the average is 10.2 per 1,000 children.

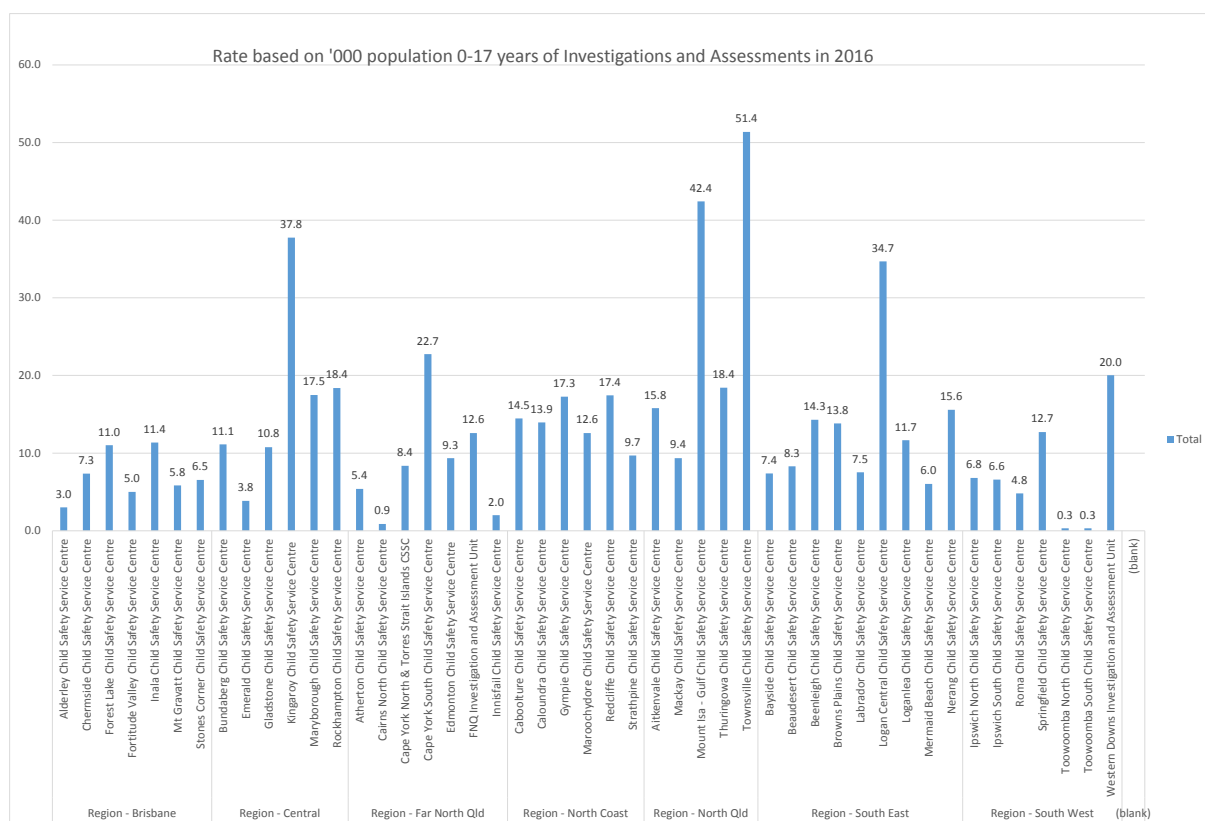
Figure 2.18: Ongoing Interventions per '000 catchment population 0-17 years of age



Source: KPMG, 2016: From data provided by Department of Communities, Child Safety and Disability Services

As shown in Figure 2.19, in comparison, investigation and assessment numbers are highest in Kingaroy, Cape York South, Mount Isa-Gulf, Townsville, Logan Central and Western Downs Investigation and Assessment Unit (Toowoomba North and Toowoomba South). These findings are generally consistent with indicators of socio-economic disadvantage in these areas.

Figure 2.19: Investigations and Assessments per '000 catchment population 0-17 years of age



Source: KPMG, 2016: From data provided by Department of Communities, Child Safety and Disability Services

2.5 Benchmarking demand for Child Protection Services in Queensland

2.5.1 Factors affecting Demand in Queensland

Intake and assessment

The Carmody Inquiry identified that a main contributing factor to demand on child safety services is the high number of intakes by Child Safety as a result of reports received about child protection concerns.²⁰

Using a set of screening criteria, Child Safety staff determine whether a report indicates a child may be in need of protection and record either a 'child concern report' when the information received does not suggest the child is in need of protection, or a 'notification' when Child Safety suspects the child is in need of protection.

Data from the Department shows that Child Safety continues to receive a very high number of intakes referring to children and families who do not require a statutory child safety response. Currently, in Queensland, all intakes reported under Queensland's *Child Protection Act (1999)* are assessed either by the Child Safety Service Centre or by a Regional Intake Service (RIS) as either a child concern report not requiring investigation, or as a notification requiring an investigation response. Of those that

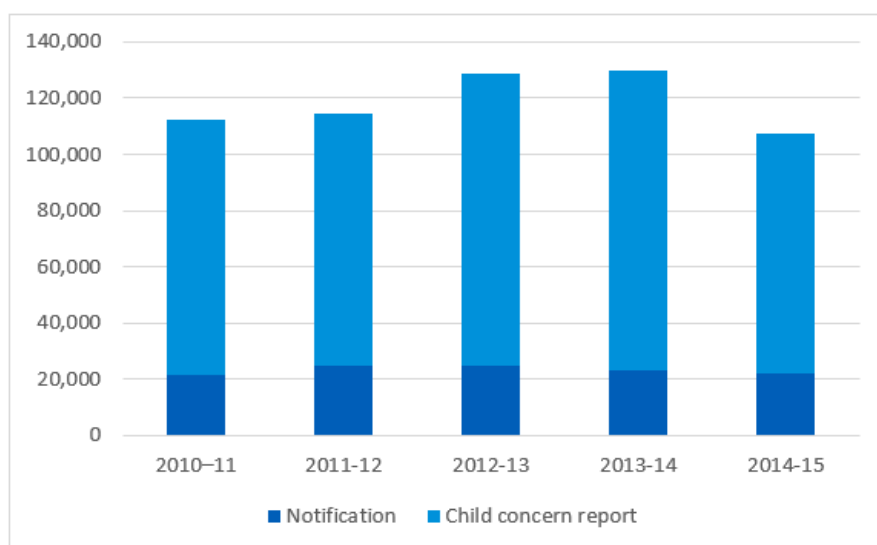
²⁰ Queensland Child Protection Commission of Inquiry, 'Taking Responsibility: A Roadmap for Queensland Child Protection' (2013).

are reported as notifications requiring investigation, a significant proportion (62 per cent) are assessed as 'unsubstantiated' and do not require a statutory child protection response.

Research has shown that it is sometimes the case that reports are made to the child safety system that are inappropriately labelled as allegations of child abuse or neglect by those who make them.²¹ The Commission of Inquiry into Child Protection in Queensland reported that increasingly authorities are recognising that unnecessary contact with statutory system can in itself harm children, and traumatised families. For these families, the child safety system often does not offer an appropriate response and can result in negative effects that reduce the coping mechanisms of parents by increasing stress, potentially reducing their social support networks, and making them less likely to seek the help they need in the future.

Figure 2.20 shows that in the five years since 2010-11, the proportion of intakes that result in a notification has remained relatively steady (ranging from 18 per cent in 2013-14 to 22 per cent in 2011-12), while the total number of intakes has decreased slightly since 2010-2011. This is in contrast to the 114 per cent growth in intakes reported in the Carmody Inquiry from 2002-03 to 2011-12.

Figure 2.20: Intake by intake type, 2010-11 to 2014-15

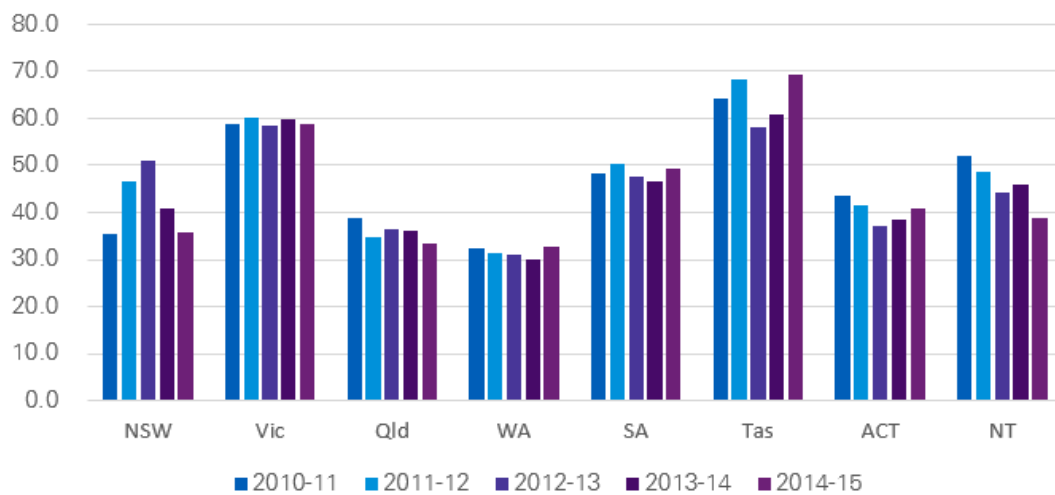


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Once a child is the subject of a notification, an investigation is commenced in order to determine whether their case should be substantiated. Departmental data shows that less than half of the notifications which are subject to an assessment are substantiated. Figure 2.21 shows that 33.5 per cent of investigations were substantiated in 2014-15, a proportion that is lower than all Australian States and Territories except Western Australia.

²¹ Tomison, A. (1996), 'Child Protection Towards 2000', *Child Abuse Prevention: national Child Protection Clearing House Newsletter*, Vol. 4, No. 2.

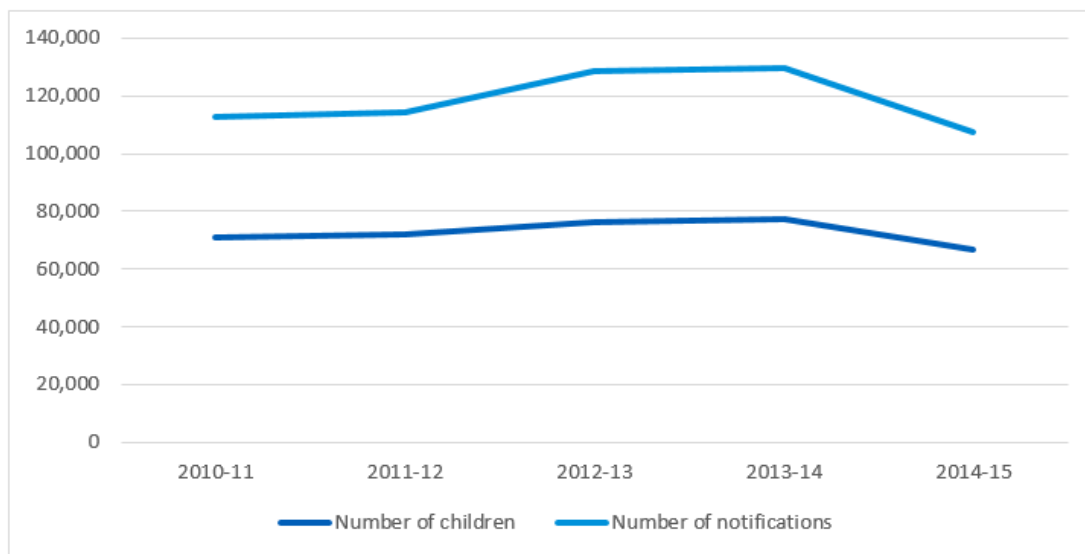
Figure 2.21: Proportion of investigations substantiated, 2010-11 to 2014-15



Source: Table 15A.9, 2016 ROGS

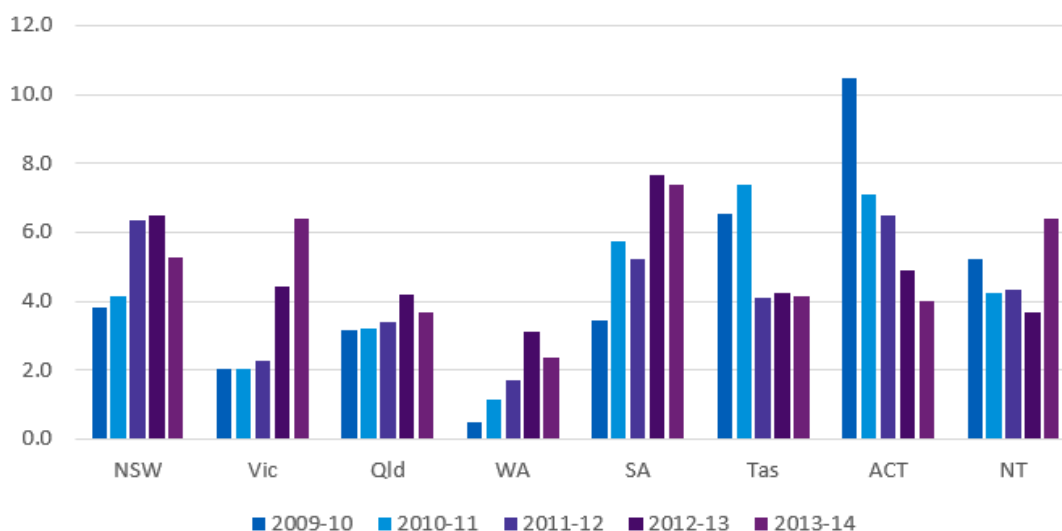
In addition, however, children and young people continue to be the subject of multiple intake reports, notifications (re-notifications) and substantiations. For example, Figure 2.22 shows the total number of intakes received by Child Safety in contrast to the number of discrete children who are the subject of the intakes.

Figure 2.22: Child Safety intakes and number of children



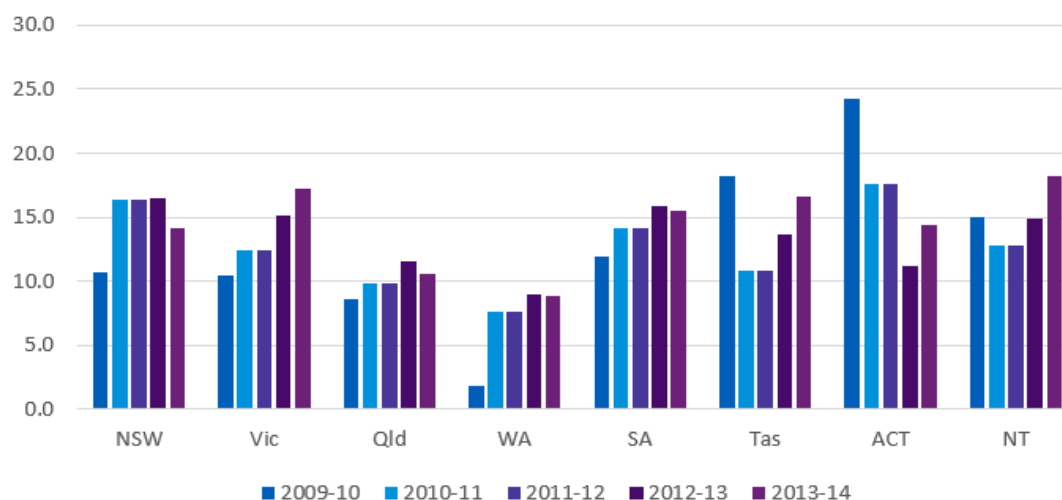
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 2.23: Proportion of children (%) who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 3 months



Source: Table 15A.10, 2016 ROGS

Figure 2.24: Proportion of children (%) who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months



Source: Table 15A.10, 2016 ROGS

Initial assessment timeframes

Initial assessment timeframes are regulatory or policy requirements that child safety services are required to adhere to in responding to reports of child abuse or neglect. An overview of Australian jurisdiction initial assessment and response timeframes are outlined in Table 2.2.

Table 2.2: Australian jurisdiction initial investigation and assessment timeframes

State	Initial investigation and assessment timeframe	Available information on meeting timeframes
Queensland	24 hours, 5 days or 10 days.	
Victoria	48 hours (urgent), 14 days (non-urgent).	<p>In 2009, the Victorian Ombudsman noted that whilst “the department met the performance targets established for cases classified as requiring an immediate response. At no point has the department met the target for all other reports which were not classified as requiring an immediate response”.</p> <p><i>Source: Ombudsman Victoria (2009). Own Motion Investigation into the Department of Human Services Child Protection Program</i></p>
Western Australia	24 hours (priority 1), 2-5 days (priority 2).	Not available.
Tasmania	24 hours if the matter is urgent (Priority 1), 10 days if the matter is non-urgent (Priority 2).	Not available.
South Australia	24 hours (Tier 1), 5 to 10 days (Tier 2), no set timeframe (Tier 3).	<p>Families SA uses the closure code Closed No Action (CNA) to close cases owing to a lack of resources. The code applies to Tier 2 and 3 intakes only. In 2014/15, 61 per cent of screened-in notifications were Closed No Action, including 63 per cent of Tier 2 intakes and 83 per cent of Tier 3 intakes. The Final Report of the Child Protection System Royal Commission recommended that the South Australian Government phase out the closure of intakes and files due to a lack of resources (Recommendation 62). The South Australian Government accepted this recommendation in principle.</p> <p><i>Source: South Australian Government (2016), Child Protection Systems Royal Commission Report.</i></p>
New South Wales	24 hours, 72 hours.	Not available.
ACT	24 hours, 7 days.	Not available.
Northern Territory	<p>Priority 1 – investigation to commence within 24 hours</p> <p>Priority 2 – investigation to commence within 3 days</p> <p>Priority 3 – investigation to commence within 5 days</p> <p>Priority 4 – investigation to commence within 10 days.</p>	<p>In the year to 30 June 2015, 89 per cent of Priority 1, 78 per cent of Priority 2, 71 per cent of Priority 3 and 62 per cent of Priority 4 investigations commenced within required timeframe.</p> <p>Source: http://www.childrenscommissioner.nt.gov.au/publications/Childrens%20Commissioner%20Annual%20Report%202014_15.pdf </p>

Source: KPMG 2016 adapted from sources identified in table

In Queensland, all notifications recorded by Child Safety are investigated and an assessment is made as to whether the child needs protection. An investigation and assessment must be commenced within one of the response timeframes outlined in Table 2.2. Table 2.3 shows that, while a very high proportion of the most urgent notifications are responded to within the designated timeframe, a much lower proportion of cases classified with a five day or a 10 day response timeframe are responded to within timeframe.

Table 2.3: Overview of Queensland response timeframes and 2015-16 notifications

Response timeframe	Response within timeframe	Response not within timeframe	Response not yet recorded	Total	Proportion of recorded responses within timeframe
24 hours	3,281	403	62	3,746	89%
5 days	1,986	5,637	784	8,407	26%
10 days	1,896	7,239	1,319	10,454	21%

Source: Department of Communities, Child Safety and Disability Services

Mandatory reporting

Overview

Mandatory reporting legislation is currently enacted in some form across all Australian jurisdictions, creating an obligatory duty to comply, although across Australia there is variation in: the classes of persons to whom mandatory reporting laws apply; the requisite state of mind of the reporter; the temporal scope of the duty; and the extent of harm thresholds.

Changes to law and policy settings in each jurisdiction have typically been reactive, responding to apparent deficits in the law resulting in instances of child abuse or neglect not being reported. As such, despite numerous shared features and schematic approaches, the development of mandatory reporting law across Australia can be characterised as ad hoc and piecemeal, with a lack of national unity in terms of the scope and nature of mandatory reporting law and practice.²²

Prior to 2015, Queensland's mandatory reporting requirements were highly fragmented, with the obligations of different professions and reporter groups contained across a variety of legislative instruments, such as the *Public Health Act 2005*, which pertained to the obligations of health professionals, and the *Education (General Provisions) Act 2006*, which created statutory obligations on the reporting of sexual abuse for state and non-state school staff, with more general mandatory reporting laws contained in the *Child Protection Act 1999*. This resulted in a web of different obligations and thresholds across reporter groups, as well as an apparent gap between the perception of reporter groups as to when a report should be made, and the actual statutory threshold for intervention by Child Safety.²³ Queensland was the only Australian jurisdiction in which mandatory reporting requirements were not contained in a single Act.²⁴

The lack of consistency and clarity around Queensland's various reporting requirements was perceived as a key driver of excessive or unnecessary reporting, and subsequent strain on the child protection system in investigating reports which did not meet the necessary threshold for intervention.²⁵ For example, the Commission of Inquiry reported that in 2011-12, the proportion of

²² Mathews B, 'Mandatory reporting laws for child sexual abuse in Australia: a legislative history' (2014). Royal Commission into Institutional Responses to Child Sexual Abuse.

²³ Queensland Child Protection Commission of Inquiry, 'Taking Responsibility: A Roadmap for Queensland Child Protection' (2013).

²⁴ Child Protection Amendment Bill 2014 (Qld), Explanatory Notes.

²⁵ Queensland Child Protection Commission of Inquiry, 'Taking Responsibility: A Roadmap for Queensland Child Protection' (2013).

reports investigated by Child Safety in Queensland which did not meet the threshold for intervention was approximately 80 per cent.²⁶

In response to this system strain, the Commission of Inquiry recommended the review and consolidation of existing legislative reporting obligations into the *Child Protection Act 1999*, as well as the development of a single 'standard' to govern reporting policies across relevant Queensland Government agencies, and capacity-building strategies such as joint training for reporter groups to support clearer understanding of important threshold definitions.²⁷ These recommendations aimed to foster consistency and clarity of reporting obligations for reporter groups, and to better align reporting requirements with the statutory role of Child Safety, reducing the number of reports which fall below the necessary threshold, and enabling system resources to be better focused on children and young people requiring statutory intervention. Following these recommendations, mandatory reporting requirements were consolidated into a single provision, coming into effect on 1 January 2015, and aligning Queensland with other Australian jurisdictions.

Other recent amendments to Queensland's mandatory reporting statutory framework include Mason's Law, passed in 2016 and effective from 1 January 2017, which expands the classes of persons owing a mandatory reporting duty to include childcare workers.²⁸ Prior to this, Queensland and Western Australia were the only Australian jurisdictions whose mandatory reporting laws did not extend to the Early Childhood Education and Care sector, with the amendment regarded as an important step towards national unity.²⁹

Impact on demand

Although it is commonly believed that the introduction and/or expansion of mandatory reporting requirements within a jurisdiction tends to increase the number of reports made to statutory child protection services, jurisdictional data and research does not always point to a clear linear relationship between mandatory reporters and demand on child protection services.

Increased Child Safety demand as a result of expanding mandatory reporting requirements is often attributed to the increase in reporters' and the community's awareness of child abuse and neglect.³⁰ However, the NSW Wood Inquiry found that mandatory reporting had a range of impacts on demand, including:³¹

- no 'evidence of a flood of reports with a reduction in outcomes, at least by reference to investigations and substantiations';
- a very large proportion of reports involved the same small group of children, and many reports were multiple reports about the same child or the same incident;
- multiple reporting increased;
- the reporting of less serious circumstances increased;
- a decrease occurred in the number of children subject to reports;
- mandatory reporting is not the cause of undue increased reporting as reports increase in jurisdictions without mandatory reporting; and
- substantiation rates had almost doubled in three years.

In Queensland, Child Safety data showed an increase in total intakes from 2010-11 to 2013-14 by 15.2 per cent, from 112,518 to 129,615.³² Child Safety reported that the growth in intakes for this period was 'due in part to increased reporting obligations for professionals working with children and to

²⁶ Ibid.

²⁷ Mathews B, 'Mandatory reporting laws for child sexual abuse in Australia: a legislative history' (2014). Royal Commission into Institutional Responses to Child Sexual Abuse.

²⁸ Child Protection (Mandatory Reporting – Mason's Law) Amendment Bill 2016, Clause 4.

²⁹ Child Protection (Mandatory Reporting – Mason's Law) Amendment Bill 2016, Explanatory Notes.

³⁰ CFCA fact sheet

³¹ Mathews, B. (2014), 'Mandatory reporting laws for child sexual abuse in Australia: A legislative history' accessed October 2016 from <http://www.childabuseroyalcommission.gov.au/documents/published-research/royal-commission-report-ben-mathews-for-rc-publica>

³² Queensland Law Reform Commission (2015), 'Review of Child Protection Mandatory Reporting Laws for the Early Childhood Education and Care Sector', Report No 73.

raised community awareness’³³. The number of intakes decreased by 17 per cent, however, from 2013-14 to 2014-15. This was attributed in part to decreases in intakes from the following mandatory reporters:³⁴

- school personnel by 7.7 per cent;
- health sources by 7 per cent; and
- police by 48.3 per cent.

In addition, the number of intakes from child care centers increased by 16 per cent between 2013-14 and 2014-15 to 1,167, although in 2014-15 this represented 1 per cent of all intakes.

The main sources of intakes in 2014–15 were police (23.5 per cent) followed by school personnel (16.3 per cent), parents/guardians (14.2 per cent) and health services (12.5 per cent).³⁵ The Queensland Law Reform Commission reported that across Australian jurisdictions, child care personnel are infrequent reporters of child abuse and neglect.³⁶ Notably, however, the rate at which the Queensland Police Service is referring cases to Child Safety has declined substantially in 2014-15 and 2015-16, due to the changes to mandatory reporting practices which previously required police to report all cases of domestic and family violence where a child was living within the household. The Carmody Inquiry recommended consistent mandatory standards across all agencies in order to control unnecessary reports to Child Safety and divert some cases that would not meet the threshold for a statutory child protection response to community-based family support services where required.

A literature review of factors influencing mandatory reporting of child abuse and neglect found that the major factors that influence mandatory reporting are reporter attitudes, reporter knowledge, reporter fears and concerns about the effects of mandatory reporting, and reporter experience with and confidence in child safety services.³⁷ The researchers noted the importance of providing mandated reporters with training and accurate information to support their identification of the cases they should and should not report to statutory child protection services.

Availability of family support services

Overview

Child Safety services are known as ‘tertiary services’, which are designed to respond to situations in which a child or young person has been harmed, or is in immediate danger of harm. According to the ‘public health model’ of disease prevention, tertiary services are only one component of a service system, and are supported by primary services (e.g. schools, maternal and child health services) and secondary services which are targeted at families at higher risk or in need of additional support.³⁸

The availability and effectiveness of secondary services, also known as family support services, is a key demand driver for involvement of Child Safety, as they work to intervene early enough with a family and prevent the need for statutory services. In line with this emphasis on prevention, the Carmody Inquiry highlights the need for policies and services which divert children from statutory interventions, and increase access to family support services and other early intervention strategies which are “less stigmatising and traumatising”.³⁹

As defined by Queensland’s *Roadmap for Child Protection*, secondary services can include parenting and anger management programs, counselling, and other specialist services dealing with family

³³ Department of Communities, Child Safety and Disability Services (Qld), ‘Our performance’, ‘Intake phase’ accessed October 2016 from <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/intake-phase>

³⁴ Ibid.

³⁵ Ibid.

³⁶ Queensland Law Reform Commission (2015), Ibid.

³⁷ Mathews, B. et al. (2015), ‘Child Abuse and Neglect: A socio-legal study of mandatory reporting in Australia’, Report for the Department of Health and Human Services

³⁸ Bromfield, L. & Holzer, P. (2008), ‘Analysis of challenges and strategic directions from the CDSMC National Approach for Child Protection Project’, Australian Institute of Family Studies.

³⁹ Queensland Child Protection Commission of Inquiry, ‘Taking Responsibility: A Roadmap for Queensland Child Protection’ (2013).

violence and substance abuse that provide support to families with moderate need, and may act to intercept and mitigate escalation which would result in tertiary intervention.⁴⁰

One study notes that the use of secondary (and also primary or interdisciplinary) support services should not be constructed as discrete from, or in opposition to, more acute interventions and responses, such as out-of-home care. Rather, families should have access to differential types of support, with varying levels of intensity, to better equip them to care for their children and appropriately manage family stress.⁴¹

Resource constraints are a significant barrier to the delivery of robust and effective secondary-level family support services. Across national and international jurisdictions, the bulk of child protection and wellbeing resources continue to be allocated to reactive tertiary services such as acute intervention. Where family support programs are resourced, these tend to be concentrated in programs or services targeting families with serious concerns about child maltreatment, rather than broader services for those experiencing moderate difficulty.

As early as 2008, one comparative study of child protection in Australia noted that the balance of funding shared between preventative and tertiary services was emerging as an important policy issue in Australia, with Victoria and NSW already beginning to make significant investments in early intervention compared with other Australian jurisdictions.⁴² However, in 2014, intensive family support spending comprised only 17 per cent of aggregate State and Territory government expenditure on child welfare in Australia.⁴³

Consistent with this national trend, underspending on early intervention was identified by the Carmody Inquiry as a key cause of systemic failure in Queensland's child protection system.⁴⁴ Despite an expressed preference for prevention and family support, only 11.6 per cent of the departmental spend on child protection and care services was allocated to preventive or supportive interventions. Additionally, grants to non-government services which support pre-harm measures, such as intensive family support, are significantly lower in Queensland than in Victoria and NSW.

It is important to ensure that there are a range of responses available to provide the right service response at the right time. Statutory intervention will always need to be an option to ensure children's safety. However, preventative strategies can play an important capacity-building function, supporting children remaining in the home where such an outcome is feasible and appropriate, and relieving pressure on the more intensive and crisis-oriented statutory child protection system.

Impact on demand

Evaluations of family support services in Australia consistently find that they have a positive impact on report rates to child safety services. For example, an evaluation of the Child FIRST (Family Information, Referral and Support Teams) in Victoria found that Child FIRST and related early intervention initiatives had increased service capacity and had moderated growth in child protection notifications and investigations.⁴⁵ A 2014 evaluation of a Family Support Network in Western Australia similarly found that notifications to statutory child protection services had declined.⁴⁶

Nevertheless, when examined in the broader context of a child safety system, inquiries and studies consistently find that early intervention family support services are not sufficiently resourced to reverse trends in overall demand on child safety systems. For example, one study into the impact of

⁴⁰ Queensland Child Protection Commission of Inquiry, 'Taking Responsibility: A Roadmap for Queensland Child Protection' (2013).

⁴¹ Tilbury C. 'Repositioning prevention in child protection using performance indicators' (2016). 37(6) Policy Studies 583.

⁴² Tilbury C. & Thoburn J. 'Children in out-of-home care in Australia: International comparisons' (2008). 33(3) Children Australia

⁴³ Australian Government, Productivity Commission, Steering Committee for the Review of Government Service Provision, 'Report on Government Services 2015' (2015).

⁴⁴ Queensland Child Protection Commission of Inquiry, 'Taking Responsibility: A Roadmap for Queensland Child Protection' (2013).

⁴⁵ B Lonne et al., 'Victoria's Child FIRST and IFS differential response system: Progress and issues', Child Abuse & Neglect 39, 2015, pp. 42–43

⁴⁶ KPMG (2014), Update to the evaluation of the family support networks: Final report, prepared for the Western Australian Department for Child Protection and Family Support, Government of Western Australia

family support services on overall child safety systems found that Australian jurisdictions consistently report that:⁴⁷

- there are inadequate places available in family support services which has resulted in waiting lists, strict eligibility criteria or limited referral pathways. For example, there were a range of reports that the only way to access family support services was by referral through child protection agencies, which does not assist with managing demand for statutory services;
- family support services are generally restricted in the intensity of service they can provide due to resource constraints; and
- universal services do not have the resources to provide more intensive support to vulnerable families.

In addition, inquiries such as the 2015 Victorian Auditor-General Report have found that additional evidence and analysis is required to accurately model the impact of family support services on demand for statutory services. For example, in Victoria the report found that the Department was unable to accurately model and understand demand because it has not monitored or analysed data on non-substantive referrals. The report notes:

*[The department] does not know whether the families of non-substantive referrals represent unmet demand for early intervention or whether the lack of services being provided at this stage potentially leads to escalation of family issues that increases vulnerability.*⁴⁸

In January 2015, new community-based services called Family and Child Connect were established across Queensland to support families who are at risk of entering or re-entering the child safety system. Family and Child Connect was developed to provide families (who can self-refer), mandatory reporters and community members with an additional intake point to family support services (i.e. Family and Child Connect can provide advice and referral rather than Child Safety).

The introduction of Family and Child Connect is supported by legislative reform that will enable families and children to be referred to family support services instead of investigation by Child Safety services.⁴⁹ Experience from Queensland and other Australian jurisdictions suggests that these reforms will decrease demand on Child Safety services only if adequately resourced, and that close analysis of data is required to understand the impact.

Issues that affect Aboriginal and Torres Strait Islander children and young people

Overview

Aboriginal and Torres Strait Islander children are significantly overrepresented in child protection across all Australian jurisdictions. In 2014-15, Aboriginal and Torres Strait Islander children in Australia were found to be seven times more likely than non-Indigenous children to be receiving child protection services.⁵⁰ They were 3.65 times more likely to be the subject of a notification, and where a notification occurred, were almost five times more likely to be the subject of a finalised investigation. Overall, they were five times more likely to be the subject of a substantiation than non-Indigenous children.⁵¹

These disparities are mirrored in Queensland's child safety system, with Aboriginal and Torres Strait Islander children comprising almost 42 per cent of children in care, despite representing just 7 per cent of the total child population. Aboriginal and Torres Strait Islander children in Queensland are almost five times more likely than non-Indigenous children to be notified, six times more likely to be substantiated, and nine times more likely to be living on out-of-home. Reducing the rate of Aboriginal and Torres Strait Islander children in out-of-home care was a key proposed performance indicator for evaluating improvement of Queensland's child protection system, and its progress towards achieving

⁴⁷ Allen Consulting Group (2008), 'Inverting the pyramid: Enhancing systems for protecting children', report for the Australian Research Alliance for Children & Youth.

⁴⁸ Victorian Auditor-General's Office (2015), 'Early Intervention Services for Vulnerable Children and Families'.

⁴⁹ DCCSDS (2016), 'Building an accountable, transparent and cost-effective system', accessed October 2016 from <https://www.communities.qld.gov.au/gateway/reform-and-renewal/child-and-family/building-an-accountable-transparent-and-cost-effective-system>

⁵⁰ Australian Institute of Health and Welfare, 'Child Protection Australia: 2014-15' (2016).

⁵¹ Australian Government, Productivity Commission, 'Report on Government Services, Chapter 15: Child Protection' (2016).

goals outlined in the Carmody Inquiry.⁵² Similarly, it is an explicitly identified priority of policies, legislation and programs across all Australian jurisdictions.⁵³

Conditions of entrenched poverty have been identified by Aboriginal and Torres Strait Islander community members as giving rise to the belief on the part of non-Aboriginal child protection workers that neglect is taking place, despite the existence of strong and healthy bonds between children and their parents, extended family, and community.⁵⁴

One study of child protection practices relating to Aboriginal and Torres Strait Islander communities notes that the way in which the child protection system is structured and funded, that is, to provide acute crisis intervention, is not suited to the kind of “preventative, long-term, self-determining community-controlled support systems”⁵⁵ which are required to address systemic drivers of poverty and violence within Indigenous communities. Among the strategies outlined, they include anti-violence education and parenting skills programs, increasing community resources such as housing and Aboriginal community-led service provision, and approaches to child protection which focus on the strengths and Aboriginal Worldviews of Aboriginal and Torres Strait Islander communities, including child rearing practices.⁵⁶

Recognising the need to address factors driving the overrepresentation of Indigenous children and young people within the child protection system, as well as to provide culturally-safe and appropriate support to Aboriginal and Torres Strait Islander families, the Carmody Inquiry outlined a number of specific recommendations relating to this cohort, including:

- developing a dedicated Aboriginal and Torres Strait Islander workforce, including through supporting Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become CSOs, and the introduction of Aboriginal and Torres Strait Islander Practice Leader positions;
- broadening eligibility for access to support services, including Aboriginal and Torres Strait Islander Family Support Services, so that prior referral to Child Safety Services is not an access requirement;
- introducing a requirement that cultural support plans for Aboriginal and Torres Strait Islander children provide for regular contact with at least one person who shares the child’s cultural background;
- developing and implementing a pilot project to trial the Aboriginal Family Decision Making model;
- improving support and valuing of kinship carers, including the potential introduction of simplified kin-care assessment tools, and review of existing levels of practical and financial support to Aboriginal and Torres Strait Islander kinship and foster carers; and
- developing and funding a regional Aboriginal and Torres Strait Islander Child and Family Services Program, to be affiliated with an existing, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.

In addition, the Government accepted recommendations for the establishment of an Aboriginal and Torres Strait Islander Child Protection Service Reform Project, with a mandate to: assess existing services relevant to child protection and to identify system gaps and inefficiencies; develop and implement strategies and models of service delivery to enhance access for Aboriginal and Torres Strait Islander families; and to incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families. Beyond this general mandate, further recommendations outlined a role for the Reform Project in the following areas:

- collaborating with individual communities to develop appropriate community-based referral processes;

⁵² Tilbury C. ‘Repositioning prevention in child protection using performance indicators’ (2016). 37(6) Policy Studies 583.

⁵³ Australian Institute of Health and Welfare, ‘Indigenous Child Safety’ (2014).

⁵⁴ Funston, Herring and ACMAG, ‘When Will the Stolen Generation End? A Qualitative Critical Exploration of Contemporary ‘Child Protection’ Practices in Aboriginal and Torres Strait Islander Communities’ (2016). 7(1) Sexual Abuse in Australia and New Zealand 51.

⁵⁵ Funston, Herring and ACMAG, ‘When Will the Stolen Generation End? A Qualitative Critical Exploration of Contemporary ‘Child Protection’ Practices in Aboriginal and Torres Strait Islander Communities’ (2016). 7(1) Sexual Abuse in Australia and New Zealand 51.

⁵⁶ Ibid.

- improving the capacity for service delivery to support differential responses in discrete communities (such as family assessment or family violence responses as an alternative to investigation or notifications);
- assessing the operation of safe houses and potential improvements to links with intensive family support services;
- advising on the desirability of extending existing safe houses and establishing new ones; and
- considering the potential role of safe houses as a long-term placement option, enabling children to remain connected to their community.⁵⁷

These recommendations align with national priorities and indicate a commitment from the Queensland Government to improve outcomes for Aboriginal and Torres Strait Islander families and communities through culturally safe and community-based strategies. Due to the significant Aboriginal and Torres Strait Islander child population in Queensland, effective strategies to reduce the prevalence of Aboriginal and Torres Strait Islander children engaged with the child protection system in Queensland can have a substantial impact on overall system demand.

Rural and remote communities

Overview

In Queensland, just over 1.65 million people reside in rural and remote areas, covering just over 95 per cent of the State's land mass. Australians who live in rural and remote communities tend to experience higher rates of chronic disease than people living in major cities, have lower life expectancy, and poorer access to and use of health services, than Australians who live in major cities.⁵⁸ A 2015 survey conducted by the University of Canberra found that rural and remote communities in Queensland collectively experience relatively lower levels of wellbeing than rural and remote communities in other States and Territories.⁵⁹

Factors which can impact health and wellbeing in rural and remote locations include economic uncertainty and restructuring, reduced opportunities, and the impact of natural disasters and continuing drought (as at March 2016, only 7 per cent of very remote Queensland, and 14 per cent of remote Queensland, were drought free).⁶⁰ Limited access to services can compound these issues, with geographic isolation and limited financial resources acting as barriers.⁶¹ Importantly, the differing ways and extent to which these factors impact on individual communities can mean that community health and wellbeing across rural and remote Queensland is variable.

Importantly, interactions between remoteness, low socioeconomic position, and the higher proportion of Indigenous Australians living in rural and remote areas compared with major cities, make it difficult to accurately assess the implications of remoteness for health and wellbeing outcomes.⁶²

There is a strong recognition in the development of law, policy and health and human services practice within Queensland that rural and remote regions may not be best served by a 'one-size-fits-all' approach to service delivery. For example, the *Queensland Mental Health, Drug and Alcohol Strategic Plan*, which consists of three population-level plans, is supplemented by the *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-2018*, which explicitly addresses the "unique circumstances of rural and remote Queensland" and the need for alternate strategies to improve mental health and wellbeing in these areas.⁶³ The plan is interdisciplinary, and includes initiatives in the areas of early childhood education, domestic and family violence, multiculturalism, youth justice, mental health and disaster resilience.

The *Not Now Not Ever* report on domestic and family violence in Queensland similarly noted the need to improve service to Queensland's remote and rural communities, including through attracting highly

⁵⁷ Queensland Government, 'Queensland Government response to the Queensland Child Protection Commission of Inquiry final report' (2013).

⁵⁸ Australian Institute of Health and Welfare, 'Australia's health 2016' (2016). Australia's health series no. 15.

⁵⁹ Schirmer J, et al, 'Wellbeing, resilience and liveability in regional Australia: The 2015 Regional Wellbeing Survey' (2016). University of Canberra, accessed on <http://www.canberra.edu.au/research/faculty-research-centres/ceraph/regional-wellbeing/survey-results/2015/RWS2015_Web-Part-1.pdf>.

⁶⁰ Queensland Government, 'Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-18' (2016).

⁶¹ Ibid.

⁶² Australian Institute of Health and Welfare, 'Australia's health 2016' (2016). Australia's health series no. 15.

⁶³ Queensland Government, 'Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-18' (2016).

skilled workers to support victims of domestic and family violence in those communities, building or improving links between rural and remote services and the broader domestic violence service provider network, and through the use of technology to support victims.⁶⁴

Remote and rural communities can similarly represent a unique challenge for child protection, particularly in the context of secondary family support services as a strategy for diverting low and moderate risk cases from statutory intervention processes.

2.5.2 Benchmarking workforce and key performance measures for child protection

Australian States and Territories regularly report key Child Protection workforce and performance data to the Productivity Commission for inclusion in the annual Report on Government Services (ROGS) and to the Australian Institute of Health and Wellbeing (AIHW). These reports enable comparison of Australian State and Territory governments in the efficient and effective delivery of services. Key benchmarking information from the ROGS and the AIHW is outlined in this section. Where comparable data is available from jurisdictions such as the United States, Canada and the United Kingdom it is also included.

2.5.2.1 Benchmarking key indicators with Australian jurisdictions

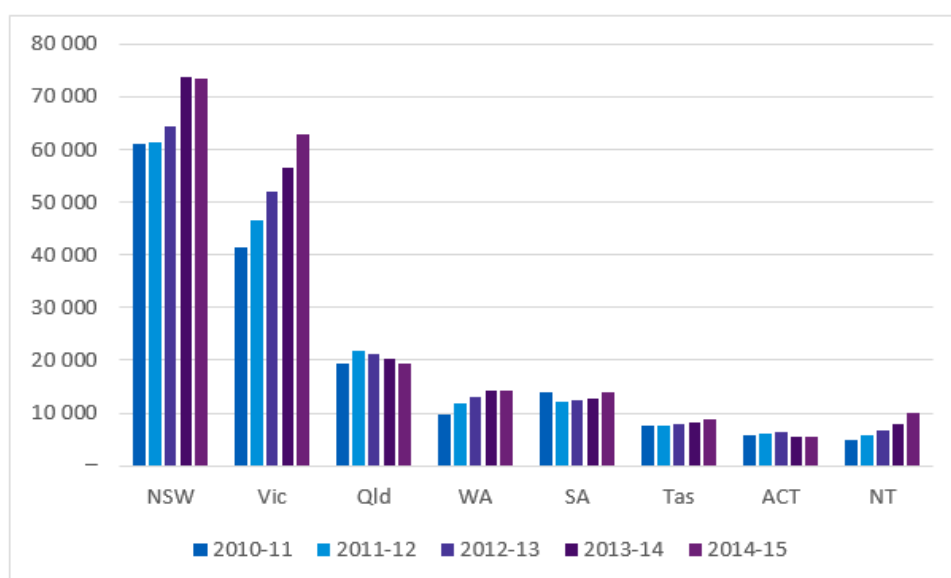
Notifications, investigations and substantiations

Notifications

The total number of children involved in child protection notifications in Queensland has been consistent over the period from 2010-2011 to 2014-2015 with approximately 20,000 notifications per year (Figure 2.25). This is considerably lower than New South Wales and Victoria where there have been more than 70,000 notifications and more than 60,000 notifications respectively in the last year alone. The rate of notifications in Queensland is not significantly higher than smaller states despite the considerably larger population of Queensland.

The total number of children in notifications has trended upwards over the period 2011-2012 to 2014-2015 in all jurisdictions except Queensland and the Australian Capital Territory where the number of notifications has declined (Figure 2.26).

Figure 2.25: Total number of children in notifications, 2010-11 to 2014-15

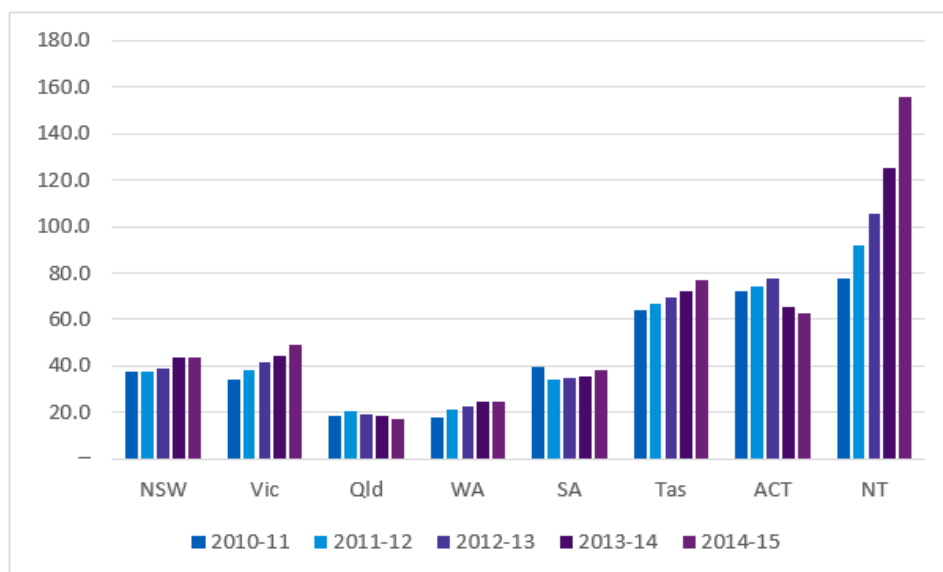


Source: Table 15A.8, 2016 ROGS

⁶⁴ Queensland Government, 'Not Now, Not Ever' (2015), Recommendation 73.

Figure 2.26 shows that the normalised rate of notifications per 1,000 children in Queensland is low in comparison to other jurisdictions. New South Wales, Victoria, Tasmania and the Northern Territory are experiencing increasing notifications per 1000 children, while Queensland and the Australian Capital Territory are showing a declining trend.

Figure 2.26: Rate per 1,000 children in notifications, 2010-11 to 2014-15

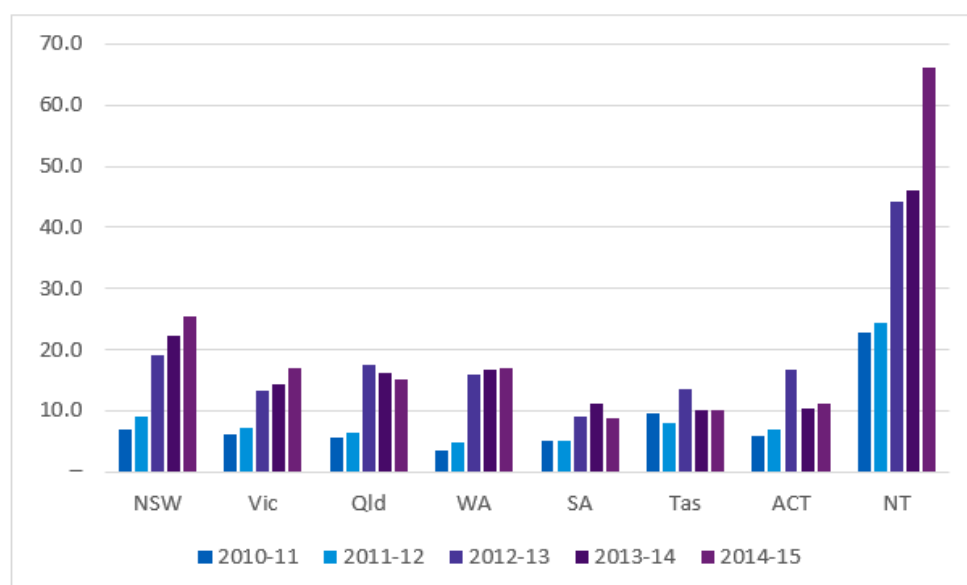


Source: Table 15A.8, 2016 ROGS

Investigations

Across Australia there was a dramatic increase in finalised investigations between 2011-2012 and 2012-2013 (Figure 2.27). While all jurisdictions experienced an increase in finalised investigations from the 2010-2011 baseline, in 2014-2015 Queensland had a rate of 15 per 1,000 children compared with 66 per 1,000 children in the Northern Territory. Furthermore, following the 2012-2013 increase in finalised investigations, Queensland has experienced a steady decline in completion rates from 2012-2013 to 2014-2015 while other jurisdictions (New South Wales, Victoria, Western Australia and Northern Territory) have continued to rise.

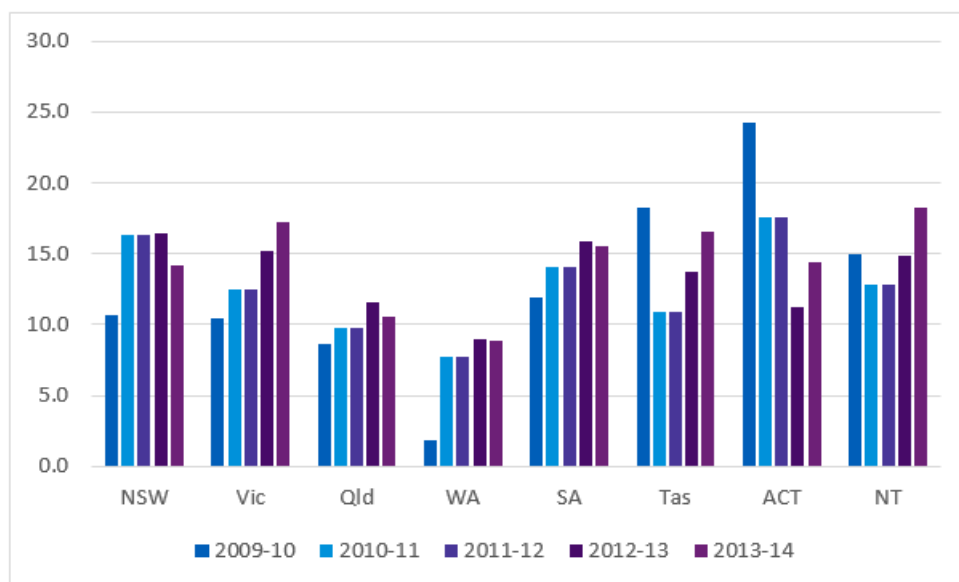
Figure 2.27: Rate per 1000 children in finalised investigations, 2010-11 to 2014-15



Source: Table 15A.8, 2016 ROGS

Figure 2.28 shows that in Queensland, the proportion of children who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months is the second lowest across Australia. A low proportion of children who receive a subsequent substantiation is desirable as this suggests that the initial categorisation of notifications and investigations is appropriate.

Figure 2.28: Proportion of children (%) who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months

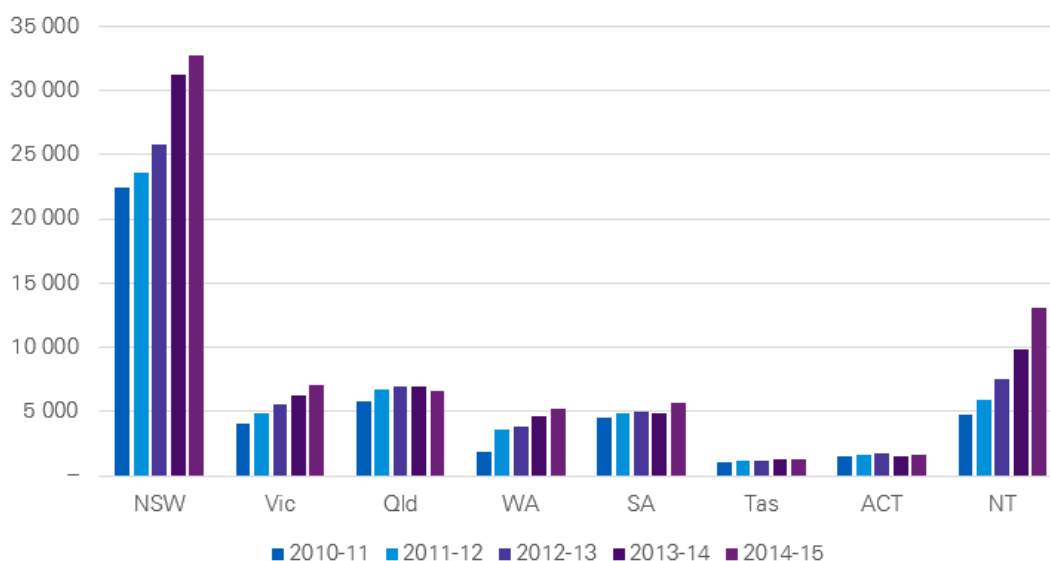


Source: Table 15A.10, 2016 ROGS

Aboriginal and Torres Strait Islander children and young people

The number of Aboriginal and Torres Strait Islander child protection notifications in Queensland is low compared with New South Wales, which has the highest Aboriginal and Torres Strait Islander population, and the Northern Territory, which has the highest proportion of Aboriginal and Torres Strait Islanders. Both New South Wales and the Northern Territory have experienced an increasing trend for Aboriginal and Torres Strait Islander child protection notifications over the five year period from 2010-2011 to 2014-2015 while the number of notifications in Queensland has been broadly consistent since 2011-2012 (Figure 2.29).

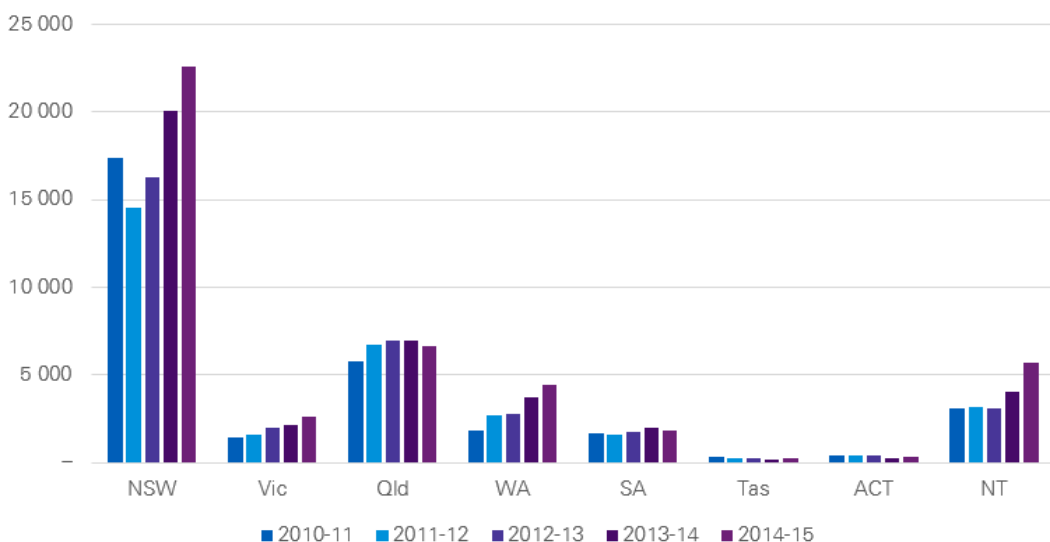
Figure 2.29: Total number of Aboriginal and Torres Strait Islander child protection notifications, 2010-11 to 2014-15



Source: Table 15A.5, 2016 ROGS

Despite a comparatively low number of notifications in Queensland for Aboriginal and Torres Strait Islander children, all notifications (100 per cent) in Queensland are investigated (Figure 2.30). This is not consistent with other jurisdictions where only a proportion of notifications are investigated by child protection services.

Figure 2.30: Total number of Aboriginal and Torres Strait Islander child protection investigations, 2010-11 to 2014-15

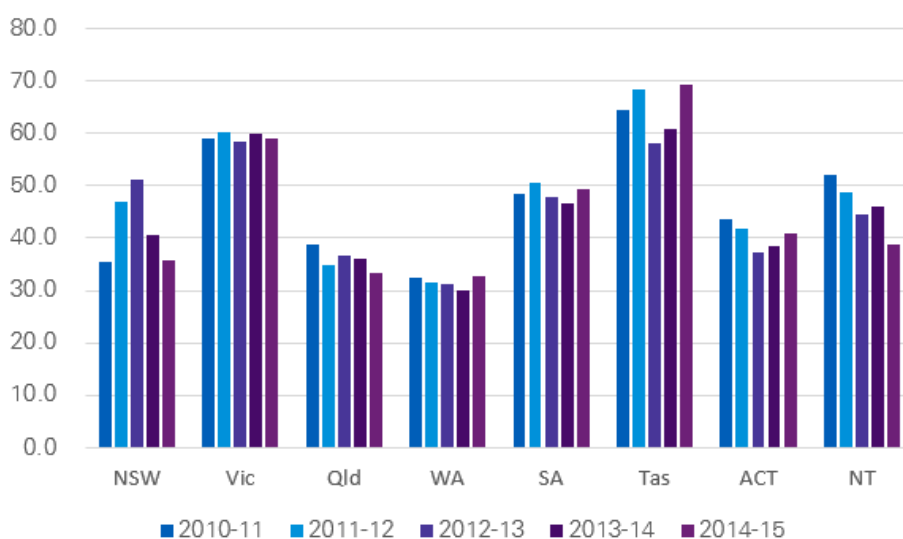


Source: Table 15A.5, 2016 ROGS

Substantiations

The proportion of investigations that have been substantiated in Queensland is low (less than 40 per cent) compared with Victoria (60 per cent), South Australia (50 per cent) and Tasmania (more than 60 per cent) (Figure 2.31). Furthermore, the rate of investigations being substantiated has steadily declined in Queensland from 2010-2011 to 2014-2015. The low rate of substantiated investigations suggests resources are being utilised to investigate notifications which are increasingly unable to be substantiated. However, delays in commencing investigations could also mean that by the time a CSO commences an investigation, evidence to support a substantiation of harm may be gone.

Figure 2.31: Proportion of investigations substantiated, 2010-11 to 2014-15

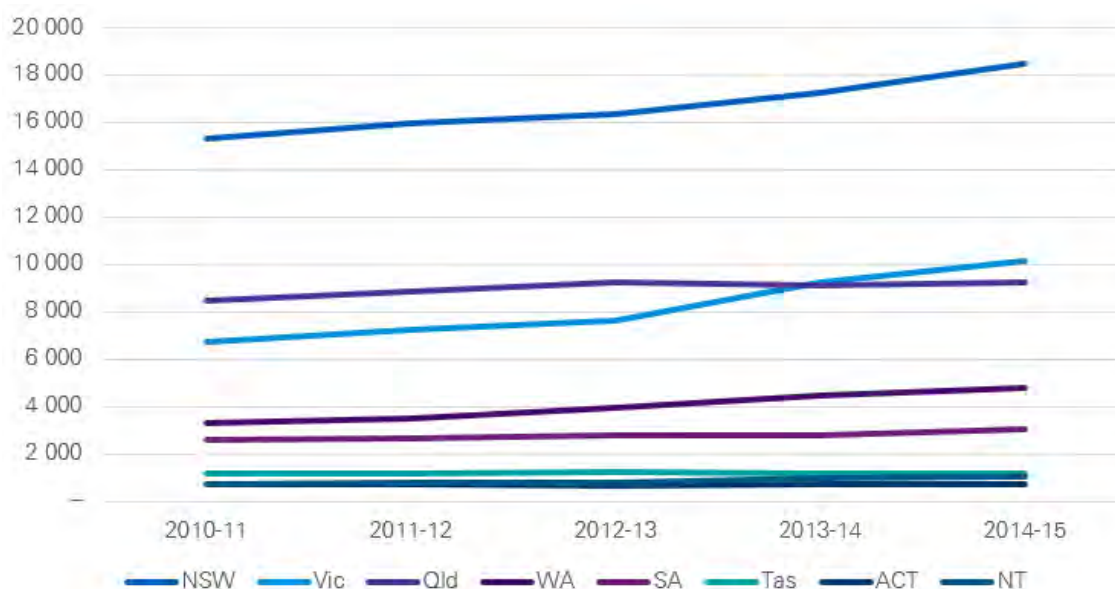


Source: Table 15A.9, 2016 ROGS

Overall, the total number of children on child protection orders is trending upwards across all States and Territories (Figure 2.32). However, from 2012-2013 to 2014-2015 the number of children on child protection orders plateaued in Queensland, while all other jurisdictions have continued to rise.

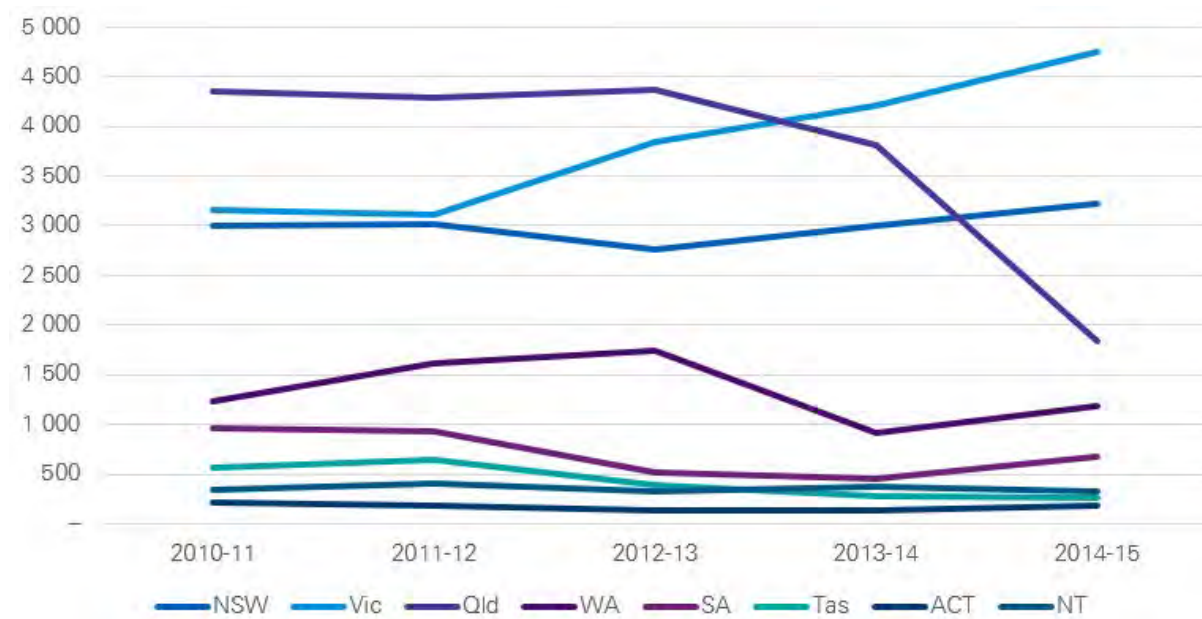
The number of children admitted to care or protection orders in Queensland decreased from 2012-2013 to 2014-2015 (Figure 2.33) which coincides with the plateau illustrated in Figure 2.32. Other jurisdictions exhibit varied results over the period from 2010-2011 to 2014-2015, with Victoria as the only state which has been consistently trending upwards.

Figure 2.32: Total number of children on child protection orders, 2010-11 to 2014-15



Source: Table 15A.7, 2016 ROGS

Figure 2.33: Total number of children admitted to child protection orders, 2010-11 to 2014-15



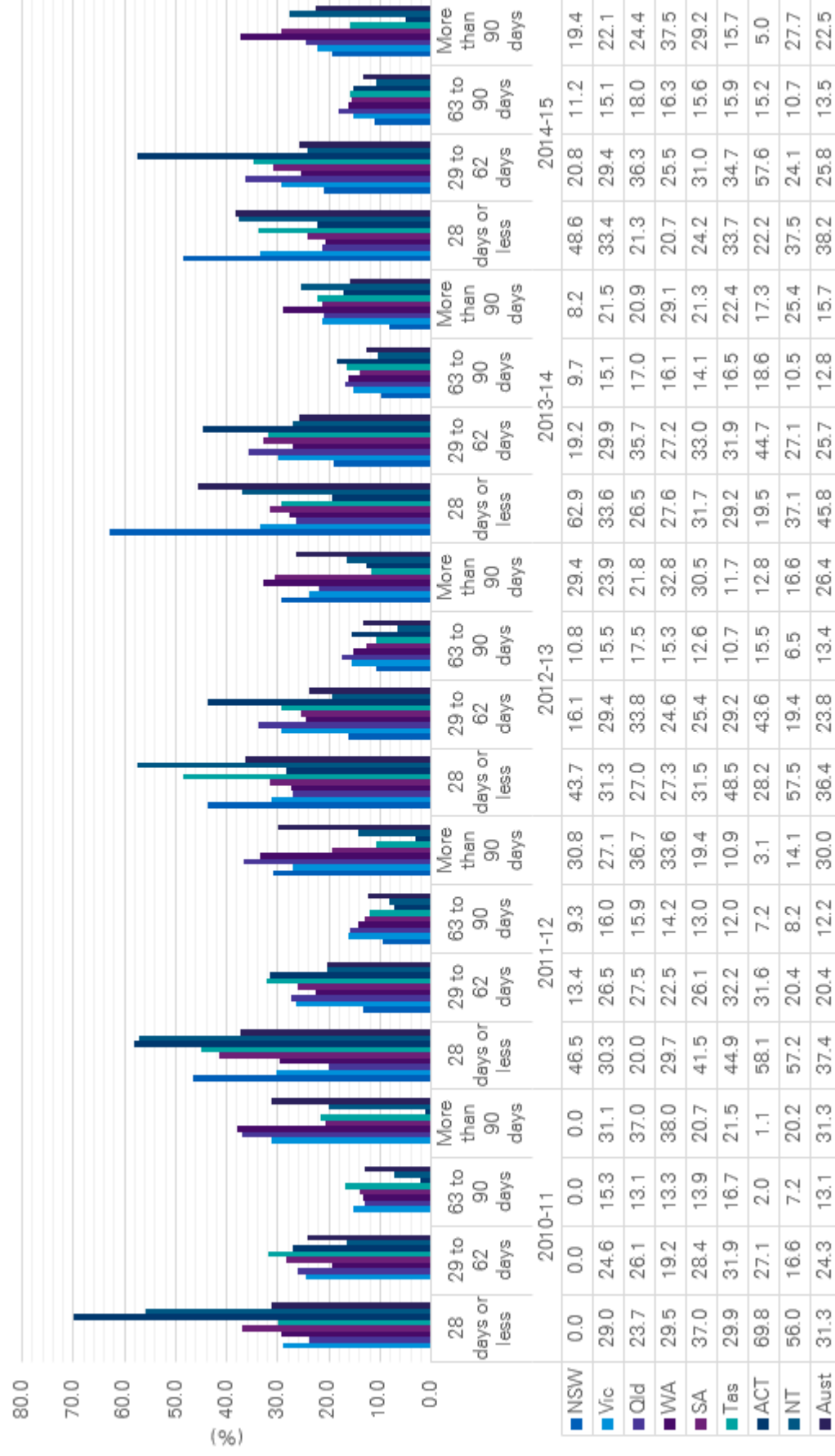
Source: Table 15A.6, 2016 ROGS

Response times

Response times, (i.e. the number of days taken to commence and finalise investigations into child abuse and neglect notifications), depends on a range of factors.⁶⁵ These include demand on the child protection workforce but also regulatory and legislative requirements. Figure 2.34 shows that the proportion of investigations commenced after 29 days is significantly higher in Queensland than in other Australian jurisdictions, and that the proportion of cases that are commenced within 7 days is significantly lower than in other Australian jurisdictions. While the time taken to initiate investigations in Queensland is high, the time to complete an investigation is not significantly different to other jurisdictions (Figure 2.35).

⁶⁵ Note this is type of indicator is being replaced with quality indicators that attempt to measure outcomes for children and families in contact with the child protection system.

Figure 2.35: Proportion of investigations finalised, by time taken to complete investigation, 2010-11 to 2014-15

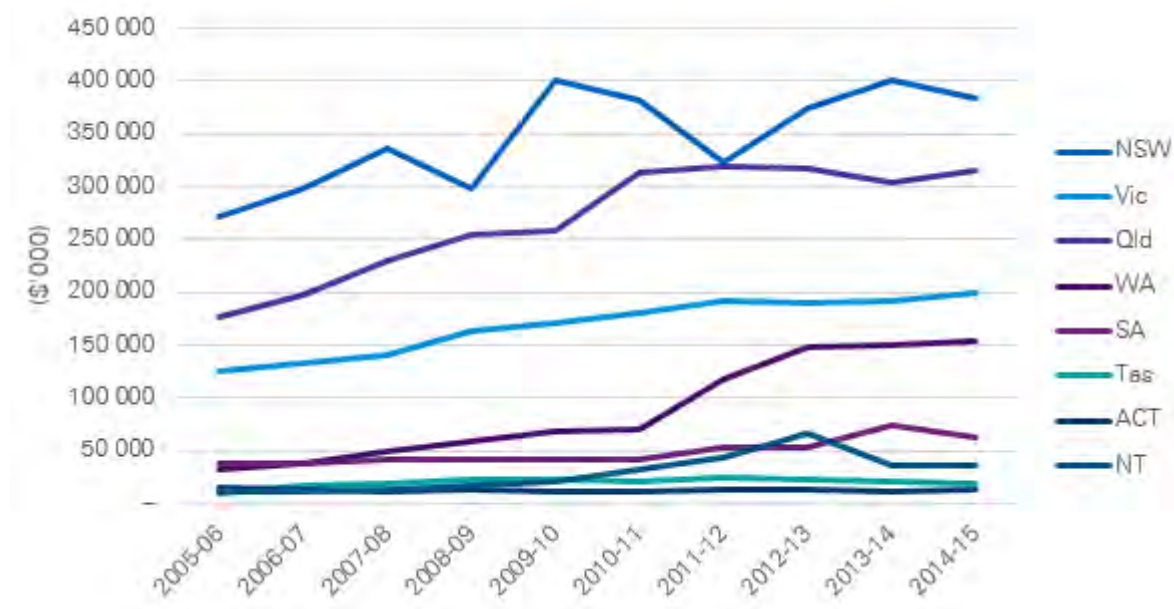


Source: Table 15A.16, 2016 ROGS

Expenditure and workforce

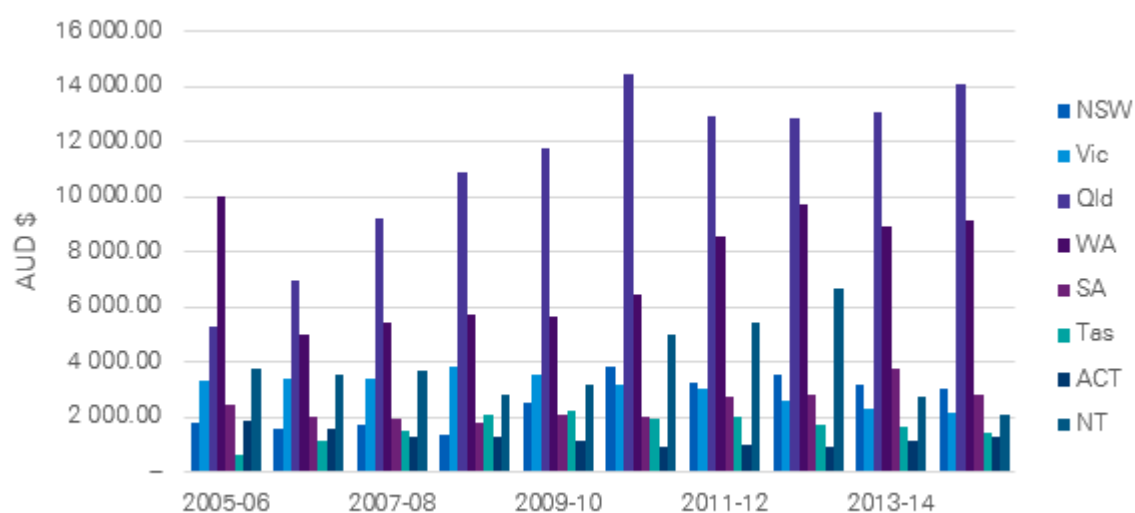
In 2014-15, Queensland's real recurrent expenditure on child protection services was \$314.82 million. Illustrated in Figure 2.36, real recurrent expenditure has steadily increased over the ten years to 2015, consistent with most jurisdictions. However, Figure 2.37 shows that Queensland real recurrent expenditure on all child protection activities per notification is significantly higher than other jurisdictions. Real recurrent expenditure per investigation and per substantiation is consistently amongst the highest in Australia (Figure 2.38 and Figure 2.39).

Figure 2.36: State and Territory Government real recurrent expenditure on child protection services



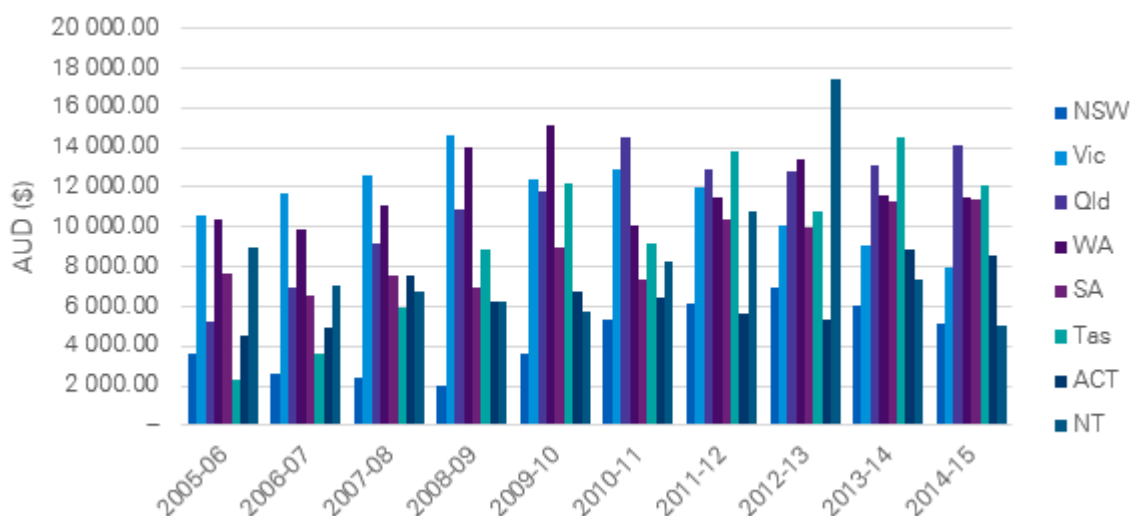
Source: Table 15A.1, 2016 ROGS

Figure 2.37: Annual State and Territory real recurrent expenditure on all child protection activities, per notification



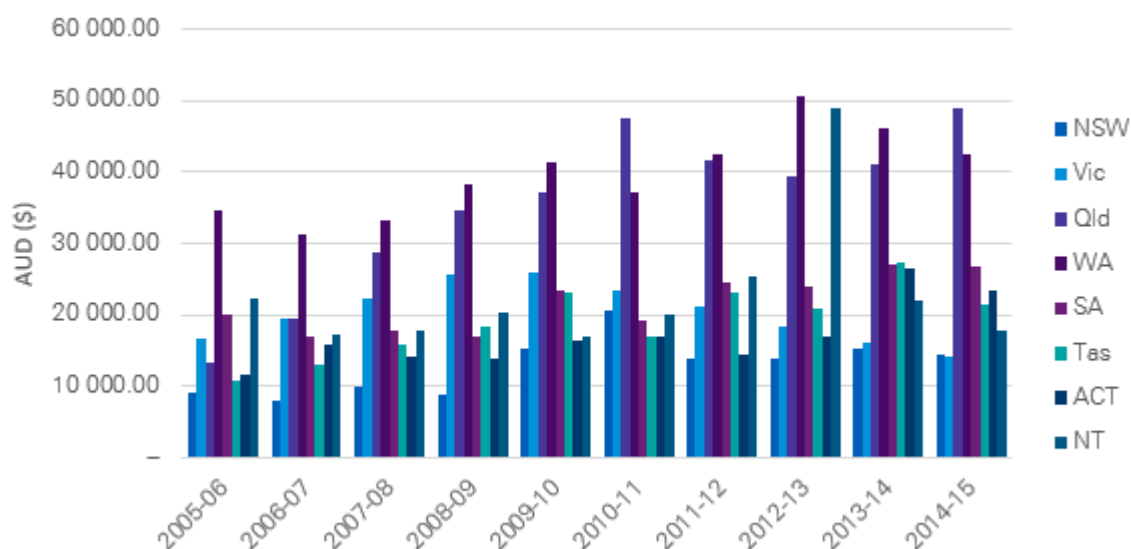
Source: Table 15A.2, 2016 ROGS

Figure 2.38: Annual State and Territory real recurrent expenditure on all child protection activities, per investigation



Source: Table 15A.2, 2016 ROGS

Figure 2.39: Annual State and Territory real recurrent expenditure on all child protection activities, per substantiation



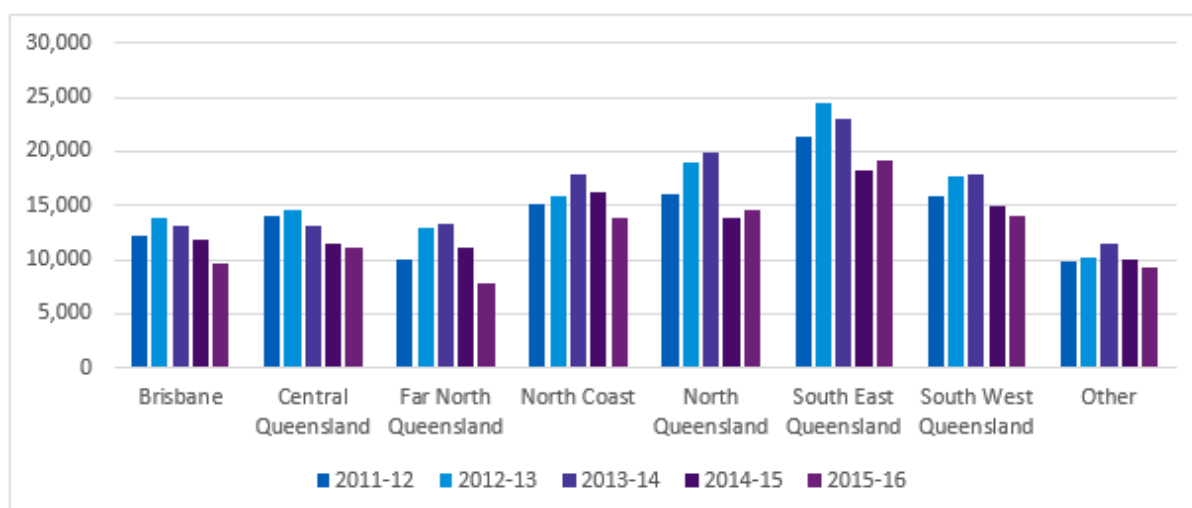
Source: Table 15A.2, 2016 ROGS

2.5.3 Benchmarking regional key performance measures

2.5.3.1 Benchmarking intake performance measures

Across Queensland, the total intake numbers peaked for most regions in either 2012-2013 or 2013-2014 (Figure 2.40). Intake has trended downwards from 2013-2014 to 2015-2016 for all regions, with the most recent intake level being lower than the 2011-2012 baseline.

Figure 2.40: Total intake by region, 2011-12 to 2015-16, 2011-12 to 2015-16

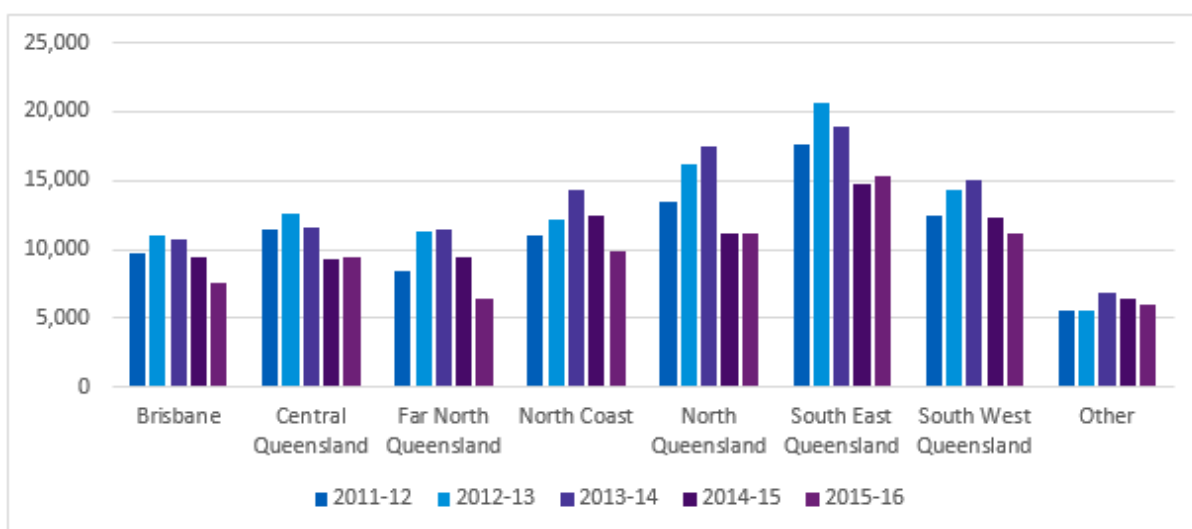


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Total intake numbers are allocated as either child concern reports (Figure 2.41) or notifications (Figure 2.42). Child concern reports follow a similar distribution across regions as the total intake numbers where reports in 2015-2016 are lower across all regions than in the baseline year of 2011-2012.

Additionally, the distribution of child concern reports varies across regions, with South East Queensland having the highest number of reports and more remote areas such as Far North Queensland showing comparatively lower numbers of reports (Figure 2.41).

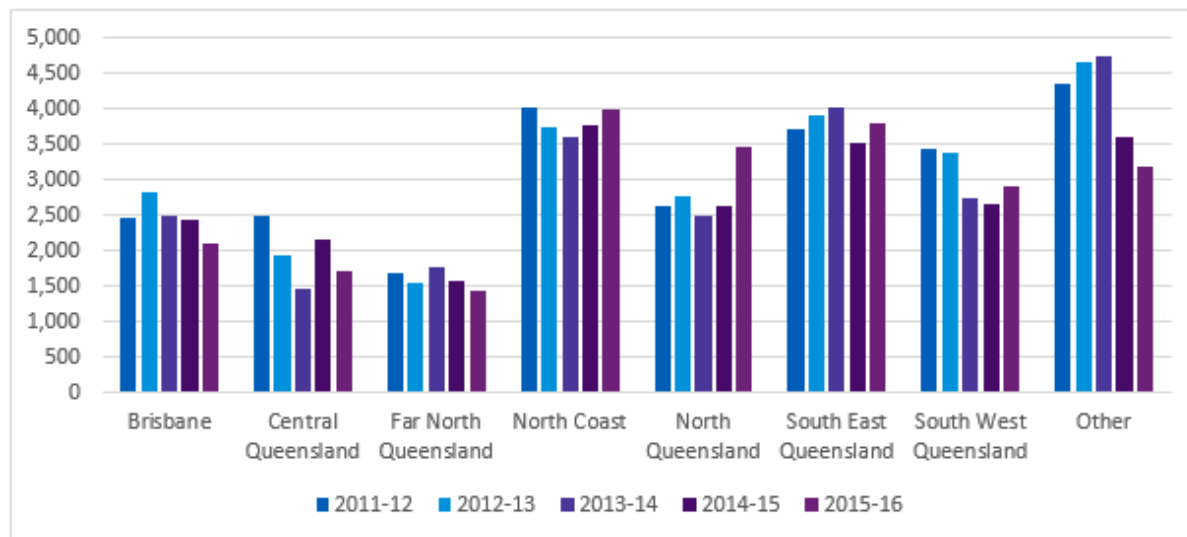
Figure 2.41: Child concern reports by region, 2011-12 to 2015-16



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The distribution of notifications across regions within Queensland shows a different story, with notifications in the North Queensland region trending upwards. Additionally the North Coast region and Other category demonstrate high relative notifications (Figure 2.42) when compared with the total intake (Figure 2.40) and child concern report (Figure 2.41) distributions.

Figure 2.42: Notifications by region, 2011-12 to 2015-16



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

3 Commission of Inquiry Modelling on Demand



3 Commission of Inquiry

Modelling on Demand

This section of the report assesses the impact on demand associated with implementation for reforms arising from the Commission of Inquiry into Child Protection Report. It shows that the assumptions about reductions in demand that were factored into the Carmody Inquiry final report have been realised across a number of key demand indicators with referrals by notifiers down by 23 per cent, and interventions with parental agreement notifications down by 14 per cent. On the other hand, the number of child protection orders has increased by 4.8 per cent against a target reduction of 36 per cent and the number of children in care has increased by 5.7 per cent against a target reduction of 25 per cent.

The current significant reforms within the Queensland Child Protection system arise from the 121 recommendations from the Commission of Inquiry into Child Protection in Queensland which undertook a comprehensive review of the system, and delivered a blueprint for implementing a sustainable child protection system inclusive of a state-wide family support system. Funding for implementation of the blueprint was based on a range of assumptions about the future savings that would be required to deliver a sustainable system. The Commission determined that the largest savings in child safety spending would occur four to five years from commencement of implementation measures under the Roadmap for Child Protection. In the fifth year, it was anticipated that savings sufficient to fund increased secondary services would accrue as a result of a reduced proportion of the Child Safety budget being spent on up-front child protection services.

To this end, the Commission established intermediary targets for roadmap actions. These were anticipated to culminate in overall reductions in incidents throughout the various phases of child protection case work.

3.1 Referrals and Intake

Referrals from notifiers were anticipated to decrease as a result of legislative changes for referring agencies. It was anticipated that referrals-in would decrease by 23 per cent over the period of the reform roadmap. This was anticipated to have a flow-on effect to a reduction in intakes of 5 per cent per year over the 5 year period between 2013-14 and 2018-19. Reductions in years 4 and 5 were anticipated to be the result of a dual pathway for referral to services other than the tertiary child protection services.

Recommendations 4.1 to 4.3 aimed to achieve legislative change that would effectively reduce the number of contacts with the statutory child protection system for families that do not meet the threshold for the Department's legislative authority to intervene. This is due to a number of factors which include variations in reporting policies across government, as well as the variety of professional backgrounds of those that have mandatory reporting responsibilities. In this regard, the Commission noted that the Queensland Police Service in particular set very wide parameters for reporting which was inclusive of every case where a child may have been exposed to domestic and family violence. The Commission also recognised that a misreport was often counterproductive in a number of ways, most significantly through needlessly stigmatising a family and potentially exposing it to an

investigation which may bring its own traumas. On top of this, however, the Commission considered that the large gap between intakes that resulted in a Child Concern Report, and those which resulted in a Notification requiring investigation, was a significant impost on already mounting workload pressures.

The table below outlines the assumptions that were contained within the Carmody Report which anticipated the reform agenda would result in demand reductions across a number of indicators.

Table 3.1: Performance against Carmody Assumptions within the Commission of Inquiry into Child Protection in Queensland final report, Taking Responsibility: a roadmap for child protection in Queensland.

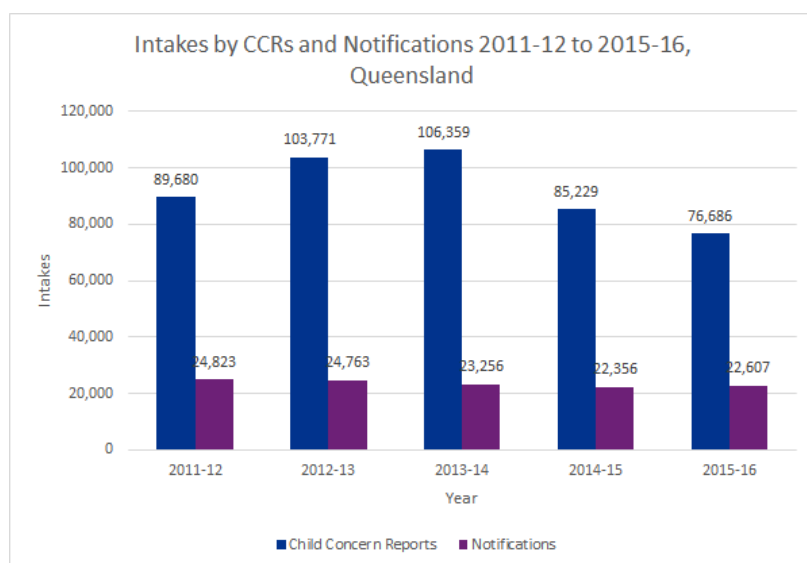
Carmody Assumption	Target reduction	Current State
Prior to Ongoing Interventions		
Referrals from Notifiers	23%	Down by 23%
Intake	80%	Down by 23%
Notification	1%	Down by 8.7%
Investigations	60%	Down by 8.7%
Substantiations	24%	Down by 6.5%
Substantiations in Need of Protection	21%	Down by 13.5%
Interventions with Parental Agreement	14%	Down by 14%
Custodial Orders	36%	Increased by 4.8%
Following Ongoing Intervention		
Children Notified for Standards of Care	11%	Increased by 40.7% (change in reporting)
Children Subject to Substantiated Harm	24%	Increased by 19%
Children in Care	25%	Increased by 5.7%

Source: KPMG 2016, from Queensland Child Protection Commission of Inquiry final report “Taking Responsibility: A Roadmap for Queensland Child Protection” and data provided by Department of Communities, Child Safety and Disability Services.

Figure 3.1 demonstrates that, whereas 24,823 out of 114,503 intakes met the threshold of notifications requiring investigation at the time of the Commission’s report, amounting to only 21.7 per cent of all referrals, referrals in 2013-14 peaked at 129,615, of which only 17.9 per cent met the threshold for investigation.

Consistent with the Commission’s assumptions, intakes declined overall from 2013-14 to 2015-16, predominantly in response to changes in the Queensland Police Service policy of reporting all incidents where a child was exposed to domestic and family violence. Concurrently, however, the rate of notifications meeting the threshold for investigation also decreased over the three year period by 2.3 per cent, noting that the 2015-16 figure was marginally higher than the 2014-15 figure for notifications.

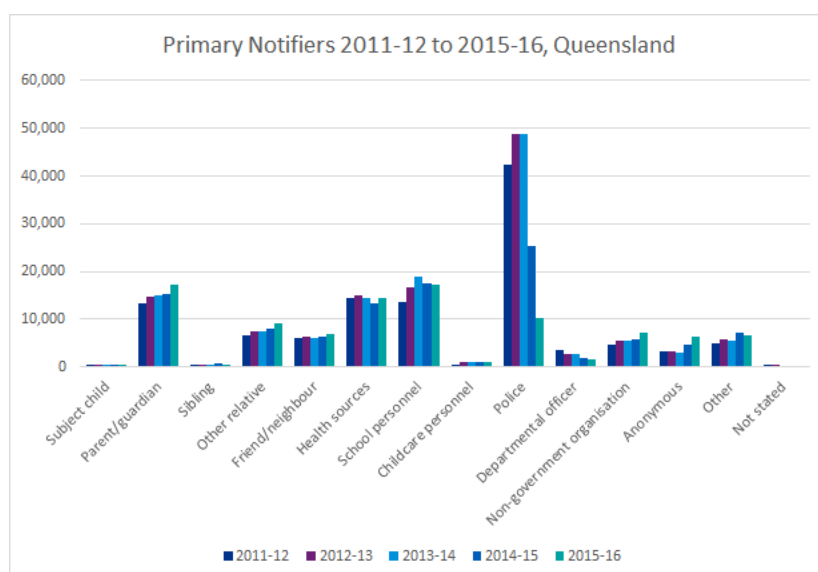
Figure 3.1: Intake Type by CCRs and Notifications, 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 3.2 demonstrates that the change is primarily due to the decline in referrals from Queensland Police Service, which has shifted from being the highest notifier to having a notification rate significantly below other the other major government notifiers, being Health and Education.

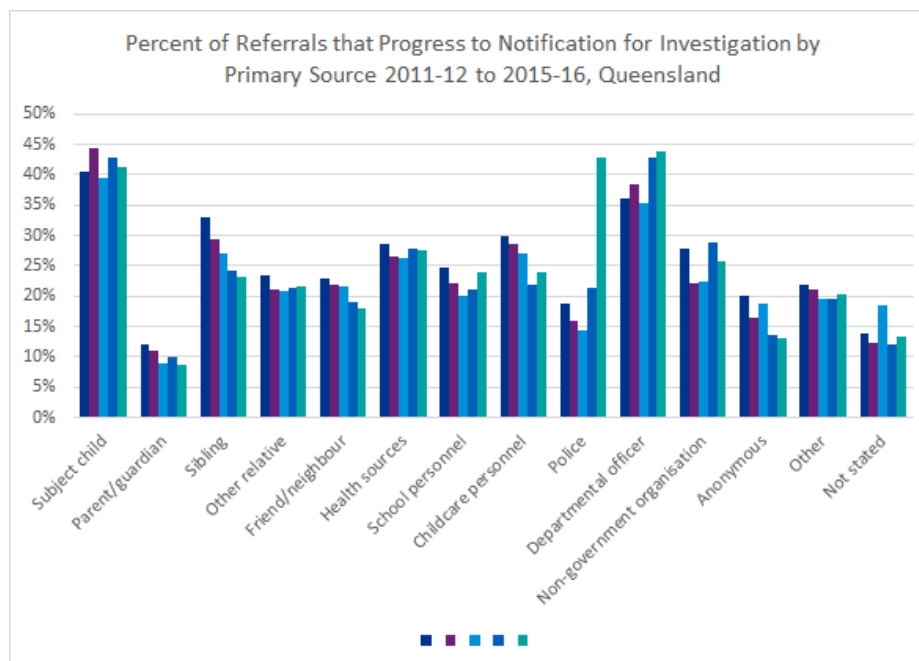
Figure 3.2: Primary notifiers 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

However, while referrals from Queensland Police Service have declined substantially over the period, the quality of notifications from Police can be shown to have increased, with the percent of referrals meeting the threshold for investigations having increased substantially, and being comparable with the notification rate for Child Safety departmental officers in 2015-16 (see Figure 3.3).

Figure 3.3: Percent of Referrals progressing to Notifications meeting the threshold for investigation by Primary Source, 2011-12 to 2015-16, Queensland.



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The Commission's assumption that change in mandated requirements for notification would reduce the burden associated with referrals that do not meet the threshold for investigation by the Department has delivered an average reduction in intake resulting in child concern reports of approximately 6.6 per cent per annum since 2013-14. This is largely consistent with expectations. However, there are new requirements that will be introduced in 2017 that will increase the mandatory reporting responsibilities of child care staff.

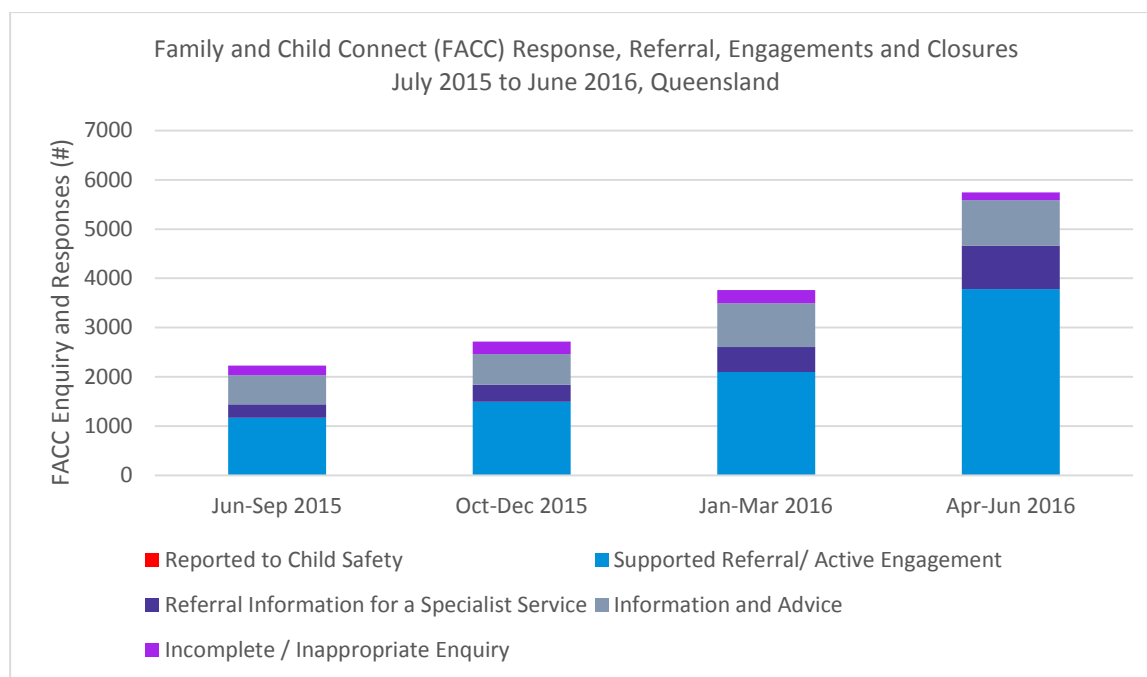
The Queensland Government amended the *Child Protection Act 1999* to clarify policy and legislative mandatory reporting requirements and to introduce a consistent reporting standard which requires mandatory reporters to report a reasonable suspicion that a child is in need of protection as a result of physical or sexual abuse, directly to the Department. The amendments also enable professionals working within mandatory reporting entities to refer a child's family, without their consent, to a community based intake and referral service, or other services that support children and their families where the reasonable suspicion does not indicate that a child is in need of protection as a result of physical or sexual abuse. This dual pathway referral process is anticipated to further contribute to a diversion of families that do not meet the legislative threshold for investigation to other more appropriate family support services. This may include families where the immediate safety of the child is not compromised, but there is evidence of:

- parenting issues that have the potential to affect the development of the child;
- conflict within the family or the family is at risk of breaking down;
- pressure on the family as a result of a range of factors including disabilities, mental illness or substance abuse;
- lack of support for a young or isolated family; and
- lack of support for a socially or economically disadvantaged family and there are risks that this might lead to neglect of a child.

To this end, rollout of Family and Child Connect (FACC) services in Queensland concludes in 2017 to provide state-wide coverage. The recent rollout of these services mean that the demand impact on the intake process have not to date been realised to any significant extent. However, Figure 3.4 overleaf demonstrates the increasing number of enquiries and onward referrals from FACC, which demonstrate, not only the significant growth and engagement with these services over the 2015-16 financial year, but also that the opportunity for alternative pathways to the secondary sector is increasing. The strategy to divert referrals to the secondary sector is emphasised through the low

numbers of FACC clients being referred on to the tertiary-level child safety service. While the referral figures to child safety are in the chart below, they are sufficiently low as to not register in the diagram. Numbers referred to child safety by the FACC service were 4, 6, 2 and 9 in each of the four quarters of the financial year respectively. What is also demonstrated is the decreasing number of incomplete or inappropriate referrals which means referrers understand when to refer to FACC, in the main, are appropriate.

Figure 3.4: Family and Child Connect (FACC) Response, Referral, Engagements and Closures, July 2015 – June 2016, Queensland

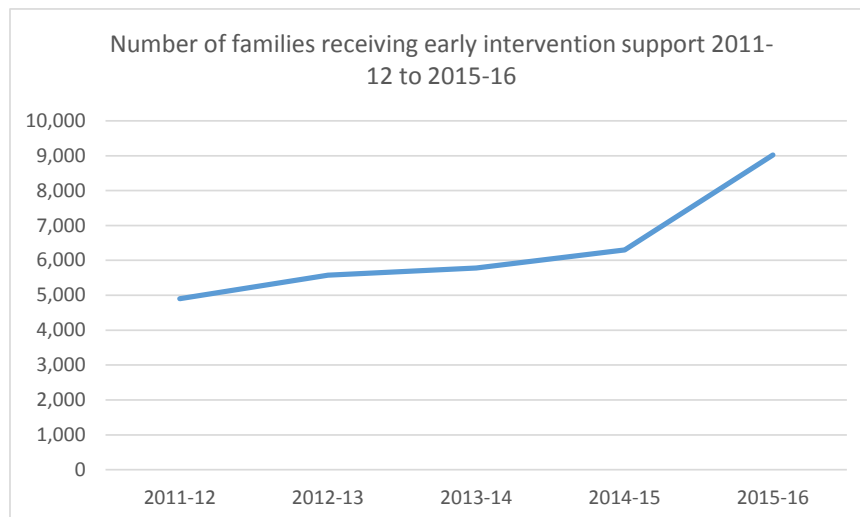


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The Department also provides a suite of services to divert families from the tertiary child protection system to other services which assist them to support their children safely at home. These are Intensive Family Support (IFS) services, secondary family support services, and Aboriginal and Torres Strait Islander family support services.

The number of families receiving these early intervention services has been increasing overall since 2011-12, with a sharp rise in early interventions in 2015-16. In 2015-16, 9,020 families were receiving secondary support services, with 41 per cent of these families being Aboriginal and Torres Strait Islander. This is a proportional increase from previous years in which only a third of families receiving secondary support services were Aboriginal and Torres Strait Islander each year since 2011-12.

Figure 3.5: Number of Families Receiving Early Intervention Support 2011-12 to 2015-16



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

3.2 Investigations and Assessments

While Carmody assumed that there would be a resource impact from reducing the volume of contacts with the Child Protection system that do not meet the threshold for investigation, the report also assumed that there would only be a 1 per cent reduction overall in actual notifications requiring investigation or action by the Department. As mentioned above, the initial legislative change implemented as a result of the Carmody recommendations has resulted in a decrease in notifications of around 8.7 per cent in the first three year period.

By far the greatest impact in terms of reduction in demand for investigations was anticipated to stem from a differential response approach to investigations. In fact, the Commission considered that, of the notifications that met the threshold for investigation, a large number of these could be catered for through implementing a process whereby the response to a notification is more flexible. In the current Queensland model, all notifications result in an investigation which will have a variety of outcomes, including that the notification of harm is substantiated and the child is in need of protection (SINOP), the harm is substantiated but the child is not in need of protection (SNINOP), the report is unsubstantiated (UNSUB), or there is no outcome due to, for example, the family not being able to be located, or the family having moved interstate.

However, other jurisdictions utilise a differential response model which enables additional responses other than investigation, for example, a family services assessment, a welfare response or a domestic and family violence pathway. The Commission considered a differential response approach would decrease the number of investigations undertaken thus resulting in better outcomes for families, and utilisation of more resource efficient responses. Investigation was considered by the Commission to be a resource intensive response, and potentially the most damaging where the notification of harm is unsubstantiated.

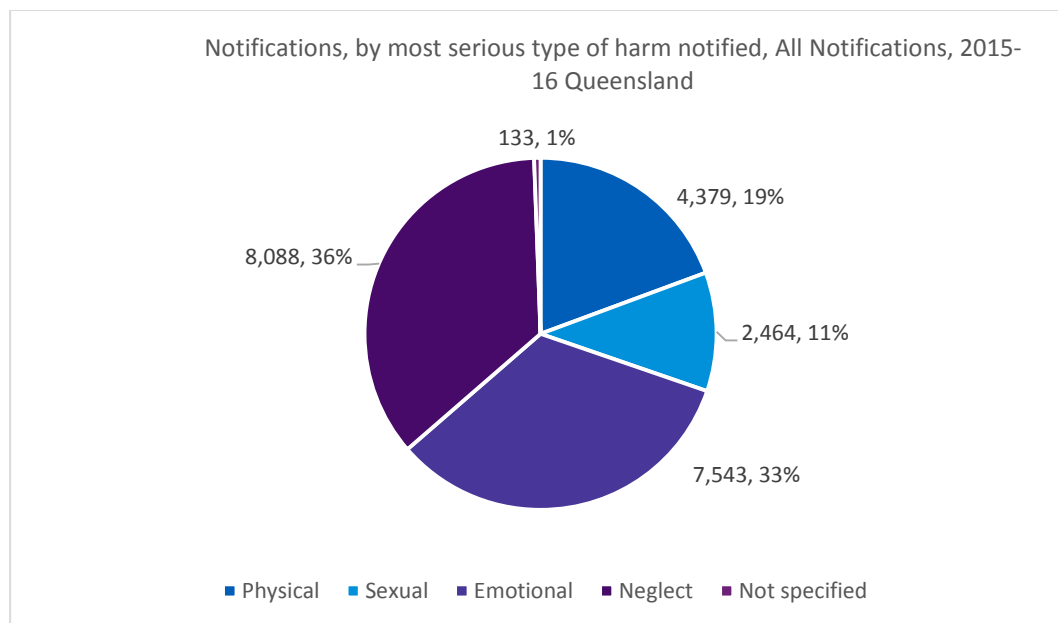
Where concerns about a child's safety and wellbeing reach the threshold for a child protection notification, the Department is working towards introducing flexibility in how the concerns are responded to. Intensive family support services and specialised domestic and family violence services are being rolled out to work collaboratively with families struggling with multiple and complex needs to assist in building resilience and the capabilities required to safely care for their children.

Again, the full effect of these changes are not yet impacting substantially on demand. The Carmody assumption was that implementation of these differential responses would reduce demand for investigation responses by 60 per cent over the period of the reform roadmap. The key to the reduced demand was a differential response where the notification related to emotional harm or neglect, or

exposure of a child to domestic violence where there is not a suspicion that the child experienced physical harm or there is a reasonable risk that the child will not experience physical harm.

Figure 3.6 demonstrates, however, that it is reasonable to assume that a differential response to notifications of neglect or emotional harm would have a significant impact on the number of investigations necessary, with 70 per cent of all reports in 2016 falling within these two categories.

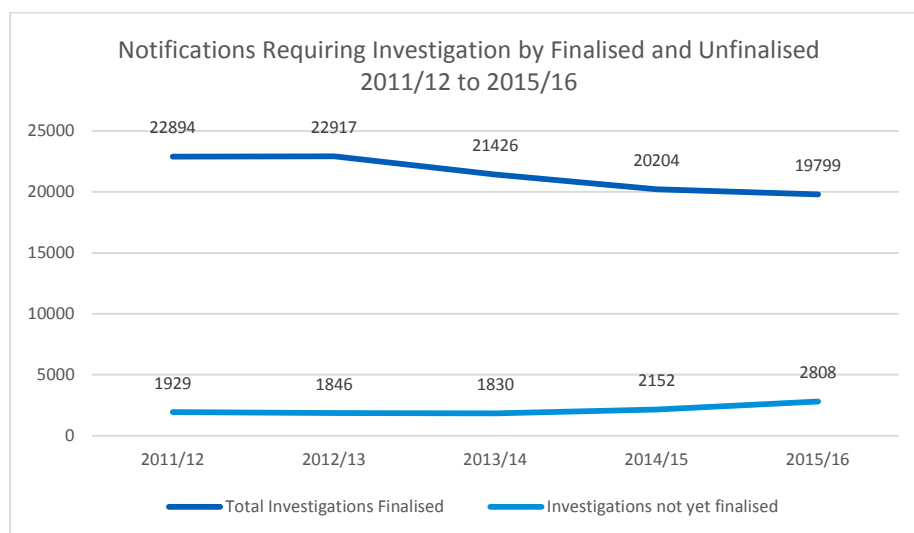
Figure 3.6: Child Protection Notification Harm Type, Queensland 2016.



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

Figure 3.7 breaks down notifications requiring investigation by those that have been finalised and those that have not yet been finalised by year over the period 2011-12 to 2015-16.

Figure 3.7: Notifications Requiring Investigation by Finalised and Unfinalised status 2011-12 to 2015-16, Queensland



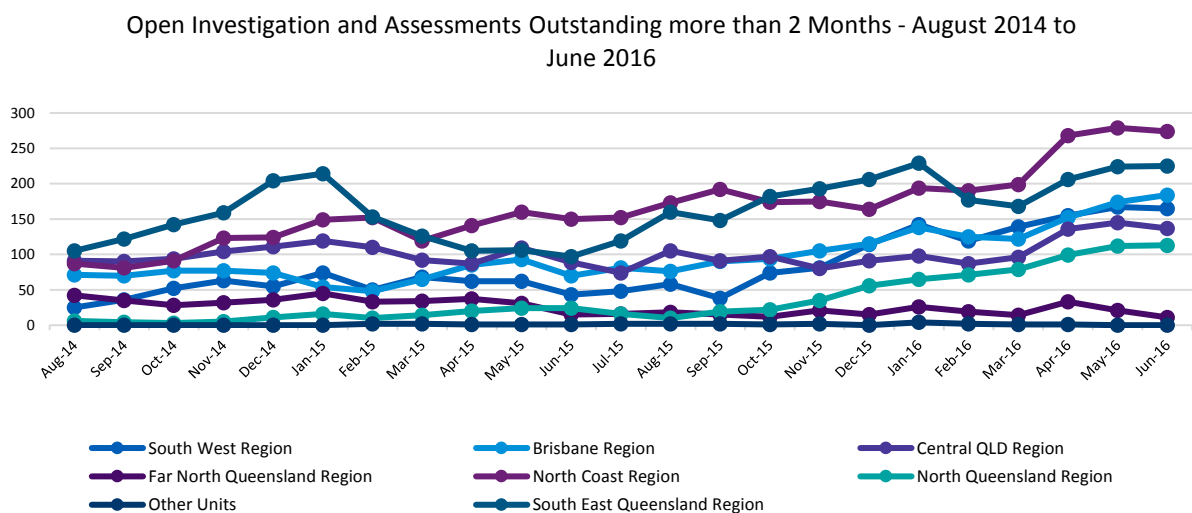
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The number of notifications requiring investigation has increased marginally in 2015-16 over 2014-15. However the above chart demonstrates that investigations not yet finalised at the end of a period is also increasing, from 7.8 per cent to 12.4 per cent over the period of analysis. Figure 3.8 overleaf demonstrates the growing issue within Queensland's Child Safety regions with respect to open investigation and assessments which are outstanding more than 2 months, with the cumulative state-wide total of outstanding investigations showing an increasing trend from September 2015.

Departmental guidelines stipulate that Investigations and Assessments should be completed within 60 days of intake. However, data from the Department shows that there are an increasing number of Investigations and Assessments that remain outstanding in excess of the timeframe for completion.

As shown in Figure 3.8 below, all regions, with the exception of Far North region, have had significant increases in open investigations beyond the stipulated timeframe. This could be occurring for a variety of reasons including increasing caseloads or the greater focus, as an outcome of the Carmody reforms, on diverting children from the tertiary child safety system and into appropriate intensive family support arrangements, with staff taking greater time to explore differential responses.

Figure 3.8: Open Investigation and Assessments Outstanding more than 2 Months – August 2014 to June 2016



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

3.3 Substantiations

As identified previously, there are four broad outcomes of an investigation including that:

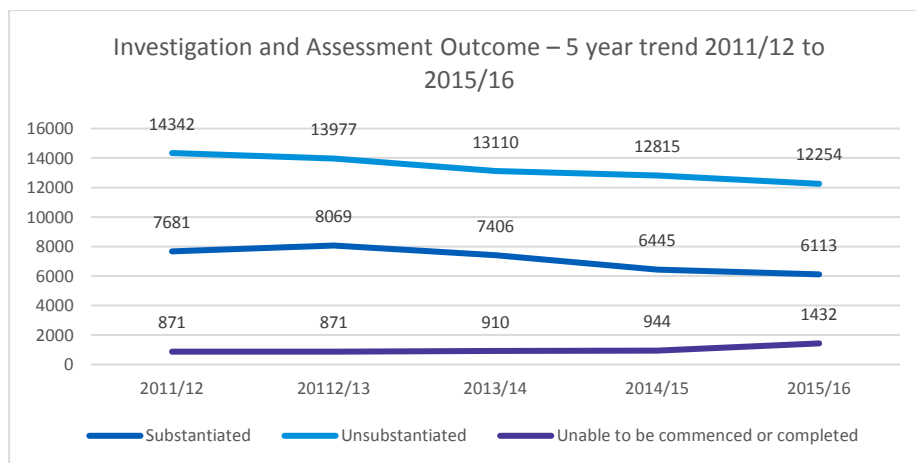
- the harm will be substantiated and the child will be deemed in need of protection;
- the harm will be substantiated and the child will be deemed not in need of protection as they have a parent or guardian willing and able to protect the child;
- the harm will be unsubstantiated and the event will be closed or the family may be referred to appropriate secondary services; or
- there will be no outcome due to the case not being able to be commenced or completed.

Figure 3.9 shows that, consistent with the decline in investigations finalised, both substantiated and unsubstantiated cases have also declined over the five year period since 2012-13. Of the children that are progressing to investigation and assessment, the percentage over five years that are substantiated has decreased from 33.6 per cent to 30.9 per cent over the period. This represents a decrease over the three year period from the commencement of the reform roadmap in 2013-14 of 17.5 per cent. This is consistent with the Carmody assumptions of a reduction in substantiations by 2019 of 24 per cent. The percentage that are unsubstantiated has also decreased from 62.6 per cent to 61.9 per cent.

However, the proportion that are unable to be completed (due to insufficient information, inability to locate the child or family) has increased substantially from 3.8 per cent of all Investigation and Assessments to 7.2 per cent over the period which is an effective increase of 51.7 per cent in 2015-16 over 2014-15.

This is in addition to the number of investigations not finalised (Figure 3.9) which has increased by 30.5 per cent in 2015-16 over the 2014-15 year.

Figure 3.8: Investigation and Assessment Outcome, 5 year trend 2011-12 to 2015-16, Queensland.

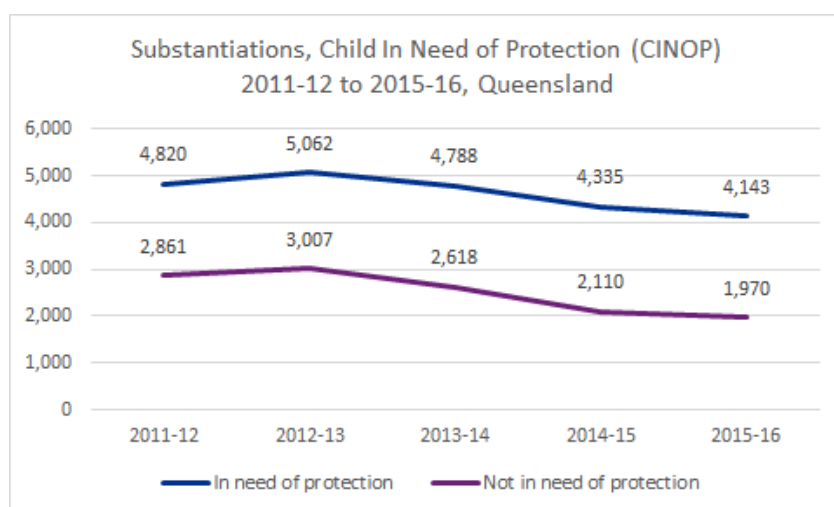


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The Carmody Report also built in assumptions around the associated flow on effect of reforms to a reduction in children substantiated and in need of protection. It was assumed over the life of the reforms to 2019, an overall decrease in children in need of protection would be achieved of 25 per cent.

As shown in Figure 3.10, to date an overall reduction in children who are substantiated and in need of protection of 13.5 per cent has been achieved, and projections to 2018-19 indicate that it is likely that the Carmody target of an overall reduction in children in need of protection of around 22.4 per cent will be achieved in that timeframe.

Figure 3.9: Substantiations, by In need of protection or not in need of protection, 2011-12 to 2015-16, Queensland



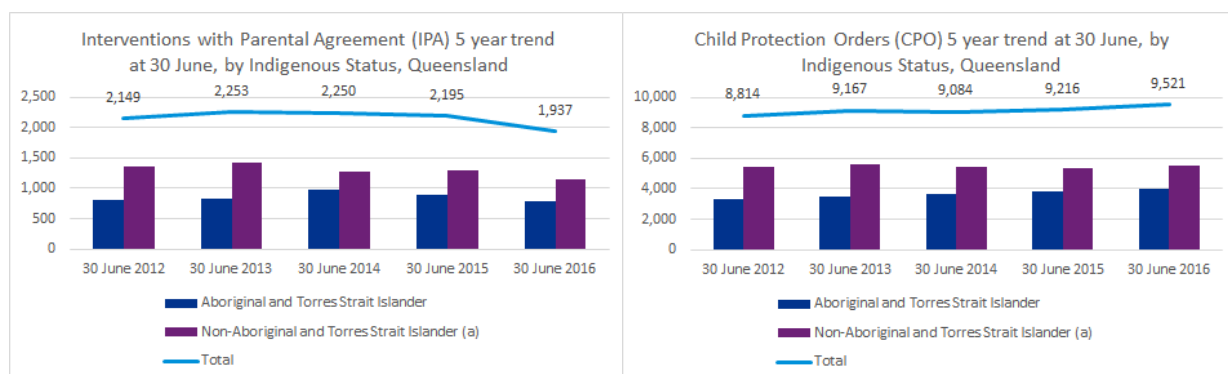
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

3.4 Ongoing Interventions

Overall, although substantiations resulting in children in need of protection are declining, ongoing interventions (inclusive of Child Protection Orders and Interventions with Parental Agreement) are increasing marginally. This is due to those children that are in ongoing intervention remaining in statutory care for longer. Consequently, while the rate of children entering care exceeds the number of children exiting care, the rate of children remaining in ongoing intervention will continue to increase. However, this trend will reverse assuming that the rate of children entering ongoing intervention continues to fall in line with the Carmody assumptions.

The Carmody assumptions anticipated a reduction in Interventions with Parental Agreement (IPAs) by 14 per cent and a reduction in children on Child Protection Orders (CPOs) of 36 per cent.

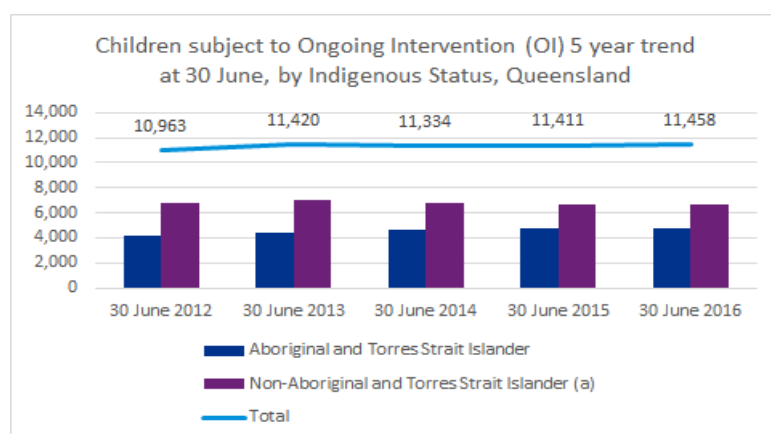
Figure 3.10: Interventions with Parental Agreement (IPAs) and Child Protection Orders (CPOs) 30 June 2012 to 30 June 2016, by Indigenous Status, Queensland.



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Preliminary trend projections, however, indicate that by 30 June 2019 IPAs are likely to have decreased by 24 per cent exceeding the Carmody targets, but CPOs are likely to have increased by 9.5 per cent with a corresponding increase in overall Ongoing Interventions of 2.1 per cent by 30 June 2019.

Figure 3.11: Children Subject to Ongoing Intervention (OI) 30 June 2012 to 30 June 2016 by Indigenous Status, Queensland.



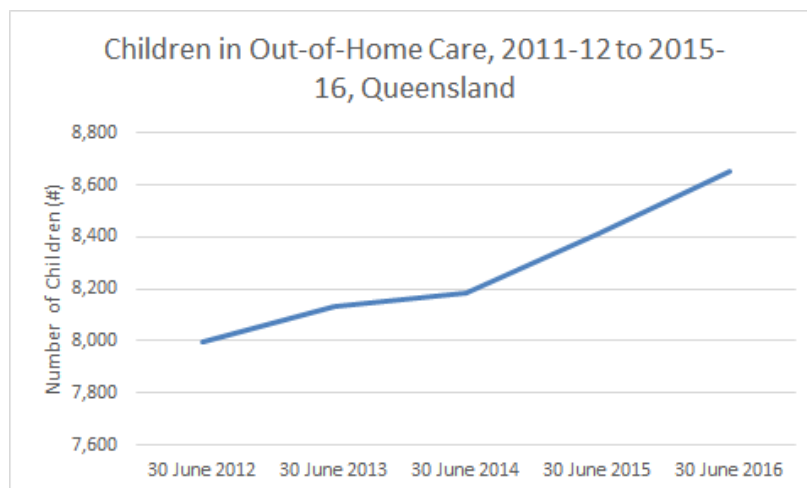
Source: KPMG 2016, based on data provided by the Department

3.5 Out-of-Home Care

As a result of a diversion of children from the statutory child protection system through a range of strategies, including a focus on early intervention, dual pathways for referrals to alternative more appropriate community-based intake services, and a differential response system to remove the necessity to undertake a forensic investigation into all notifications for all harm types, the Carmody Report built in assumptions related to an overall reduction of children within the out-of-home care system.

However, the number of children in out-of-home care has increased by 5.7 per cent since the reform roadmap was commenced, which puts in doubt the achievement of the 25 per cent reduction of children in out-of-home care by 2018-19. Based on current trends, there are anticipated to be approximately 9,183 children in out-of-home care by 2018-19, or an increase of 998 children over the 2013-14 number.

Figure 3.12: Children Subject to Ongoing Intervention (OI) 30 June 2012 to 30 June 2016 by Indigenous Status, Queensland.

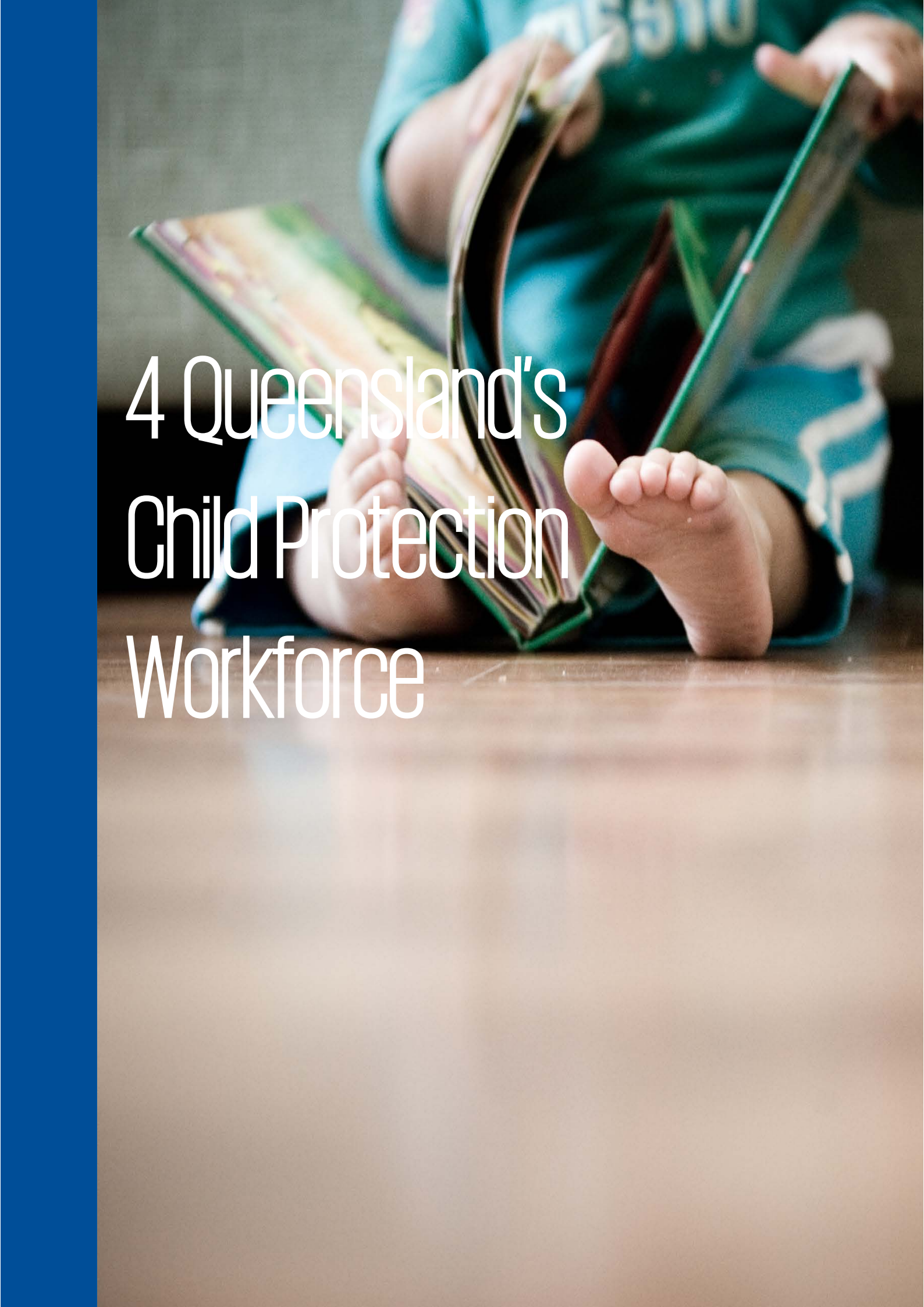


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

3.6 Summary

The Commission's final report *'Taking Responsibility: A Roadmap for Queensland Child Protection'* made 121 recommendations aimed at addressing the risk of systemic failure and making Queensland the safest place to raise children. On 16 December 2013, the Queensland Government released its response to the final report accepting 115 recommendations in full and accepting in principle the six remaining recommendations made by the Commission.

In the first three years of the reform roadmap, significant progress has been made towards implementing the recommendations of the Commission and the impact has been evidenced in a reduction in demand for child protection services across some of the target indicators. However, the impact of reform is still to be realised in areas of high resource intensity across the tertiary child protection system, including demand for investigations into notifications of harm, as well as in the out-of-home care sector. While the impact on these services is expected to be realised to a further extent over the period of the reform roadmap, it is necessary to ensure that resourcing associated with the child protection workforce effectively meets demand pressures in the short to medium term.



4 Queensland's Child Protection Workforce

4 Queensland's Child Protection Workforce

This section of the report considers the child protection workforce and the allocation of staff across regions and service centres. It shows that prior to the injection of an additional 82 staff in September 2016 and a further 47 in October 2016, the number of child safety officer FTE staff increased by only 4 per cent from 936 in 2012 to 975 in 2016 while the number of front line support and administrative staff fell by 8.5 per cent from 1,058 to 967. The additional staff that were announced has brought the total number of CSOs to 1,031 FTE and the total number of support staff to 1,020 FTE. South West region has the highest number of CSOs and Far North and North Queensland regions the lowest. The analysis also shows considerable variability across regions in the mix of staff with some regions having much higher numbers of support staff than others.

Caseloads also vary considerably. Prior to the injection of the additional staff in September and October 2016, all regions had caseloads exceeding the Carmody recommended benchmark of 15 with Brisbane having the lowest caseload and North Queensland the highest. Taking into account the additional staff, the service centre level analysis demonstrates that high caseloads are still evident in a number of centres including Toowoomba, Nerang, Loganlea, Mackay and Cairns North.

4.1 Workforce Profile

The previous sections of the report have made clear the ongoing demand for child safety and child protection services. This part of the report aims to provide an overview of the workforce providing these services in Queensland. Queensland's real recurrent expenditure on the child safety workforce has steadily increased over the ten years prior to 2015. This ongoing growth in workforce expenditure is consistent with other jurisdictions. However, when consideration is given to how this workforce is used to meet service demand, Queensland's real recurrent expenditure on child protection activities per notification is significantly higher than other jurisdictions. This section of the report provides context for child safety workforce funding in Queensland including the geographic distribution of the workforce, role allocation and demographic characteristics of Queensland's child safety workforce.

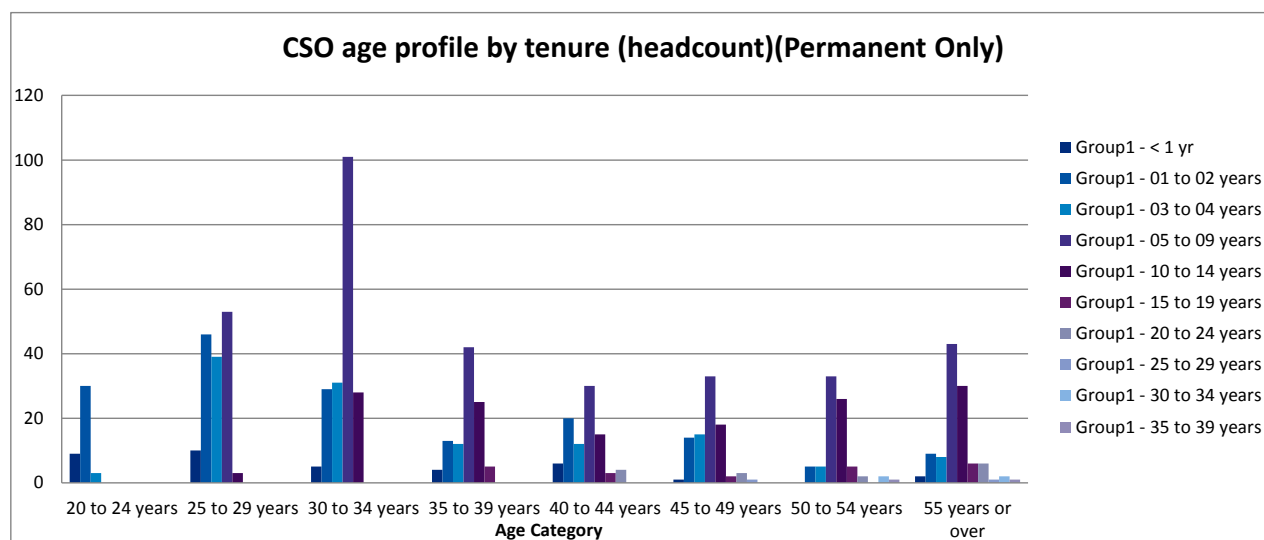
Following on from the additional investment in 2016 of an additional 129 FTE front line child safety staff across Queensland, there are 2,051 FTE staff working in regional child safety services.⁶⁶ In addition to Child Safety Officers (CSOs), this workforce comprises a number of roles which are designed to support CSOs to complete intakes, carry out investigations and assessments, and manage ongoing interventions with local families. These support roles include administrative, front line support and managerial positions such as Administrative Officers, Business Officers, Child Safety Support Officers, Family Group Meeting Conveners, Foster and Kinship Support workers, Team Leaders, Directors and Regional Directors. Approximately half of the total FTE working in child safety services in Queensland are CSOs (1,031 FTE CSOs state-wide) and the balance fulfilled support roles (1,020 FTE support staff).

The following pages provide a more in-depth analysis of the tenure and age profile of staff, in particular CSOs. Figure 4.1 overleaf shows that the average age of CSOs is currently around 39 years with 11 per cent of CSOs aged 40-44 years, 12 per cent of CSOs aged 35-39 years, 23 per cent of

⁶⁶ Note that 107 of the 129 additional staff have been apportioned to front line service delivery and support

CSOs aged 30-34 years and 18 per cent of CSOs aged 25-29 years. Approximately 13 per cent of CSOs are 55 years and older. The age profile of CSOs is quite evenly spread between the 35-39 year age bracket and the '55 years or over' age bracket. However, the tenure of many CSOs in the '45 years and over' age bracket is 5-9 years which indicates that significant numbers are entering the workforce as a CSO later in life.

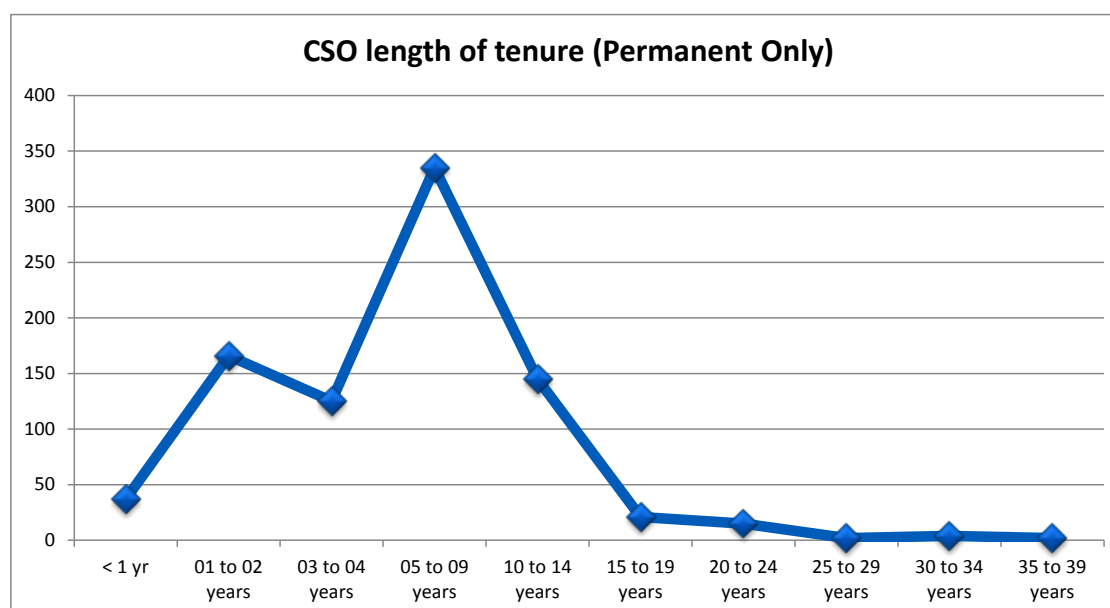
Figure 4.1: Headcount of CSOs and their age profile by tenure (permanent only) as at pay period end 26 June 2016.



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 4.2 shows that currently 39 per cent of CSOs have been in the child safety workforce for 5-9 years with an additional 17 per cent of CSOs in the workforce for 10-14 years. A significant proportion of CSOs have been in the workforce for less than 4 years – 38 per cent. This proportion of CSO workforce comprises 125 CSOs (15 per cent) who have been working as a CSO for 3-4 years, 166 CSOs (19 per cent) who have been working as a CSO for 1-2 years and 37 CSOs (4 per cent) who have been in the workforce for less than a year. Approximately 4 per cent of CSOs have been working as a CSO for more than 15 years.

Figure 4.2: Headcount of CSOs and their age profile by tenure (permanent only) as at pay period end 26 June 2016.



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

4.2 Workforce Allocation at State, Regional and CSSC levels

The following charts provide a breakdown of workforce allocation in each of the Queensland regions. As stated previously there are 2,051 FTE staff working in child safety services, including 1,031 FTE CSOs and 1,020 FTE support staff across the State.

Table 4.1 below shows that Queensland's South East region has the most people working in support roles for CSOs with 193 FTE working in front line support, administrative or managerial positions. The rest of the regions have a fairly even split of the workforce with 13-15 per cent of the total 1,020 FTE working in child safety support roles (i.e. 130-148 FTE per region).

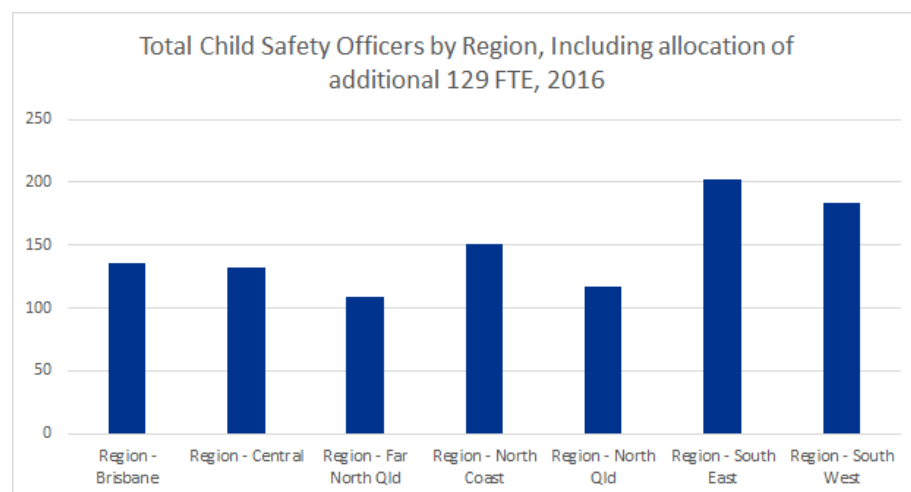
Table 4.1: Child Safety Staff within Regions (Inclusive of additional 129 FTE staff, and excluding Regional Office Staff)

Region	FTE CSOs at 30 June 2016	Additional 47 FTE	Additional 82 FTE	Total CSO FTE at December 2016	Total Support Staff FTE at December 2016
Region - Brisbane	134.93		1	135.93	140.4
Region - Central	127.83		4	131.83	141.92
Region - Far North Qld	103.38		6	109.38	133.74
Region - North Coast	137.09	3	11	151.09	132.21
Region - North Qld	113.44	1	3	117.44	130.23
Region - South East	191.13	2	9	202.13	192.91
Region - South West	167.28	2	14	183.28	148.09
Total	975.08	8	48	1031.08	1019.5

Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 4.3 demonstrates that the South East region has the highest number of CSOs with 202 FTE and 20 per cent of the total 1,031 CSOs in Queensland. South West region has 183 FTE (18 per cent), Brisbane, North Coast and Central regions have 136, 151, and 131 FTE respectively (approximately 13-15 per cent of total CSOs in 2016) and Far North Queensland and North Queensland have the least with 109 and 114 FTE, or 11 per cent of total CSOs.

Figure 4.3: Overview of Queensland's state-wide workforce composition for Child Safety Officers in child safety services.

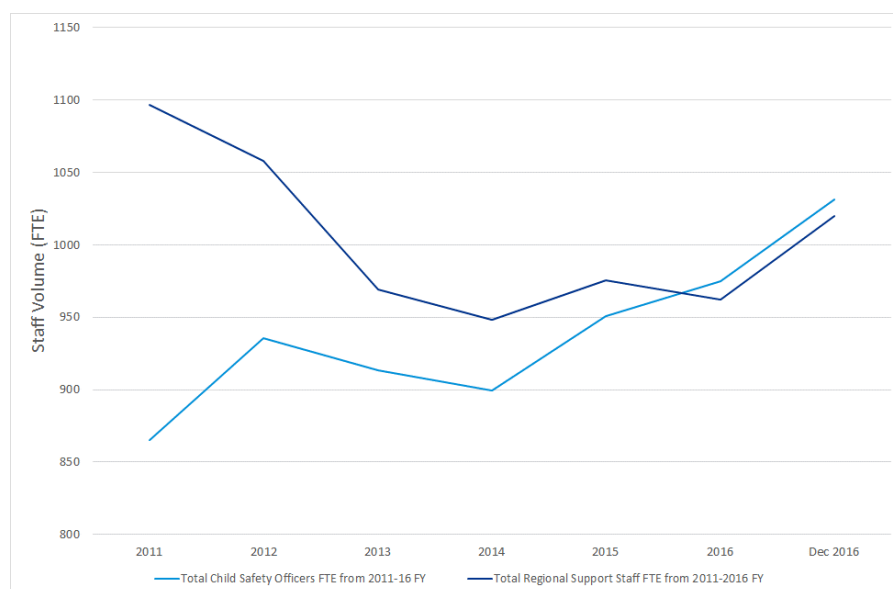


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

The graph below shows that over the last five years the total number of administrative and other front line support and executive staff has decreased from 1,058 in 2012 to 1,020 in 2016 (3.7 per cent)

reduction over five years) while the total number of CSOs has increased from 936 in 2012 to 1,031 in 2016 (increase of 10.2 per cent over five years). The significant increase in the six months to December 2016 has been due to the investment in an additional 82 front line staff for child safety service centres in September 2016, comprising an additional 48 CSOs and 34 front line support staff, and a further 47 FTE in October 2016, comprising an additional 8 FTE CSOs in addition to a number of support staff. Prior to that, CSO staffing numbers had only increased by 39 staff over a four year period.

Figure 4.4: Overview of Queensland's Regional workforce composition for support roles in child safety services.

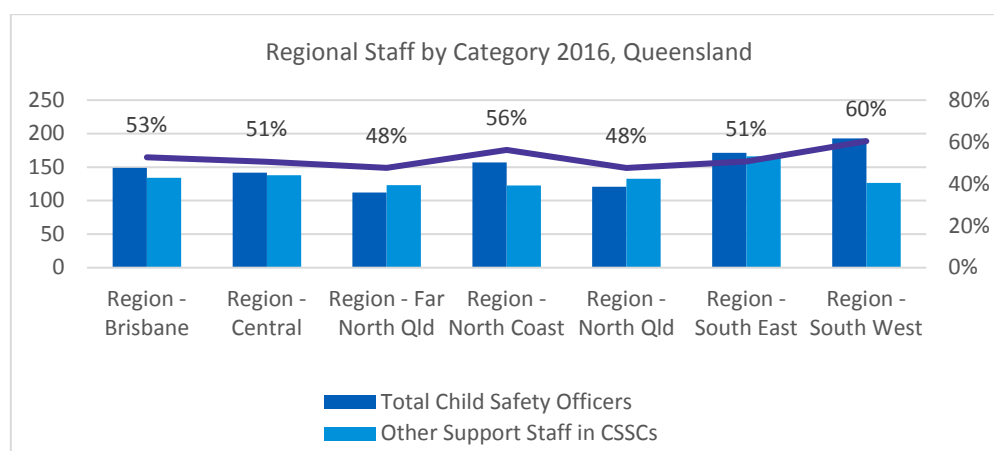


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

4.3 Full Time Equivalent (FTE) staff

The measure of regional Full Time Equivalent (FTE) staff across the system provides important context in respect of existing workforce pressures for ongoing interventions and investigation and assessments. These pressures may be partially attributable to a variation between regional demand and the current resource allocation for child protection staff.

Figure 4.5: Breakdown of Regional staff by Category, 30 June 2016



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Staffing Mix

Figure 4.5 demonstrates the variability across regions in the number of support positions as compared to Child Safety Officer positions. North Coast region and South West region have comparatively lower proportions of child safety support staff compared to other regions, and while South East region has the greatest number of support staff overall, in Far North Queensland and North Queensland regions the number of support staff within the region exceeds the number of CSOs.

The chart overleaf further breaks down staff by service centre, and demonstrates that where there is a disparity on a regional level with respect to child safety support staff, this translates to an across the board disparity for Child Safety Service Centres within those regions. Within South West region and North Coast region, there are a disproportionately large number of CSOs compared to child safety support staff within all service centres within those regions, with the exception of Gympie and Maroochydore. All other regions appear to have a better balance between CSOs and administrative support staff.

Breaking this analysis down further, the chart overleaf demonstrates that there is a disproportionately large number of CSOs for each Senior Team Leader in Stones Corner in Brisbane region, Strathpine in North Coast region, Innisfail in Far North Queensland region, Rockhampton, Maryborough and Emerald in Central region, and Roma, Ipswich South and Western Downs Investigation and Assessment Unit within South West region. All of these Service Centres have six or more CSO FTE staff for each Senior Team Leader on average.

Further, the number of CSOs for each Child Safety Support Officer (CSSO) appears disproportionately high for Mt Gravatt in Brisbane, Innisfail in Far North Queensland, Caboolture, Caloundra and Gympie in North Coast region, Beenleigh and Loganlea in South East region and Toowoomba South in South West region. Again, all these service centres have six or more CSO FTE staff members for each CSSO at the centre.

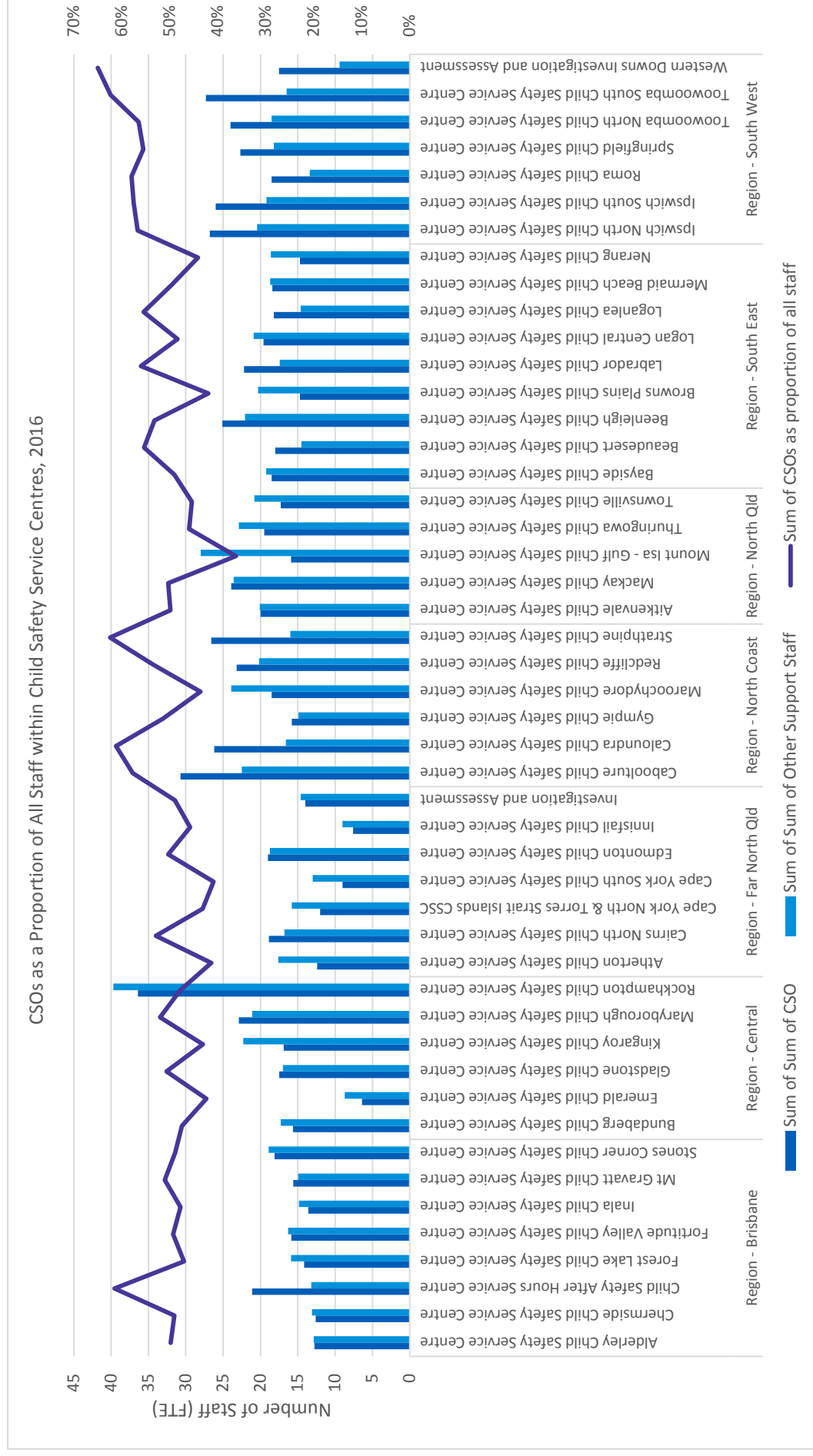
It is similarly the case that administration officers are disproportionately low in FNQ I&A, Caboolture, Strathpine, Labrador, Loganlea, Ipswich South, Springfield and Western Downs I&A.

Some service centres, by comparison have much more balanced staffing mixes than those mentioned above. For example, Forest Lake, Alderley, Chermside Fortitude Valley and Inala in Brisbane appear to have much a better balance around their workforce structures than some other centres.

The impact of too few support staff is that CSOs are forced to take on a greater role in terms of the support they provide to families, including facilitation of contact visits, transportation and other activities that could be performed by CSSOs, and that administrative tasks that could be more appropriately performed by less skilled staff are consuming the time of CSOs and removing them from their core duties.

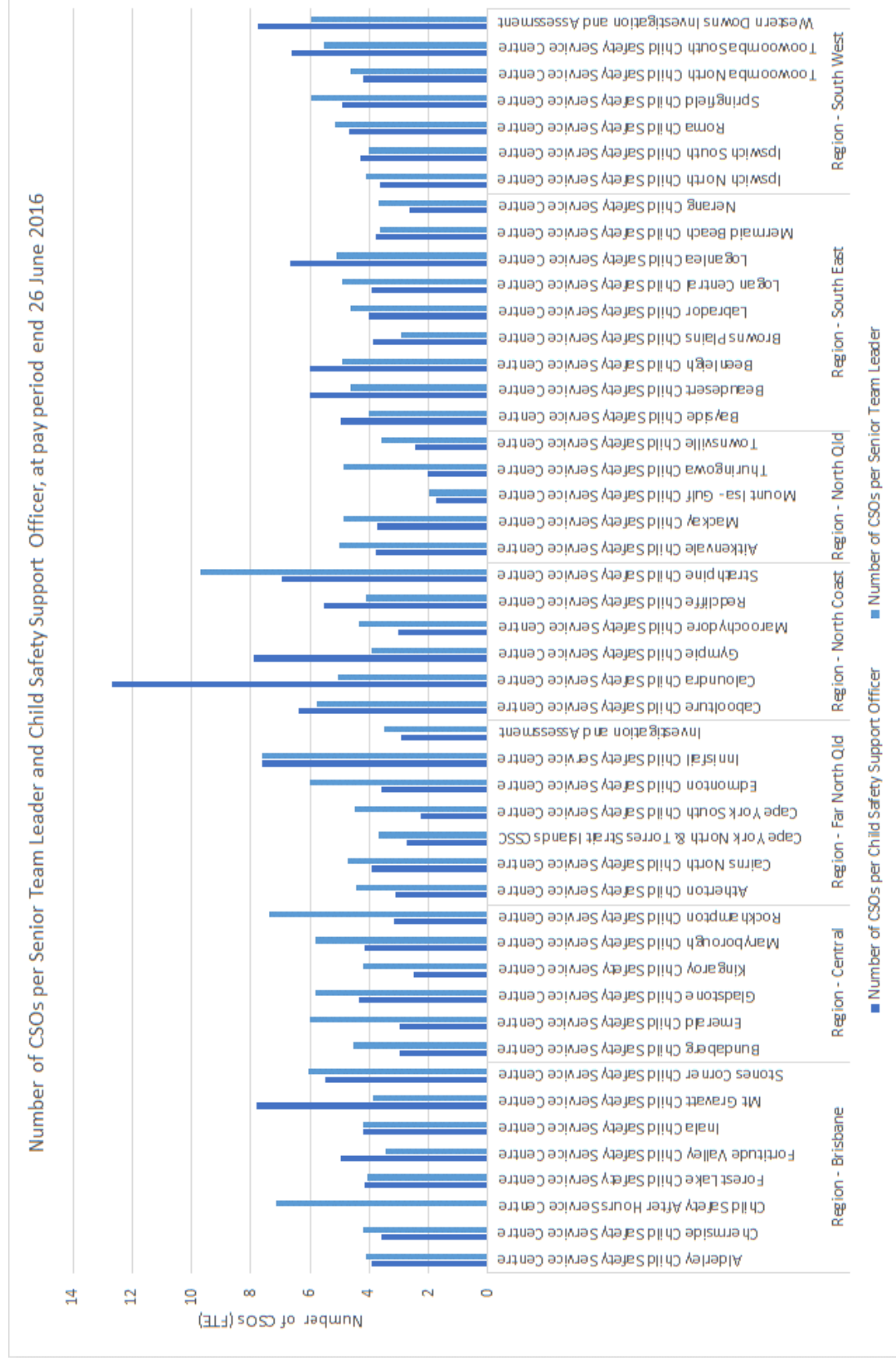
On the other hand, too few Senior Team Leaders puts pressure on this role in the event of staff absences, particularly in regional locations where staff leave provisions are 5 weeks per year. In each instance where a Senior Team Leader has greater than six FTE CSOs to supervise, these staff could potentially have to take on caseloads up to 30 weeks per year to fill in for annual leave absences for CSOs. Figure 4.7 shows the variability in Senior Team Leader workloads across service centres. Too few staff also increases risks related to decision-making and proper oversight of child safety matters where there is insufficient opportunity for Senior Team Leaders to give their time to practice and performance management issues.

Figure 4.6: CSOs as a Proportion of All Staff within Child Safety Service Centres, 2016



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 4.7: Number of CSOs per Senior Team Leader and Child Safety Support Officer, at pay period end 26 June 2016



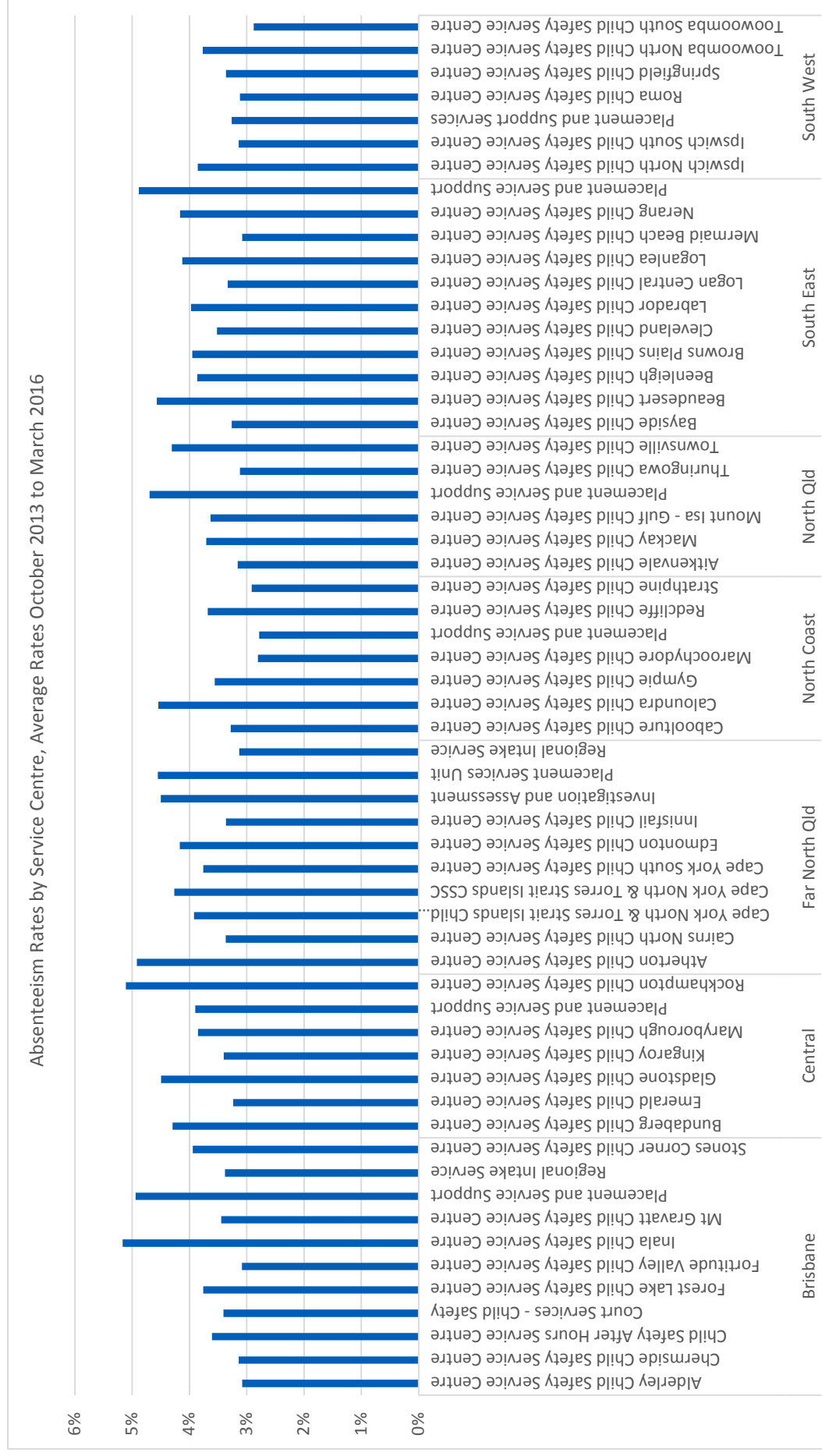
Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Absenteeism

Absenteeism, along with backfilling for planned leave, are significant issues for service centres where high levels of demand and caseloads is an issue. The average absenteeism rate for all service centres across the State was 3.78 per cent over the period from October 2013 to March 2016. However, significant absenteeism rates above the state-wide averages are experienced in some service centres. From Figure 4.8 it is apparent there are significantly higher rates of absenteeism on average in Inala within Brisbane region, Rockhampton and Gladstone within Central region, Atherton in Far North Queensland region, Beaudesert in South West region, and Caloundra within North Coast region. Some Placement Services Units also experience significant levels of absenteeism. High levels of absenteeism can have significant impacts on staff within a service centre where there are high caseloads and insufficient opportunities to backfill while staff are away.

Child Safety Service Centres with a better balance of staff could be expected to be those centres that are more proactive and responsive to both the reform agenda and quality of care issues associated with their caseloads.

Figure 4.8: Absenteeism Rates by Service Centre, Average Rates for October 2013 to March 2016



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

4.4 Analysis of caseload for employees in each region

Staffing mix and volumes are insufficient alone to evaluate workforce pressures. It is important to also evaluate the caseload and workload associated with service demand. The following section provides an analysis of the average caseload for a CSO in each region and the volume of FTE in each region. For the purposes of this analysis it has been assumed that the functional split of work between time dedicated to intakes, notifications, ongoing interventions and child protection orders, has remained the same over time. This analysis provides an indication of the average individual work load that CSOs in each region are trying to manage and how this has changed over time with changes in the number of staff for each region.

Figure 4.9 demonstrates the variation in average caseloads across regions. The Department provided information to the project with respect to functional split of CSOs by region as at June 2016. This information was used to allocate staff across the intake, investigation and assessment and ongoing intervention continuums at the regional level.

The data is limited to the extent that functional split proportions may have changed over time. For the purpose of comparison, the total number of CSOs within a region have been included within this analysis, and the functional split according to the Department's advice has been applied and modelled over years from 2010-11 to 2015-16.

Irrespective of its limitations, however, the data provides an indication about relative caseload and comparative CSO FTE numbers across regions, by functional split across ongoing interventions and investigations and assessments. The charts also take consideration of increased caseloads due to investigation and assessments carried forward from period to period in regions where these exist.

What can be determined from these charts is that there appears to be significant caseload difference across regions with respect to caseloads for ongoing interventions. Ongoing interventions include interventions with parental agreement as well as children on short-term and long-term child protection orders. Brisbane has the lowest caseload numbers with average caseload according to functional split of 17.1 per CSO. However, all other regions have caseloads over 18 per CSO with North Coast region having the highest caseload of 20.1 per CSO. Note the regional analysis is based on year to year analysis and does not include the additional 129 staff announced in September and October 2016.

Figure 4.9: Average caseload per CSO and total FTE over the past six years for all regions



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Table 4.2: Appropriate workload limits, Carmody and Workload Management Guide 2016

Type of Work	Carmody	Workload Management Guide 2016	Intensity Level
Intake		4-5 matters per day 80-100 per month	
Investigation and Assessment		2 per week with max 6 to 8 per months	
Ongoing Intervention	15	20-25 children 8 to 12 families per month	
I&A		8	Low (x1)
IPA		12	Med-High (x2 - x3)
ST-CPO		22	Med-High (x2 – x3)
LTG-CE			Low (x1)
LTG-Other			Less than Low (x0.5)

Source: KPMG 2016, based on DCCSDS Workforce Management Guide, May 2016

When it comes to investigations and assessments, there is wide variability across regions in terms of average caseload numbers. The recommended caseload for Investigations and assessments is 4-6 cases/families per month per Child Safety Officer. However, the modelled numbers according to Departmental data for investigations and assessments, inclusive of cases from prior periods, are provided in Table 4.3 below. Brisbane again has the lowest caseload numbers, having an average investigation and assessment caseload of 2.9 per CSO FTE according to functional split. North Queensland has the highest investigation caseload of 11.6, with North Coast also outside the benchmark on 8.5 cases on average.

Table 4.3: Average Caseloads by Region for CSO staff undertaking Ongoing Interventions or Investigations and Assessments, 2015-16 Queensland

DCCSDS Region	Ongoing Intervention Caseload per CSO FTE (Benchmark 15.0 on average per officer)	I&A Monthly Caseload (Benchmark 6-8 families per month)
Brisbane	17.1	2.9
Central	18.8	6.8
Far North Queensland	18.6	5.5
North Coast	20.1	8.5
North Queensland	18.8	11.6
South East	19.5	7.4
South West	20.0	6.1

Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Unsurprisingly, the caseload figures correlate broadly with where workforce pressures are being evidenced in the demand data trends, in that those regions with the highest caseloads are also experiencing an increasing numbers of investigations and assessments that are not being commenced or completed within timeframes. With respect to ongoing interventions, the impact of

high workloads is likely to be evidenced in quality indicators around, for example, completed case plans, current health passports, and completed cultural care plans.

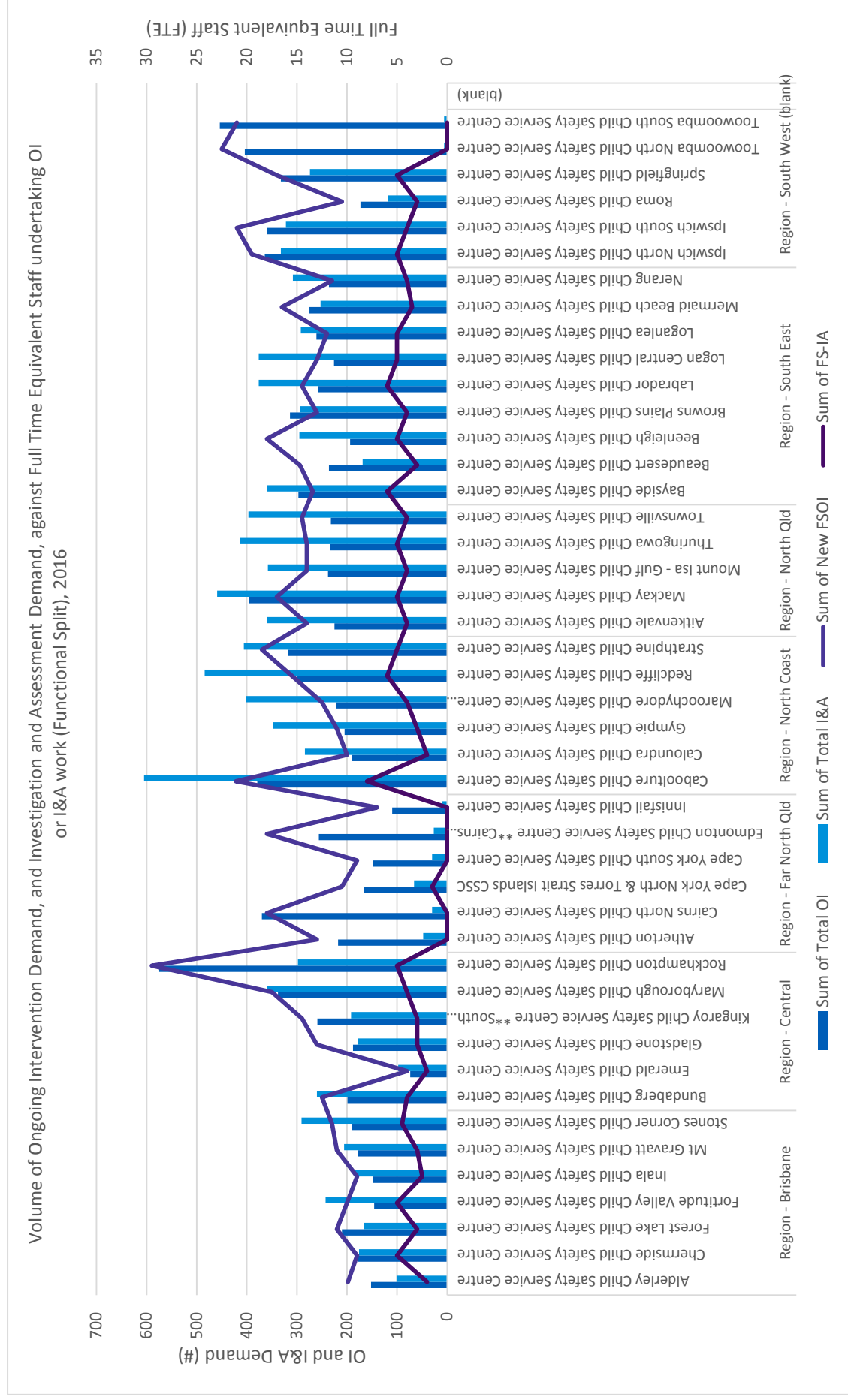
4.5 Analysis of caseload across Child Safety Service Centres

The chart overleaf shows the volume of demand across Child Safety Service Centres in the areas of ongoing intervention and investigation and assessments. There are some pockets of extremely high volumes of demand including in Rockhampton, Caboolture, Mackay, Thuringowa and Toowoomba South. Whereas demand in the area of ongoing interventions in Caboolture (rate per 1,000 population 0-17 in the catchment of 9.1) and Thuringowa (10.4) is generally consistent with catchment population, the rate of ongoing interventions per 1000 children 0-17 in Rockhampton (35.5) and Toowoomba South (23.7) is comparatively high.

The highest rates for ongoing interventions are in Cape York South (112.2) and Edmonton (88.6) in Far North Queensland region and Kingaroy (50.9) in Central Queensland region. The very high rates in Far North Queensland are consistent with the very low Socio-Economic Index For Areas (SEIFA) scores for those catchment populations, and while not to the same degree, most areas with rates of ongoing interventions above 20 have lower SEIFA scores for their catchment populations.

In comparison, investigations and assessments are high in Kingaroy, Cape York South, Mount Isa-Gulf, Townsville, Logan Central and Western Downs Investigation and Assessment Unit (Toowoomba North and Toowoomba South). Again, the higher rates in these areas are consistent with the lower SEIFA scores for the catchment populations of these areas.

Figure 4.10: Demand against FTE staffing



From Figure 4.10, it is difficult to determine whether staffing volumes are appropriate for the volume of demand managed within each service centre. On the surface, it appears the staffing volumes are roughly consistent with the number of ongoing interventions once functional split is taken into consideration. It is also difficult to assess FTEs for investigations and assessments on this basis. However, an analysis of caseload numbers clearly demonstrates the variability in caseloads across service centres.

The chart overleaf (Figure 4.11) demonstrates caseload numbers based on functional split provided by the Department. Functional split relates to the way in which each service centre arranges its staff to cater for workload. Service centres either operate with staff dedicated to particular functions, or with staff with mixed workloads of ongoing interventions, and investigations and assessments. In cases where mixed workloads are utilised, a nominal split has been used to reflect relative caseload within the service centre. Note this analysis does not include the additional 129 FTE staff announced in September and October 2016, as it is based on the year on year data provided by the Department for year ending 30 June 2016. However, an assessment of the impact of these additional staff have on caseloads will be included in the regional Profiles included in the supplementary report.

Very high caseloads in ongoing interventions are still evident in a number of Child Safety Service Centres. These include Toowoomba South (21.6), Nerang (20.5), Loganlea (21.8), Mackay (23.2) and Cairns North (20.6). These caseloads are all above the nominal Departmental caseload of 20, and are well above the Carmody Report caseload recommendation of 15 ongoing intervention cases per CSO.

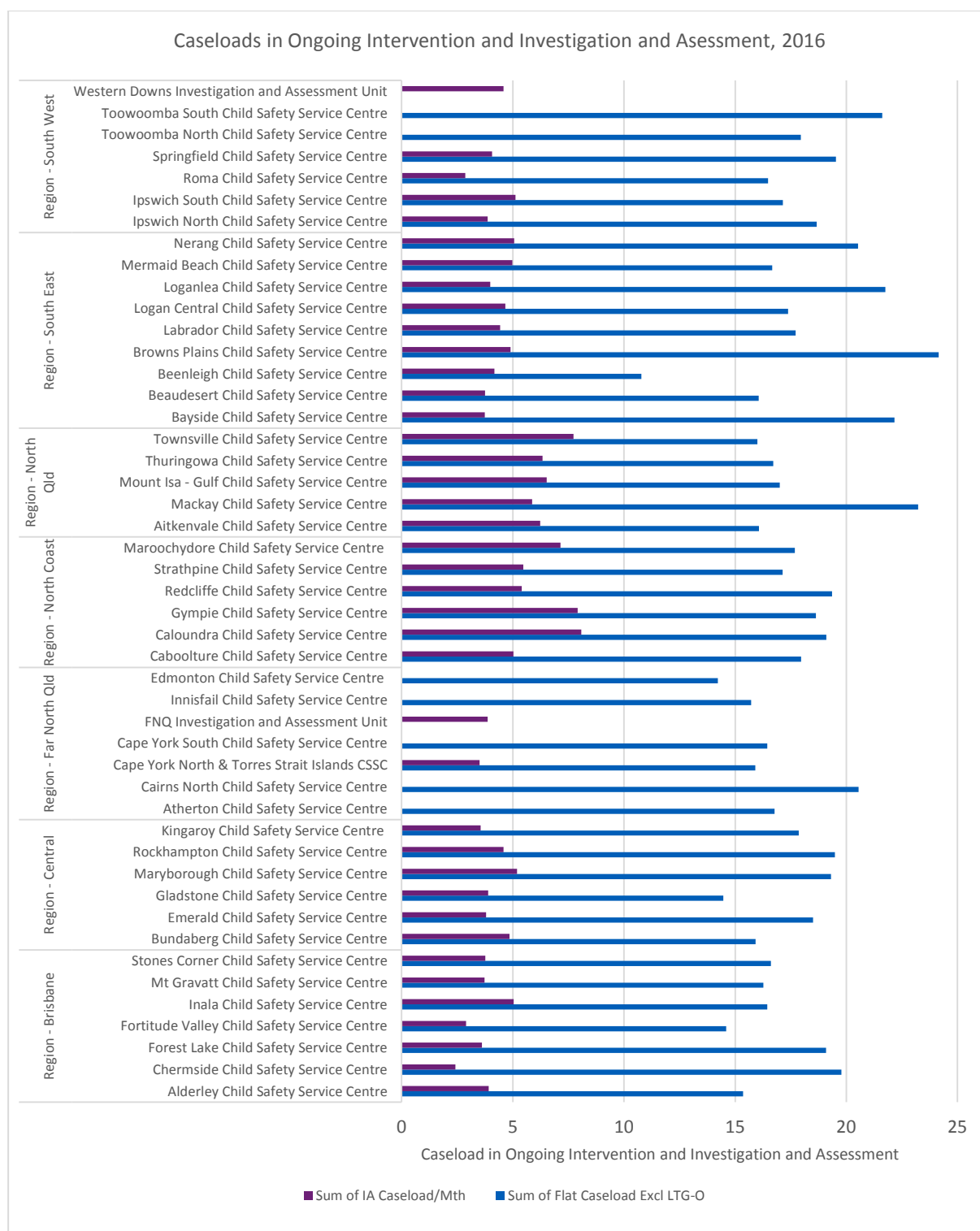
Investigation and assessments are also above the nominal departmental recommended benchmark of six per month. The highest caseloads in investigations and assessments are in North Queensland and in North Coast regions with all service centres in North Queensland region being higher than the benchmark limit with the exception of Mackay which is on 5.9.

In North Coast region, Maroochydore, Gympie and Caloundra all have investigation and assessment caseloads of greater than 7, with Caloundra the highest with a caseload of 8.1. Importantly, in terms of investigations and assessments, the vast majority of service centres outside North Queensland and North Coast have caseloads of substantially less than 5.

Caseload Complexity

This particular analysis of caseload does not, however, take account of differences in workload that may be associated with cases. The Department's Workload Management Guide (May 2016) outlines considerations that need to be made when determining appropriate workload limits. These include the complexity of cases managed by officers, with complexity referring to the amount of time that needs to be invested by the officer in any case. There are a range of factors that are considered to impact on the amount of time that must be spent with clients, and these include factors such as travel, activity generated by external stakeholders and bureaucratic processes. The workload management guide outlines a three tiered hierarchy to determine whether cases should be categorised as high intensity, medium intensity or low intensity. As per Table 4.2 above, where a case is high intensity, it should be multiplied by a factor of 3, where it is medium intensity a factor of 2 is used, and low intensity is a factor of 1. Where a Child Protection Order is of the type Long Term Guardianship to Other (LTG-O) the matter usually considered to be of lower-than-low intensity. While no factor has been stipulated to deal with this, for the purpose of this analysis a nominal factor of 0.5 has been used to reflect this low intensity rating.

Figure 4.11: Average Caseloads by CSSC for CSO staff undertaking Ongoing Interventions or Investigations and Assessments, 2015-16 Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Table 4.4: Caseload Intensity Classifications

High Intensity	Medium Intensity	Low Intensity
<ul style="list-style-type: none"> • Children under 4 where reunification is imminent • IPA cases where there are limited or no external services involved • Interim child protection orders requiring court documentation • Contested child protection applications • QCAT matters • Child Related Costs (Placement and Support) CRC PaS placements with extreme or complex needs • Children under orders where young people have high risk behaviours • Transition from care under 17 years of age • Children under orders where placement disruption is imminent, requiring intensive supports • Significant travel component • CSO contact in excess of the minimum requirements 	<ul style="list-style-type: none"> • Children aged 4 to 18 years of age who are being reunified • Disability transitional placements • Placement outside the catchment (can become high intensity if distance is great) • IPA or short term orders where services are well engaged with the department • IPAs or short term orders where there is a steady progress on case plan outcomes • Child in out-of-home care where there is placement disruption or complex/extreme needs 	<ul style="list-style-type: none"> • Short term orders where there is a good engagement/progress from both parents and stakeholders in the case plan outcomes • Support service cases • Sibling group together in stable placements • Long-term guardianship – Chief Executive with stable long term placements • Long term guardianship – other (with recent changes in legislation these may be considered as being lower than low intensity)

Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Caseload complexity can have a significant impact on workload associated with cases managed by a CSO. In regional settings, it is consistently the case that CSOs travel long distances in order to maintain routine case management visits, as well as facilitating contact visits with family, and maintaining appointments. Further, Child Safety Service Centres report that there is a level of increasing complexity around cases and that there are relatively few 'quick wins' anymore.

Further, the new practice framework and collaborative approach to working means that officers are spending more time on cases working with the relevant stakeholders. Finally, throughout the implementation phase of the court reforms, CSOs report that their time commitment to court work has increased threefold. IPA cases are also likely to be high intensity in regional areas due to the relatively lower capacity, and capability, of secondary service providers outside the metropolitan areas. Whereas the variability in caseloads is apparent in a basic comparison of numbers, as per the analysis in Figure 4.2, the variability becomes even more stark when issues of complexity are introduced.

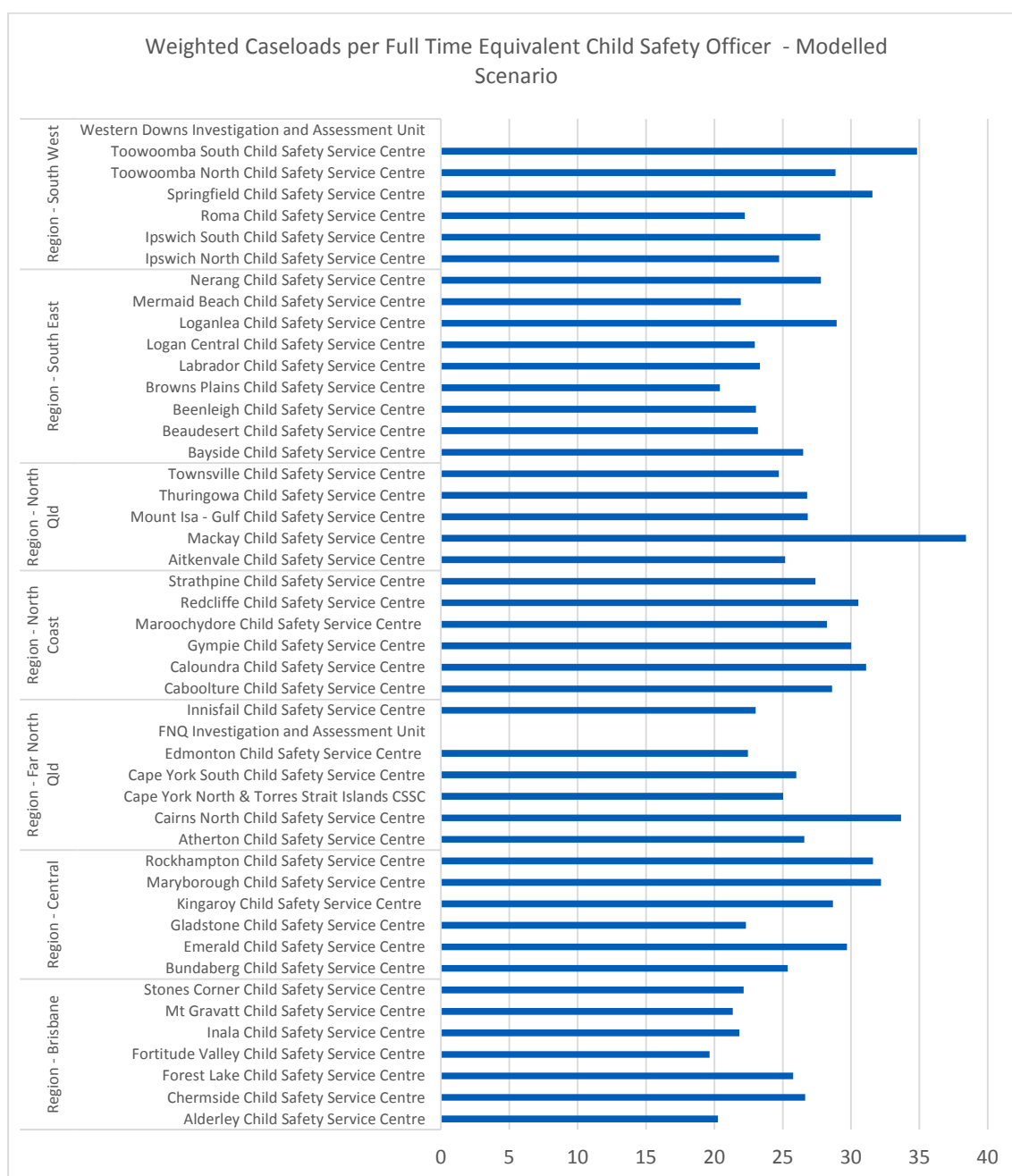
While it is not possible to accurately model complexity, Figure 4.12 below demonstrates how caseload complexity can impact on overall workload. Some broad assumptions have been made in relation to caseload intensity to reflect the tyranny of distance in regional areas, as well as the relatively lower capacity of the secondary sector. It has been assumed that there has been a uniform impact associated with the practice framework and court reforms and that currently the majority of cases are medium to high intensity. In regional areas, it has been assumed a higher proportion of cases are high intensity as per the following table:

Table 4.5: Distribution of Intensity Measures for Caseload Complexity

	ST-CPO high	ST-CPO medium	ST-CPO low	LTG-CE high	LTG-CE medium	LTG-CE low	LTG-O lower than low
Metropolitan Locations	10%	20%	70%	10%	20%	70%	100%
Regional Locations	15%	25%	50%	15%	25%	50%	100%

Source: KPMG 2016

Figure 4.12: Weighted Caseloads per FTE CSO (2016)



Source: KPMG 2016, adapted from data from the Department of Communities, Child Safety and Disability Services

The above scenario models ongoing intervention cases on the assumption that 10 per cent are high intensity, 20 per cent are medium intensity and 70 per cent are low intensity in metropolitan areas.

It is also assumed that 15 per cent of regional cases are high intensity due to distances to be travelled and lack of secondary service providers, 25 per cent are medium intensity and 50 per cent are low intensity. Assuming a full time caseload in ongoing intervention (child protection orders) is 22, as per the workload management guide, it can be seen from the diagram that caseload benchmarks are being exceeded in most regional locations.

Caseload intensity also exacerbates the situation for locations where caseload numbers are already high such as Mackay, Cairns North, Rockhampton and Maryborough, and Toowoomba North, Toowoomba South and Springfield.



5 Queensland's Investment in Child Protection Services



5 Queensland's Investment in Child Protection Services

This section of the report examines the overall level of resources available for child safety services, trends in expenditure and the allocation of resources at the State, regional and service centre level. It shows that expenditure on child protection services has increased over the last five years by an average of 6 per cent per annum to reach a budget of \$1.011 billion in 2016-17. The majority of the additional investment in recent years has been directed towards family support type initiatives in support of the Carmody reforms while funding for core child protection activities has declined in real terms.

Analysis at the regional and service centre level reveals some disparities in funding across regions and service centres when overlaid with demand including North Coast region (where all service centres are resourced at relatively low levels relative to demand) as well as Mackay in the North Queensland region. Considering the allocation of resources for procurement of secondary support services shows similar results with North Coast region, North Queensland and South East region showing comparatively lower levels of expenditure on these services relative to demand.

Information has been sourced from the State Budget Papers as well as operational data provided by the Department.

5.1 Statewide

The budget for child safety in 2016-17 is \$1.011 billion. As shown in Table 5.1 below, the budget has been increasing steadily over the last several years apart from a marginal decline in 2013-14. Advice from the Department is that the negative growth in funding for 2013-14 reflects the deferral of expenditure until 2014-15 for a number of initiatives that were implemented in response to the Child Protection Commission of Inquiry Final Report.

Table 5.1: Queensland government spending on child safety services

Budget Allocation	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 budget
Child Safety Services (\$000)	\$ 753,103	\$ 825,780	\$ 812,081	\$ 865,943	\$ 936,056	\$1,011,308
Annual growth in expenditure		10%	-2%	7%	8%	8%

Source: Department of Communities Child Safety and Disability Services, Service Delivery Statements 2015-16

Following the release of the Commission of Inquiry Report in 2013, an additional \$425 million was made available to the Department to fund the reforms that were identified in the Report. This is being progressively rolled out and is being used to support a range of specific initiatives.

In 2014-15, an investment of \$17.8 million was made in new initiatives which were inclusive of the following:

- \$2.9 million to implement new community based intake and referral services in six locations across the State;

- \$6.5 million to increase secondary family support services targeting vulnerable families with multiple and complex needs;
- \$3 million to develop and implement a new Child Protection Practice Framework for front line child protection staff to better support families to care for their children at home and avoid out-of-home care;
- \$2.5 million to improve the support for young people transitioning from out-of-home care to independence, including targeted post-care support up to the age of 21 years;
- \$1.5 million to work with key partners to reform Indigenous family support services; and
- \$1.4 million for culturally appropriate child protection practice.⁶⁷

In 2015-16, an investment of \$40 million was made in new initiatives including the following:

- \$9.3 million to continue and expand Family and Child Connect services across the state;
- \$24.2 million to continue and expand intensive family support and domestic and family violence services, targeting vulnerable families with multiple and complex needs;
- \$2.4 million to support the expansion and integration of Aboriginal and Torres Strait Islander family support services and child protection services, and \$1.5 million for support services for families in regional and remote communities;
- \$3.3 million to continue delivering the state-wide network of Next Step After Care Services;
- \$400,000 to assist community sector partners to design a consistent therapeutic framework for residential care; and
- \$595,000 to design and implement comprehensive health assessments for all children and young people entering statutory care.⁶⁸

In 2016-17, an investment of \$81.4 million was made in the following initiatives:

- \$13.8 million for Family and Child Connect services including two new services in Mount Isa/Gulf and Cape York/Torres Strait to complete the state-wide rollout;
- \$45.7 million for Intensive Family Support services across the state for families with multiple and complex needs;
- new rest and recovery services will commence operation in 15 Safe Night Precincts to reduce alcohol related violence and create safer entertainment precincts through funding of \$3.5 million in 2016-17;
- additional funding of \$4 million in 2016-17 has been provided to extend existing community support measures in drought declared areas to strengthen resilience of drought affected Queenslanders;
- as part of a \$25 million investment over four years, \$5.5 million has been provided in 2016-17 for a redesigned Financial Resilience program, including new financial counselling positions and pilot of Good Money shops in the Gold Coast and Cairns;
- \$6.9 million over four years to enhance the sustainability of 43 existing small neighbourhood centres across Queensland and to trial Community Connect Workers; and
- additional funding of \$2 million in 2016-17 and \$500,000 ongoing from 2017-18 to modernise the Community Recovery Disaster Management system.⁶⁹

Within the funding allocated to child safety services as part of the Queensland State Budget each year approximately a third goes to Child Safety Service Centres (CSSCs) and approximately 48.5 per cent is spent on programs that support children safety services including:

- out-of-home care placement services including physical, psychological and emotional care for children and young people;
- child protection support services, which are often provided by a non-government organisations, and aim to assist children and young people who are referred by Child Safety Services for a range of interventions;
- family support services; and

⁶⁷ <https://www.treasury.qld.gov.au/publications-resources/state-budget/2014-15/budget-papers/documents/bp5-doccsds-2014-15.pdf>

⁶⁸ <https://www.communities.qld.gov.au/gateway/supporting-families/background/investing-families-children>

⁶⁹ <http://statements.qld.gov.au/Statement/2016/6/14/vital-funds-delivered-to-keep-children-women-safe-boost-jobs>

- child related placement and support costs that are provided to support children and young people who are subject to statutory intervention.

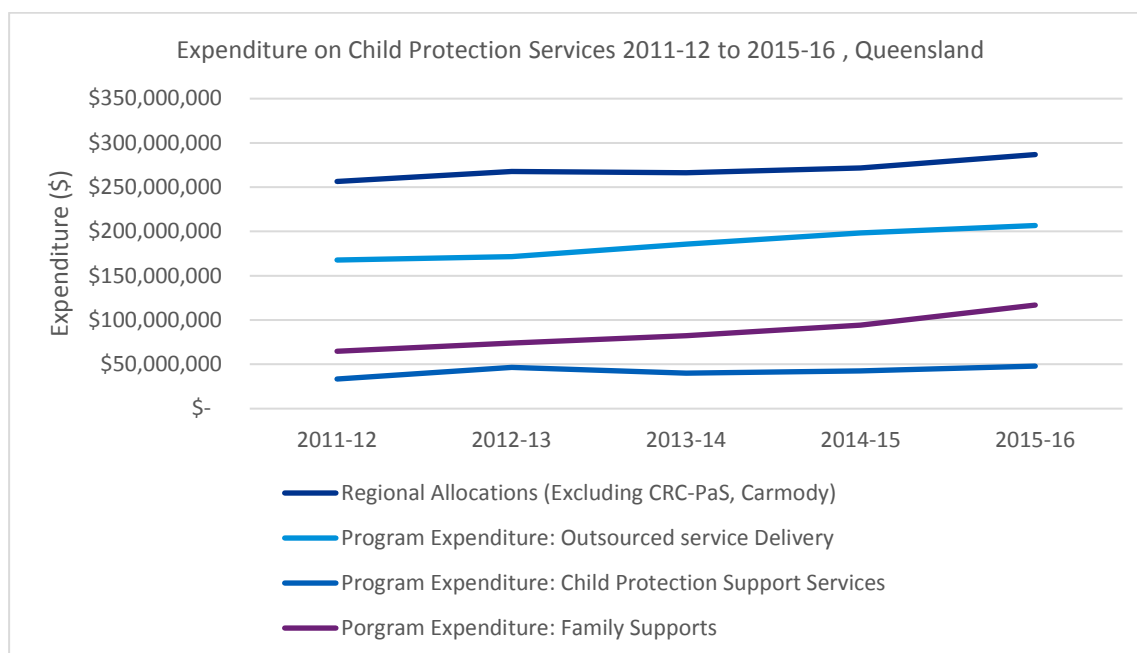
Table 5.2 below shows the break-down of funding over the past five years.

Table 5.2: Breakdown of expenditure for Child Safety Services

Child Safety Funding	2011-12	2012-13	2013-14	2014-15	2015-16	% change 2011-12 to 2015-16
Regional Allocations (Excluding CRC-PaS, Carmody)	\$ 256,482,360	\$ 267,751,520	\$ 266,283,878	\$ 271,710,982	\$ 286,853,544	12%
Program Expenditure: Outsourced service Delivery	\$ 167,776,900	\$ 171,754,408	\$ 185,772,480	\$ 198,341,996	\$ 206,739,769	23%
Child Related Costs – Placement and Support	\$ 75,441,662	\$ 71,766,354	\$ 72,630,783	\$ 82,129,728	\$ 82,767,630	10%
Program Expenditure: Family Supports	\$ 64,762,868	\$ 73,907,101	\$ 82,249,782	\$ 94,199,472	\$ 116,939,053	81%
Program Expenditure: Child Protection Support Services	\$ 33,424,251	\$ 46,548,214	\$ 40,186,805	\$ 42,733,194	\$ 48,017,452	44%
Sub Total Child Protection Funding	\$ 597,888,041	\$ 631,727,597	\$ 647,123,727	\$ 689,115,372	\$ 741,317,448	24%
Balance of Child Safety Expenditure (Corporate Functions and other)	\$ 155,214,959	\$ 194,052,403	\$ 164,957,273	\$ 176,827,628	\$ 194,738,552	25%
Child Safety Total funding	\$ 753,103,000	\$ 825,780,000	\$ 812,081,000	\$ 865,943,000	\$ 936,056,000	24%

Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 5.1: Expenditure on Child Protection Services 2011-12 to 2015-16, Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 5.1 demonstrates that overall expenditure on Child Protection Services in 2011-12 to 2015-16 is increasing, with allocations to regions increasing by 5.6 per cent over 2014-15, and program expenditure on Child Protection Services increasing by around 5.7 per cent over 2014-15. Also evident is the significant increase in program expenditure on Family Support Services, which has increased on average 17 per cent per annum over the three year period 2013-14 to 2015-16. This reflects the focus of the Carmody reforms on early intervention and a differential response to child protection notifications.

However, while overall the Departmental budget is increasing, there are pressures on the Department to both fund the major reform agenda it is tasked with, while also continuing to support the business-as-usual (BAU) activities of front-line child protection services. This is reflected in the modest budget increases since the commencement of the reform agenda for regional budget allocations, particularly in 2016-17 budget where regional allocations will increase by 0.8 per cent.

Table 5.3: Regional Budget for Child Safety Service Centres, excluding Carmody Reforms and CRC PaS, 2016-17

Region	Employee expenses	Supplies and Services	Child related costs	Education support funding	Foster Care and High support needs allowance	Complex support needs allowance	Other expenses	Total Regional Budget 2016-17
Brisbane	21564731	990220	1335680	228699	11301088	1017171	1592310	\$ 38,029,899
Central	\$ 18,508,262	\$ 1,094,637	\$ 2,021,919	\$ 342,876	\$ 16,508,933	\$ 991,690	\$ 1,146,825	\$ 40,615,142
Far North	\$ 12,844,828	\$ 1,485,698	\$ 1,454,900	\$ 246,588	\$ 11,500,846	\$ 814,058	\$ 687,440	\$ 29,034,358
North Coast	\$ 16,894,971	\$ 781,600	\$ 1,856,956	\$ 334,572	\$ 17,100,892	\$ 1,255,153	\$ 1,607,232	\$ 39,831,376
North Qld	\$ 17,495,512	\$ 1,372,863	\$ 1,325,041	\$ 254,648	\$ 13,031,110	\$ 839,986	\$ -	\$ 34,319,160
South East	\$ 27,386,483	\$ 1,320,598	\$ 2,500,071	\$ 489,921	\$ 24,601,539	\$ 2,309,065	\$ 2,771,997	\$ 61,379,674
South West	\$ 18,926,732	\$ 942,292	\$ 2,394,208	\$ 438,369	\$ 20,750,033	\$ 1,172,342	\$ 1,357,499	\$ 45,981,475
Total	\$133,621,519	\$ 7,987,908	\$ 12,888,775	\$ 2,335,673	\$114,794,441	\$ 8,399,465	\$ 9,163,303	\$ 289,191,084

Source: KPMG analysis from Data provided by Department of Communities, Child Safety and Disability Services

Carmody reform expenditure is funded from new funding in addition to Departmental offsets as shown in Table 5.4 below. Table 5.4 also notes the total new funds in the budget for each year. The table assumes that offsets relate to existing services that are being subsumed within the reform agenda, and as such existing funding can be redirected. Offsets factored in range between \$17 million to almost \$27 million per annum. It should be noted that growth in funding for business-as-usual activities has been lower than growth rates for the overall budget. A balance must therefore be achieved between the shift necessary for whole-of-system reform, and maintaining the BAU activities until demand impacts from the reforms begin to take effect.

Table 5.4: Breakdown of expenditure for Child Safety Services

Carmody Funding	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Carmody new funding		\$ 19,449,000	\$ 58,498,000	\$ 103,217,000	\$ 113,218,000	\$ 113,250,000
Carmody offset allocation		\$ 17,990,000	\$ 18,004,000	\$ 24,876,000	\$ 26,948,000	\$ 23,908,000
Total Reform Expenditure		\$ 37,439,000	\$ 76,502,000	\$ 128,093,000	\$ 140,166,000	\$ 137,158,000
Total new funds in budget	-\$ 13,699,000	\$ 53,862,000	\$ 70,113,000	\$ 75,252,000	\$ 25,282,700	\$ 25,914,767
Real growth in budget for BAU¹	-\$ 13,699,000	\$ 34,413,000	\$ 31,064,000	\$ 30,533,000	\$ 15,281,700	\$ 25,882,767

Source: KPMG from Child and Family Reform, Revised Funding Schedule (2016-17), Department of Communities, Child Safety and Disability Services

1. Assumes that Carmody offset allocation is redirected program funding within the Carmody reform framework and does not reflect actual productivity savings that need to be found by the Department.
2. Assumes an increase of 2.5 per cent in total budget allocation from 2016-17 to 2017-18 and a further 2.5 per cent between 2017-18 and 2018-19. Forward projections for these years have not been provided by the Department.

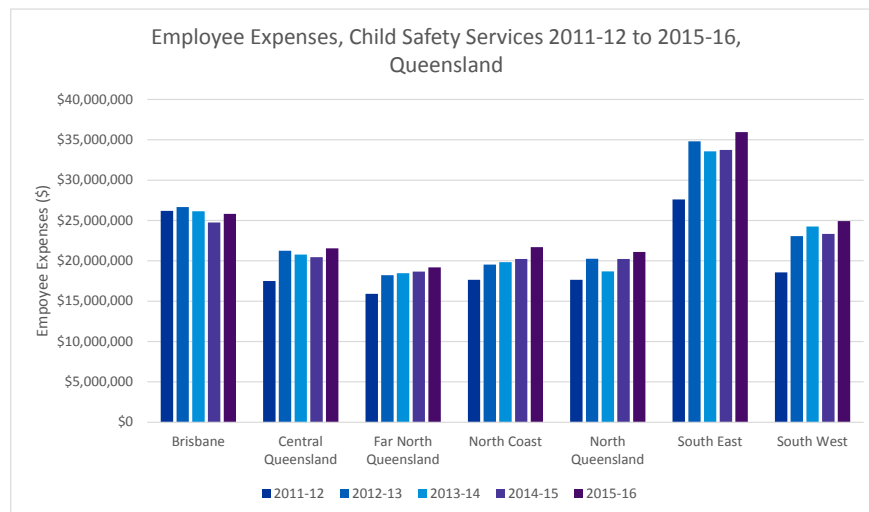
5.2 Regional

Of the funding provided to regions approximately 60 per cent is spent on employee expenses, totaling \$170.3 million in 2015-16. The remaining 40 per cent of CSSC expenditure is being used to cover: supplies and services; service procurement; grants and subsidies; and other expenses.

Across Queensland there has only been a modest increase in the investment in workforce for child safety services over the last five years. Figure 5.2 shows that there was a significant spike in the investment in workforce in 2012-13 with an average increase in employee expenses of 16 per cent across the regions. The rural regions of Queensland experienced the highest growth in employee investment with South East region, South West region and Central Queensland region all increasing their expenditure on employees in 2012-13 by more than 20 per cent (compared with 2011-12). The Far North Queensland and North Queensland regions experienced a 15 per cent growth in employee

expenditure and the North Coast Queensland region experienced an 11 per cent growth in employee expenses while the Brisbane region employee expenses grew by only 2 per cent.

Figure 5.2: Employee expenses for child safety services in Queensland



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Between 2013-14 and 2014-15 the growth in expenditure on employees was relatively stable across the State. However, between 2014-15 and 2015-16 there was an average 5 per cent increase in employee expenses for child safety services across the State. The North Coast region, the North Queensland region and the South East region had higher than average annual growth in employee expenses with a 7 per cent increase between 2014-15 and 2015-16.

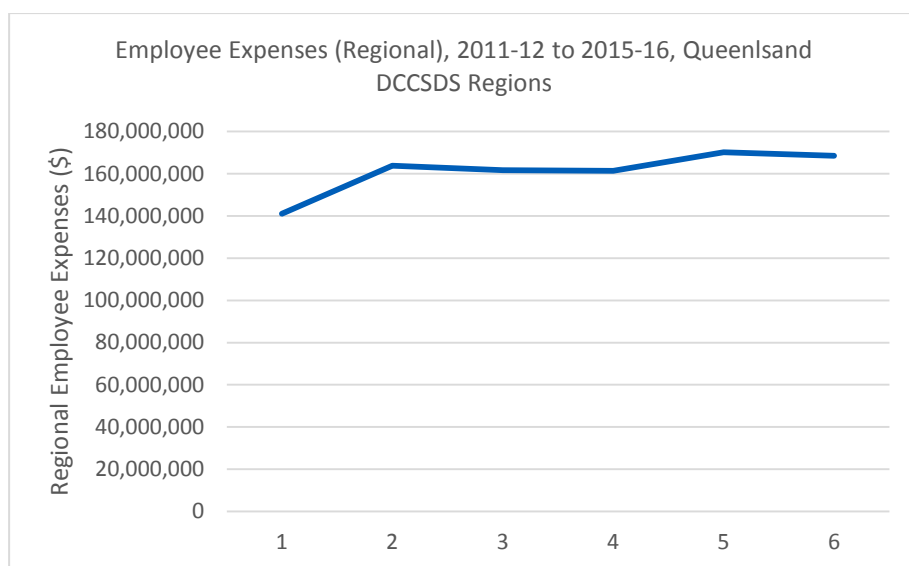
Over the last three years, an annual average of \$165 million has been attributed to employee expenses for the delivery of child safety services. This expenditure related to not only individual child safety service centres but also the offices for the regional directors, the regional intake services and regional placement services. Key points about the expenditure include:

- an annual average of \$7 million is attributed to employee expenses for the five offices of the regional director for child safety (excludes North Queensland region and Central Queensland region);
- an annual average of \$8 million is attributed to employee expenses for the six regional intake services (excludes North Queensland region); and
- an annual average of \$14 million is attributed to employee expenses for placement services in each region.

5.2.1 Employee expenditure and volume

This growth trajectory in the employee expenditure data does not correspond to the growth in staff volume. While there was a significant reduction in the number of regional staff working in child safety in Queensland over the last four years, Figure 5.3 shows that there was a significant increase in employee expenses.

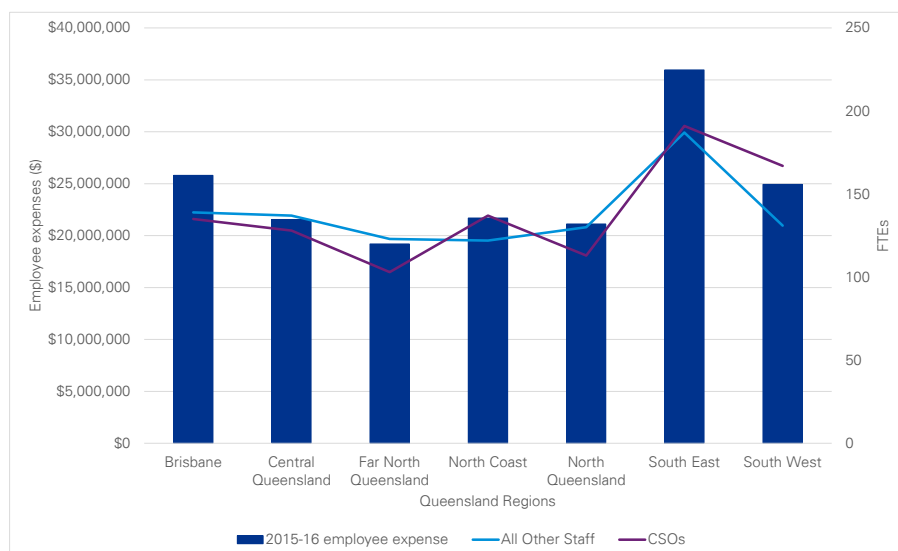
Figure 5.3: Employee expenses for child safety services in Queensland 2011-12 to 2015-16



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 5.4 below illustrates the 2015-16 employee expenses for child safety across the seven regions in Queensland and also shows the staff volume for each of the regions. This figure indicates that an increase in employee expenses does not necessarily equate to a comparable increase in the number of staff. For example, while Central Queensland and the Brisbane regions have a comparable number of CSOs (128 and 135 respectively) the level of employee expenses for 2015-16 differs markedly: \$25.8 million in Brisbane region and \$21.6 million in Central Queensland region. This is possibly because the Brisbane region is paying staff at a higher pay point than Central Queensland or the Brisbane region has a staff mix with greater seniority (e.g. managers and directors) than Central Queensland region.

Figure 5.4: 2015-16 employee expenses across the regions and the volume of child safety staff

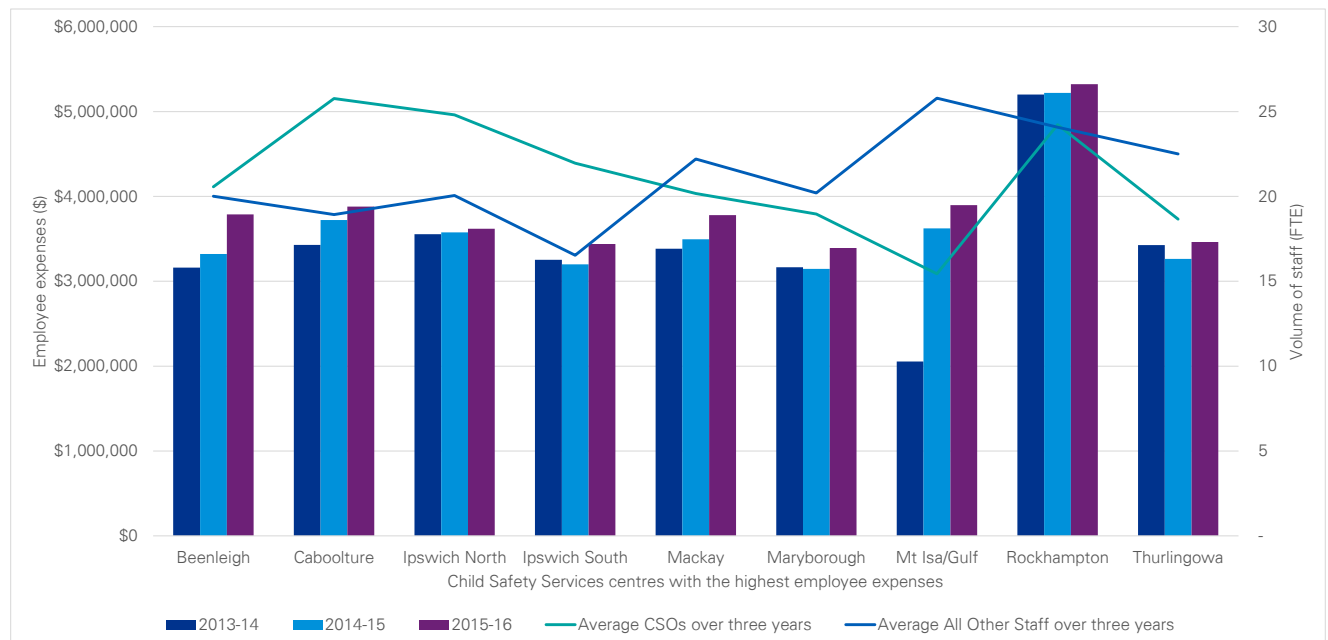


Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 5.5 illustrates the employee expenses for the last three years across the Child Safety Service Centres (CSSCs) that have the highest levels of employee expenditure. Overlaid across this data is the volume of staff in each centre. This provides an indication of the marginal increase in staff that is made possible by increasing employee expenses in each CSSC. This graph also indicates whether there are different operational or service delivery models being used across the CSSCs. For example, Mackay and Caboolture appear to have spent a comparable amount on employees (\$3.8 million in 2015-16) but Caboolture has a higher number of CSOs compared to Mackay – 25 CSOs in Caboolture

and 20 CSOs in Mackay. Staff mix, and relative seniority, are significant factors of capacity of various centres to cope with demand pressures.

Figure 5.5: 2015-16 employee expenses across the top ten spending CSSCs and the volume of child safety staff



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

An analysis of workload pressures in child investigations and assessments was also undertaken in order to assess whether there was any correlation between the localised need for child safety services (as indicated by the numbers of investigations and assessments being carried forward from period to period) and the investment in the workforce in different regions. Figure 5.6 illustrates the employee expenditure and staff volumes for the ten child safety service centres with the highest volume of investigations outstanding more than 90 days. It is noted that while Caboolture is one of the CSSCs with the highest employee expenses and has a relatively high volume of CSOs, this CSSC also has a high volume of children who are waiting to be assessed. This indicates that in spite of higher than average workforce investment, the Caboolture CSSC is still struggling to keep up with the demand for child safety services. Bayside and Redcliffe CSSC had comparable investments in workforce, both recording employee expenses of \$3.3 million in 2015-16. However, these CSSCs also had large volumes of outstanding investigations.

5.3 Child Safety Service Centres

Analysis of this data indicates that at a CSSC level it may be beneficial to consider a strategy for workforce investment that better takes into account the volume of staff required to manage workload pressures and caseloads within each service centre. Taking a measure of expenditure per unit of demand within Child Safety Service Centres, it is apparent that some service centres, and indeed some regions more broadly are funded at a much lower level on a 'per unit of demand basis', as well as perhaps on a 'per capita catchment' basis. The charts overleaf (Figures 5.6 and 5.7) demonstrate funding levels by service centre according to units of demand (ongoing interventions, to out-of-home care, investigations and assessments), as well as per capita catchment population.

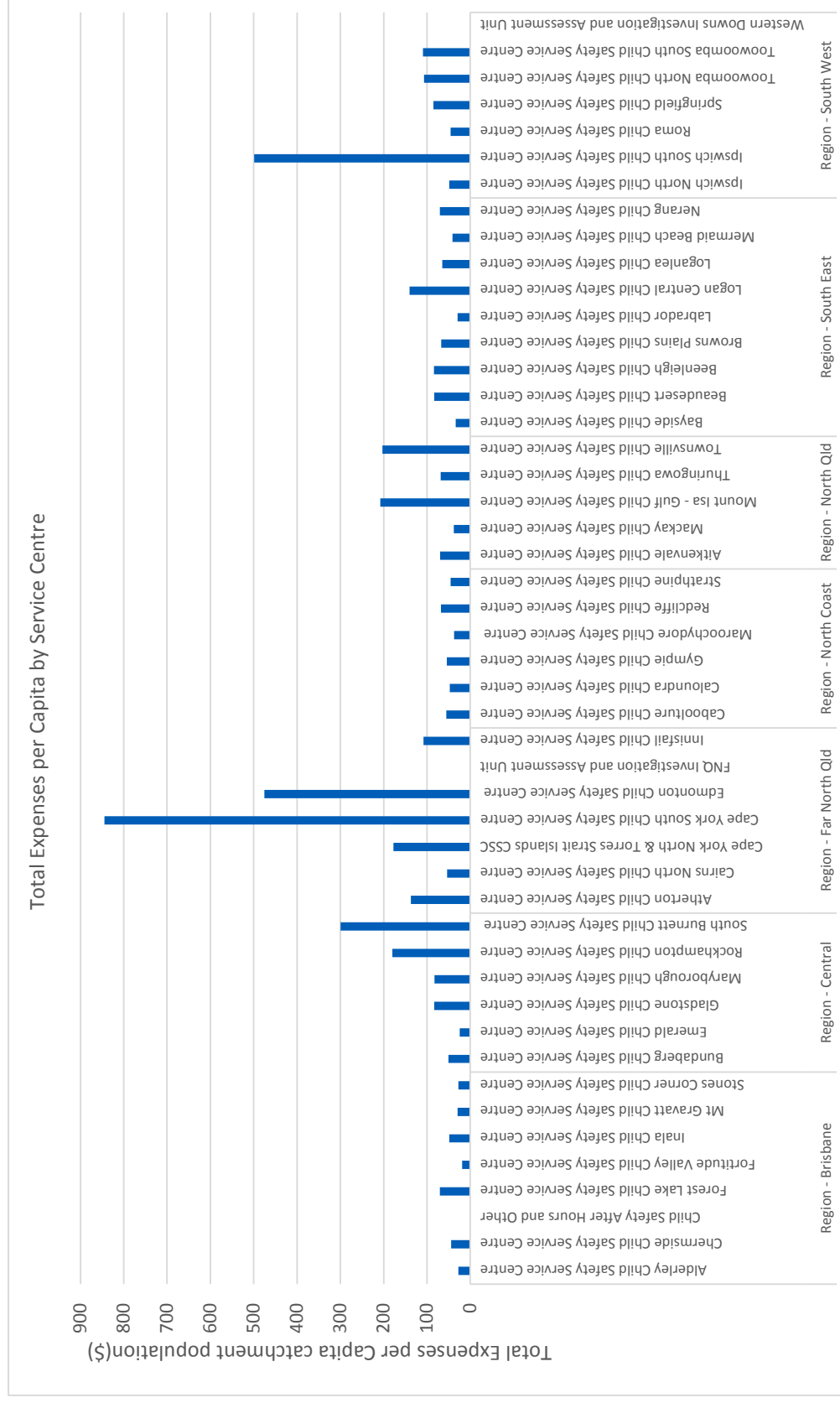
Again though, without detailed statistical analysis, it is difficult to determine whether allocations are consistent with community need according to more robust needs-based indices and remoteness factors. In order to determine how closely the current resourcing model fits with need a modelling exercise was undertaken to map resourcing to service centres based on socio-economic factors and demand being experienced.

Figure 5.6 demonstrates that per capita expenditure across service centres is widely variable with some service centres more highly resourced by population than others. Primarily, rural and remote locations are more highly resourced per capita than metropolitan locations, but this is inconsistent across centres. This chart is derived from catchment populations as calculated from the Department's service centre location map for catchments, and Queensland Government Statistician figures on population by SA2. This has been mapped to catchments utilising Australian Bureau of Statistics concordance data.

Employee expenses by unit of demand demonstrates further disparity between regions based on the level of demand experienced in ongoing interventions, investigations and assessments and admissions to out-of-home care. As shown in Figures 5.6 and 5.7, it can be observed that some service centres are comparatively more highly resourced for levels of demand experienced than others. In some instances (for example, North Coast region) all service centres within the region are resourced at the lowest levels within the State for their levels of demand. This can also be said for Mackay Child Safety Service Centre within North Queensland region, which is resourced at comparatively lower levels than other service centres.

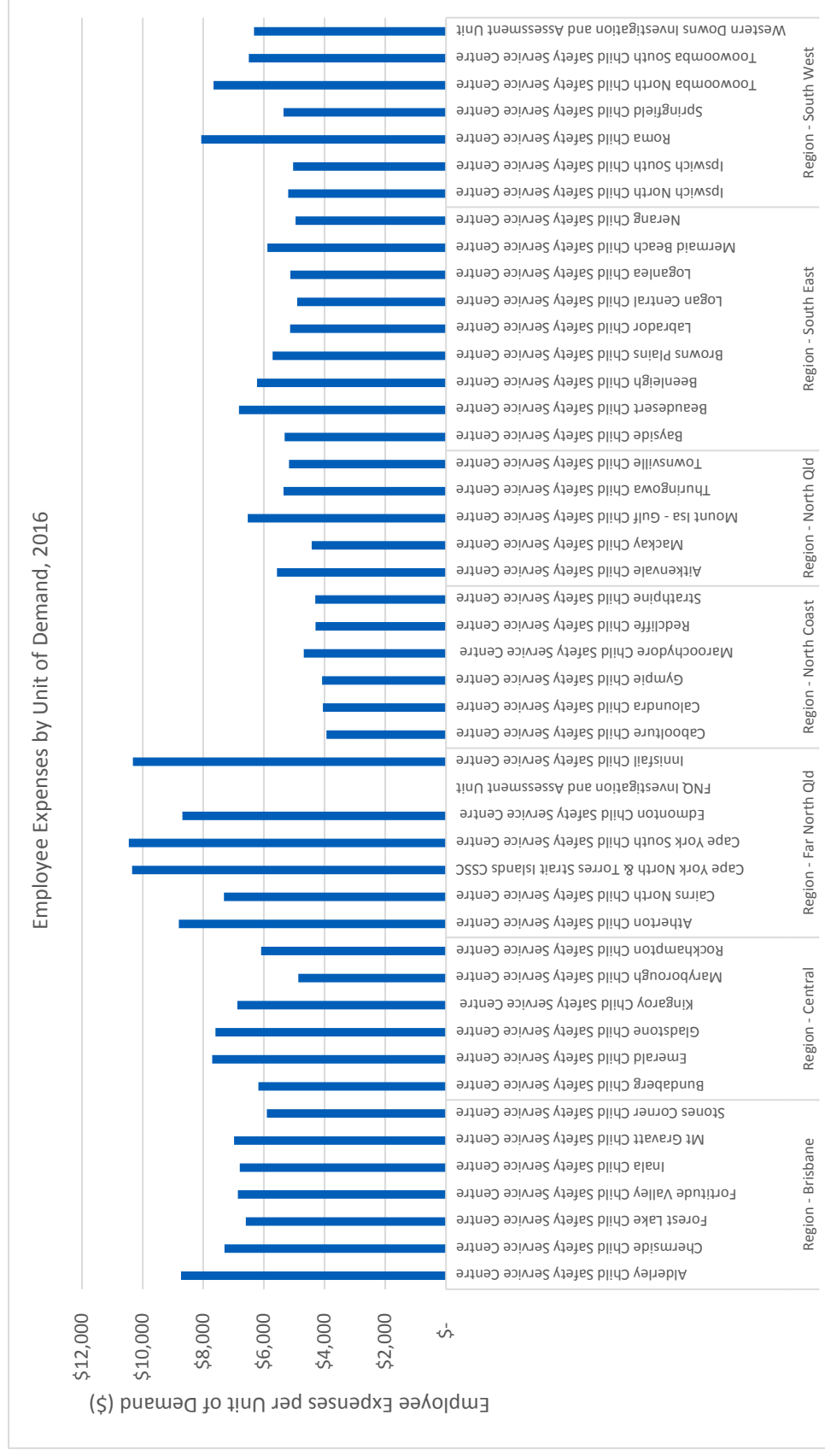
Once again, analysis of service procurement by unit of demand by service centre demonstrates the disparity between centres in funding for secondary services per unit of demand. It can be observed that North Coast region, North Queensland region and South East region have comparatively lower expenditure on these services per unit of demand than other regions.

Figure 5.6: Expenses per capita by service centre



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

Figure 5.7: Employee Expenses per unit of demand 2016



Source: KPMG 2016, based on data from the Department of Communities, Child Safety and Disability Services

5.4 Current Resource Allocations

The methodology for modelling whether current resource allocations broadly satisfy a needs-based approach necessitated mapping of population numbers as produced by the Australian Bureau of Statistics (ABS) to service centre catchment areas. This was achieved by utilising population data from the Queensland Government Statisticians Office designating population by SA2 and matching this data to service centre area catchment information from the Department's Service Locations map⁷⁰ utilising Australian Bureau of Statistics Concordance data. The resulting dataset was able to be modelled to Australian Bureau of Statistics Socio-Economic Index for Areas data (SEIFA) to obtain an adjusted SEIFA index for each service centre catchment.

Statistical methods were then used to analyse the fit of current resourcing allocations to service centres to the likely need indicated by demand trends and the SEIFA indicator. This analysis confirmed that, across indicators of population, need and demand, none of the variables examined had a strong relationship with current resource allocation. Poor predictors of overall expenditure and employee expenditure were demand for ongoing interventions, the number of children in out-of-home care, and the SEIFA indicator. Population factors were also a weak predictor of total expenditure (overall catchment population and catchment population 0-17). This demonstrates to some degree the disconnect between current resourcing strategies and demand and needs within communities.

However, when analysis was performed on the relationships between demand, population and the SEIFA indicator, it was found that there was a significant relationship between these factors such that they could form the basis of a needs-based allocation methodology. It was determined that population and the SEIFA index were strong indicators of demand for ongoing interventions and admissions to out-of-home care. However, it was interesting to note that demand for investigations and assessments was more closely related to employee expenditure than the SEIFA index, which is a factor requiring a greater degree of investigation in understanding service responses to different population cohorts.

In order to improve equitable distribution of resources, it may be possible to identify other possible factors that could contribute to the resource allocation methodology that would assist in better meeting the needs and demands within the system. For example, it may be possible to examine demand relationships with additional factors within communities such as:

- number of single parent households;
- substance abuse patterns within communities;
- domestic and family violence rates within communities;
- young motherhood and infant failure to thrive;
- infant mortality rates;
- crime rates; and
- cultural mix of communities.

The Department currently has a Needs and Services Analysis tool that is being used to allocate new program funding to regions. The tool was developed to compare levels of need across Queensland communities and considers key indicators of demand as well as the distribution of funding to identify areas that may have high levels of unmet need. The tool facilitates the identification of relevant indicators and data availability at small geographic levels. Inputs also include key indicators and weightings for each of the indicators. The model when run will provide recommended funding allocations at the regional, or child safety centre level for validation. The model does not have the capacity to monitor performance over time, predict demand or identify service mix.

⁷⁰ Department of Communities, Child Safety and Disability Services (2014), Service Locations Department of Communities, Child Safety and Disability Services offices by locality, Statistical Local Areas (SLA), Local Government Areas (LGA), postcode and service type. <https://data.qld.gov.au/dataset/service-locations-department-of-communities-child-safety-and-disability-services/resource/d9b71be0-8082-4ec2-8f48-bb71521b403d>



6 Service Centre Consultations



6 Themes from Service Centre Consultations

This section outlines the key themes that arose during a series of site visits undertaken by KPMG as part of the review. The site visits confirmed the pressures on certain parts of the system and in particular highlighted the impacts on child safety workers associated with implementing the Carmody reforms including most notably the new collaborative based practice framework and the court reforms that have been put in place. Issues with recruiting, retaining and backfilling staff and insufficient numbers of foster carers as well as concerns with the capability of the secondary support service system were also identified as key factors impacting on workload pressures in regional and rural areas.

As part of the project consultation process, the Project Team conducted six site visits to child safety services centres and Regional Intake Services in the greater Brisbane and regional areas. Sites visited included Strathpine in the North Coast region, Forest Lake in the Brisbane region, the Beenleigh Regional Intake Service within South East region, Mackay Child Safety Service Centre in North Queensland, Cairns North Child Safety Service Centre in Far North Queensland and Toowoomba South Child Safety Service Centre within South West region. Themes were relatively consistent across the service centres visited and incorporated issues around workforce, workload, secondary services, carer availability, the new practice framework and changes to court processes. A discussion around each of the major themes is provided below.

Child Safety Service Centre Structure

It was reported there are a variety of ways in which Child Safety Service Centres (CSSCs) are structured, and this is variable both across and within regions. One factor that appears to impact both workload and structure is the specific type of work that is undertaken within each CSSC. Some CSSCs undertake work across both investigation and assessment and ongoing intervention while others may be dedicated to one specifically. Ongoing intervention includes Interventions with Parental Agreement (IPAs) and short and long-term Child Protection Orders (CPO). Teams within CSSCs can have a mix of caseloads across all aspects of the child protection continuum, or alternatively may be specialised in a particular area. Consequently, the specific pressures associated with caseload, as well as workload, experienced by staff across the State can be quite variable.

Similarly, role responsibilities within CSSCs can also vary. For example, it was reported in some service centres that the Senior Practitioner is responsible for the CSSOs within the centre, and that CSSOs are not generally part of the Child Safety Team managed by the Senior Team Leader. This is in spite of role descriptions indicating that these positions report directly to a Senior Team Leader. With respect to allocation of cases, primarily Managers of a CSSC will take responsibility for the volume of work that relates to Long Term Guardianship – Other, and unallocated caseloads. Team Leaders on the other hand take responsibility for caseloads that relate to staff on planned and unplanned leave. Child Safety Support Officers are administrative positions with a specific role in working to support processes such as oversight of supervised contact visits, connecting families with relevant secondary service providers and documenting protection and intervention activities in case files. Specific roles and responsibilities of staff at each level is documented in Appendix B.

Workforce

The most common theme related to workforce was the issue of backfilling staff when planned or unplanned leave is taken, and management of caseloads during these times. As previously mentioned, the Senior Team Leader will normally take responsibility for caseloads of Child Safety Officer staff when they are absent on planned or unplanned leave, or when vacancies arise. There are few alternatives to backfilling as Child Safety Service Centres do not usually have budget available for backfilling due to the resourcing strategy of funding staff expenditure at mid-pay point. Furthermore, there is generally no available pool of appropriately qualified and approved staff from which to draw. Some regions will draw from their Regional Intake Service or Placement Services Unit should significant issues arise at a service centre, however, this is largely only possible where the relevant unit is collocated or in the same city as the CSSC.

The issue of backfilling was a significant issue raised within regional centres where CSOs receive, and are generally encouraged to take, 5 weeks of annual leave per year. This means a Senior Team Leader will have up to 30 weeks of full time caseload to each year to cover for annual leave, in addition, they also must cover up to 10 to 12 weeks a year in unplanned absenteeism. Consequently, inability to backfill in some regions is argued to be contributing to employee burnout of talented staff. Senior Team Leaders report that they actively attempt to ensure that there are not two people away on leave at the same time, however, absenteeism is the difficult factor for which to plan.

There was a feeling within CSSCs that CSOs and Senior Team Leaders are being asked to manage both increasing caseloads as well as processes that are taking longer as a result of the new practice framework and the court reform processes. On top of pockets of rising demand and the reform agenda, staff have also undertaken a significant training program with respect to the new practice framework that has contributed to workload stresses over the past 12 months. On the other hand, staff were hoping the new court processes would alleviate some of the pressure in relation to court work, but in contrast, workload pressure has increased in this area. This will be discussed further below.

It was reported that often the response to workload pressure is to increase the number of CSOs within a particular location. However, to some extent, this response has the effect of reducing effectiveness within the CSSC due to Team Leaders managing a greater number of staff. The consequence is often that the Senior Team Leader does not then have the opportunity to properly undertake their duties with respect to staff performance management and risk management of caseloads with respect to quality service delivery.

Recruitment and retention was also reported to be an issue, particularly within regional locations. It was reported that with the move to limit the qualifications applicable to the CSO role under the Carmody reforms to only include a Bachelor or Master's Degree in Social Work, Human Services or Welfare, or Psychology, that the pool of appropriately qualified staff has significantly reduced. Other Bachelors degrees are suitable as a basis only if inclusive of 6 subjects related to the above areas, and with an additional qualification. Vacancies were reported to have a tendency to remain open for longer, and once CSOs are appointed, they have to undergo additional in-house training in order to be able to take on workloads. Regional centres report that these in-house training processes are only periodically available and as such there is sometimes a significant lapse in time before a newly recruited CSO is able to take on caseload.

In several site visits it was suggested that the CSSC would benefit from the availability of formalised relief arrangements where pre-approved workers were available to fill in during periods of significant absenteeism or leave. Many CSO staff reported being concerned about work-life balance issues and there was a feeling that if the opportunity for casual relief work was available, there would be a willingness for this style of work arrangement – much like relief teaching.

Case complexity

All service centres reported an increase in case complexity that relates to the more complex behaviours of children and young people that are being exhibited at a younger age, the existence of multiple risk factors within families that make working with the family more difficult, and also to the extended time that is being spent by CSOs to support families and children subject to ongoing

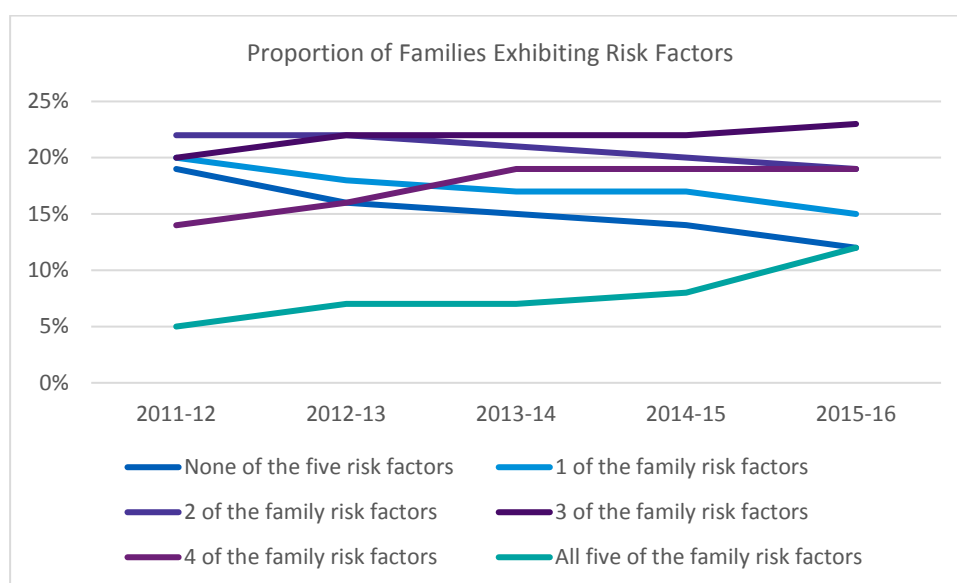
intervention. Case complexity can be affected both by the characteristics and behaviours of the family and child, and by geographic and other factors that mean CSOs spend increasing amounts of time on individual matters.

While the complexity of child characteristics and behaviours is widely and consistently reported by CSOs to be increasing, this remains largely anecdotal as departmental data only informs on the characteristics of families whose children come in contact with the child protection system. However, this data demonstrates that family complexities have increased markedly given the increases in proportion of families that are reported to have three or more of the risk factors.

Risk factors considered to increase likelihood of contact with the child protection system include domestic and family violence, drug and alcohol abuse, intergenerational experience of abuse or neglect, mental illness and criminal history.

Figure 6.1 below shows that families exhibiting none, one or two of the risk factors have all declined in overall proportion during the period between 2011-12 to 2015-16, offset by an increase in families exhibiting 3, 4 and 5 of the factors contributing to family risk.

Figure 6.1: Proportion of Families Exhibiting Risk Factors 2011-12 to 2015-16



Source: KPMG 2016, based on published data on DCCSDS Our Performance Website

Caseload and Workload Inequity

Staff within CSSCs highlighted the inequity in caseloads between service centres, particularly the discrepancy between metropolitan service centres and regional service centres. While staff at both metropolitan and regional centres reported that, increasingly, they are travelling further to maintain contact visits and services for children in care, regional centres highlighted the vast daily issues they face when it comes to obtaining and servicing placements. One service centre reported that their staff routinely travel 2,000 – 3,000 km per month in order to undertake their duties. This travel time is not reflected in the caseloads they are being asked to manage. There is a perception that performance at regional centres is compared to performance and caseloads in metropolitan areas where the tyranny of distance is not as large an issue.

The issue of workload inequity was also raised in the context of the number of CSOs a Senior Team Leader is asked to manage, and also the number of teams a Manager is asked to manage within a service centre. While relative remuneration for higher workloads was raised, this was a minor consideration when compared to the level of risk perceived to be taken on where staff are managing higher numbers of teams, officers and cases. The underlying spirit is that CSOs want the opportunity to do their work well, and to provide a high quality service that meets the expectations of the community. However, the message is that this has been increasingly difficult to achieve in the

context of the reform agenda which places an emphasis on greater collaboration and more complex layers to court processes.

There was considered to be tangible benefits to specialisation where teams (or centres) are dedicated to one form of work, either investigations and assessments or ongoing interventions, and within ongoing interventions, IPAs or CPOs. Most CSSCs visited were structured in this way, at least with a degree of specialisation within their team or centre structures. However, in one CSSC in particular, where they specialise in OI only, this has resulted in its own issues due to its high caseloads, and relatively high associated workloads in comparison to workloads in the specialised centres providing intake, placements, and investigations and assessments. This centre has had particular issues retaining staff and reported a turnover in the past 12 months of 20 staff. Many of these staff were lost to other centres within the region due to the lower workloads in those offices. Further, the CSSC found it difficult to find staff to backfill positions. The Office acknowledged that the situation may alleviate with a new 4 CSO team being located within a neighbouring CSSC which would take on a portion of the ongoing intervention work. Other centres that have dedicated team specialisations tended to be able to alleviate this issue through the ability to backfill staff from within the service centre from other teams.

Regional Child Safety Service Centres

Several regional CSSCs raised specific issues with an increasing tendency for teenagers to be relinquished due to their particularly challenging behaviours. This was raised in the context of the workload associated with Long Term Guardianship Orders to Other (LTG-O) which are largely perceived to be a low resource intensive workload. Increasingly, however, regional centres are having to support points of crisis for these placements in order to maintain placement stability.

Availability of appropriately located carers in regional centres is also a significant issue with most centres reporting that they operate at above placement capacity. Figures quoted ranged from around 30 placements up to 100 placements short. Shortage of carers raises a multitude of issues for CSOs who must find placements for children removed from their homes, or who are subject to a placement breakdown. It is often the case that a CSO will need to drive a child to a placement in the evening, and often in regional centres, these placements are significant distances. For example, a CSSC reported a placement breakdown in the afternoon at one rural location, and the only placement available was some distance away, resulting in the CSO travelling considerable distances, late at night, in order to safely accommodate a child.

The lack of carers also means that CSOs often have to pressure carers to take an additional child, with trade-off consequences. For example, a carer with two places, may agree to have a third child, but as a consequence may not then be able to transport any of the children in their care. This responsibility is increasingly falling back on the CSO to undertake necessary transports to schools, appointments and contact visits.

Several creative strategies have been employed by CSSCs to assist to alleviate the workload pressures on their staff. One regional centre undertook a joint process with the Queensland Police Services in order to address issues with outstanding Investigation and Assessments. This effectively doubled their capacity to respond during that period and assisted them in their ability to reduce workload pressure. Another centre has engaged the non-government sector through a contact centre arrangement in order to facilitate contact visits between children and their families. While this strategy has been somewhat successful, the centre pays \$70 per hour for visits, and then an additional \$35 for accompanying case notes. In order to alleviate the pressure caused by high caseloads and extended vacancies, turnover and absenteeism, a third centre has introduced a therapeutic dog program with substantial benefits to staff who report the calming effect of the dogs after dealing with crisis situations.

Secondary Services

The issue of secondary service providers was raised both by the Regional Intake Service and the CSSCs located within rural/regional areas of the State. In general, it was reported that the non-government sector lacks the capacity, capability and willingness to work with clients of the

Department which is a significant issue in the provision of both Intensive Family Support (IFS) services and Family Intervention Services (FIS).

FIS are relevant where a child is subject to ongoing intervention by way of an Intervention with Parental Agreement (IPA). In these instances, it was reported that Child Safety Service Centres seek to work with the family in order to effect significant change in their behaviours and ability to safely keep their child at home. IPAs usually are for a period of 6 months, but can be extended to 12 months if sufficient change has not occurred within the initial period. Beyond 12 months, the Manager of the CSSC must approve the continuation of an IPA, or alternatively a CPO may be sought if insufficient change has occurred.

In order to support a family on an IPA, a CSSC would normally refer the family to appropriate FIS secondary services. However, in regional areas the depth of service providers necessary to provide for the complex support needs of the Department's clients is a barrier to the achievement of effective change. It was reported that up to 30 per cent of referrals to FIS are terminated prior to contact with the client due to non-engagement of the client with the FIS. However, on several occasions at different centres it was reported that this is the result of the FIS attempting to call the client up to four times, then closing the referral due to non-engagement. Even when a family is willing to engage, it is difficult to get the secondary sector to respond to their needs. One Senior Practitioner reported that she had referred a family on multiple occasions to one of the only secondary service providers available in a regional centre, and no contact was made over a period of eight months.

In instances where a family is subject to an IPA and there is insufficient support from the secondary sector, the CSO often retains the burden and the risks associated with ensuring that the child remains safely at home. This was reported to be a significant aspect of their workload which ought to be alleviated by the availability of appropriate secondary services. The availability of services is one issue in regional centres, but the willingness of secondary service providers to work with some families was also raised. In particular, service providers often refuse to work with high risk families such as:

- families where domestic and family violence is an issue and the perpetrator remains in the home;
- families where substance abuse is an issue;
- families where sexual abuse is an issue; and/or
- families where mental health is a factor.

While the above issues were consistently raised by CSSCs in regional areas in relation to the secondary sector, the issue was also raised by one Regional Intake Service in relation to IFS services and the dual referral pathway. The Regional Intake Service reported that while the secondary service providers are well-meaning, they are not always responsive to the matter that is being referred to them. It was reported that it is often the case that families get referred to services, but the service provider perceives the risk of working with particular families as too high.

In some cases, service centres are using Child Related Costs funding or Child Related Costs (Placement and Support) (CRC-PaS) funding in order to purchase more appropriate private sector services who are more appropriately qualified to provide services to client groups that have more complex behaviours, or trauma.

There is concern that there is no quality reporting on outcomes from the secondary service providers who only report number of clients and number of hours. This is seen as a barrier to allocation of resources to the service providers capable of making the greatest difference.

New Practice Framework

All service centres brought up the issue of the new practice framework which is based around promoting a more collaborative approach to case management. While most acknowledged the benefits of a collaborative approach, this was cited as one factor which was contributing to higher workloads and inability to visit children as often as they should.

However, CSOs report they have little time to be more collaborative given the caseload burdens, and the increased time a collaborative approach takes. In effect, delays in getting all parties to the table are frequent, and CSSCs report that increasingly they are required to involve not only families in sessions but family legal representatives also. Due to the increasingly litigious nature of cases, CSOs

are often working through solicitors who are not necessarily readily available. Service Centres reported that tasks that in the past might have taken four weeks, are now taking up to ten weeks.

Court Reforms

One of the most significant issues raised at every centre was the introduction of the new court processes under which two new layers of bureaucracy have been introduced, with the purpose of having an independent decision-maker, Director of Child Protection Litigation, as the applicant in the child protection litigation processes. The new court processes are intended to deliver procedural fairness, transparency and evidence-based decision making, however, it is fair to say that staff within service centres do not believe the benefits that have accrued to date outweigh the burden of the additional workload the court reforms have meant for CSOs.

CSSCs report that the court reforms have increased their work threefold and many believe this is a conservative estimate. The process is frustrating for staff who believed that through the court reforms they would receive additional support rather than less support. In addition, the requirements for affidavits to be written according to a certain standard of evidence is frustrating for many CSOs who believe they are ill-equipped to be providing affidavits to the standards required by the courts as they are not Solicitors. Affidavits are double, triple and quadruple handled according to CSSC staff and this administrative and time burden on staff means that, again, children are not getting visited as often as they should, and they are struggling to get to more critical tasks. This is generally perceived to increase the risks associated with their caseloads.

Introduction of the Sharepoint site was a significant issue and continues to be an issue for service centre staff due to the need to enter data once on the Integrated Client Management System (ICMS) and then again on Sharepoint. Where matters involve multiple children, this can increase the administrative burden of a matter considerably.

Service centre staff are seeking to pre-empt Director of Child Protection Litigation (DCPL) questions by ensuring all avenues have been followed to avoid removing children, even if this increases risk. In this regard, it was reported that child safety agreements and IPAs are sometimes progressed even if Child Safety Officers believe these will fail in their early stages. It was reported at several service centres that the new court processes are an influencing factor when making decisions about removal of children.

The Department is aware of the issues surrounding the new court processes and the impact this has had on staff within service centres. In this regard, the Office of the Family and Child Official Solicitor (OCFOS) has raised a number of areas that may assist service centres transitioning more smoothly to the court processes. Acknowledging that the implementation of the new processes was sudden, and that there is still some way to go in terms of DCPL staff being fully across the child protection system, there is a clear feeling within OCFOS that the CSSCs that are more organised and have operational systems in place to assist with proactively managing court processes, have transitioned better to the new arrangements. However, CSSCs that are crisis driven have had their issues compounded by the new system, and this has culminated in a range of consequences including:

- forgotten temporary orders expiring with custody lapsing;
- case work not completed or documented with insufficient evidence to support orders;
- case plans that have been expired for lengthy periods of time;
- last minute practice panels; and
- affidavits being written at the last minute.

Generally, the message from CSSCs and OCFOS is that CSOs require training and support in relation to the court process requirements. OCFOS also identify some operational processes that would assist service centres inclusive of:

- a bring up system that identifies expiring orders 6 months in advance of the due date and triggers the commencement of a planned decision making process in relation to how the service centre will proceed;
- planned and effective use of the practice panel process to support planning and decision making including scheduled dates, the use of a referral form and a clear presentation and decision making process;

- a system that tracks the commencement and completion of affidavits to ensure that they are ready within timeframes;
- a process for tracking court related dates and tasks such as expiring temporary orders, tasks to be completed over a period of adjournment (for example an FGM), provision of update information to the DCPL prior to a mention;
- a system for ensuring that expiring case plans are identified 2 months out from expiry and triggers a process to commence developing a new case plan; and
- systems for auditing and ensuring that prescribed home visits are occurring and documented.
- clear escalation processes when it is identified that court timeframes are at risk of not being met.

While operational processes will very likely assist in CSSCs to deal with new court processes, it must be acknowledged that some centres are likely to be better equipped and supported to be able to establish and follow these procedures. Indeed one service centre that was visited raised the additional workload burden, raised the additional time it takes to deal with matters under the new practice framework, and raised the fact that court processes need to be commenced much earlier than in the past to accommodate the court reforms. However, that particular service centre is also comparatively better resourced with lower caseloads than the other centres involved in the consultation process.

7 Future Demand Projections



7 Future Demand Projections

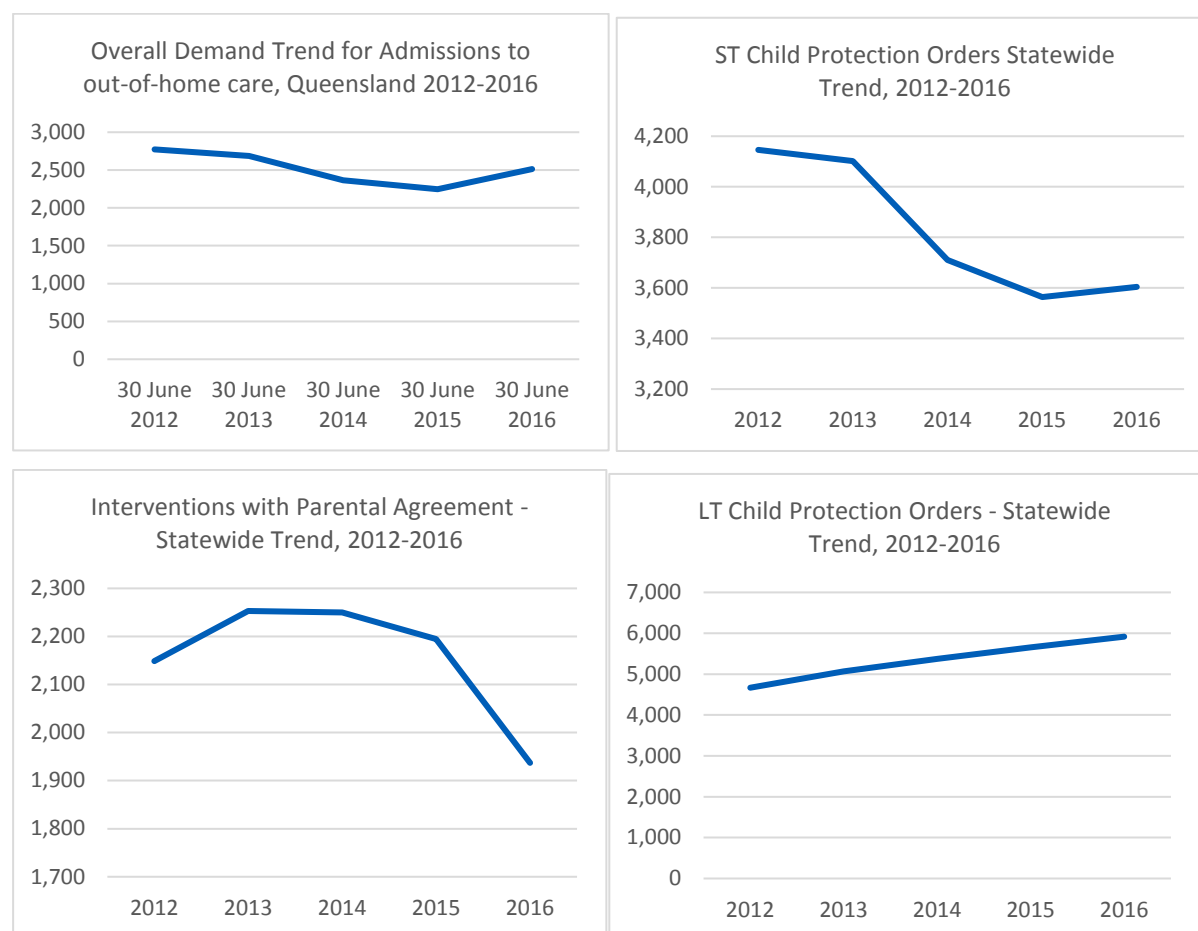
This section sets out the results of modelling of various demand projections across Queensland's child protection system. It shows that demand on tertiary child protection services is not expected to decrease to the extent predicted in the Carmody assumptions. Instead, it is projected that the number of child protection notifications will continue to increase over the projection period to 2021 as will the number of ongoing interventions and numbers of children in out-of-home care.

In any demand projection there will be uncertainties. Discontinuities are often unpredictable, particularly where these are embedded in significant change processes. We have seen from the Carmody demand assumptions, while some have been achieved, or exceeded, those that have impacts on more resource intensive tertiary child protection services have not achieved the level of change anticipated to date. Consequently, savings anticipated to fund greater investment in the secondary support sector are not likely to be achieved within the timeframes envisaged.

In projecting future demand, account was taken of the following factors:

- demand trends over the past five years from 2011-12 to 2016-17;
- population projections by service centre catchment area incorporating anticipated growth for the 0-17 years cohort, which is predictive of demand for services; and
- the Socio-Economic Index for Areas (SEIFA) which was also shown in analysis to be predictive of demand trends for service centres.

Figure 7.1: Historical Demand Trends 2012 – 2016



Source: KPMG 2016 based on data from the Department of Communities, Child Safety and Disability Services

Figure 7.1 demonstrates where demand trends are currently tracking at the end of the 2016 year. Long and short term child protection orders have increased in 2016, whereas interventions with parental agreement have fallen significantly in 2016. Admissions to out-of-home care have also increased in 2016 over the 2015 result.

7.1 Inputs into Demand Modelling

In this analysis population projections have been used to predict demand at the regional and service centre levels. Queensland's population is anticipated to grow from around 4.8 million in 2016 to around 6.6 million by 2031. These projections, undertaken by the Queensland Statistician's Office, make assumptions around fertility rates, mortality and life expectancy, as well as interstate and overseas migration. It is anticipated that there will be an additional 487,000 children and young people in the 0-19 age group and that most local areas will increase their populations in this cohort by between 20-60 per cent. By far the greatest increase in numbers of children is expected in the West Morton area with an increase in the child and young person population groups in this statistical area by up to 78 per cent. Significant increases in the 0-19 age group are also anticipated for Gold Coast (59 per cent), Sunshine Coast (55 per cent) and Mackay (55 per cent). Central West and North West areas are expected to have a reduction in population in the 0-19 age groups of between 1 to 4 per cent. It should be noted that population projections are highly sensitive to their assumptions and that very small changes in actual parameters from assumptions made can have a significant impact on projections.

Also incorporated within the analysis of demand projections are assumptions around the socio-economic status of population catchments for service centres, based on the assumption that the Socio-Economic Index for Areas (SEIFA) is predictive of demand. Analysis of the SEIFA index alongside the age cohort between 0-17, as discussed previously in this report, found both to be significant indicators of demand.

7.2 Needs and Historical Demand Modelling

Two models have been used to predict demand across the various stages of the child protection continuum. The first is a needs-based model grounded in analysis of population and socio-economic indicators as discussed above. This methodology models demand at the service centre level and then aggregates the result to arrive at a likely state-wide level of demand for services.

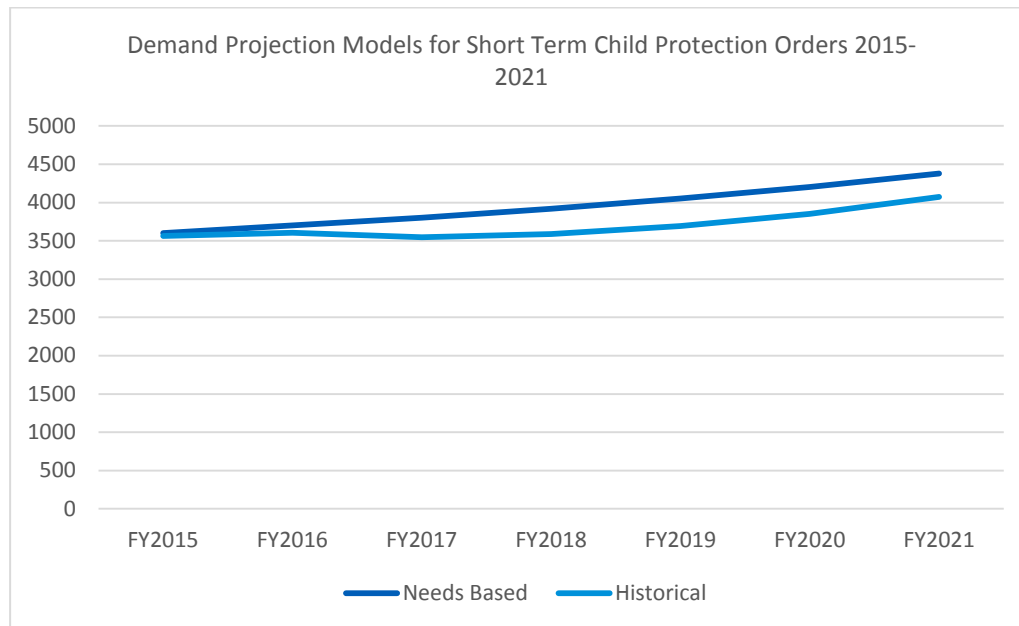
The second methodology is the historical demand model, which uses past demand trends and population projections for the 0-17 age cohort to predict the likely demand trajectory.

The Carmody assumptions expected that, as a result of predicted declines in intakes, notifications, investigations and substantiations, that children on CPOs would decrease by 36 per cent over the first five years of the reform program. However, data indicates that this indicator has instead increased by 9.5 per cent. Strategies that were anticipated to impact on the number of children subject to CPOs were the rollout of Family and Child Connect and community-based referral system which was anticipated to deviate children from the tertiary child protection sector. While data shows that there has been a shift in accordance with expectations at the front end of the system, this has not translated to a shift away from the tertiary child protection system for those families that are in need of tertiary intervention.

There may be a range of reasons for this, but particularly the capacity of the secondary sector to respond to the complexity of needs specific to the Department's clients may be a contributing factor. In addition, rollout of the Family and Child Connect and Intensive Family Support service providers was still underway throughout the 2016 year. As it takes around ten months for a service to be established and start to see results, there may be greater impact of this strategy evident in the coming years. Nevertheless, the intent of the community-based referral system was to limit contact with the Department for those families not meeting the threshold for investigation, such that a more appropriate response in the secondary sector could be provided.

In terms of future demand projections for CPOs, the issue has been analysed with respect to short term CPOs, long term CPOs and IPAs. The needs-based model incorporating population projections and the indicator of socio-economic status predicts likely demand for Short Term Child Protection orders to grow by around 18 per cent to 4,379 by 2021. The historical model, on the other hand, predicts a lower level of growth in short term CPOs of around 13 per cent to 4,073 over the period to 2021. While investment in the secondary support sector and other reform activities may impact the rate of growth in short term orders during the period of the projections, other demographic, socio-economic and complexity issues are also likely to offset the impact in the short term.

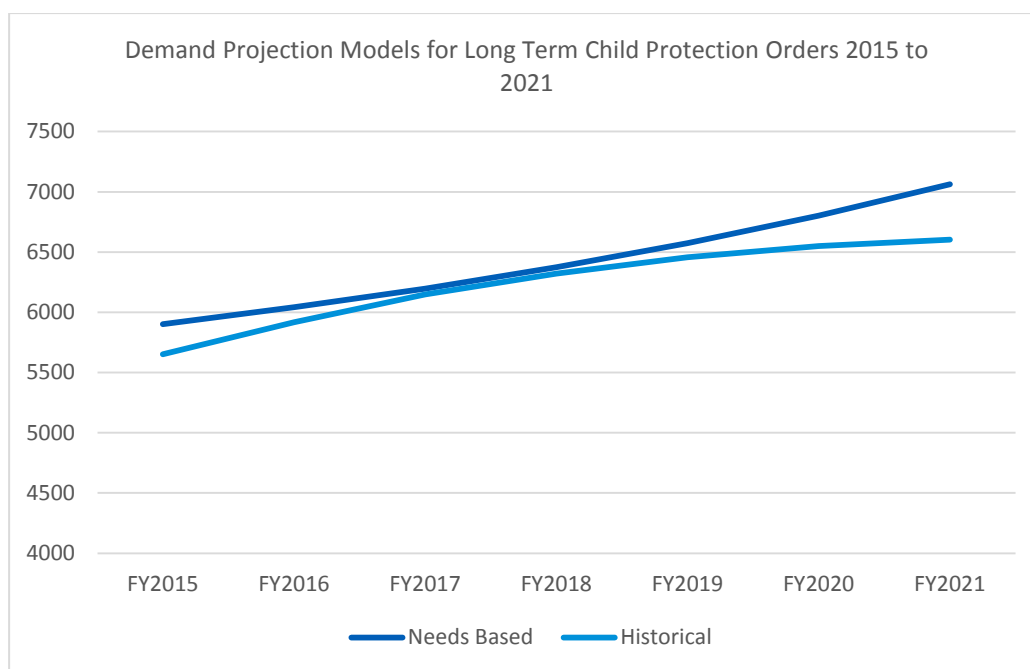
Figure 7.2: Demand projections short term child protection orders



Source: KPMG 2016

With respect to children on long term CPOs, the needs-based model projects a similar growth pattern to short term CPOs, with growth of approximately 17 per cent over the period to 2021. This would represent around 7,062 children on long term orders in the system by the end of the projection period. The historical demand model predicts similar growth in long term orders of around 12 per cent to represent a volume of approximately 6,603.

Figure 7.3: Demand projections long term child protection orders



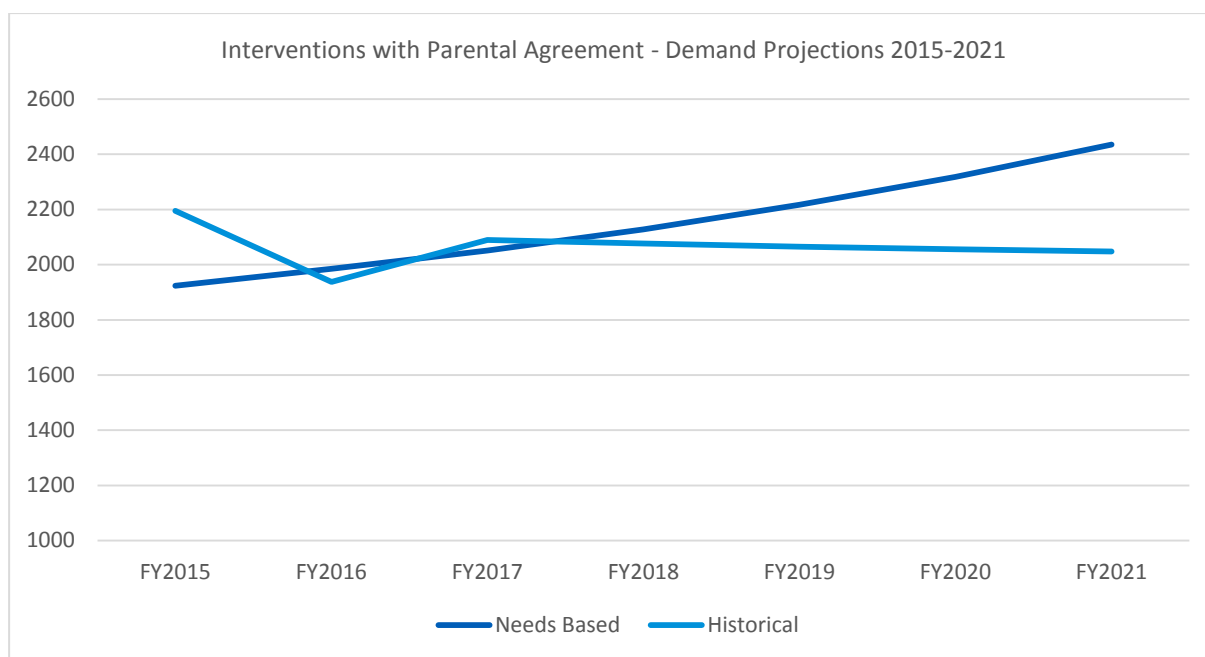
Source: KPMG 2016

Cumulatively, therefore, it is anticipated that the current number of CPOs will continue to grow over the projection period to 2021 resulting in an increase in volume of CPOs from 9,521 to in 2016 to between 10,676 (12 per cent growth, historical model) and 11,442 (20 per cent growth, needs-based model) by 2021.

The Carmody assumptions predicted that interventions with parental agreements would reduce by 14 per cent in the forecast period, and this assumption has been validated with an overall reduction in interventions with parental agreement of 14 per cent from the 2011-12 year by 2015-16. However, there were significant differences in the outcomes for between the two demand models in predicting future activities in the area of interventions with parental agreement.

The historical trend model predicts a falling trend in interventions with parental agreement which recovers only slightly by 2021. However, as strategies to strengthen the secondary sector are realised, it is reasonable to expect that the number of interventions with parental agreement will increase from their current numbers of 1,937 state-wide. The historical trend model predicts that the number of IPAs will increase only marginally to 2,047 by 2021. The logic is not strong for the needs based model to be used as a strategy for predicting IPAs except to the extent the number or proportion of IPAs is linked to demand trends in the area of CPOs. This is because the IPA response is more closely linked to the availability of secondary support infrastructure to ensure the agreement does not break down and that families are adequately supported to safely care for their children at home. If this logic was to be supported, the needs-based model would forecast demand for IPAs at numbers of around 2,435 by 2021.

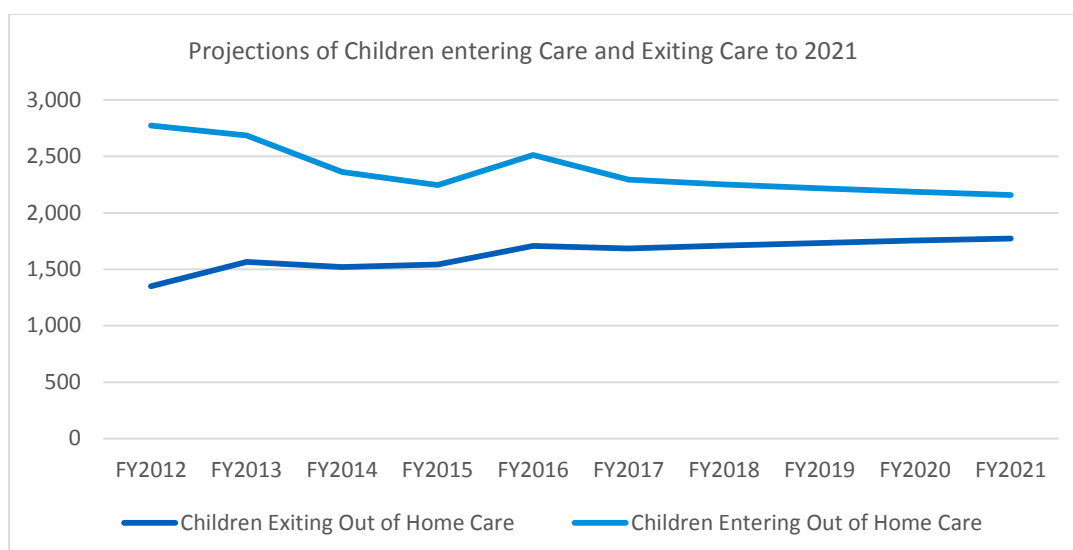
Figure 7.4: Demand Projections (Interventions with Parental Agreement)



Source: KPMG 2016

As discussed previously, the needs based model was not strongly predictive of investigations and assessments and therefore there is a need to identify more appropriate factors that contribute to the demand trends associated with investigations. However, historical trends demonstrate that, although intakes are decreasing, investigations have increased marginally in 2016 over the 2015 result. Given the other demand trends it can be expected that this trend will also continue to rise primarily due to population growth, increasingly complex social factors, and greater awareness of child protection issues within the community.

Figure 7.5: Children entering and exiting Out-of-Home Care - Demand projections to 2021



Source: KPMG 2016

The Carmody assumptions predicted a decline in the number of children in out-of-home care throughout the forecast period of 25 per cent, however, overall the number of children in out-of-home care has increased by 5.7 per cent since the roadmap reforms were commenced. Although the

number of admissions to out-of-home care were declining from 2011-12 to 2014-15 there was an increase in admissions in the 2015-16 year. While numbers of children entering out-of-home care are generally following a decreasing trend, the number of children exiting out-of-home care are following an increasing trend. Nevertheless, projections show that even so, the number of children entering care are still expected to exceed the number of children exiting care at the end of the projection period. This is anticipated to result, overall, in an increasing level of demand on the out-of-home care sector. Figure 7.5 above illustrates the projections over the projection period to 2021.

In general, demand on tertiary child protection services are not expected to decrease to the extent predicted in the Carmody assumptions. This is in spite of some very real gains in diverting demand from the front end of the system such that the secondary support sector provides alternative pathways for families that are considered to be 'at risk'. Even so, analysis throughout this report has shown that while, overall, volumes of notifications and substantiations resulting in a finding of 'Child in Need of Protection', have declined since the introduction of the reform program, this has not translated to a reduction in ongoing interventions which have increased marginally over the 30 June 2013 figure of 11,420, to 11,458 at 30 June 2016. Projections show that it is expected that ongoing interventions will grow further over the projection period to 2021, from 11,458 at 30 June 2016 to between 12,724 and 13,877, according to demand projections.

The highest volumes of demand in the area of ongoing interventions are anticipated to be in South East region, South West region, and based on projected increasing volumes of admissions to out-of-home care within North Coast region, it is expected that this region will experience increasing demand pressures.

8 Strategies to Address Future Demand and Workforce Resourcing



8 Strategies to Address Future Demand and Workforce Resourcing

8.1 Summary

The report has highlighted the demand pressures on the child safety system in Queensland including particular pressure points at the regional and Child Safety Service Centre level. These pressures have been exacerbated by the need to manage a major reform program as a result of the Queensland Child Protection Commission of Inquiry.

The reforms which have been introduced have been extensive and have impacted on almost every facet of the Department's operations. They have included a completely new practice framework designed to support a focus on families which has required extensive training by staff. In addition, the introduction of court reforms aimed at improving the fairness and transparency of the process of removing children from their families has diverted resources at the practice level and added significantly to the workload of Child Safety Officers.

While these reforms will ultimately position the child safety system to be more focused on early intervention and diverting families and children from the statutory system, the impacts on day to day service delivery cannot be under-estimated. The site visits undertaken as part of the review have confirmed the very real impact of this large scale change process on the day to day workloads of child safety staff who feel pressured in performing their every day jobs as well as coping with the additional demands being placed upon them.

The practice changes which require workers to focus more on working with children and families to keep the child in the family unit rather than defaulting to removing them into statutory care has also placed increasing demands on child safety workers at the front line. This is likely to be a key contributing factor in the increasing time taken to complete investigations.

While funding for the Department has increased over the last three years, the analysis has shown that funding for the core business activities of the Department has remained static and indeed has declined in real terms. This is due primarily to the fact that additional funding has been directed at supporting the Carmody reforms including a range of new services focused on early intervention and family support including the new Family and Child Connect Services.

This was based on the assumption that the Carmody reforms would reduce overall demand on the statutory system leading to direct savings. While there has been some reduction, the overall level of demand has not declined to the extent envisaged by Carmody and as a result, the Department is facing a resourcing challenge in addition to managing demand.

This is borne out in the workforce figures which show that the number of front line child safety officers has increased by only 39 staff over a four year period – the extra 129 staff that have recently

been approved will increase this number more in line with demand on the system but may still not be sufficient to address the workload pressure points identified.

In summary, the Department is undergoing a major period of transformation as it seeks to shift the system to focus more on supporting families. At the same time, the expected reduction in demand has not been achieved and regions like North Coast and South East are in fact experiencing significant volumes of demand. Individual services centres such as Browns Plains and Mackay have been identified as particular pressure points in the system with respect to caseload numbers. However, when modelling is undertaken to adjust for the added complexities related to rural and remote locations, Mackay, Toowoomba South and Cairns North are the centres showing the highest workloads.

8.2 Strategies for Consideration

A range of strategies have been identified to address the pressures and challenges that have been identified in the current child safety system including resourcing, workforce management, performance and governance, and implementation management strategies.

8.2.1 Resourcing Strategies

State-wide

On a State-wide basis, the overall budget for the Department increased by 8 per cent in 2015-16 and an additional \$425 million was provided to support implementation of the Carmody reforms. As noted in the benchmarking section, Queensland continues to spend less than the national average on the full range of services associated with child protection. It is estimated that Queensland would need to spend an additional \$57 million per annum (based on 2014-15 ROGS data) to roughly approximate the national average level.

The funding allocations in the State budget for child safety services were based primarily on the assumption that savings would be realised over the first five years of implementation of the reforms. As noted earlier, the majority of funding has also primary been directed to new initiatives rather than core child protection service activities.

The analysis has shown that while there has been some decline in demand as measured by the number of notifications and investigations, there is evidence that this is now increasing again and given ongoing population growth and growing levels of disadvantage, demand is projected to continue to increase across all levels of the system.

9. In recognition of the pressures that are currently being experienced and the slower than expected delivery in demand reduction, the overall level of resourcing for the Department should be reviewed to ensure there is sufficient funding allocated to core child protection activities.

Regional level

The level of funding to regions has largely been based on historical budgets. The review found there were perceived and apparent inequities in the allocation of resources across the seven regions. Two regions in particular namely North Queensland, North Coast and South West are currently experiencing significant increases in demand in the context of stagnant budgets for core activities. There was also found to be considerable variability in caseloads and staffing levels across the regions.

The introduction of a Regional Resources Allocation Formulae (RRAF) linked to population needs and other indicators of socio economic disadvantage like the SEIFA index would provide a transparent and equitable basis for the distribution of funds across the regions. Other factors such as rurality and remoteness and Aboriginal and Torres Straits Islander population levels could also be factored into the formulae.

It is understood that the Department has developed an allocative funding model using a Needs and Services Assessment Tool which takes into account a range of demand and activity indicators that is

currently being applied to the allocation of new funding. This model could be adapted to extend to distribution of the child safety budget more broadly.

10. The Department consider adopting a Resource Allocation Formula to distribute funds across the regions based on population and other demographic and risk factors to provide an equitable distribution of resources that link more directly to demand drivers. This could build upon the Needs and Services Assessment tool that has already been developed.

The RRAF could be accompanied by pooling of program funds to provide more funding flexibility for regions to respond to and manage local needs and demands. Feedback from the site visits is that program rigidities associated with a myriad of programs with specific allocations can prevent and frustrate regional Managers from responding to a particular family or child's needs. Greater autonomy is needed at the regional level to enable them to flexibly deploy resources from different funding programs to improve outcomes for children and families.

11. Pooling of programme funding should be considered to provide increased flexibility in funding at the regional and service centre level to enable managers to respond more quickly and effectively to changing local needs and circumstances.

Service Centre level

A similar concept to the RRAF could be used to distribute funding from regions down to the Service Centre level. This may not be practical for all regions and an alternative approach would be to introduce some kind of activity based funding linked to demand such as funding based on number of notifications received and/or investigations completed. However, care would need to be taken not to introduce perverse incentives which could lead to more children being brought into the system. Other activity measures such as number of families assisted may be more appropriate and could be used in conjunction with the broader measures as a funding allocation method for service centres.

8.2.2 New Workforce Models

The review of demand and resourcing has identified that particular regions and service centres are experiencing significant increases in demand and coping with increasing caseloads. It has also shown that overall the number of direct child safety officer staff only by 39 staff over the last four years (prior to the recent injection of the additional 129 staff) while the level of administrative support has fallen.

Caseload Benchmarks

Caseloads per workers can be seen as a both a measure of workload and of productivity in the system. The current caseload number would suggest that the Department is operating well above the recommended 15 cases per worker as recommended by the Carmody Report which in turn suggests a correspondingly high level of productivity.

The Department's current Workload Management Guide recommends a range of different caseloads (most of which are above the 15 recommended in the Carmody Report) which apply across the continuum of care from prevention and early intervention, child protection and family preservation and out-of-home care. It also takes into account case load complexity. However, the guide is not being applied at the practice level.

There is considerable debate about the value of caseload measures as a tool for determining the optimal mix and allocation of resources in child protection service systems and they are deployed to varying degrees and for varying purposes across Australian and international jurisdictions (refer Appendix A for detail). In particular, there are the challenges of capturing increasing case complexity in a prescribed set of caseloads as well as catering for different local circumstances and individual child and family needs. For example, in regional areas, caseworkers can be required to travel long distances to facilitate contact and make appointments and dealing with Aboriginal and Torres Strait Islander families involves considerable time in undertaking cultural planning. As such, caseload numbers in and of themselves are not sufficient in capturing the nature and complexity of a child safety officers workload.

The Department is currently working to develop a new workload management guide which will include new workload benchmarks; a model for identifying workload allocation methods; a predictive planning framework; and an escalating process for managing and escalating workload issues. Once the new workload management guide has been finalized, the Department should continue regular monitoring of caseload numbers across regions and down to the CSSC level.

12. The Department should continue to develop a new workload management guide which should be used to assess and monitor relative workload pressures across the system and help guide the allocation of resources at the service centre level.

13. The Department should closely monitor caseloads at the service centre level, refine its measures of caseload complexity and publish data on caseloads on its website to improve transparency.

Targeted short term increase in front-line staffing and specialist mobile teams

The analysis of demand has revealed that considerable pressures have been associated with the introduction of the Carmody reforms. These particular pressures would be expected to be ameliorated over time as the reforms become embedded into every day practice.

In the meantime, it may be useful to consider a temporary uplift in front line child safety staff coupled with additional administrative support to help service centres through this major period of adjustment and ensure that sufficient resources are available to meet business as usual activities.

For regions and service centres where pressures are being compounded by significant increases in demand and increasing caseloads, it may be worthwhile considering introducing specialist mobile teams or flying squads which could be deployed across multiple regions and areas to target “hot spots” and provide an injection of support. They could comprise senior experienced child safety officers who would also be able to provide mentoring and support as well as share lessons learned from across other regions and service centres.

A key issue raised in site visits was the difficulties experienced in filling positions when staff are absent from work on annual or other types of leave. Ways of providing access to resources when needed on a flexible basis are needed including potentially utilising casual pools of staff to ensure adequate coverage.

14. The Department should consider implementing a short term increase in front line child safety and administrative staff to provide additional support during the adjustment period associated with implementation of the Carmody reforms.

15. Introducing specialist mobile teams of child safety workers or flying squads to target areas with particularly high caseload pressures should be considered along with more formalised relief structures.

Joint Investigation Teams

New South Wales uses joint investigation teams involving child safety, health and police officers in the investigation of child protection cases. Joint Investigation Response Teams operate from 23 sites across the State and can provide a more timely and joined up response which minimises delays and promotes better information sharing across agencies. They can also help reduce the pressure on child safety officers.

The Sheldon Kennedy Child Advocacy Centre (SKCAC) in Calgary, Canada co-locates over 110 professionals from a broad range of organisations including:

- Calgary Police Service;
- Royal Canadian Mounted Police;
- Calgary and Area Child and Family Services;
- Alberta Health Services; and
- Alberta Justice Calgary Crown Prosecutors' Office.⁷¹

The SKCAC has developed an integrated model designed to prevent, assess, investigate and treat child abuse cases. This includes an Integrated Practice Framework, which is operationalised with the Joint Child Abuse Investigation Team through referral, triage, criminal and child protection investigation(s), medical assessment, crisis intervention, victim services and therapy.⁷²

Similar initiatives have recently commenced in Queensland with the Department setting up a Joint Investigation and Response Team for child sexual abuse and the co-location of police and child safety staff at the Gold Coast Investigation and Assessment Hub. Further opportunities to leverage resources from other parts of the system should be pursued in particular as a way of improving integration and coordination across the system.

16. The Department should consider expanding the use of Joint Investigation Teams which would bring resources from other agencies such as Police and Health into the system and help provide a more timely response (this may be associated with additional financial implications).

8.2.3 Partnering with Non-Government Organisations

While the Department's resources are currently being stretched, the capacity of the non-government sector to provide support should also be further explored. The Carmody Report recommended that there should be an increasing role for non-government organisations in Queensland's child safety service system but noted some limitations regarding the capability and readiness of the sector to play an increasing role.

One specific area that could be considered is the transfer of support for children who are under Long Term Guardianship to Other (i.e. who are not specifically in the care of the State) to non-government service providers. These cases are usually considered to be low intensity and risk and would be suitable to examine for consideration as a means of reducing pressure.

9. Consideration should be given to partnering with non-government organisations to improve overall system capacity including investigating the potential transfer of the management of low risk cases such as children on Long Term Guardianship to Other to non-government organisations.

8.2.4 Implementation and change management

The Queensland child protection system is currently undergoing a major transformation process shifting from a system focused on bringing children into the statutory system to one focused on helping keep children with their families. At the time of the Commission of Inquiry, it was found that far too many children were being brought into the system unnecessarily and that much more could be done by working with families around early intervention and prevention.

The reforms that are being implemented as a result of the Carmody Report touch on almost every aspect of the Department's operations and are of such a large scale that they are being implemented

⁷¹ Ibid.

⁷² Ibid.

over a ten year period. At the practice level, child safety officers have had to undertake training in a new practice framework which aims to provide them with the tools to work more effectively with families. The Department has advised that this has required an additional 163,000 training hours for staff⁷³. The new court reforms which will ultimately lead to a more transparent, open and fair process around the removal of children from their parents have impacted at the same time adding further to workforce pressures at the service centre level.

Major change is always challenging to manage especially such a systemic change across multiple initiatives, programs and geographical areas and in such a complex and sensitive area like child protection. In particular, change management can be difficult when staff are being asked to adopt new ways of working while at the same time being expected to manage business as usual activities.

There is little doubt that the Department has made significant progress with implementing the reforms with new Child and Family Connect Services, enhanced intensive family support services, the new practice framework and court reforms all in place. However, they are all still relatively new and the Department is still going through a major adjustment phase. This will ultimately result in a stronger child protection system in Queensland which is focused more on the safety and wellbeing needs of the child but for now has led to some challenges in resourcing both new and business as usual activities.

Ensuring the reforms are delivered and embedded at the regional and service centre level requires strong leadership and an understanding of change management. Given the significant nature of the reforms, changes cannot be expected overnight and anxiety and resistance from staff is to be expected. Ushering in the reforms is a major cultural change exercise which requires skilled leadership and management. The journey to a new child protection system has only just begun and leaders and managers at the regional and service centre level would benefit from tailored leadership and change management training programs that can provide them with the tools to support and enthuse their staff as they transform the way they operate and deal with children and families.

The site visits have also revealed opportunities to look at the business processes which underpin the day to day activities of a child safety service centre. This would help identify where time is being spent by child safety officers and whether there are opportunities to streamline or reduce the administrative and compliance burden through more efficient processes.

Opportunities to reduce manual handling and automate processes through digitally enabled technology should be explored as part of this process. It is critical that child safety officers are supported by technology and systems that deliver the information they need quickly and easily. There is also a need to consider whether there are now activities that are no longer required to be performed by CSOs or could be performed by other roles. This process could also be used to develop measures of caseworker productivity.

17. The Department should consider introducing a tailored leadership and change management training program for senior management at the regional and service centre level to help support staff through the major changes in policy and practice associated with the Carmody reforms.

18. The Department should undertake a systematic business process review to identify opportunities to streamline processes, reduce any unnecessary activities, optimise digital ICT enablement and allow child safety officers to focus on their core business of looking after children and working with families.

⁷³ Department of Communities, Child Safety and Disability Services

8.2.5 Enhanced Performance Management

Traditionally, the focus of measurement of the performance of child protection systems has been on quantitative type output indicators such as the number of notifications, investigations and completion rates. While these are important indicators of activity and “busyness” in the system, they don’t provide any indication of what is being achieved with that activity i.e. the outcomes of the work that child protection does in terms of outcomes for the child or outcomes for the family.

Devising outcome indicators for children and families is notoriously difficult especially in establishing the link between the interventions provided by child safety agencies and the final outcomes for children and families who come into contact with the system.

Victoria has developed an outcomes framework called the Victorian Children’s Outcomes Framework that is used for setting objectives for improving the health and wellbeing of children in Victoria across all levels of government not just child protection services. It includes 35 outcome measures around the child, the family, the community and supports and services. These include outcomes for the child such as optimal social and emotional development, optimal physical and mental health, positive child behavior and outcomes for the family such as positive family functioning and free from child exposure to conflict or family violence. A range of indicators have been developed to support the framework.⁷⁴

At the national level, there is the National Framework for Protecting Australia’s Children 2009-2020 which also adopts a broad system wide approach including outcome indicators across child protection, education, homelessness and health services. For example, there are indicators around the proportion children on guardianship and custody orders achieving national reading and numeracy benchmarks and school retention rates of young people in out-of-home care or under guardianship.⁷⁵

However, many of the factors which affect child and family outcomes are beyond the control of the Department and while the work of Child Safety Officers can contribute to improved outcomes, it is almost impossible to say by how much and in what particular way. As a result, there has been a move towards developing quality indicators that could be expected to contribute to positive outcomes for children and their families as well as more qualitative indicators that can capture the richness and complexity of what child safety workers do with children and families as part of their everyday casework.

The Report on Government Services suggests the following outcome indicators for development and future reporting: equity and access; continuity of case worker; client satisfaction; improved health and wellbeing of the child; safe return home; and permanent care.⁷⁶ Other quality type indicators that are in use in various jurisdictions include:

- proportion of assessments proceeding to child centered family support;
- number of at-risk children and families accessing support services;
- proportion of children who are re-reported;
- numbers of out-of-home care entries and exits;
- proportion of unplanned placement changes; and
- number of restorations and adoptions.^{77 78}

⁷⁴ Victorian Government Department of Human Services. 2007. *The Best Interests Framework for Vulnerable Children and Youth: Best Interests Series*. Retrieved from

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0010/586081/ecec_best_interest_framework_proof.pdf

⁷⁵ Commonwealth of Australia. 2009. *Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009-2020*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf

⁷⁶ Report on Government Services. 2016. *Child Protection Services*. Retrieved 15 December 2016 from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/community-services/child-protection/government-services-2015-volume-f-chapter15.pdf>

⁷⁷ Government of Western Australia Department of Child Protection. 2011. *The Signs of Safety: Child Protection Practice Framework*. Retrieved 16 December 2016 from <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf>

⁷⁸ NSW Ombudsman. 2014. *Review of the NSW Child Protection System: Are things improving?* Retrieved 18th December 2016 from http://www.ombo.nsw.gov.au/__data/assets/pdf_file/0004/15691/Review-of-the-NSW-child-protection-system-Are-things-improving-SRP-April-2014.pdf

A number of jurisdictions are also regularly monitoring staffing related indicators including staff turnover, vacancy rates, caseloads and job satisfaction.

These can be complemented by qualitative information and indicators collected from case practice including best practice examples of working with Aboriginal and Torres Strait Islander families and the tools and techniques used by front line workers that worked best. Too often the focus on child safety systems only happens when something goes wrong and the opportunity to educate and inform the public, community and staff more broadly about the successes and positive improvements that are occurring is often lost.

As well as enhancing its performance management frameworks, the Department needs to ensure that its governance and accountability systems support the detailed consideration of trends and changes in key indicators so that it can quickly remedy identified risks and pressures. The Department should set specific targets around quality and activity for regions including non-government providers involved in providing family support services as well as consider payments for success to incentivize performance.

This could be supported by quarterly reviews of a select set of lead indicators involving regional managers, departmental executives and non-government partners where appropriate. This would allow benchmarking of performance and sharing of best practice. Similar types of regional performance review processes are in place in the Queensland Police Service and in other child protection systems.

19. The Department should continue to develop and refine its performance management frameworks to monitor and manage performance across a range of indicators including utilizing more sophisticated measures which focus not just on activity but also on quality of services and other qualitative type measures. Data on key performance measures should continue to be made public to encourage openness, transparency and improved community understanding.

20. The Department should enhance governance and accountability by introducing quarterly review processes for regions based on a new set of agreed performance indicators involving regional, departmental, other government agencies and non-government partners.

21. Ways of incentivising improved performance through specific target setting and payments for success at the regional level should be considered to drive continuous improvement and reward good performance

Using big data and predictive analytics to better target at risk families

For the child protection system to be effective in the new reformed environment, it must have the capacity to be able to identify families that are vulnerable to involvement with the statutory child protection system and provide early and intensive support.

New Zealand was one of the first countries to use predictive data to identify particular families where children may be at risk and to use that data to support early intervention. The Predictive Risk Modelling tool was specifically designed for child protection services and enables analysis of large data sets including data mainly drawn from the social security system including the age of mothers on a benefit, the date of their first benefit payment, and family type.⁷⁹ In the United States, States like Florida use data from their child abuse reporting systems to identify factors that contribute to failed

⁷⁹ SuperU, May 2016 *In Focus: Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions* retrieved at http://www.superu.govt.nz/in_focuschild_protection

family reunifications, juvenile justice involvement, exposure to violence and failure to complete school.⁸⁰

The tools have been shown to have high levels of predictive accuracy however there are concerns that their application can lead to stigmatising families with the potential for the Maori population in New Zealand and in Queensland's case, Aboriginal and Torres Strait Islander children and families in particular, to be over-identified.⁸¹

22. The Department should consider developing a predictive analytical tool which could enable interventions to be targeted at the earliest possible time to families identified as being at high risk of coming into contact with the child safety system.

⁸⁰ The Chronicle of Social Change April 2015 New Zealand Crunches Big Data to Prevent Child Abuse retrieved at <https://chronicleofsocialchange.org/featured/new-zealand-crunches-big-data-to-prevent-child-abuse/10824>



9 Appendices



Appendix A: Jurisdictional Review of Caseload Benchmarking

The Queensland context

Recommendation 10.4 of the Carmody Inquiry was that 'the Department of Communities, Child Safety and Disability Services reduce the caseloads of front line Child Safety officers down to an average of 15 cases each'⁸². This recommendation was informed by the 2004 CMC Inquiry which recommended that a reasonable caseload for a Child Safety officer is 15 cases. Advice from the Department suggested that at 2013 the caseload for Child Safety officers was 20 cases, which the Carmody Inquiry reported was too high.

A caseload can be defined as the number of cases (or clients, or families) that a full-time equivalent worker (i.e. a Child Safety Officer) has assigned to them at any point in time or over a stated period.⁸³ Introducing caseload benchmarks over the past two decades has been linked to a range of broader issues relating to child safety systems across Australia and internationally. This includes ongoing concern (expressed through numerous public inquiries and commissions) about the capacity of child safety services to cope with ever-increasing demand, the quality of practice, and the outcomes for children and young people in contact with child safety systems.

Rationale for caseload benchmarking

Performance measurement

Developing a caseload benchmark within its jurisdiction is one way governments can introduce performance measurement to provide evidence about their efficiency and effectiveness. For example, caseload benchmarking can assist government departments to monitor child safety at a program level, and examine the cost and quality of services for clients in order to account for public

⁸² Queensland Child Protection Commission of Inquiry (2013), 'Taking Responsibility: A Roadmap for Queensland Child Protection'.

⁸³ NSW Department of Community Services (2007), 'Caseloads in Child and Family Services', Technical Report 2, Service System Development Division.

expenditure.⁸⁴ Caseload benchmarks can also assure the public that governments are devoting sufficient resources to child safety by demonstrating that child safety officers have the capacity to adequately provide quality services to children, young people and families. Within a jurisdiction, caseload benchmarks can establish a quantifiable level of performance for government departments and child safety officers to achieve.

While caseload benchmarks can also be used to measure performance between jurisdictions, researchers identify a range of limitations for their use in this manner. For example, benchmarking across jurisdictions may not fully account for the legislative and policy differences that impact on measurability.⁸⁵ There are also differences in client characteristics, socio-economic characteristics, and availability of other services, both between jurisdictions and also within jurisdictions.

In addition, some researchers warn that the development of caseload benchmarks needs to be established carefully. They note that the implementation of arbitrary caseload benchmarks can lead to a focus on outputs and processes rather than outcomes for children, young people and their families.⁸⁶ Caseload benchmarks are also impacted by the wider context of a jurisdiction's child safety system. For example, a review of child protection in the UK states that the 'messages that front line workers receive about what is important have a strong influence on the way they practice and how caseloads are prioritised'.⁸⁷

Benefits of reasonable caseloads

One important reason that caseload benchmarks may be established is to attempt to prevent child safety officers being subject to an excessive caseload. There is a wide range of research that suggests that excessive caseloads has an extremely negative and dangerous impact on the quality of a child safety system. For example, a range of studies have identified caseloads as a key factor in worker turnover and workforce retention issues, which is a widespread negative factor on child safety systems across most jurisdictions across the world.⁸⁸ Excessive caseloads have been linked in numerous studies to significant detrimental effects on workers, including overwhelming stress, burnout and secondary trauma.⁸⁹

Excessive caseloads also compromises the quality of services being provided to children, young people and families. Child Safety Officers with excessive caseloads have less time to provide services to each family they work with, may need to prioritise the most vulnerable families meaning that other families miss out on services, or may need to 'crisis' manage their cases (i.e. spend their time responding to urgent situations rather than being able to plan and review cases systematically)⁹⁰. One researcher noted that struggles to meet excessive caseloads can mean that child safety workers can over-rely on Structured Decision Making tools, and turn to tools to make decisions, rather than use

⁸⁴ Carter, N. et al. (1992), *How Organisations Measure Success: The Use of Performance Indicators in Government*, Routledge, London.

⁸⁵ Tilbury, C. (2006), 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, pp. 48–61.

⁸⁶ Tilbury, C. (2006), 'Accountability via performance measurement: the case of child protection services', *Australian Journal of Public Administration*, vol. 65, no. 3, pp. 48–61.

⁸⁷ Munro, E (2011), *The Munro Review of Child Protection — interim Report: the child's journey*, Department for Education, United Kingdom, p. 80.

⁸⁸ Social Work Policy Institute (2010), *High caseloads: how do they impact delivery of health and human services?*, The National Association of Social Workers Foundation, Washington.

⁸⁹ CPSU (2010), 'Submission to the Select Committee on Child Protection by the CPSU (SPSFT) Inc.', accessed December 2016 from

<http://www.parliament.tas.gov.au/ctee/House/Submissions/0017%20-%20CPSU.pdf>

⁹⁰ CPSU (2010), 'Submission to the Select Committee on Child Protection by the CPSU (SPSFT) Inc.', accessed December 2016 from

<http://www.parliament.tas.gov.au/ctee/House/Submissions/0017%20-%20CPSU.pdf>

them to supplement their personal judgements.⁹¹ These findings suggest that the introduction of caseload benchmarks within a jurisdiction supports the equitable allocation of resources to vulnerable children and families in the child protection system.

Considerations for developing caseloads

Research that examines the development of child safety caseloads identifies the need to consider the complexity of cases when developing caseload benchmarks. Stakeholders in Australian jurisdictions have argued for the development and implementation of caseload management tools for CP workers that can assess the complexity of cases and ensure that CP workers are allocated a mixture of cases that together equate to a manageable workload.⁹² In addition to case complexity, factors such as location (i.e. remoteness) and number of support staff and/or administrative duties must also be taken into consideration.⁹³

In addition, stakeholders have argued that caseloads must be regularly reviewed in order to identify and respond to changes in the work environment. This includes increasing complexity of work, changing compliance requirements and periods of intense public scrutiny.

Caseloads in other jurisdictions

Jurisdictions do not consistently make information about their recommended or actual caseloads publically available. Table 3 provides an overview of publically available information on actual and/or recommended caseloads by jurisdiction, collated from a range of sources and representing a range of years.

Table 3: Overview of recommended and actual caseloads by jurisdiction

Jurisdiction	Recommended caseload	Actual caseload
New South Wales	12 ⁹⁴	The 2014 NSW Auditor-General's report suggested that the average caseload of NSW workers was 21. ⁹⁵
Western Australia	15 ⁹⁶	

⁹¹ Gillingham, P & Humphreys, C (2010), 'Child protection practitioners and decision making tools: Observations and reflections from the front line', British Journal of Social Work, vol. 40, no. 8, pp. 2598–2616.

⁹² CPSU (2010), 'Submission to the Select Committee on Child Protection by the CPSU (SPSFT) Inc.', accessed December 2016 from <http://www.parliament.tas.gov.au/ctee/House/Submissions/0017%20-%20CPSU.pdf>

⁹³ Child Welfare Information Gateway (2016), 'Caseload and Workload Management', Issue Brief July 2016.

⁹⁴ NSW Ombudsman (2011), 'Keep them safe: A Special Report to Parliament under s31 of the Ombudsman Act 1974'.

⁹⁵ New South Wales Auditor-General's Report (2014), 'Volume Nine 2014: Focusing on Family and Community Services', accessed December 2016 from http://www.audit.nsw.gov.au/ArticleDocuments/344/01_Volume_Nine_2014_Full_Reportb.pdf.aspx?Embed=Y

⁹⁶ Bamblett, M., Bath, H. and Roseby, R. 'Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children, Report of the Board of Inquiry into the Child Protection System in the Northern Territory' Northern Territory Government, 2010, p.475.

Jurisdiction	Recommended caseload	Actual caseload
Northern Territory		Average caseload of NT child protection workers in 2010 was 25. ⁹⁷
Victoria		Average caseload of Victorian child protection workers in September 2011 was 12. ⁹⁸
Tasmania		The average daily case load for child protection staff at 16 July 2016 in 'response' was: <ul style="list-style-type: none"> • 14.5 in the North region • 16.6 in the North West region • 19.6 in the South region.⁹⁹
United Kingdom		A survey of social workers across UK local authorities suggested that social workers managing child protection cases had caseloads varying from 2 to 27. ¹⁰⁰
United States		A study across the US suggests that the average number of cases (completed reports per Investigation and Alternative Response Worker) per year is 67. ¹⁰¹

Source: KPMG. Note that the information in the table represents information from a range of sources and data representing a range of years. Information across jurisdictions should be used for information rather than comparative purposes.

⁹⁷ Bamblett, M., Bath, H. and Roseby, R. 'Growing them Strong, Together', Ibid.

⁹⁸ Protecting Victoria's Vulnerable Children Inquiry (2011), 'Chapter 16: A workforce that delivers quality services', accessed December 2016 from

http://www.childprotectioninquiry.vic.gov.au/images/stories/inquiry/volume2/parts/cpi%207650%20web-pdf%20volume%202%20protecting%20victorias%20vulnerable%20children%20inquiry_part_6_bm.pdf

⁹⁹ DHHS (2016), 'Right to Information Decision – Public Disclosure Log. No.: 201617-030', accessed December 2016 from https://www.dhhs.tas.gov.au/data/assets/pdf_file/0010/228718/RTI201617-030_-_Online.pdf

¹⁰⁰ Association of Directors of Children's Services (n.d.), 'Children's Services Social Work Caseloads'

¹⁰¹ US Department of Health & Human Services et al. (2016), 'Child Maltreatment 2014', accessed December 2016 from <https://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>

Appendix B: Staff Roles and Responsibilities

Below is an example of the primary responsibilities of front line staff members within Child Safety Service Centres as derived from Departmental position descriptions for staff in each category. The purpose of the appendix is to facilitate a level of understanding around the broad scope of roles to enhance analysis of Service Centre Structure and demand pressure.

Senior Practitioner

- Ensuring that specialist accountable, collaborative and integrated child protection services that respect the culture and context of each child, young person, family and community is delivered in accordance with departmental policies, procedures, statutory responsibilities and the Framework for Practice by the Service Centre.
- Developing and implementing systems, processes and strategies linked to legislative, policy and practice standards, optimizing the quality of child protection service delivery, including contributing to continuous quality improvement strategies.
- Providing practice supervision as required for Child Safety Officers and Senior Child Safety Officers to support a 'quality practice' and a continuous improvement service delivery ethos.
- Establishing and maintaining relationships with Senior Team Leaders, Child Safety Officers and Senior Child Safety Officers to build capability, skills and knowledge in child protection service delivery particularly investigation and assessment, risk assessment in decision-making and complex case management.
- Facilitating group practice development and supervision sessions to build child protection capability within the Child Safety Service Centre.
- Supporting staff across the region in relation to complex matters within your area of specialist knowledge.
- Actively participating as a member of the Child Safety Service Centre Management Team and in quality assurance reviews of the service centre.
- Providing authoritative advice, guidance and oversight of decisions on complex casework matters, child protection policy, legislation and practice to relevant service centre staff.
- Providing accurate advice to senior managers on professional child protection practice issues, client needs and service delivery responses within the Service Centre.
- Enhancing the local regional community by actively practicing and promoting excellence in service delivery and public administration and identifying opportunities for improving regional client service

Senior Team Leaders

- Provide leadership, management and supervision of quality child protection service delivery consistent with legislation, departmental policies, practice guidelines and statutory responsibilities.
- Allocate, prioritise and perform work tasks in accordance with departmental policy, practice guidelines, and statutory, financial and administrative delegations.

- In conjunction with the Service Centre Manager, develop appropriate service responses to meet the identified needs of clients including children, young people, families, carers, the community, public and non-government sectors and service providers.
- Identify training needs and collaborate with relevant training and development specialists on the development, implementation and evaluation of appropriate programs that support quality service delivery.
- Develop enduring service delivery partnerships to enhance cross-sector participation, training and development and the delivery and co-ordination of local child protection services.
- Foster a culture and philosophy of front line service delivery, cooperation, team work, high quality people management, commitment to excellence and a professional ethic which ensures the service team continues to meet the department's priorities.
- Actively participate as a member of the Child Safety Service Centre Management Team and in quality assurance reviews of the Service Centre.
- Provide authoritative and expert advice and decisions on complex casework matters, child protection policy, legislation and practice to relevant Service Centre staff to assist in the coordination of quality and appropriate client services.
- Enhance the local regional community by actively practicing and promoting excellence in service delivery and public administration, and identifying opportunities for improving regional client service.

Child Safety Officer

- Deliver accountable and collaborative integrated child protection services that respects the culture and context of each child, young person, family and community in accordance with departmental policies and procedures, statutory responsibilities, and the child protection practice framework.
- As part of a multi-disciplinary team (which may include representation from other agencies), undertake high quality strengths-based child protection practice including assessment, intervention, casework and case management.
- Participate and contribute productively as a team member to form culturally appropriate, professional working relationships with colleagues, stakeholders, including children, young people and families, Non-Government Organisations (NGOs), and other service providers.
- Foster a culture and philosophy of quality front line service delivery based on collaboration, cooperation, commitment to excellence and professional ethics.
- Maintain quality case records in accordance with departmental case management requirements.
- Participate and contribute to a culture of continuous learning, training and professional development to ensure practice knowledge and skills are contemporary and evidence-based.
- *Additional responsibilities at the PO3 level:* Draw on professional practice experience in relevant child protection fields to provide coaching, advice and support to less experienced CSOs and work independently (when appropriate).

Child Safety Support Officers

- Provide culturally appropriate, practical prevention, early intervention, and family support strategies to strengthen parenting capacity including referral and provision of information, advocacy and consultation.
- Implement culturally appropriate casework and individualised service plans by delivering appropriate intervention strategies, negotiating with service providers and linking clients to the services/supports they require (including formal and informal services, government and nongovernment agencies).
- Liaise and develop links with relevant stakeholders including other government and non-government community agencies and assist in the development of appropriate prevention and early intervention child protection support networks and services.
- Provide assistance with the delivery of Child Safety Service Centre services by supervising access visits between children, their families and significant others and escorting children and/or families where necessary.

- Prepare reports and maintain accurate case files of prevention and intervention activities provided to children, young people and their families to ensure easy access to information by other staff involved in the delivery of service to clients.
- Participate effectively as a team member in delivering well-planned family support services to vulnerable children and families.
- Enhance the local regional community by actively practicing and promoting excellence in service delivery and public administration and identifying opportunities for improving regional client service.



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APPENDIX 3: SUPPLEMENTARY REPORT: REGIONAL PROFILES

Supplementary Report: Regional Profiles

Supplement to Report on Review of Demand and Resourcing
for Child Protection Services in Queensland

February 2017



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Inherent Limitations

This Addendum Report has been prepared as outlined in the Introduction. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

This Addendum Report provides further detail regarding KPMG's findings during the course of the work undertaken for Department of Communities, Child Safety and Disability Services under the terms of KPMG's contract dated 16 September 2016. The contents of this Addendum Report document do not represent our conclusive findings, which are only contained in KPMG's Final Detailed Report issued to Department of Communities, Child Safety and Disability Services on 22 February 2017, and for that reason, this Addendum Report must be read in conjunction with KPMG's Final Detailed Report. Further, no warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by Department of Communities, Child Safety and Disability Services management and stakeholders consulted as part of the process.

KPMG have indicated within this Addendum Report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the Addendum Report. KPMG is under no obligation in any circumstance to update this Addendum Report, or the Final Detailed Report, in either oral or written form, for events occurring after the Addendum Report and / or KPMG's Final Detailed Report have been issued in final form.

Third Party Reliance

This Addendum Report is solely for the purpose set out in the Introduction Section and is not to be used for any other purpose without KPMG's prior written consent.

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Introduction

This supplement to the final report of the Review of Demand and Resourcing for Child Protection in Queensland is intended to provide a cross-regional comparison of demand and workforce such that it can assist in future resourcing decisions for the Department. The supplement highlights some of the pockets of high demand within particular regions and Child Safety Service Centres (CSSCs) and examines relative demand and workforce resourcing trends across the State.

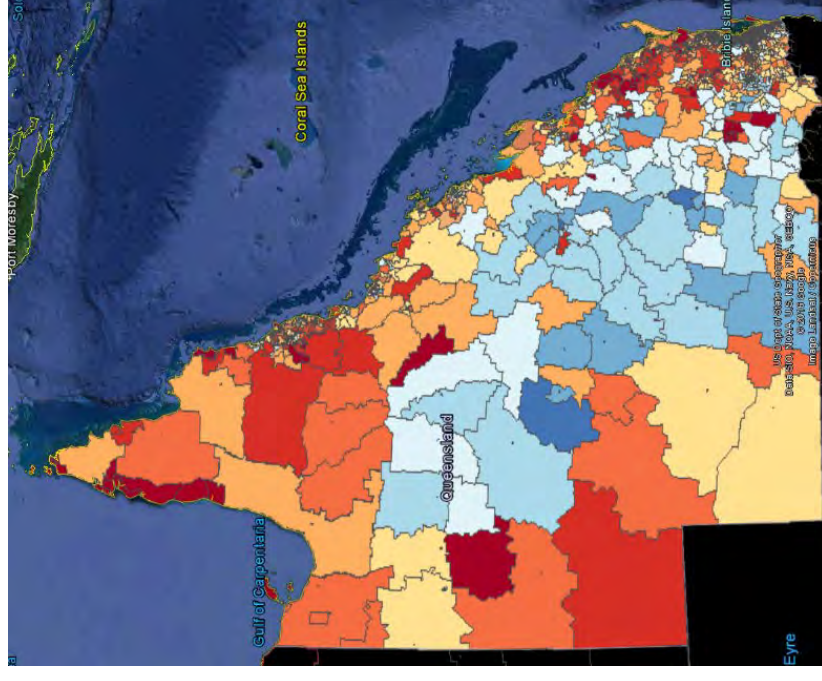
In addition, the report presents a more detailed comparison of regional funding allocations based on population and demand factors and highlights some of the additional factors that could contribute to an optimal resource allocation formula.

Each section within the report provides a regional perspective of issues across the Department's seven regions, including:

- population and demographic characteristics of each region including comparative socio-economic advantage and disadvantage;
- patterns of demand and pockets of variation within each region; and
- analysis of workforce distribution and staff composition by region including para-professional staff.

Following the analysis of each region, a comparative analysis is provided and a number of options for determining the optimal distribution of resources across regions to better match demand and need have been modelled.

Figure I-1 Mapping of Comparative Advantage and Disadvantage across Queensland based on the Socio-Economic Index for Areas



Source: KPMG 2016

Key Findings

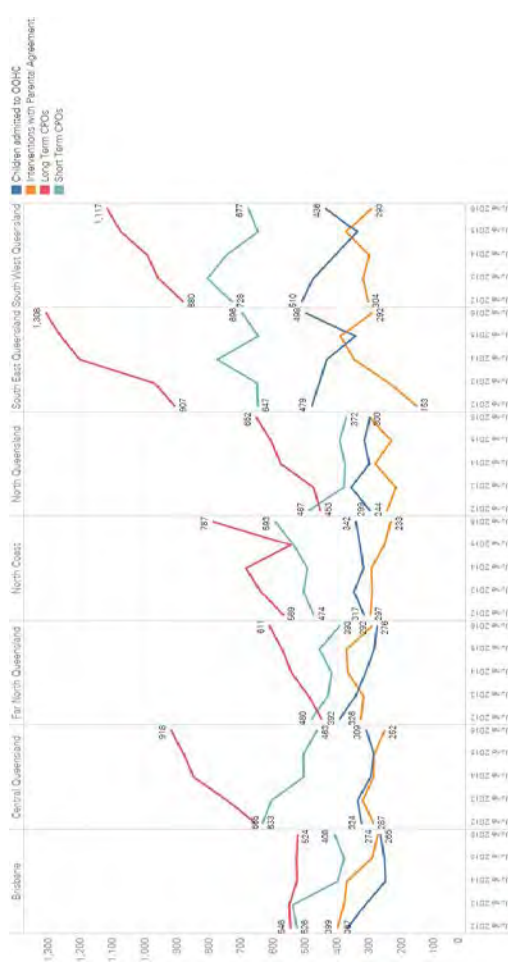


Regional Demand Analysis

- Across regions, there has been increasing demand for services as measured by the number of children on Long-Term Child Protection Orders (CPOs) with the number increasing from 4,459 in 2011-12 to 5,917 in 2015-16.
- As shown in the Figure E:1, analysis of demand on a region by region basis shows that the South East region has the highest number of children on Long-Term CPOs and also the highest level of increase in demand over the period 2011-12 to 2015-16.
- Brisbane region was the only region which did not experience an increase in the number of children subject to Long-Term CPO as at 30 June 2016 over the June 2012 result.
- Most regions experienced a downward trend in the use of Interventions with Parental Agreement (IPAs) with the number of IPAs decreasing across Brisbane, Central Queensland, Far North Queensland and North Coast regions. North Queensland was the only region where there was an increase in the number of children subject to IPA at 30 June 2016 compared to 30 June 2015.
- Across regions, the number of children admitted to out-of-home care has declined from 2,688 to 2,424 although most regions (with the exception of Far North Queensland) experienced an increase in admissions to out-of-home care between 2014-15 and 2015-16.

- A similar declining trend is evident in all regions except North Coast region for Short-Term CPOs, although there were small rises for Brisbane, South East and South West regions in 2015-16.

Figure E:1 Overall Regional Comparative Demand 2012 to 2016 FY: Short-Term CPOs, Long-Term CPOs, Interventions with Parental Agreements, and Children admitted to out-of-home care



Source: KPMG 2017 based on data from the Department of Communities, Child Safety and Disability Services



Regional resourcing/workload analysis

- In response to increasing demand, the Department allocated an additional 129 staff in late 2016 (82 in September and an additional 47 in October). This brings the total amount of front line delivery staff to 2,051 Full Time Equivalent (FTE) comprising staff 1,031 Child Safety Officers (CSOs) and 1,020 support staff.
- Prior to the injection of additional staff, the analysis of workload (matched against activity as measured at 30 June 2016) showed that North Coast, North Queensland and South East regions were relatively under-resourced in terms of numbers of CSOs to respond to demand.
- When other front line staff like para-professionals are considered, these same regions with the addition of South West region are shown to be relatively less well-resourced than the other regions.
- In terms of overall staffing trends, North Coast, South East and South West regions had a proportionally greater number of CSOs compared to overall support staff.
- Brisbane region has the lowest proportion of front line non-CSO staff and South West has the lowest proportion of administrative support.
- North Coast region has both a low proportion of front line non CSO staff (28 per cent) and a low proportion of administrative staff (18 per cent).



Resource Allocation Formula

The analysis of regional budgets shows variable levels of change in budgets over time. Overall, Brisbane and North Queensland regional budgets have remained relatively flat while the North Coast region has experienced the most significant budget increase.

Figure E-2: Regional Budget Allocations

Budget Allocations	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total - Brisbane Region	40,688,974	42,884,008	42,726,476	40,735,240	42,184,398	41,990,370
Total - Central Qld Region	35,103,986	39,520,194	40,425,110	40,881,288	43,618,233	43,531,723
Total - Far North Qld Region	28,669,741	32,506,236	33,786,319	34,428,948	35,794,111	35,302,712
Total - North Coast Region	30,729,943	35,651,486	37,560,506	40,520,060	42,854,001	44,164,713
Total - North Qld Region	33,004,918	35,934,302	34,553,062	35,793,117	37,862,922	38,201,893
Total - South East Region	51,981,435	64,297,621	66,685,257	62,976,436	69,316,254	70,360,077
Total - South West Region	39,749,490	46,016,346	48,819,740	50,041,871	52,969,637	52,873,643
	259,928,487	296,810,193	304,556,470	305,376,960	324,599,556	326,425,131

The review considered there was merit in examining the adoption of a Resource Allocation Formula which may be able to better match demand and resourcing across the regions. Detailed modelling of four options was undertaken, noting the work is indicative only and any shift towards a Resource Allocation Formula would need to be based on further refinement and testing of the model including the treatment of statewide services.

1. Option 1A and 1B: A formula using population factors only (i.e. built up from each CSSC's catchment population share 0 to 17 years).
2. Option 2A and 2B: A formula based around indicators of relative advantage/disadvantage - adapted from the Socio-Economic Index for Areas (SEIFA) indicators published by the Australian Bureau of Statistics.
3. Option 3A and 3B: A formula based on a 50:50 split between indicators of relative advantage/disadvantage and population share.
4. Option 4A and 4B: A composite formula based on a 30:30:40 split between indicators of relative advantage/disadvantage, population and activity.

Each option was modelled utilising two variations of SEIFA indicators (scenarios A and B under each option). Version B of Option 4 which combines need and activity indicators, as well as a population-weighted indicator of socio-economic advantage and disadvantage, is suggested as a starting point for consideration.

Resource Allocation Formulae are difficult to implement due to the need to change the balance of existing resources, which can be problematic. For this reason, it is generally more beneficial to utilise these types of formulae as a guide to the allocation of additional resources and in particular to ensure that areas of greatest need are being targeted.

The options modelled are indicative, and assume an equitable allocation of existing resources across CSSCs. According to the modelling undertaken, an estimated minimum additional \$21 million would need to be provided to address relative under-resourcing within some CSSCs (to ensure no other centre was worse off).

Note this is not a measure of absolute need across the system but rather a comment on the current distribution of existing resources.

The estimate is also dependent on the assumptions on complexity applied to weighting of activity, as well as the relative split between resources allocated on the basis of socio-economic status, catchment populations and weighted activity. Detailed results of modelling of each of the options are contained in Appendix A and B to the report.



It is recommended that the Department give further consideration to a comprehensive resource allocation methodology which achieves a greater level of equity in resourcing across CSSCs.

This would require exploration of alternative indices, and also the introduction of additional indicators of risk and complexity, to improve the ability of the model to capture and accommodate a wider range of variations between catchment populations of centres.

As part of this exercise, a more detailed analysis of the workload and demand characteristics of Regional Intake Services, the after-hours CSSC and placement services, would be required. A detailed level of analysis of these services was not able to be incorporated within the current Review due to the limited opportunity for access to these centres within the consultation timeframes for the project.

Data Limitations

KPMG has relied on data supplied by the Department of Communities, Child Safety and Disability Services (the Department) for much of the analysis contained in this report. There were some limitations to the data which need to be taken into account.

Comprehensive data was provided for five out of seven regions with summary data provided for the balance of regions in relation to intakes and Investigations and Assessments. Some data provided was also point in time data which means year on year analysis of some demand trends may not capture, in full, the extent of variation in demand over the analysis period.

Complexity of cases was raised consistently as an issue in understanding workload impact of activity within CSSCs. However, no comprehensive data sets on case complexity were able to be made available to the review.

To develop an understanding of impact of case complexity on workload, a number of assumptions were made about the mix of cases within CSSCs and the impact of rural and remote locations on the complexity of cases. Some of these assumptions were derived from the Department's Workforce Management Guide, May 2016.

Brisbane Region

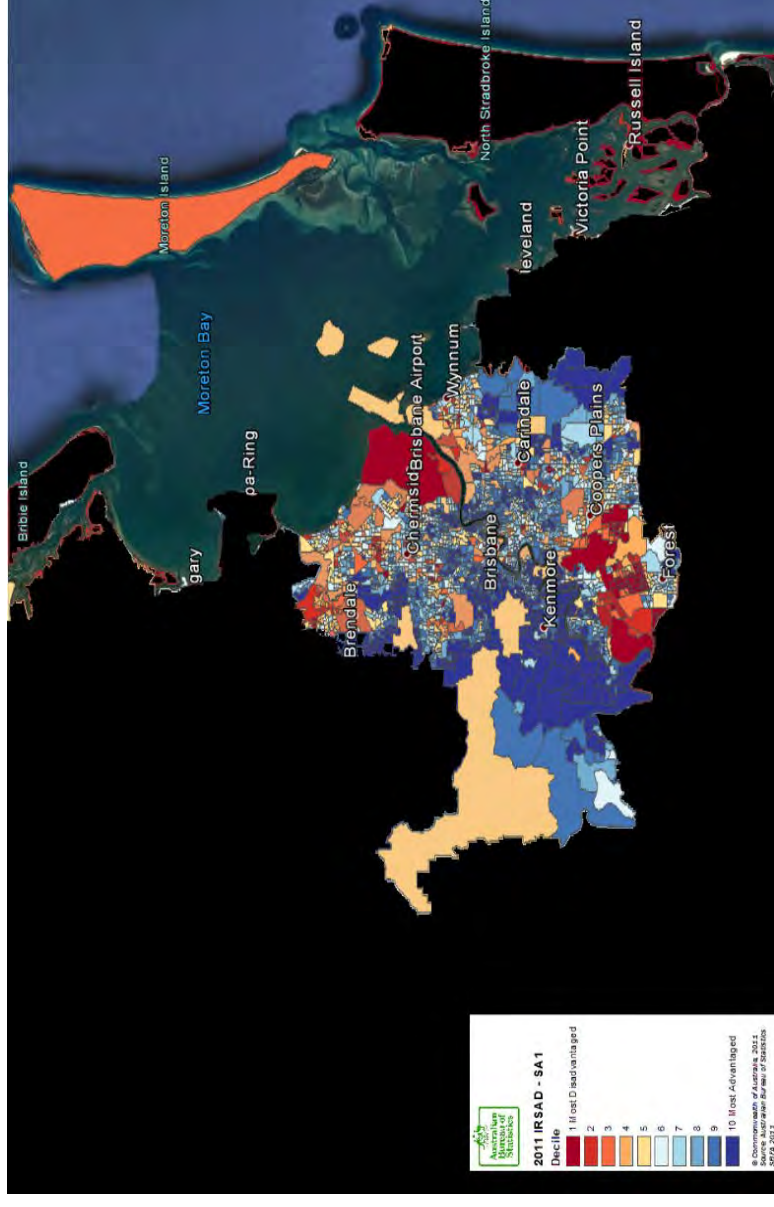
Regional Profile

In 2014, Brisbane region had a total estimated population of around **1.098 million** of which around **21 per cent** were children and young people aged 0-17.¹ The population of the region is growing at a rate of just over 1 per cent per annum and projections indicate that its population will reach around **1.192 million by 2023**.

Brisbane region has seven CSSCs at Alderley, Chermiside, Fortitude Valley, Stones Corner Mount Gravatt, Inala and Forest Lake. Brisbane residents are, on average, comparatively more advantaged in their socio-economic status than other regions, although pockets of extreme disadvantage are still evidenced within the region (Figure BR-1). Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-ISRAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSSCs throughout the region, and population weighted relative indicators are provided in Table BR-1 overleaf. Scores range from **1,100 for Alderley CSSC** catchment populations to **1,013 for Forest Lake** catchment. A higher score indicates a relatively more advantaged community.

Figure BR-1 maps the areas within Brisbane region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (ISRAD) which highlights where pockets of disadvantage exist. Figures BR-2 to BR-4 overleaf also overview in more detail the ISRAD for catchment populations of CSSCs within the region.

Figure BR-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Brisbane Region



Source: KPMG 2017

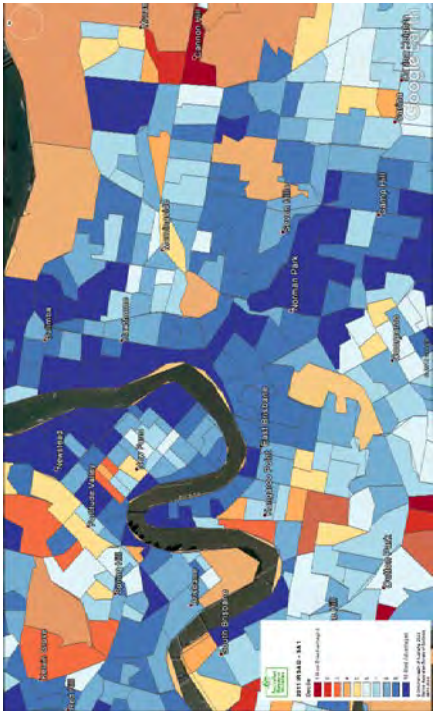
¹ Department of Communities Child Safety and Disability Services.

Table BR-1 Indicator of Relative Advantage and Disadvantage (IRAD) by CSSC Catchment Area

Child Safety Service Centre	Population Adjusted SEIFA-IRSD Score for Catchment
Alderley	1100
Chermside	1027
Forest Lake	1013
Fortitude Valley	1076
Inala	1017
Mt Gravatt	1045
Stones Corner	1064

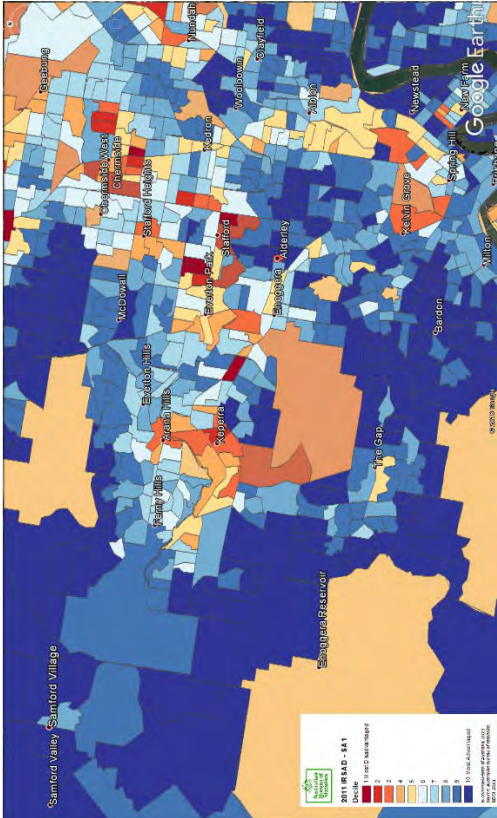
Source: KPMG 2017

Figure BR-2 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Fortitude Valley and Stones Corner



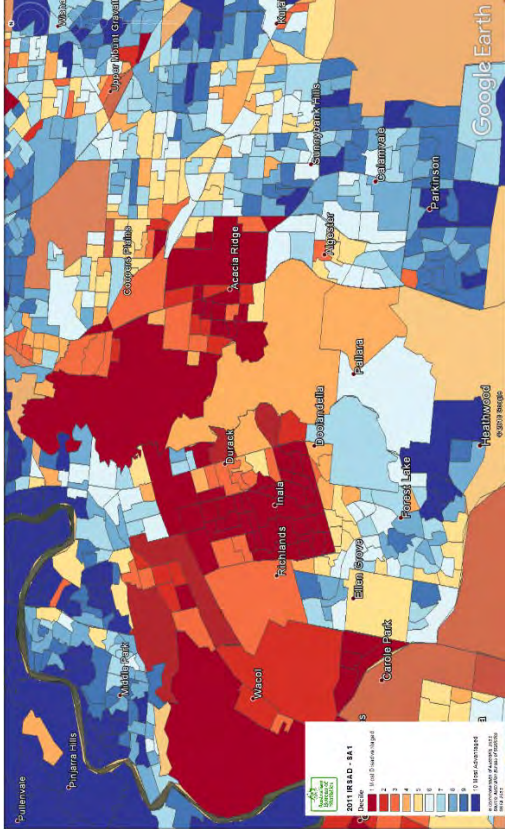
Source: KPMG, 2017

Figure BR-3 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Alderley and Chermside



Source: KPMG, 2017

Figure BR-4 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Forest Lake, Mt Gravatt and Inala



Source: KPMG, 2017

Brisbane Region: Demand

Figure BR-5 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPAs.

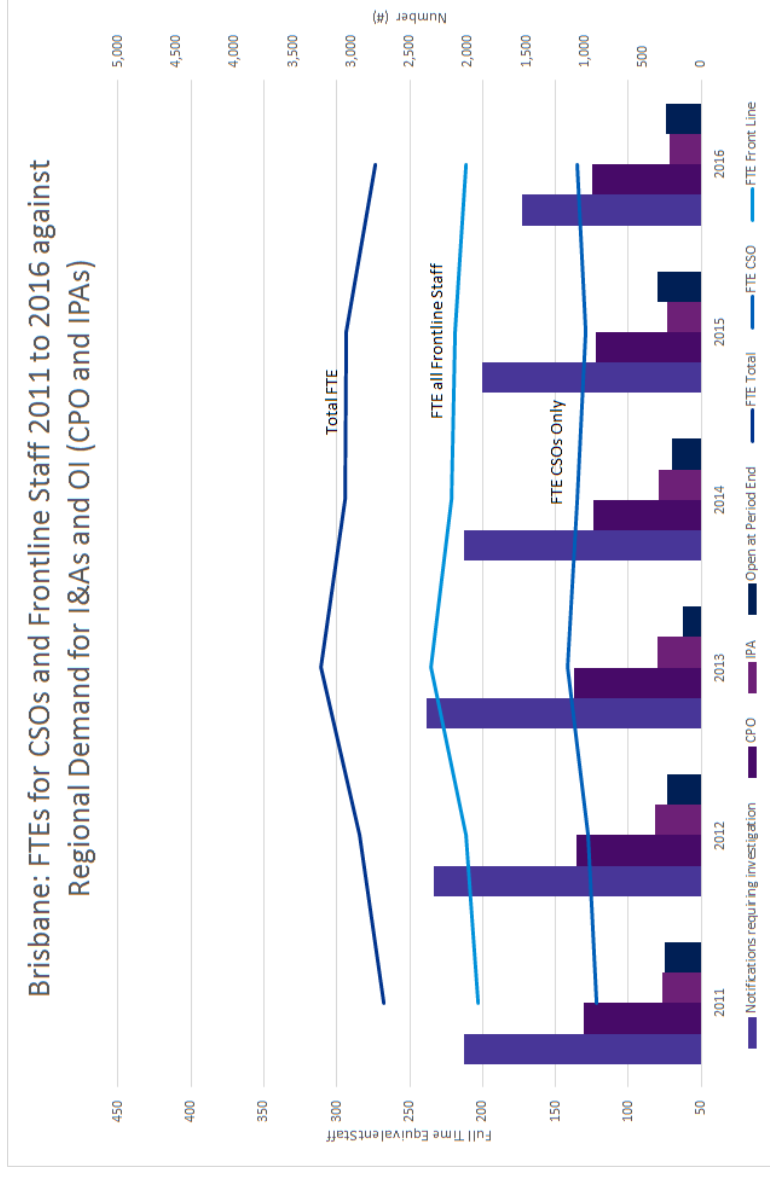
Notifications requiring investigation in the Brisbane region were at their highest in the financial years ending 30 June 2012 and 30 June 2013 but, since then, have decreased steadily. The number of children subject to CPOs and IPAs have also declined within the region over the period ending 30 June 2011 to June 2016.

Even with the declining level of demand within the region, Brisbane region has maintained a relatively consistent number of FTE CSOs. The region has, however, incurred a marginal reduction in front line support staff and administrative staff, which contribute to the declining overall trend in total FTE staff.

The indicator open at period-end represents investigations that remain open at the end of the reporting period. These investigations are not included within the category

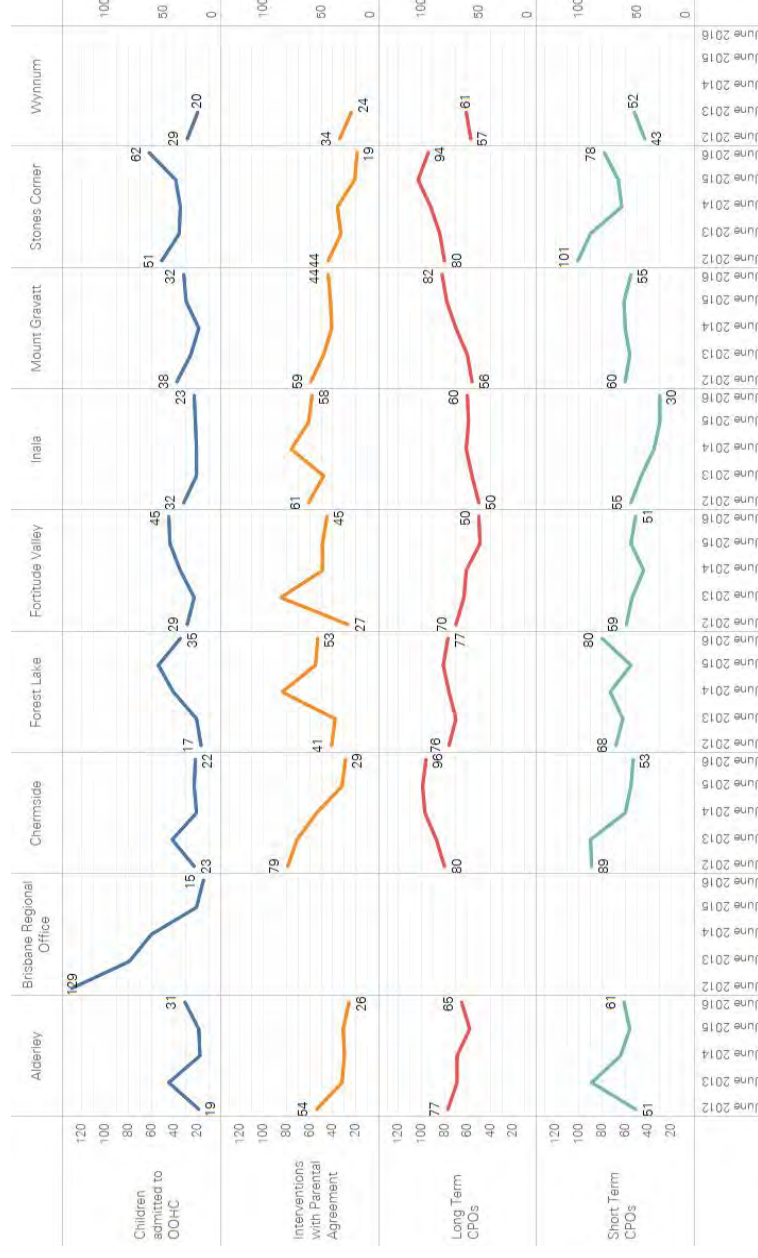
“Notifications requiring investigation”, but still contribute to the demand pressures on the region. It can be noted that over the period 2013 – 2015 these had been rising, suggesting that perhaps, over that period, the region lacked capacity to undertake all incoming investigations. In the 2016 financial year, investigations open at period end had declined over the prior year figure.

Figure BR-5: Demand – CPOs, IPAs and Investigations and Assessments – Brisbane Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Figure BR-4: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHc Admissions – Brisbane Region 2012 to 2016FY



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

Figure BR-4 provides a disaggregate view across the region of children subject to IPAs, Long-Term CPOs, Short-Term CPOs and children admitted to out-of-home care. Data represented in the chart is for the five year period 2011-12 to 2015-16.

Overall, Long-Term CPOs are increasing in Inala, Mount Gravatt and, until the 2016 financial year, in Stones Corner and Chermside, whereas numbers have been declining in Alderley and Fortitude Valley. Short-Term CPOs had been demonstrating a relatively consistent downward trend over the period of analysis with the exception of Forest Lake. Notably, in the past two years, Short-term CPOs have increased marginally again in Alderley Forest Lake and Stones Corner.

IPAs have also decreased relatively consistently across all centres over the analysis period, with the exception of a few activity spikes around the 2013-14 years.

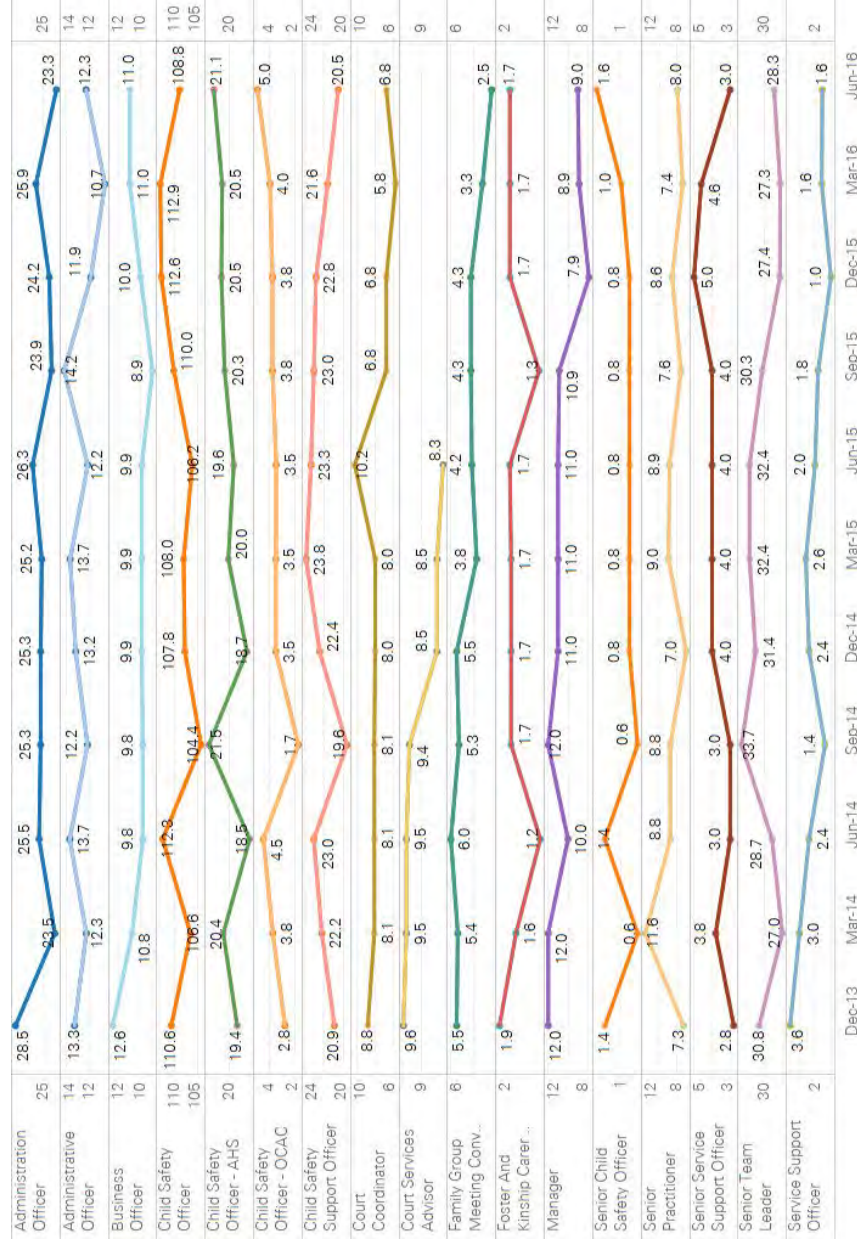
Admissions to out-of-home care appear to be increasing marginally in Alderley, Fortitude Valley and Mount Gravatt, with a more significant increase in numbers in Stones Corner, from 2014-15 to 2015-16.

Staffing trends for the Brisbane region need to be viewed in the context of the region's stable or declining demand. Figure BR-5 provides an analysis of staff numbers within the region overall.

Key points to be noted with respect to data presented in Figure BR-5 are summarised below.

- Overall, for Brisbane region, the total number of FTE CSOs has remained stable across the categories of CSO, and CSO (One chance at childhood - OCAC). After hours CSOs have increased over the period by 1.7 FTE staff.
- An overall reduction in Family Group Meeting Conveners has been observed from 5.5 in December 2013 to 2.5, however, Alderley CSSC received an additional Family Group Meeting Convener in the October 2016 allocation of 47 new FTE staff, bringing the current number to 3.5 FTE.
- Administration officers have declined in numbers over the period, and CSSOs have declined by 3.3 FTE staff in the period between March 2015 and June 2016. Senior Team Leaders have also declined over the period by a total of 2.5 FTE staff.

Figure BR-5: Staffing Profile FTE – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services, 2016

Brisbane Region: Workforce

Figure BR-6 presents data on the different staffing arrangements in each centre in the Brisbane region.

Inala, Mt Gravatt and Stones Corner CSSCs have had increases in CSO FTE staff over the analysis period from December 2013 to June 2016. Forest Lake CSSC had a decline in numbers in the period between June 2015 and June 2016, but received 1 FTE staff member in the September 2016 allocation of additional staff, bringing its current number to around 12 FTE staff based on the data provided by the Department.

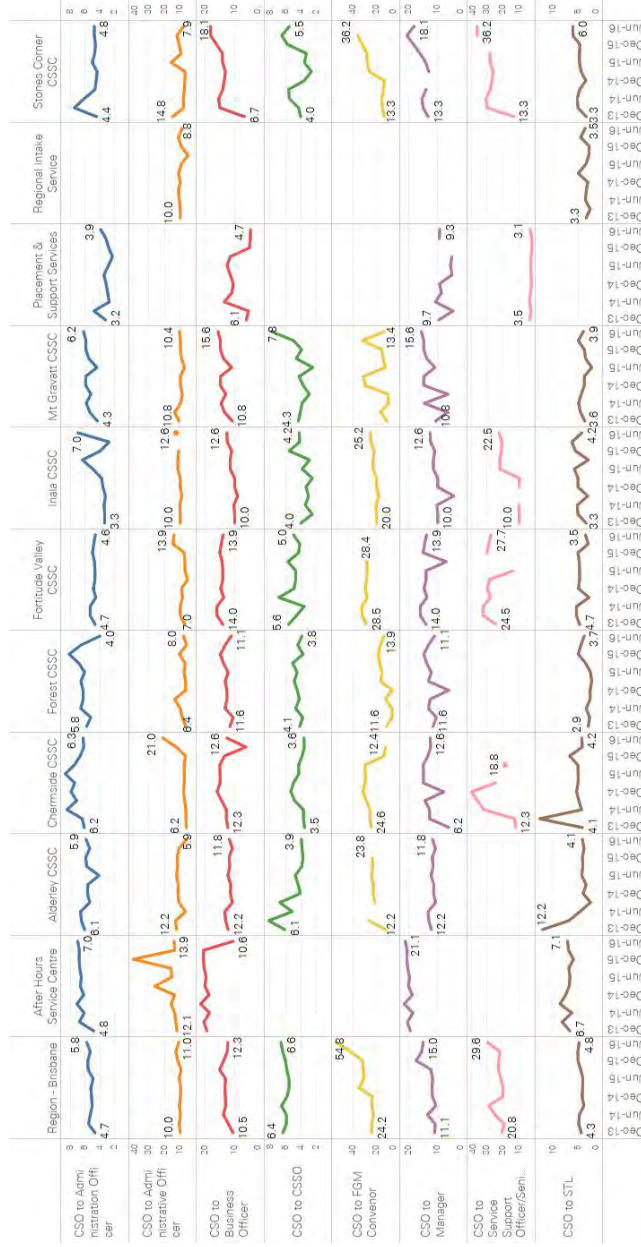
Staff within Placement Services and Support have remained relatively stable, with the increase in Senior CSO numbers in that unit offset by the decrease in CSOs, together being 10.3 FTE over the period. The Regional Intake Service in Brisbane had a slight decrease in CSOs in June 2016.

Figure BR-6: Staffing Ratios CSO to Significant Support Roles (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

**Figure BR-7: Staffing Ratios CSO to Significant Support Roles (FTE) by CSSC – Dec 2013 to June 2016
(Last Pay Period – 26 June 2016)**



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

Please note that the Regional Ratios can be out of range of the individual CSSC ranges due to the denominators for some CSSCs being zero. An example would be Family Group meeting convenors for which there are no staff within the After Hours Service Centre, Placement Services and Support and the Regional Intake Services, all of which would have CSO staff contributing to the overall ratio.

Figure BR-7 presents data on the ratio of CSOs to other positions in each CSSC in the Brisbane region and provides an indication of the relativities across CSSCs within the region. Increasing trends are an indicator of decreasing support staff relative to CSO staff, indicating that workload pressures could potentially be increasing.

Mt Gravatt and Stones Corner CSSCs have demonstrated an increase in the ratio of CSO to CSO, with Mt Gravatt above the regional average of 6.6. The region overall has had a significant increase in the ratio of CSOs to Family Group Meeting Convenors which has largely been the result of Stones Corner having a significant increase.

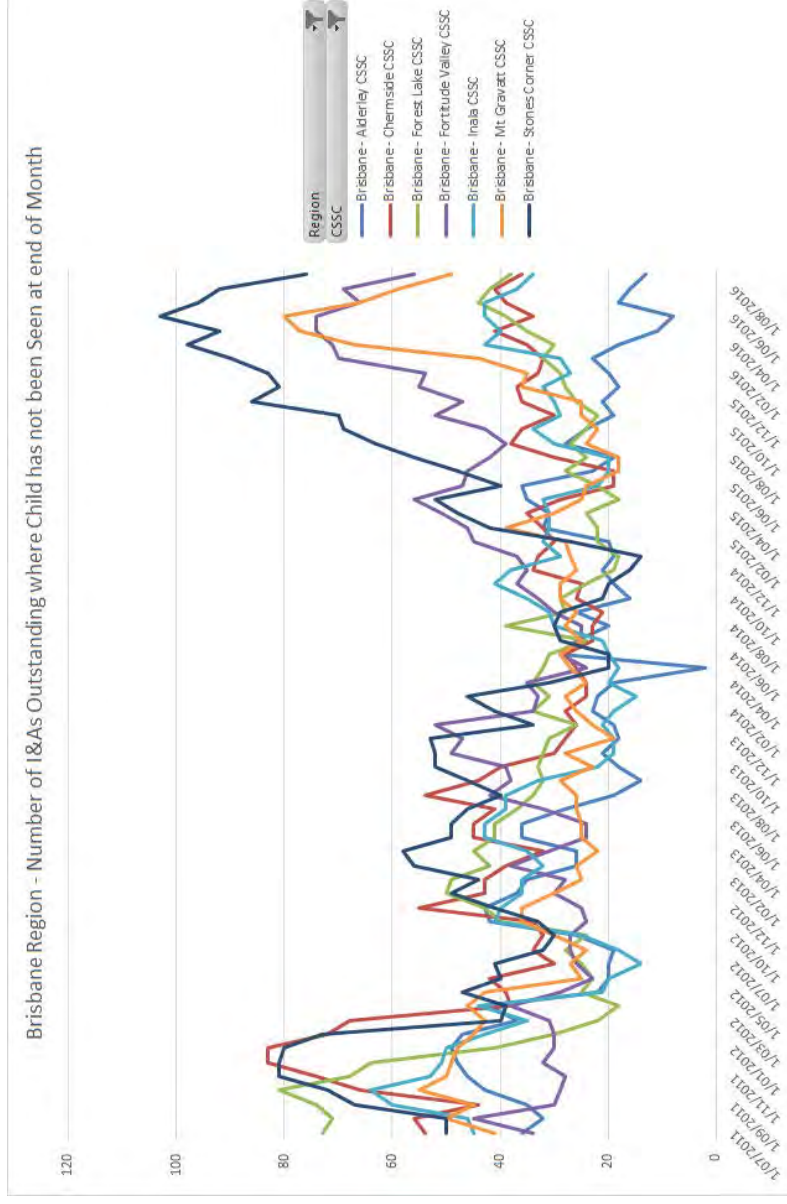
Stones Corner has experienced an increase in ratios across most support staff categories with the exception of administrative staff. In fact, its ratio of CSOs to Senior Team Leaders is above the regional average.

The trend of investigations not commenced at the end of a reporting period provides an indication of workload associated with investigations that carry over into future periods. Investigations that are finalised within a period are captured within monthly corporate reporting. Figure BR-8 demonstrates, at the CSSC level, those centres which have an increasing trend for un-commenced investigations carried forward, and therefore impacting on workload pressure within a centre.

Importantly, this chart is indicative only, as there are a range of reasons an investigation may not be commenced within a period (for example the family may not be able to be located), or it may only have been received at the end of the period, or indeed, other preliminary background work may be underway prior to actually commencing the investigation by visiting a family. However, an increasing trend can be indicative of increasing workload pressures.

For Brisbane region, given its increasing trends between June 2014 and June 2016, it has potentially been the case that Stones Corner and Fortitude Valley, and from June 2015, also Mt Gravatt, have all been experiencing a level of workload pressure associated with the commencement of Investigations and Assessments.

Figure BR-8: Investigations not commenced at end of Reporting Period, Trend to Aug 2016



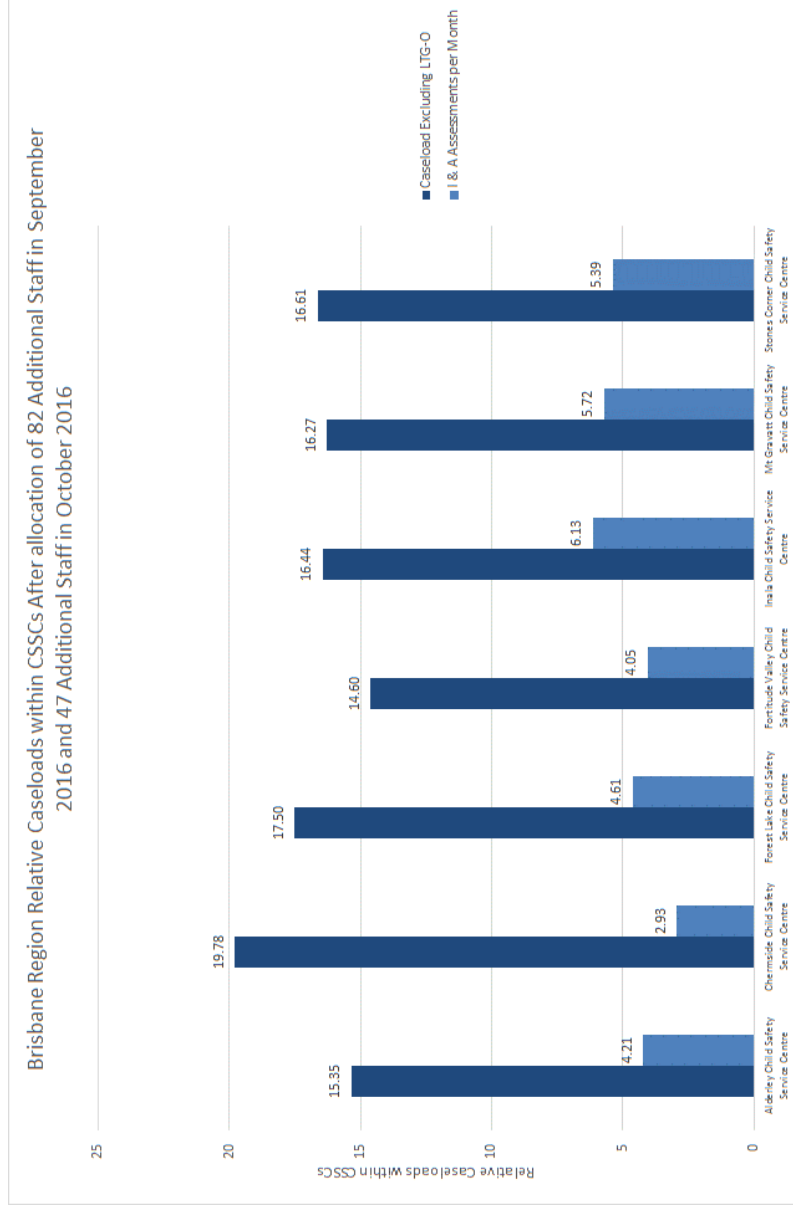
Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

It should be noted this analysis is limited to the extent that data was provided by the Department across different time periods for different regions. Consistent data was not provided for Central region or South West region and consequently this analysis was not undertaken for those regions. The analysis seeks to identify trends only as an indicator of potential workload stresses within the system.

A caseload analysis has been undertaken to determine the likely impact across CSSCs of the additional staff allocations of 82 FTE staff across the State in September 2016 and 47 FTE staff across the State in October 2016. Functional splits as per Departmental advice at 30 June 2016 have been assumed, and activity levels as at 30 June 2016 have been assumed. Included within the Investigation and Assessment caseload are also cases that were reported as un-finalised at period end (as distinct from cases that were not commenced reported in Figure BR-8 above, which are a subset of those not finalised). To the extent activity has increased within CSSCs since June 2016, modelled caseloads will be understated.

This analysis demonstrates that caseloads in Brisbane region (unweighted) remain relatively low. Forest Lake was the only CSSC to receive an allocation of additional CSO staffing, which reduced its ongoing intervention caseload closer to the level of other CSSCs within the region. Notably, while the caseload within Chermside for ongoing interventions appears high in comparison to other CSSCs within the region, this is in contrast to the service centre's very low caseload in Investigations and Assessments. Consequently, this could indicate a limitation with the modelling approach undertaken.

Figure BR-9: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

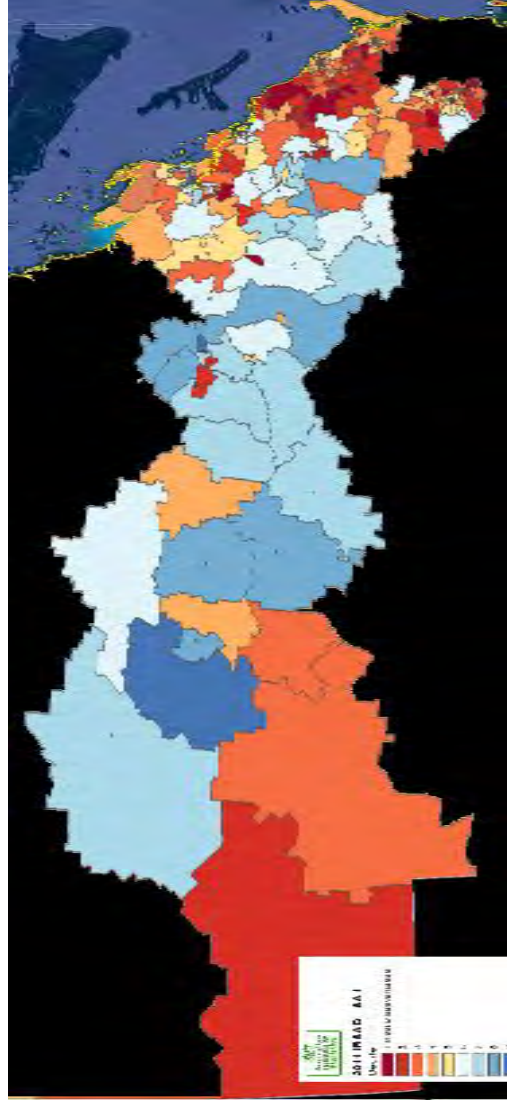
CSOs announced in the 47 additional FTE staff (8 FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre's ongoing intervention workloads.

Central Region

Regional Profile

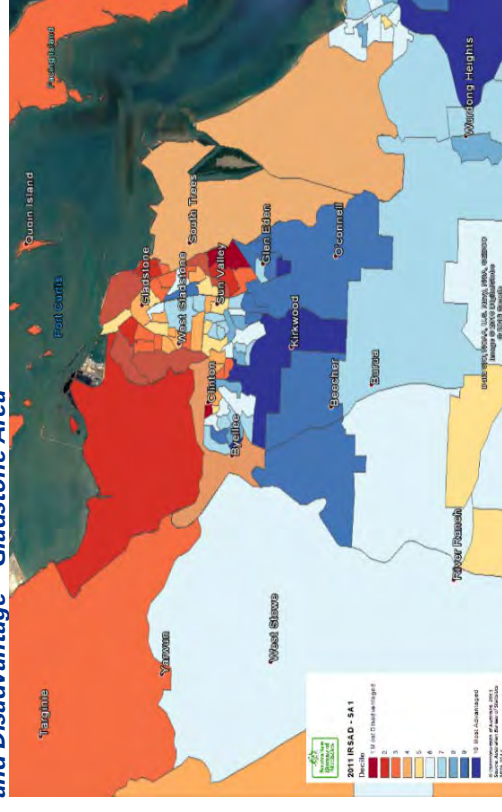
In 2014, Central region had a total estimated population of around **486,380** of which around **24 per cent** were children and young people aged 0-17.² The population of the region is growing at an average rate of **1.0109 per cent** per annum and projections indicate that its population will reach around **506,500 by 2023**. Central region has six Child Safety Service Centres (CSCCs) at Rockhampton, Maryborough, Gladstone, Emerald, Bundaberg and South Burnett. Central region residents are, on average, generally less advantaged in their socio-economic status than residents in other regions, and CSCCs are dealing with populations tending towards extreme disadvantage. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-ISRAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSCCs throughout the region, and population weighted relative indicators are provided in Table CR-1 overleaf. Scores range from **881 for South Burnett CSSC** catchment populations to **1015 for Gladstone** catchment. A higher score indicates a relatively more advantaged community. Figure CR-1 maps the areas within Central region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) which highlights where pockets of disadvantage exist. Figures CR-2 to CR-5 also provide more detail on the IRSAD for catchment populations of CSCCs within the region.

Figure CR-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Central Region



Source: KPMG 2017

Figure CR-2 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Gladstone Area



Source: KPMG 2017

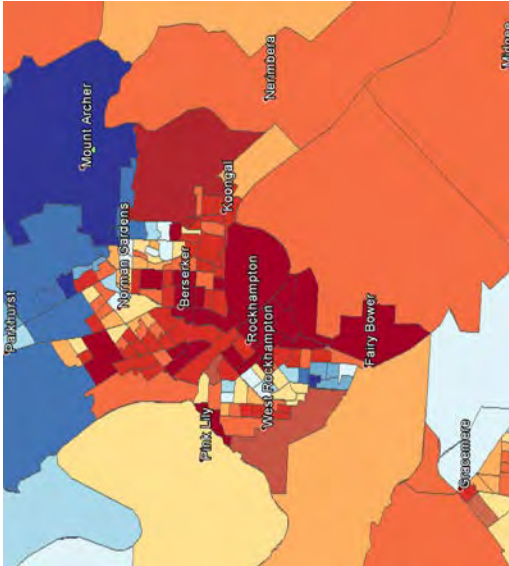
² Department of Communities Child Safety and Disability Services.

Table CR-1 Indicator of Relative Advantage and Disadvantage by CSSC Catchment Area

Child Safety Service Centre	Population	Weighted SEIFA-ISRAD Score for Catchment
Bundaberg	922	
Emerald	973	
Gladstone	1015	
Maryborough	910	
Rockhampton	953	
South Burnett	881	

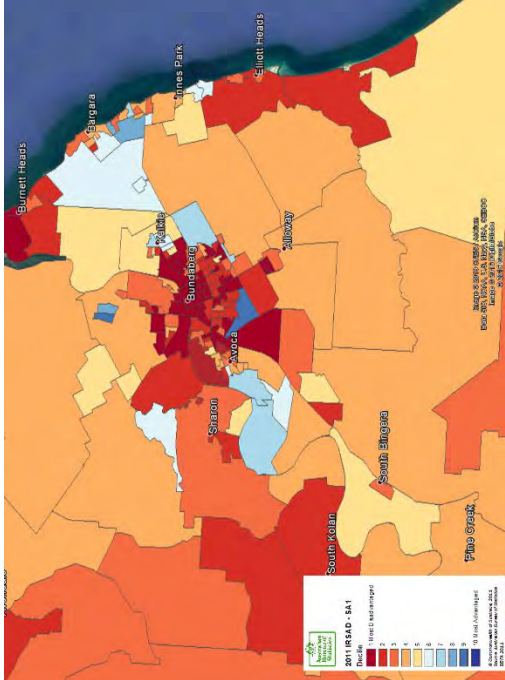
Source: KPMG 2017

Figure CR-3 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Rockhampton Area



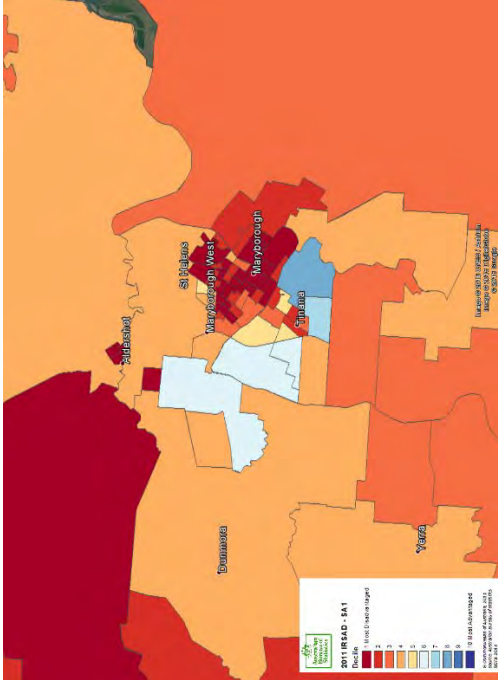
Source: KPMG, 2017

Figure CR-4 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Bundaberg Area



Source: KPMG, 2017

Figure CR-5 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Maryborough Area



Source: KPMG, 2017

Central Region: Demand

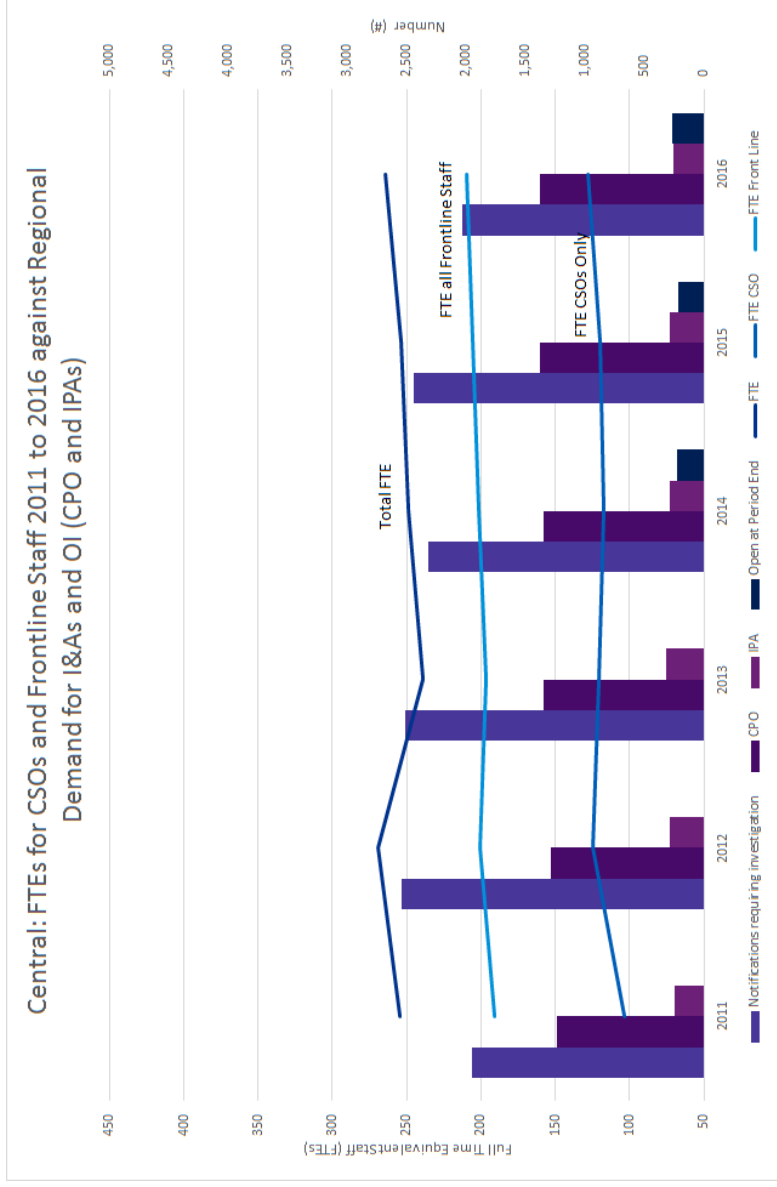
Figure CR-6 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPAs.

Notifications requiring investigation in the Central region peaked in the years ending 30 June 2012 and 30 June 2013 but have declined substantially in the 2016 financial year. Over the period of analysis, the number of children subject to CPOs has been increasing while IPAs have declined.

Overall, the number of CSOs and front line staff appear to be keeping pace with levels of demand within the region and overall total FTE staff levels have increased.

The indicator open at period level represents investigations that remain open at the period end. These investigations are not included within the category ‘Notifications requiring investigation’, and therefore contribute to the demand pressures on the region. It can be noted that over the period 2014 – 2016 these have been rising within the region suggesting that there may be some underlying issue within the region which is contributing to this effect.

Figure CR-6: Demand – CPOs, IPAs and Investigations and Assessments – Central Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



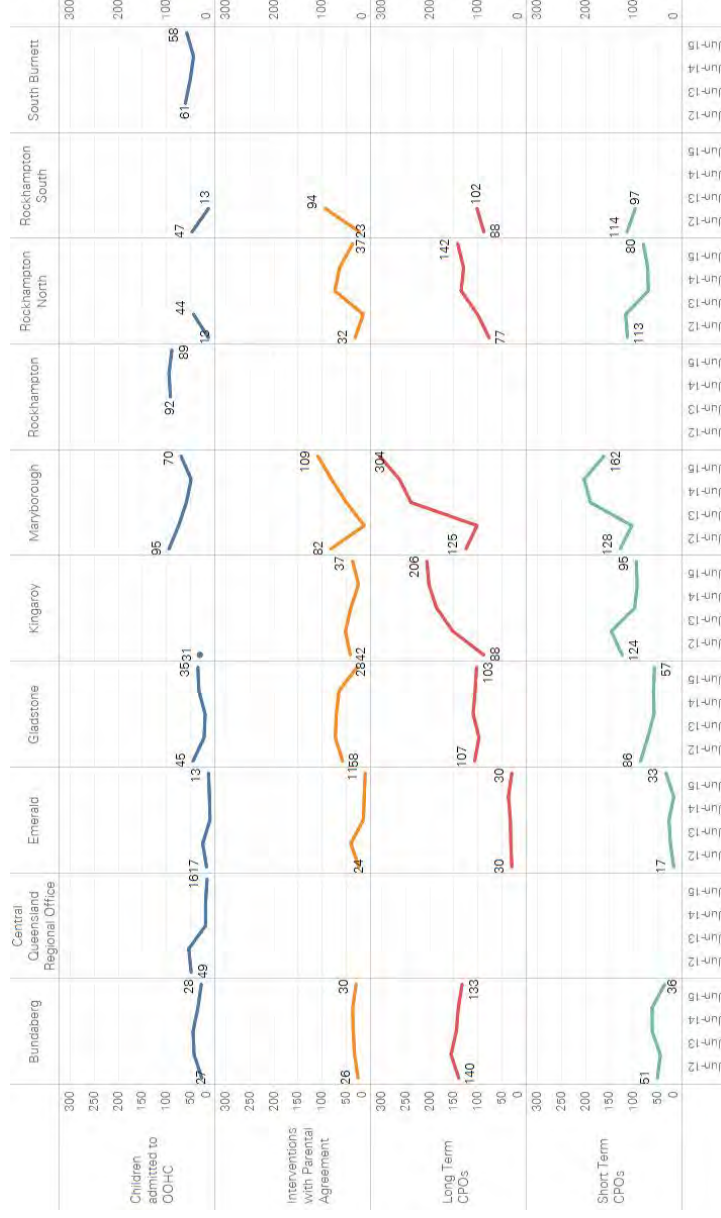
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

While overall demand in the Central region is relatively stable, there are pockets of intense and increasing demand within the region.

Maryborough, Kingaroy and Rockhampton have demonstrated significant increases in demand in the category of Long-Term CPOs. In Maryborough, this has been accompanied by an increase over the period of the analysis in Short-Term Orders also, albeit there has been a decrease in Short-Term Orders between June 2015 and June 2016. However, the reduction in demand for Short-Term orders, has been offset by an increasing trend since 2013 of IPAs.

Maryborough has also demonstrated an increase between 2015 and 2016 in the number of admissions to out-of-home care.

Figure CR-7: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOH Admissions – Central Region 2012 to 2016FY



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

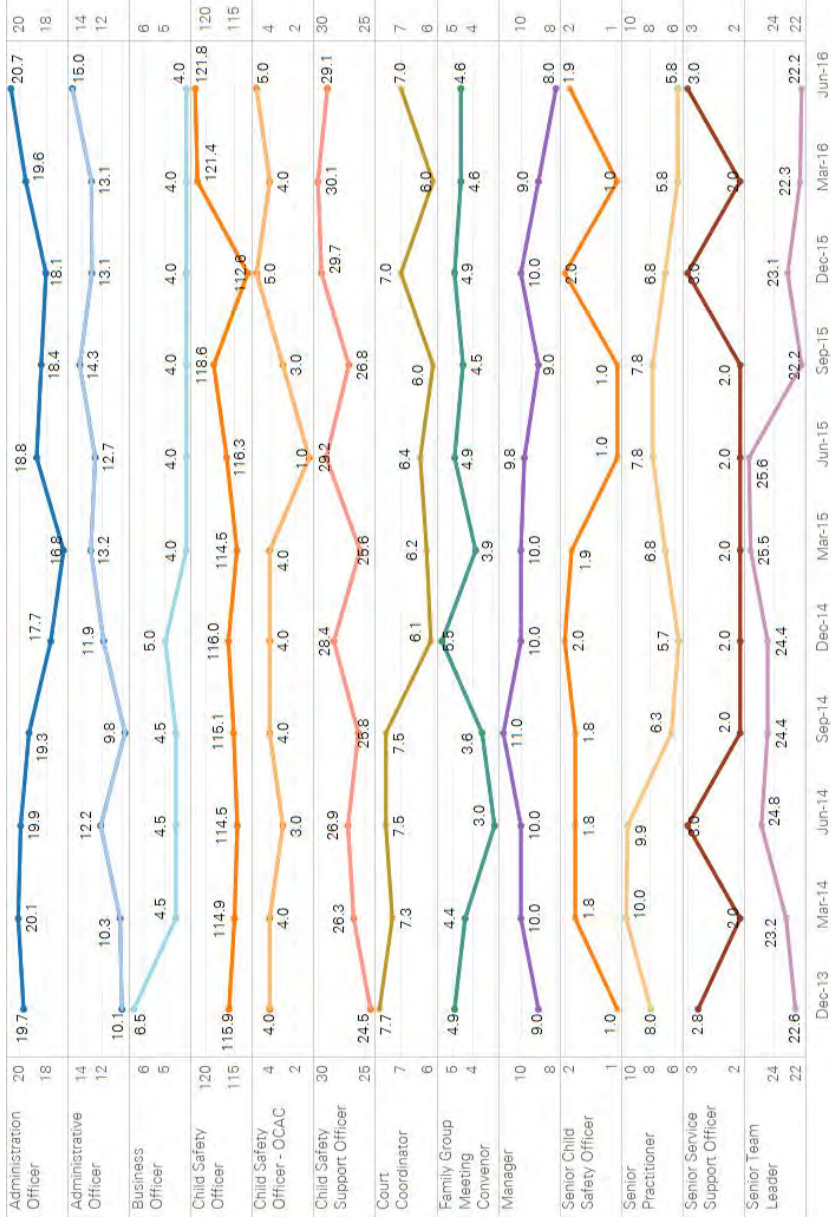
Central Region: Workforce

Figure CR-8 presents overall staffing levels within the region to provide an indication of overall staffing trends over time. Key points to be noted include:

- From December 2013 to June 2016, the number of FTE CSOs has increased by 6.9 FTE staff.
- Senior Team Leaders (STLs) have declined in the region from 22.6 in December 2013 to 22.2 in June 2016, with a significant reduction of 3.4 FTE staff from June 2015.
- Administration officers and CSSOs have increased within the region over the analysis period, indicating that an increasing level of front line support has been provided within the region.

In the staffing allocations in late 2016, Central region received 1 FTE CSSO within Kingaroy, as well as a 0.3 FTE Domestic and Family Violence Child Protection Practitioner, Maryborough received an additional 1 FTE CSO and 1 FTE CSSO, and Rockhampton received 3 additional FTE CSOs and 1 FTE Family Group Meeting Convenor.

Figure CR-8: Central Region Staffing Profile (FTE Staff) – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



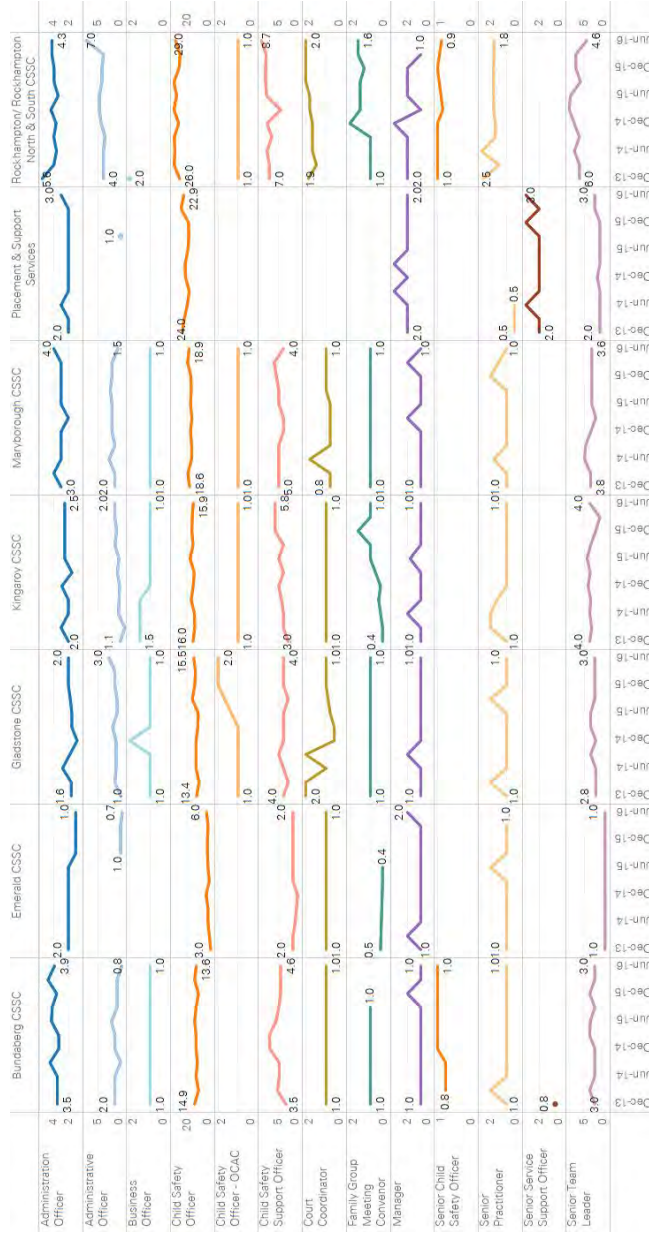
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

A number of observations can be made about Figure CR-9, which presents the FTE for various positions for each CSSC. Notably:

- the number of CSOs in Maryborough have remained constant from 2013-2016 despite significant increases in Long-Term CPOs and IPAs;
- the number of CSOs in Kingaroy have declined by 1 FTE despite a significant increase in Long-Term CPOs, albeit Kingaroy has now received 1 FTE CSO in the 2016 staffing allocations;
- Kingaroy has also received an increase in the number of CSSOs, increasing from 3.0 FTE to 5.8 FTE over the analysis period; and
- Maryborough CSSOs have decreased by 1 FTE despite constant SCO FTE and increasing Long-Term CPOs.

This chart also demonstrates the relative differences between CSSCs in relation to the level of CSO staffing across the region, with Rockhampton having the highest number, followed by Placement Services and Support, and then Maryborough.

Figure CR-9: Central Region CSSC Staffing Profiles (FTE Staff) – Dec 2013 to June 2016
(Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

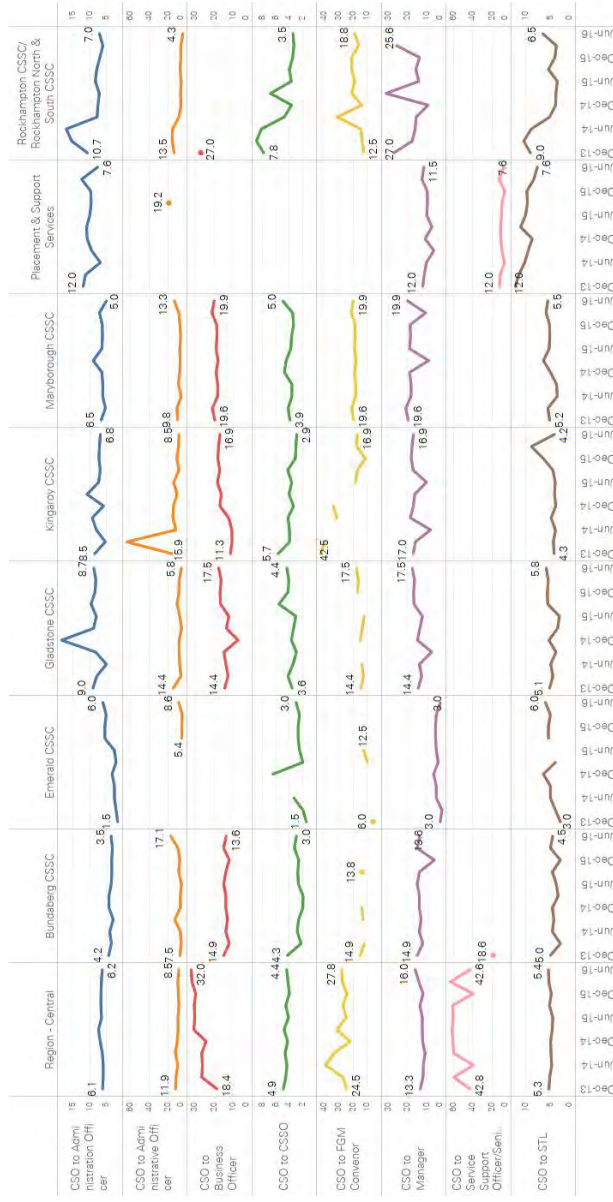
The ratios of CSOs to significant other categories of front line and front line support staff is relevant in terms of analysing how well supported staff within the region are to undertake their duties. At the end of the analysis period, Maryborough had the highest CSO to CSSC ratio in the region of 5.0 above the regional average of 4.4.

However, Rockhampton had a traditionally high ratio of CSOs to CSSCs over the analysis period which has declined to now fall below the regional average. However, the ratio of CSOs to Managers is significantly higher in Rockhampton than in the other centres within the region, with Maryborough also demonstrating a ratio significantly above the region's average of 16 FTE CSOs per Manager. The average within the region is, however, influenced by Emerald and Placement and Support Services, which have lower ratios than the other centres.

Rockhampton and Placement and Support Services have the highest ratios of CSOs to STLs within the region of 7.6 and 6.5 respectively. The ratios in Rockhampton and Maryborough will increase again after the allocation of new CSO staff in 2016, and the impact is likely to be quite significant in Rockhampton which already has the highest ratios of CSO staff to Managers and STLs.

There is a risk that workforce pressure will increase across these categories of staff while alleviating the pressure on CSO workloads.

Figure CR-10: Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)

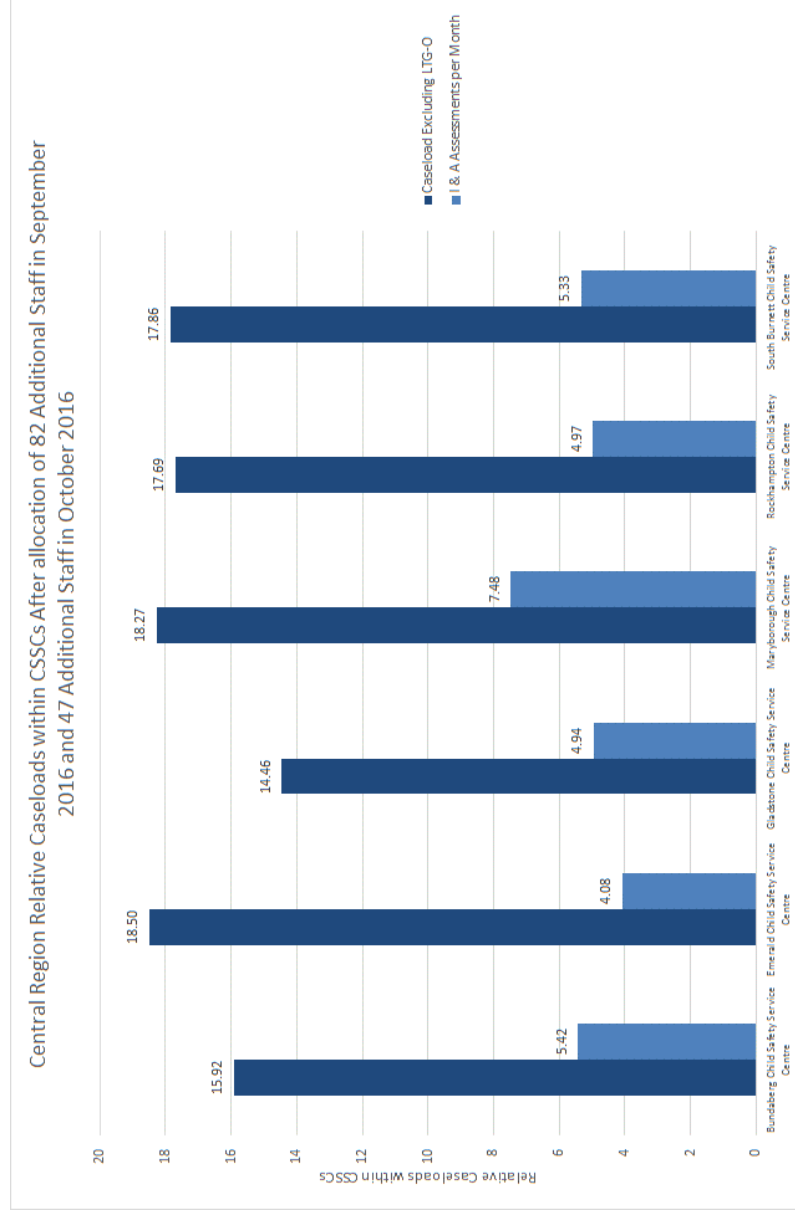


Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Central region received an additional 4 FTE CSO staff in the allocation of additional resources. This Review's Final Report indicated that these two centres had the highest relative caseloads within the region. With Rockhampton's caseload slightly higher than that of Maryborough. The additional staff (3 FTE staff for Rockhampton and 1 FTE staff member for Maryborough) have reduced the overall caseload for ongoing intervention within the region to around the same level of other centres within the region. While the caseload in Emerald for ongoing interventions remains marginally higher than for Maryborough and Rockhampton, the comparable caseloads for Investigations and Assessments within the region is the lowest in the region.

Consistent with the balance of the analysis for the region, workforce pressures may still exist within Maryborough due to their relatively high overall caseload in ongoing interventions, coupled with their higher caseloads within Investigations and Assessments also.

Figure CR-11: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

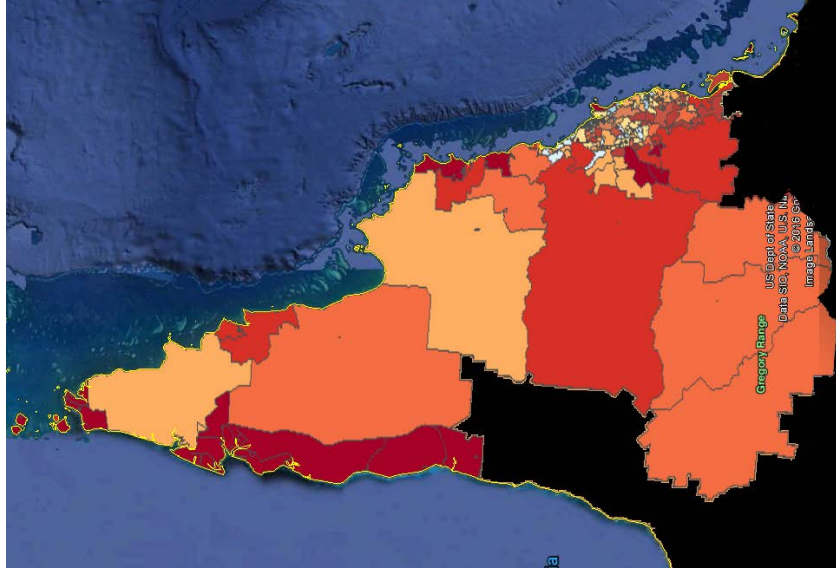
CSOs announced in the 47 additional FTE staff (8 FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre's ongoing intervention workloads.

Far North Queensland Region

Regional Profile

In 2014, Far North Queensland region had a total estimated population of around **275,216** of which around **25 per cent** were children and young people aged 0-17³. The population of the region is growing at an average rate of **1.0097 per cent** per annum. Far North Queensland region has six CSSCs (CSCCs) at Atherton, Cairns North, Cairns South (Edmonton) Cape York and Torres Strait, Cape York South, and Innisfail. Far North Queensland region residents are, on average, generally less advantaged in their socio-economic status than residents in some other regions, and CSSCs are dealing with rural and remote populations that are largely subject to extreme disadvantage. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-ISRAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSSCs throughout the region, and population weighted relative indicators are provided in Table FNQ-1 overleaf. Scores range from **706 for Cape York South CSSC** catchment populations to **977 for Cairns North** catchment. A higher score indicates a relatively more advantaged community. Figure FNQ-1 maps the areas within Far North Queensland region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (ISRAD) which highlights where pockets of disadvantage exist. Figures FNQ-2 to CR-4 overleaf also provide more detail on the ISRAD for catchment populations of CSSCs within the region.

Figure FNQ-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Far North Queensland Region



Source: KPMG 2017

³ Department of Communities Child Safety and Disability Services.

Far North Queensland Region: Demand

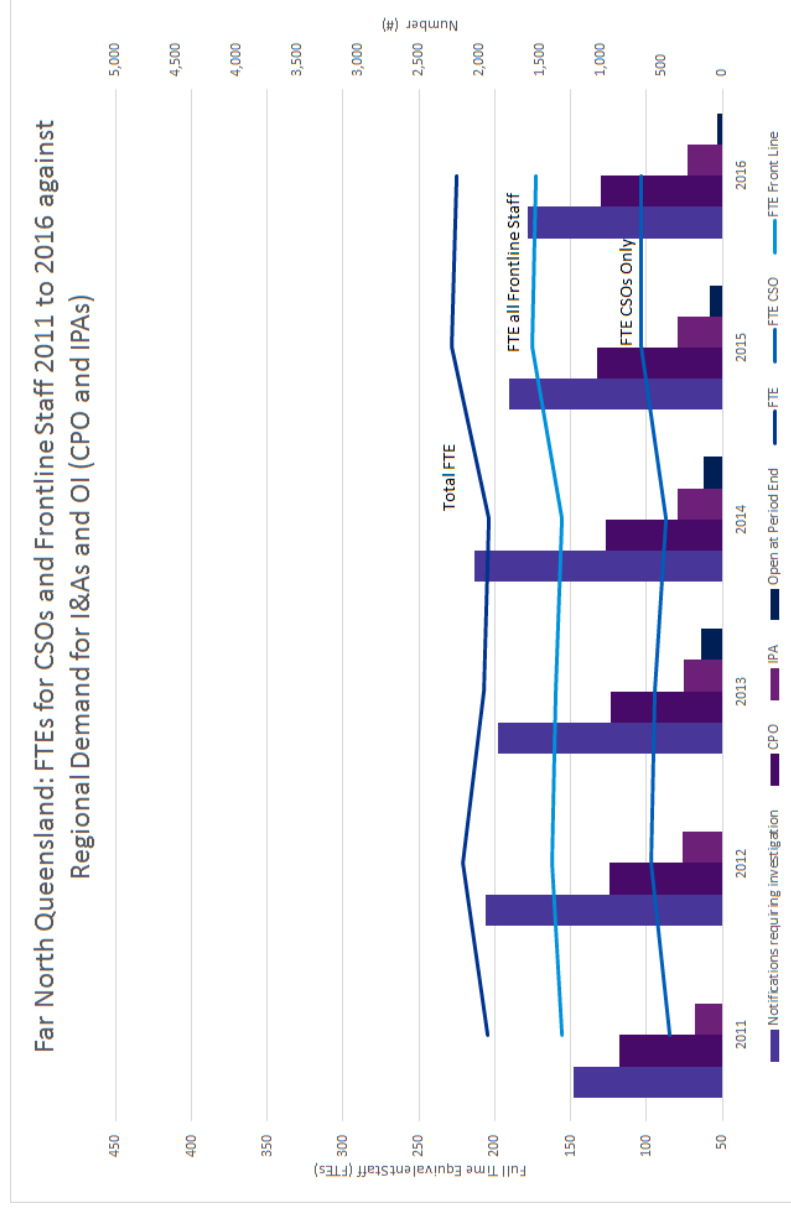
Figure FNOQ-5 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPA.

Demand across all areas is lower than when compared to the other northern regions, North Queensland and Central regions and this will be a linked to the lower population of the region as well as its remote populations. Notifications requiring investigation in the region have been declining between 2013-14 and 2015-16, as have IPAs. Nevertheless, over the period of analysis, the number of children subject to CPOs has been increasing.

Overall the number of CSOs and front line staff have been increasing against the levels of demand within the region.

The indicator 'open at period end' represents investigations that remain un-finalised at the end of the reporting period. These investigations are not included within the category 'Notifications requiring investigation', and therefore contribute to additional demand pressures on the region. It can be noted that over the period 2014 – 2016 these have been declining within the region which is a further indication that the region is sufficiently staffed to handle its current levels of demand.

Figure FNOQ-5: Demand – CPOs, IPAs and Investigations and Assessments – Far North Queensland Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

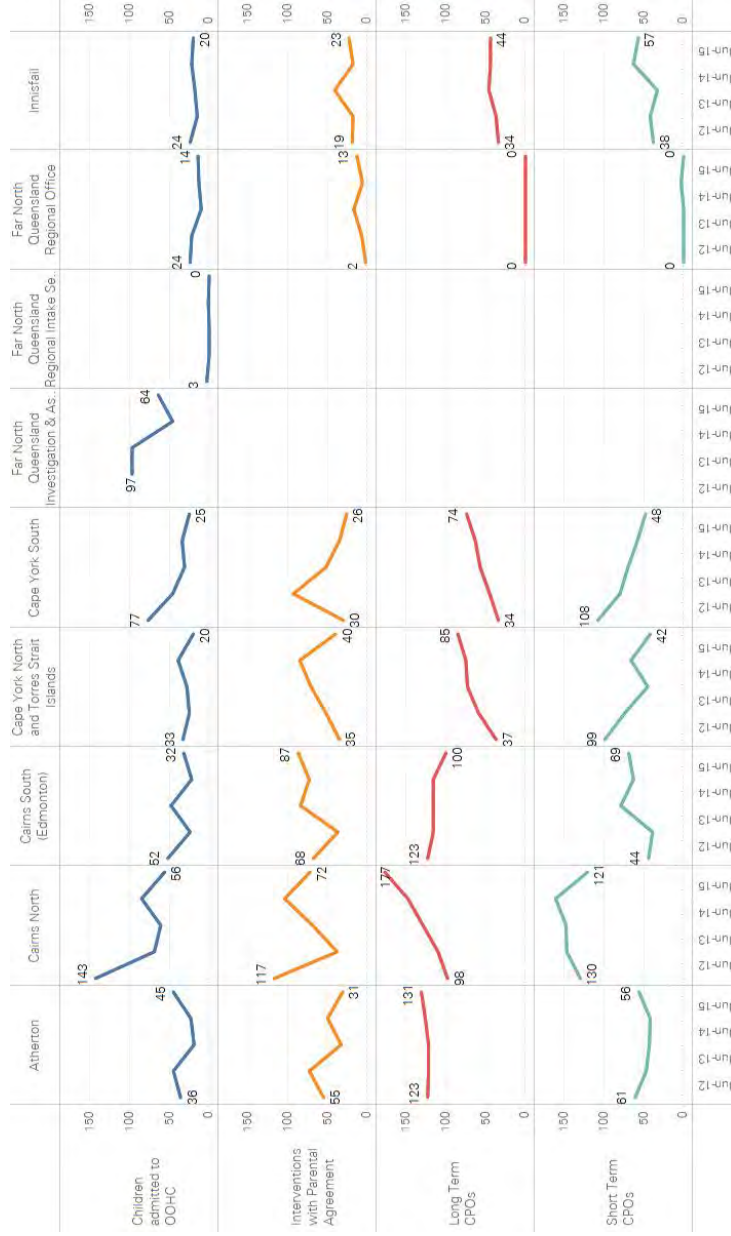
Pockets of high demand can be observed for Cairns North, Cairns South, Cape York North and Torres Strait Islanders and Cape York South.

Notably, Cairns North experienced a significant increase in Long-Term CPOs reaching 177 in June 2016 whilst also experiencing a sharp decrease in IPAs in June 2013. As evidenced in Figure FNQ-6, Cairns North also has a high number of Short term CPOs, however this has decreased slightly between June 2012 and June 2015.

Cairns South experienced slight increase in IPAs and Short-Term CPOs. While Long-Term CPOs numbers are generally high compared to other centres, they have decreased slightly in the period between June 2012 and June 2015.

Cape York North experienced a dramatic spike in IPAs in June 2014. Sustained increase of Long-Term CPOs from June 2012 to June 2015 can be observed for Cape York North as well as Cape York South. Both Cape York North and Cape York South have experienced decreases in Short-Term CPOs.

Figure FNQ-6: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHc Admissions – Far North Queensland Region 2012 to 2016FY



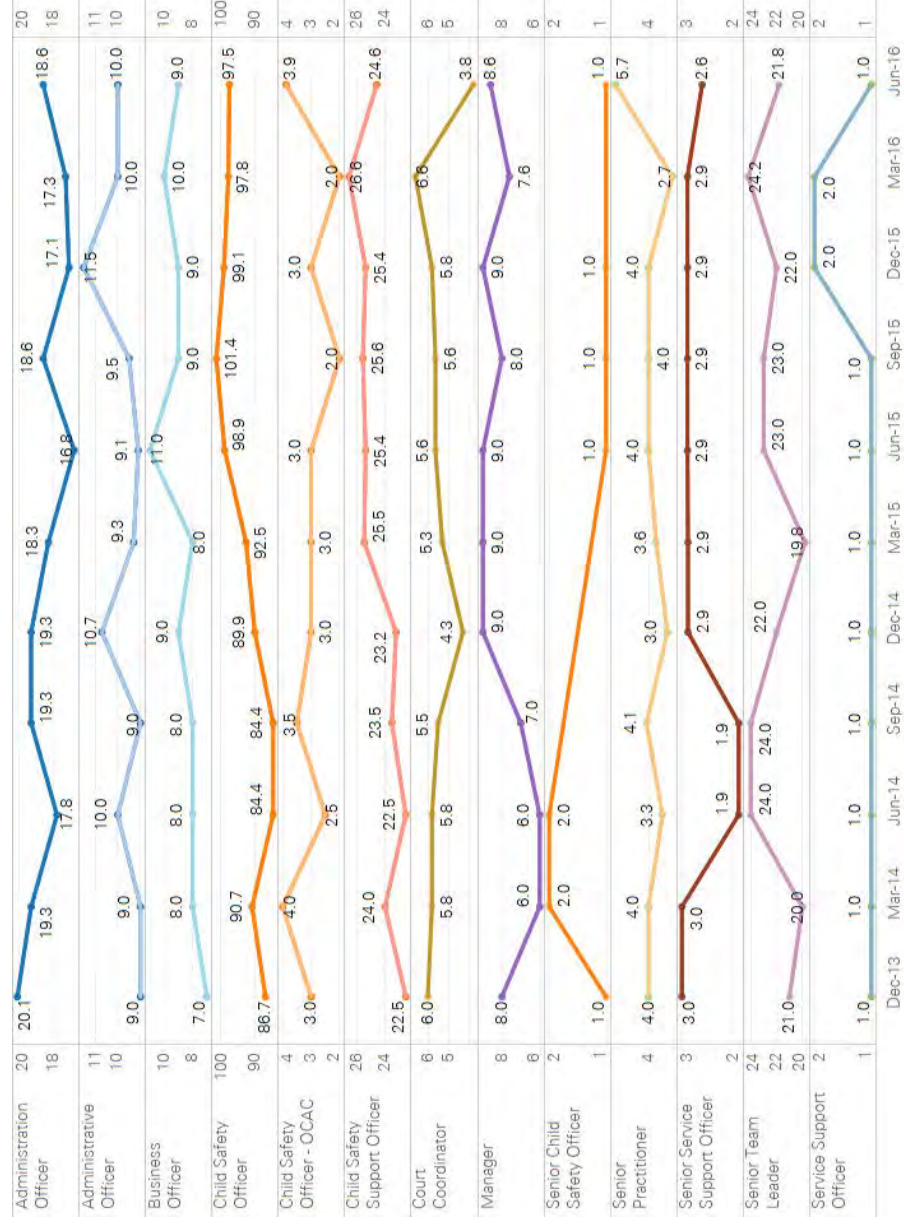
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Figure FNQ-7 presents an overview of regional staffing trends by category.

Key points to be noted include:

- from December 2013 to June 2016 the number of FTE CSOs has increased by 11.7 FTE staff (including CSOs and CSO-One Chance at Childhood);
- CSOs in Far North Queensland have increased by 2.1 FTE in the period between December 2013 and June 2016;
- senior team leaders (STLs) have increased in the region from 21.0 FTE in December 2013 to 21.8 FTE in June 2016; and
- administration officers have declined from 20.1 FTE in 2013 to 18.6 in June 2016 however, Administrative Officer numbers have increased by 1 FTE staff member, resulting in an overall resulting in an overall decrease in the region of administration support of 0.5 FTE.

Figure FNQ-7: Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Far North Queensland Region: Workforce

Figure FNQ-8 presents a breakdown of staffing across the regional CSSCs:

- Cairns, Edmonton, Innisfail, the Regional Intake Service and Investigation and Assessment have experienced overall increases in CSO staff numbers over the analysis period; and
- Cairns and Investigation and Assessment also received increases in CSSOs.

The staffing profile within Far North Queensland region will also alter significantly with the additional staff allocated to the region in late 2016. Atherton will receive additional CSOs and CSSOs, bringing their numbers to 12.4 and 4.0 FTE staff respectively. Cairns has been allocated 2.5 FTE staff member Family Group Meeting Convenors in the 2016 allocation of new staff. In addition, Cairns received an additional administration officer and 2 FTE CSSOs.

Innisfail received an additional 1 FTE CSO, bringing its staffing number in this category to 7.8 FTE staff, and Edmonton received an additional team of staff comprising 1 FTE Senior Team Leader, 4 FTE CSOs and 3 FTE CSSOs.

In total, Far North Queensland region received an additional 16.5 FTE staff from the late 2016 allocations.

Figure FNQ-8: CSSC Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

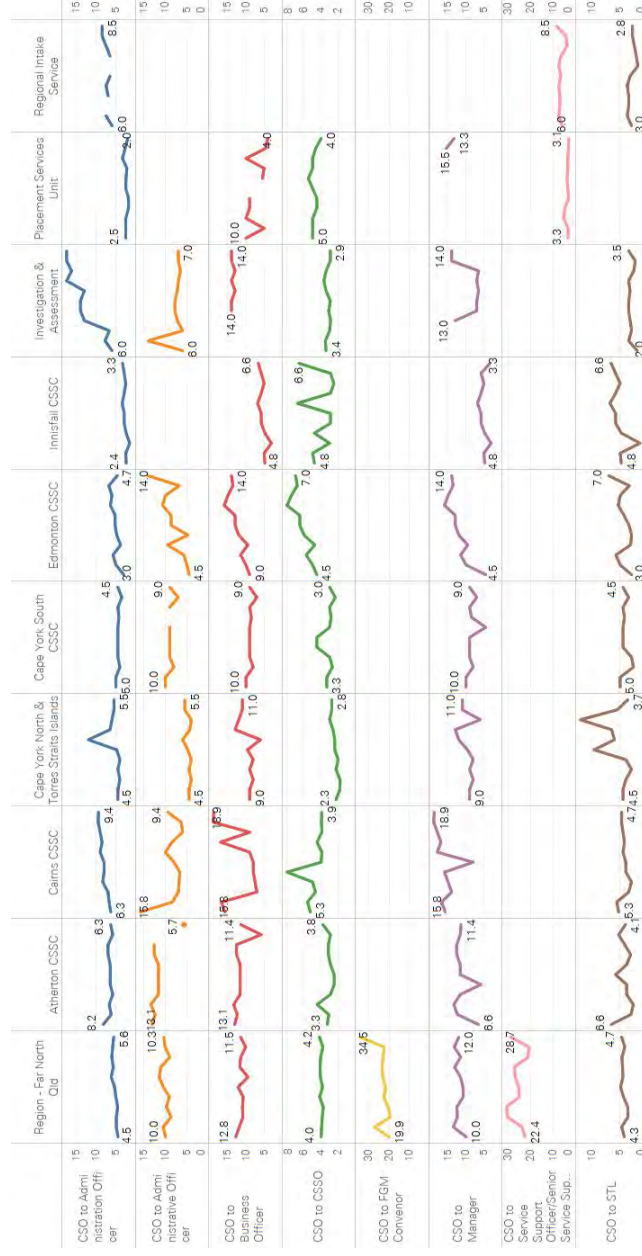
Figure FNQ-9 presents data on the ratio of CSOs to significant front line support positions in each CSSC in Far North Queensland region.

Key points of note from the data include:

- Edmonton and Investigation and Assessment have high ratios of CSOs to Administration/ Administrative staff and these ratios will increase in Edmonton with the allocation of a significant number of additional staff;
- the ratio within Edmonton of CSO to Manager will also increase with the additional team allocated. This ratio has been steadily increasing over the analysis period; and
- Edmonton also had the highest ratio of CSOs to Senior Team Leaders in 2016, but this ratio will alleviate with the allocation of an additional Senior Team Leader to the centre.

Overall, Far North Queensland's workforce allocation is superior to that of other regions.

Figure FNQ-9 Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)

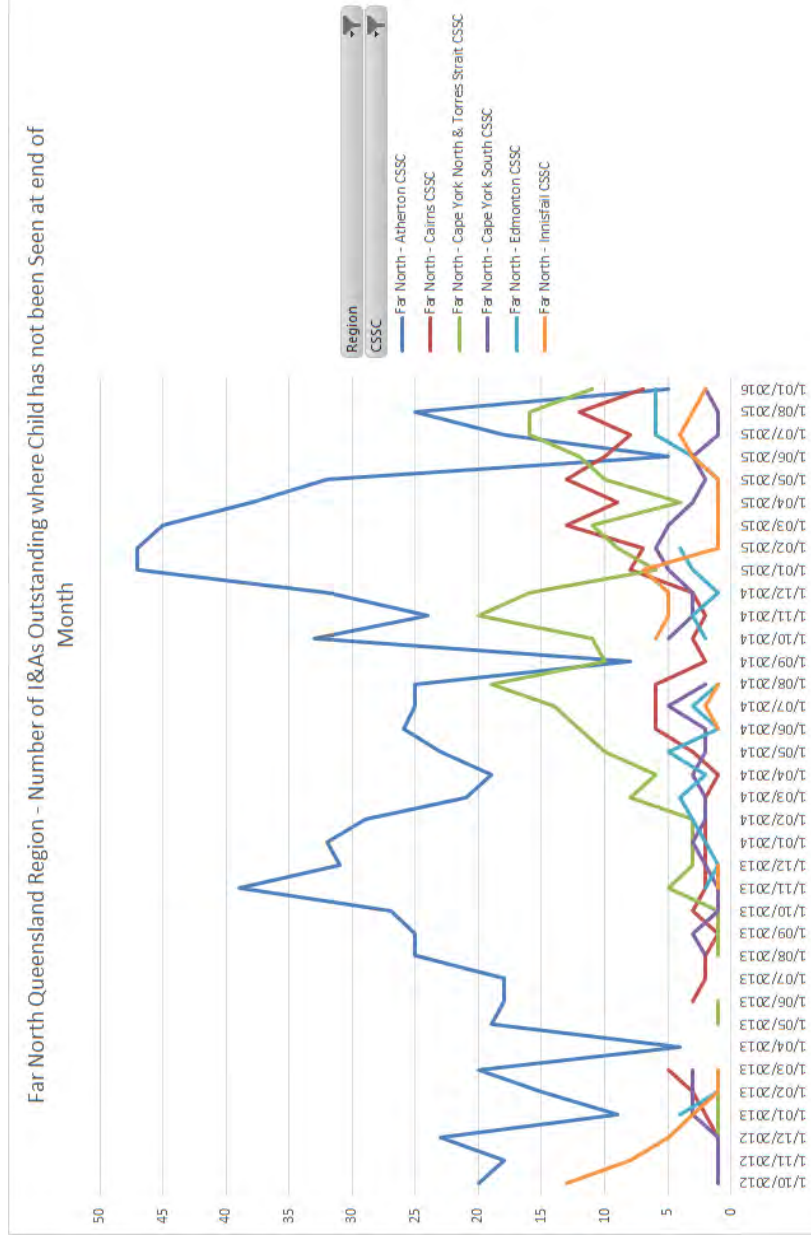


Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Far North Queensland in comparison to other regions, has a very low level of investigations un-commenced at the end of each month. This is supported by Figure FNQ-5 above which shows a decreasing trend of un-finalised investigations which are relatively low in comparison to overall activity.

Consequently, Figure FNQ-10 demonstrates that within the region there have been historical variations in the relative capacity of centres to commence investigations, notably in Atherton. However, this situation appears to have resolved over the period in which data was provided. Although there has been variation in this indicator across CSSCs within the region, the numbers are not high relative to some other regions.

Figure FNQ-10: Investigations not commenced at end of Reporting Period, Trend to Aug 2016



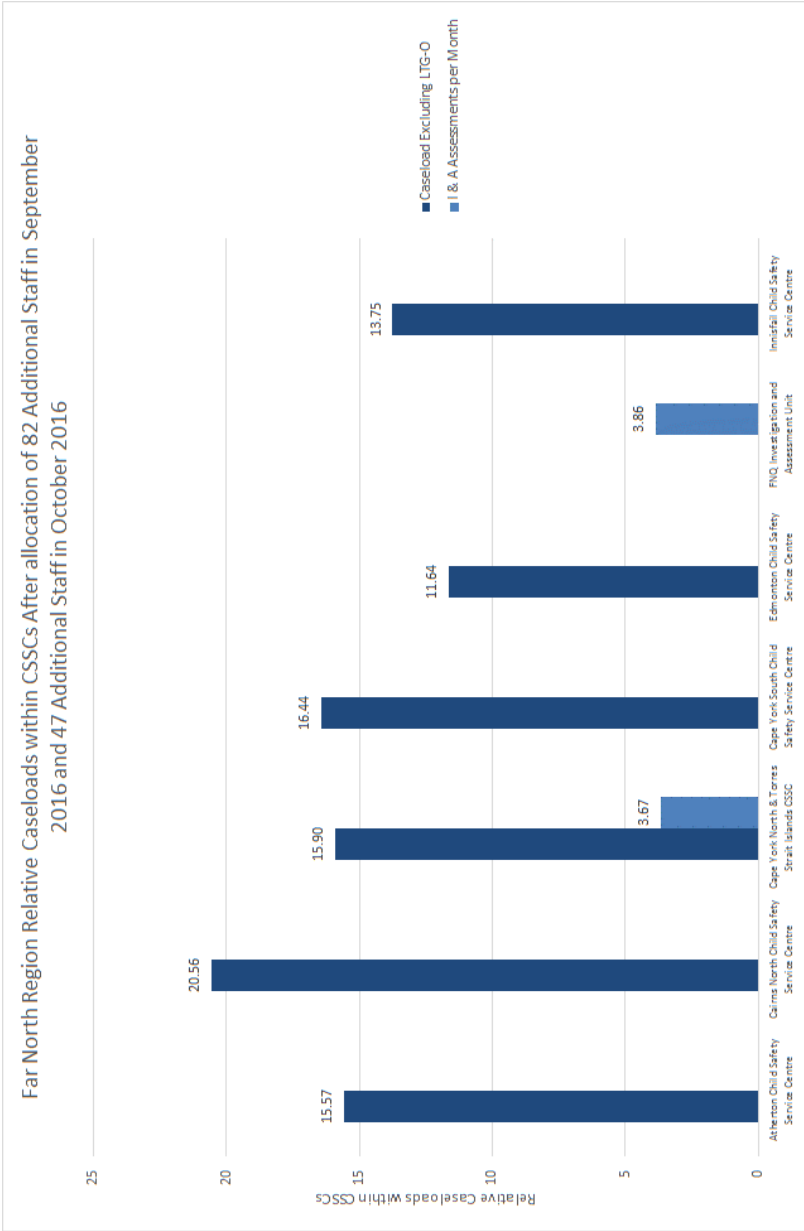
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

It should be noted this analysis is limited to the extent that data was provided by the Department across different time periods for different regions. Consistent data was not provided for Central region or South West region and consequently this analysis was not undertaken for those regions. The analysis seeks to identify trends only as an indicator of potential workload stresses within the system.

Notable in Far North Queensland is the ongoing intervention caseload in Cairns North CSSC. Cairns North was the subject for a site visit as part of the Review and at that time, it was identified by staff within this CSSC that there were caseload pressures. This is evident from the data which shows caseloads in ongoing interventions of above 20.5 per CSO. This average caseload has not decreased after the allocation of staff according to the modelling undertaken as Cairns North did not receive additional staffing through that allocation process. However, it should be noted an additional team of officers was allocated to Edmonton (Cairns South) and it was reported at the time of the site visit that these staff would likely take over some of the caseload relevant to their catchment area from the Cairns North office. This capacity is evident in the low caseload numbers at that office.

In view of this, and operating under this assumption, caseloads within Far North Queensland are low in comparison to those being experienced in other regions.

Figure FNQ-11: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

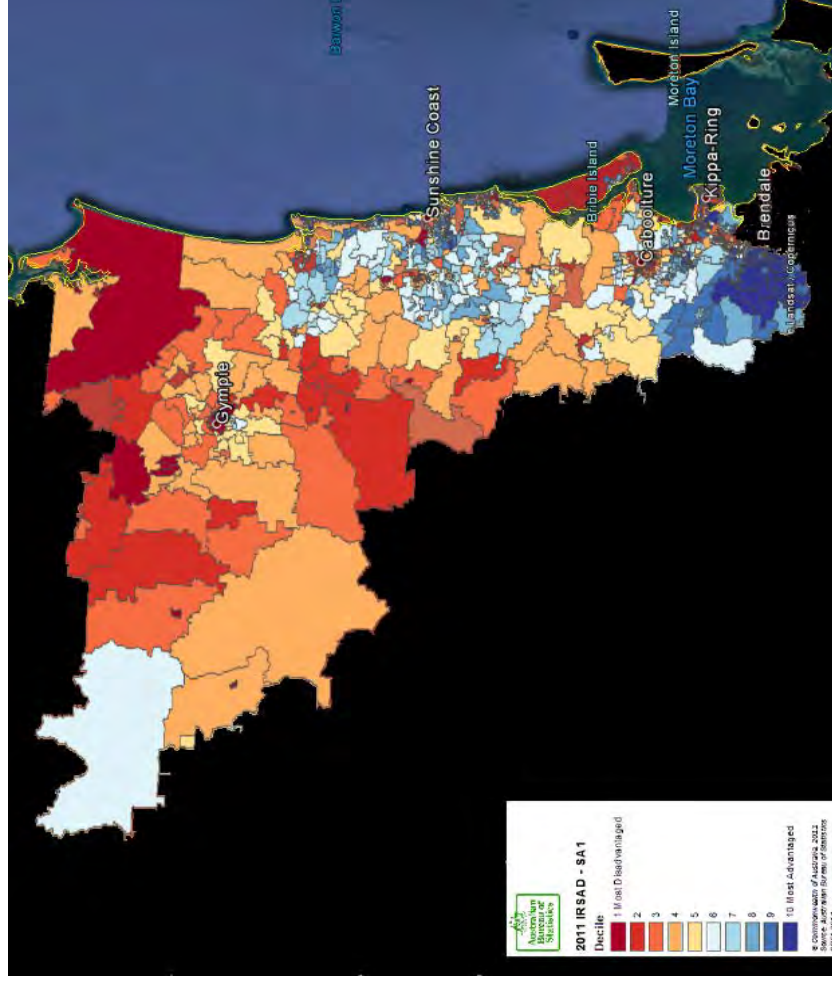
CSOs announced in the 47 additional FTE staff (8FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre's ongoing intervention workloads.

North Coast Region

Regional Profile

In 2014, North Coast region had a total estimated population of around **510,212** of which around **38 per cent** were estimated to be children and young people aged 0-17⁴. The population of the region is growing at an average rate of **1.0186 per cent** per annum. However, some of the catchments within North Coast region are predicted to grow at a substantially higher rate than others, in particular Caboolture and Redcliffe catchments. Modelling suggests the population of North Coast region could be as high as **917,000 by 2023**. North Coast region has six Child Safety Service Centres (CSCCs) at Caboolture, Caloundra, Gympie, Maroochydore, Redcliffe and Strathpine. The socio-economic profile of North Coast region highlights that, while some areas are relatively advantaged, there are pockets of disadvantage across the region. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-IRSAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSCCs throughout the region, and population weighted relative indicators are provided in Table NC-1. Scores range from **944 for Caboolture CSCC** catchment populations to **1,049 for Strathpine CSCC** catchment. A higher score indicates a relatively more advantaged community, however, examination of the Strathpine catchment demonstrates that areas of extreme advantage can offset pockets of disadvantage within close proximity resulting in a higher IRSAD scores. Figure NC-1 maps the areas within North Coast region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) which highlights where pockets of disadvantage exist. Figures NC-2 to NC-4 overleaf also provide in more detail the IRSAD for catchment populations of CSCCs within the region.

Figure NC-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – North Coast Region



Source: KPMG, 2017

⁴ Department of Communities Child Safety and Disability Services.

North Coast Region: Demand

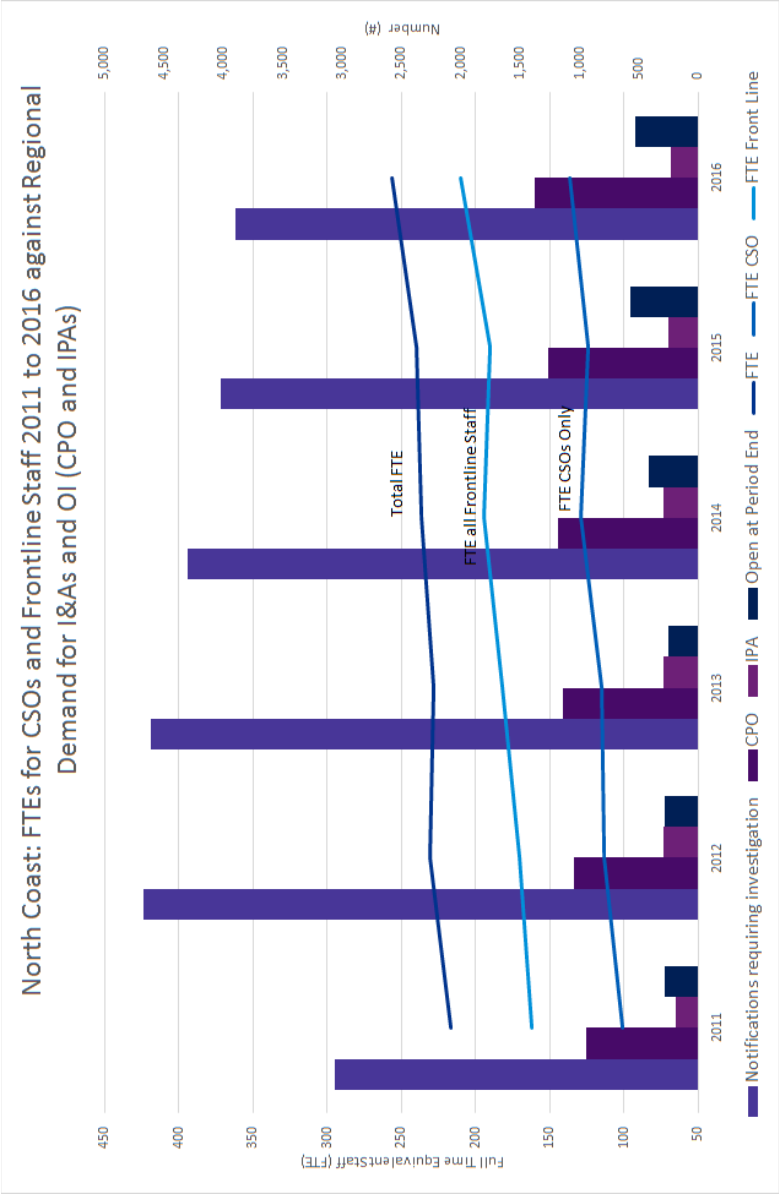
Figure NC-5 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against regional levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPA.

It is evident from Figure NC-5 that notifications requiring investigation are particularly high in the North Coast region. Levels of demand were highest in 2012 and have declined over the analysis period, but still remain high. The level of demand in the region is a stark contrast to the FTE staff number which, while increasing overall, has remained low in comparison to demand. This is consistent with the increase in investigations open at period end which are also relatively high compared to other regions.

FTE staff have been increasing over the period of analysis, but dropped slightly in 2015, when open at period end was at its highest.

Over the period of the analysis, children subject to CPOs have increased within the region, while IPAs have steadily decreased.

Figure NC-5: Demand – CPOs, IPAs and Investigations and Assessments – North Coast Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

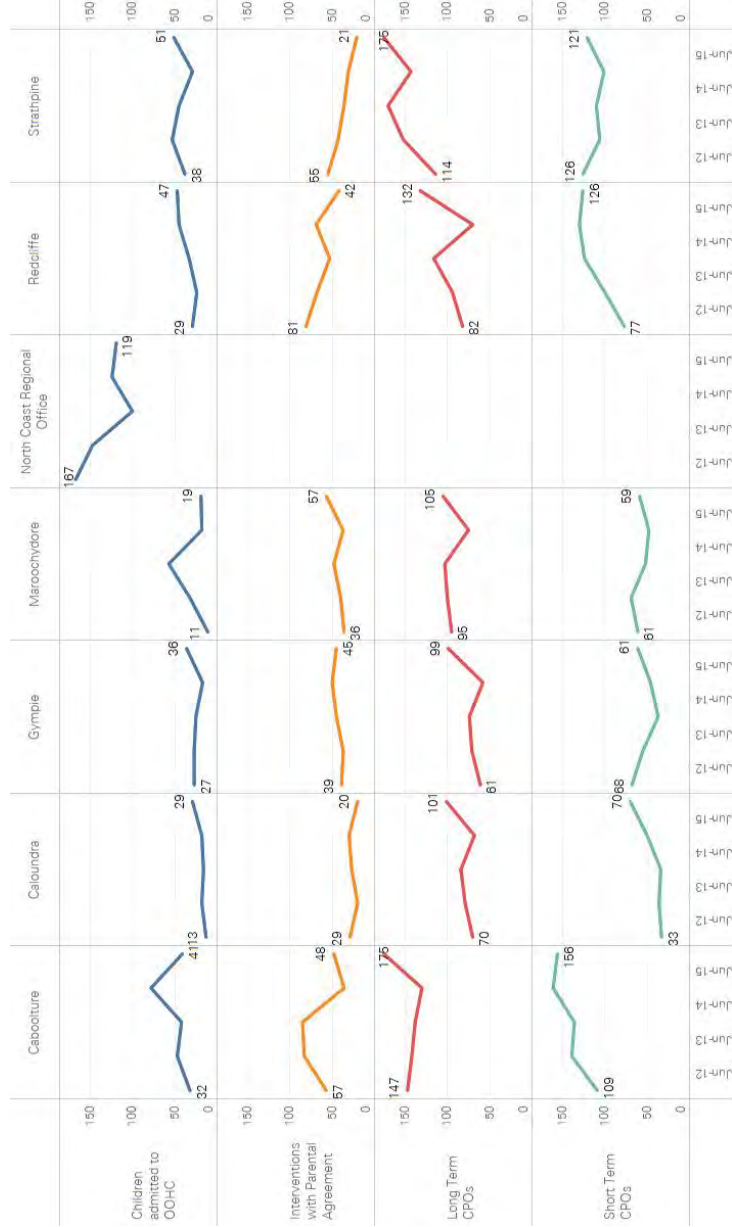
A significant proportion of admissions to out-of-home care within North Coast region is attributed to North Coast regional Office. These numbers have been declining over the analysis period, with increases evidenced in Caloundra, Gympie, Redcliffe and Strathpine.

Evident in Figure NC-6 is the high numbers of Long-Term CPOs in Caboolture and Strathpine. Both centres had 175 children subject to Long-Term CPOs in June 2016. Increases in Long-Term CPOs were evident in all centres across the region in the 2016 year.

Increases in Long-Term Orders were accompanied by increases in Short-Term Orders across most centres in the 2016 year. Caboolture experienced a growth in the number of Short-Term CPOs between June 2012 and June 2015, although numbers fell slightly in 2016. Nevertheless, Caboolture had the highest number of children subject to Short-Term CPOs (n=156) as at June 2016. Caloundra, Gympie, Maroochydore and Strathpine all had increasing numbers of Short-Term CPOs, while Redcliffe had a slight decrease in 2016 after a long-term trend upwards.

In general, there are increasing demand trends across the region, although some CSSCs experience higher levels of demand than others (Redcliffe, Strathpine and Caboolture).

Figure NC-6: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHHC Admissions – North Coast Region 2012 to 2016FY



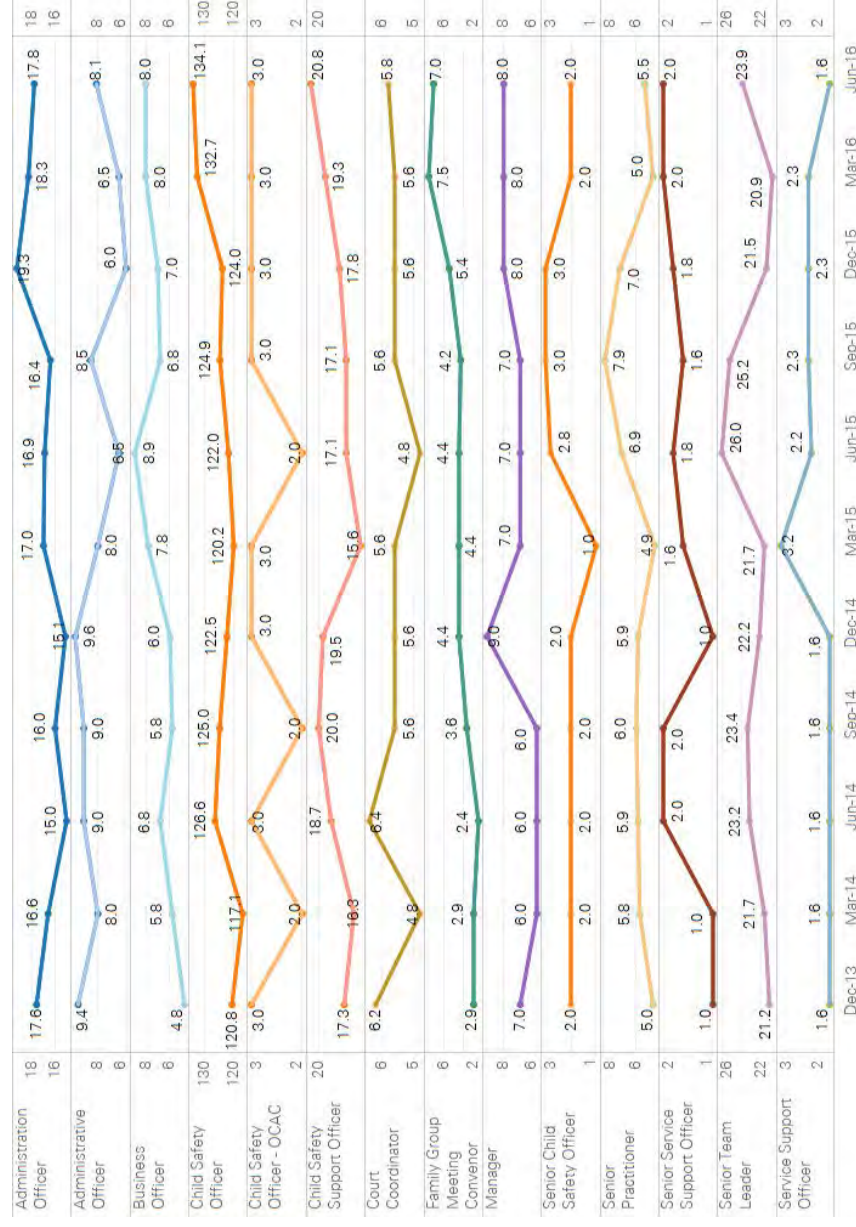
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Corresponding to the increase in demand, CSO numbers have increased within the region over the period of analysis with a significant increase of 10 FTE staff between December 2015 and June 2016. In addition, North Coast region received an additional 14 FTE CSOs in the allocation of staff in late 2016. These staff allocations are likely to significantly impact overall demand pressures within the region, increasing FTE numbers to 148.1 FTE staff.

North Coast region has also received an allocation of 2 FTE CSSOs, 3 FTE Administration Officers, 2.5 Family Group Meeting Coordinator and 3 Senior Team Leaders.

In total, North Coast region received 24.5 FTE staff from the late 2016 staff allocations.

Figure NC-7 Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

North Coast Region: Workforce

Overall, staffing numbers in the North Coast region have remained relatively stable, with the most significant increases in staff CSO numbers over the analysis period experienced by Caboolture (2.9 FTE), Caloundra (5.9 FTE) and Placement and Support Services (1.3 FTE). Redcliffe had an overall decrease in CSO staff over the period (-1.2 FTE), but received 1 FTE staff member back in the 2016 allocation of new staff.

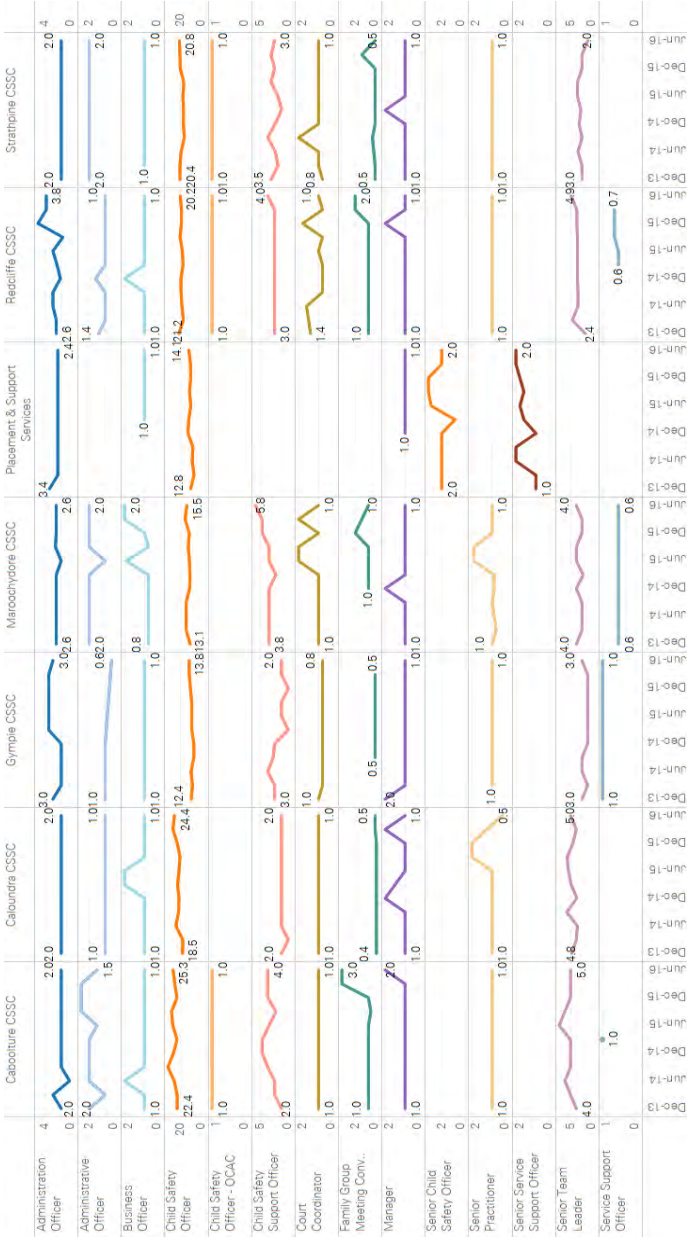
Caboolture will benefit from the addition of 2.5 FTE CSOs, 0.5 FTE Administration Officer, 0.5 CSO and 2 FTE Family Group Meeting Convenors from the 2016 allocations.

Caloundra received 2 FTE CSOs, and 1 FTE Administration Officer, Gympie Received 3 FTE CSOs, 1 Senior Team Leader and 0.5 FTE Family Group Meeting Convenors.

Maroochydore, which has experienced significant increases in demand received 3 FTE CSOs, bringing their total number to 18.5 FTE.

Strathpine also received 2.5 FTE CSOs and 1 FTE Senior Team Leader, as well as 0.5 FTE CSO.

Figure NC-8: CSSC Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)

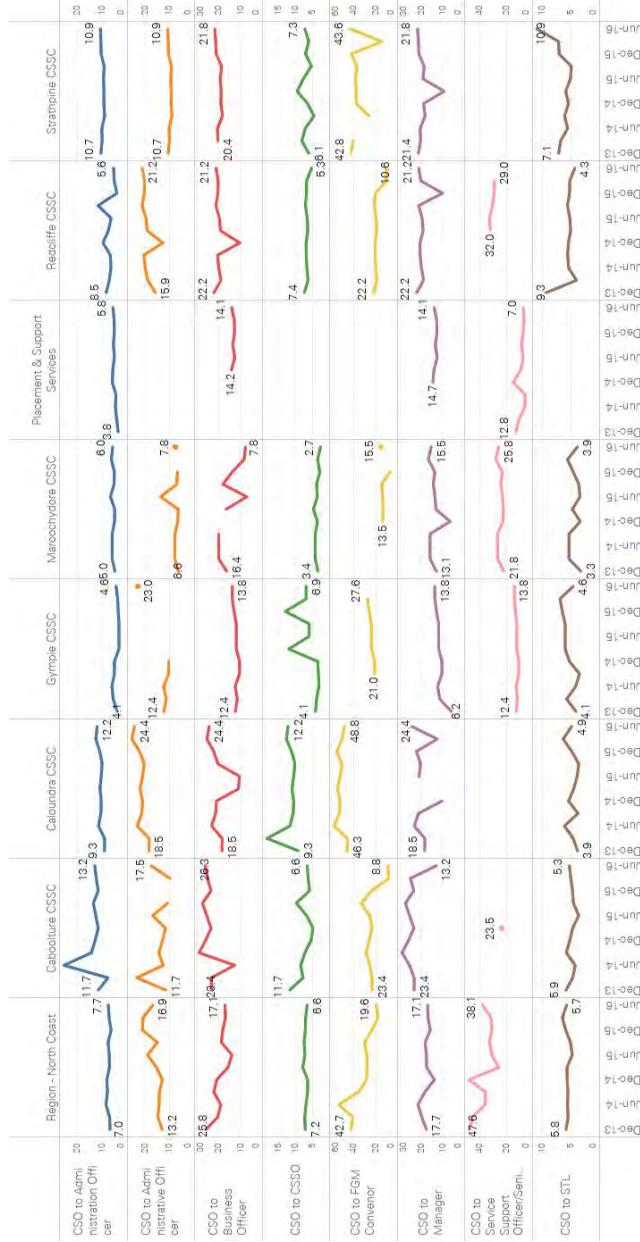


Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Strathpine was in significant need of Senior Team Leader roles, with the highest CSO to STL ratio of all centres across the State. Their allocation of 0.5 FTE Senior Team Leader and 0.5 allocation of Principal Team Leader (1 FTE staff member shared with Caboolture), as well as 2.5 additional CSOs, their ratio of CSO to STL adjusts to 7.8 which is still high, and over the average for the region as well as the state-wide average of 4.6.

Strathpine, Redcliffe and Caloundra also have high ratios of CSOs to Managers, however, in Redcliffe and Caloundra the CSO to STL ratios are much lower than in Strathpine.

**Figure NC-9 Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC
Centre – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)**

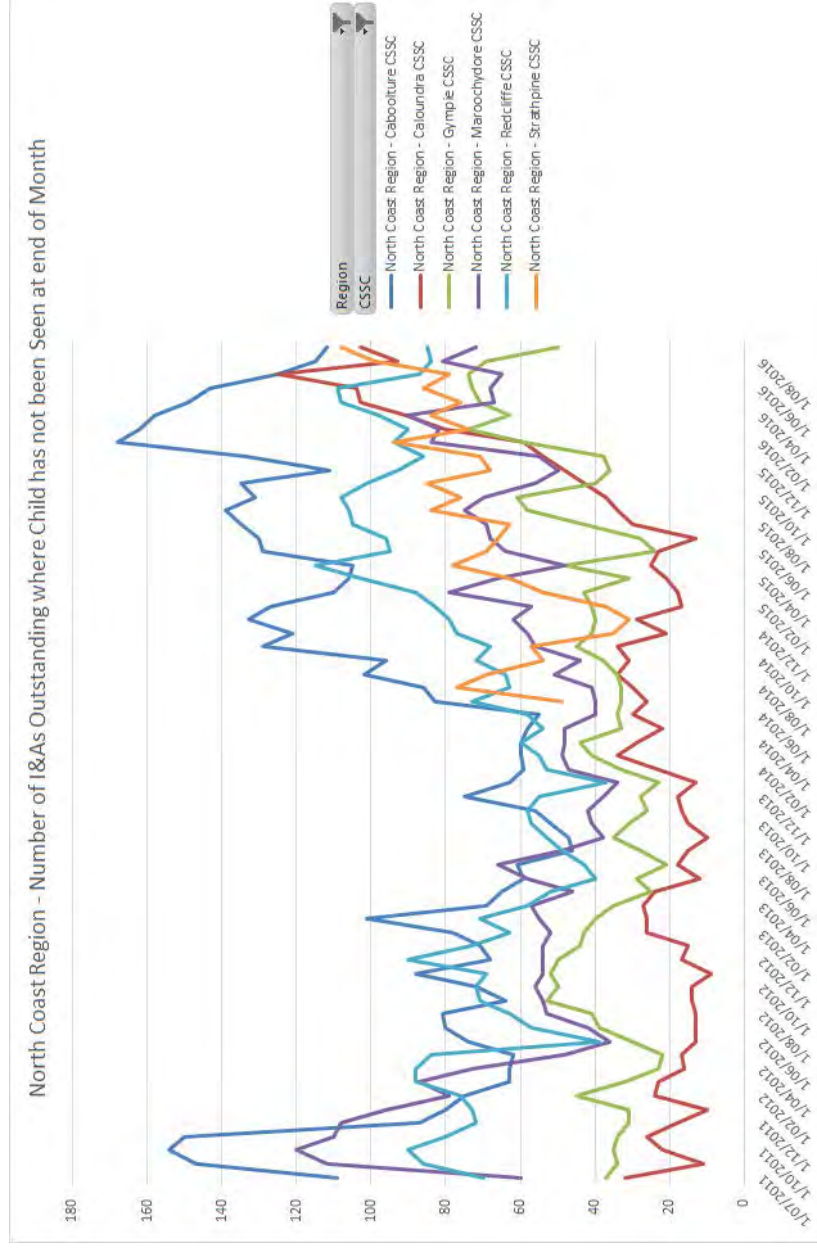


Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

The North Coast region analysis extends from July 2011 to August 2016. This analysis demonstrates a general upward trend in Investigations and Assessments not commenced at the end of the reporting period. The situation is most evident for Caboolture CSSC. While there has been a correction in this trend between June 2016 and August 2016, numbers in some CSSCs remained high relative to those in other regions at the end of the analysis period. This trend is commensurate with the higher level of demand experienced generally within the region.

This demand trend is also consistent with the data demonstrated in Figure NC-10 which shows an increasing trend for the region of investigations not finalised at the end of the reporting period.

Figure NC-10: Investigations not commenced at end of Reporting Period, Trend to August 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

It should be noted this analysis is limited to the extent that data was provided by the Department across different time periods for different regions. Consistent data was not provided for Central region or South West region and consequently this analysis was not undertaken for those regions. The analysis seeks to identify trends only as an indicator of potential workload stresses within the system.

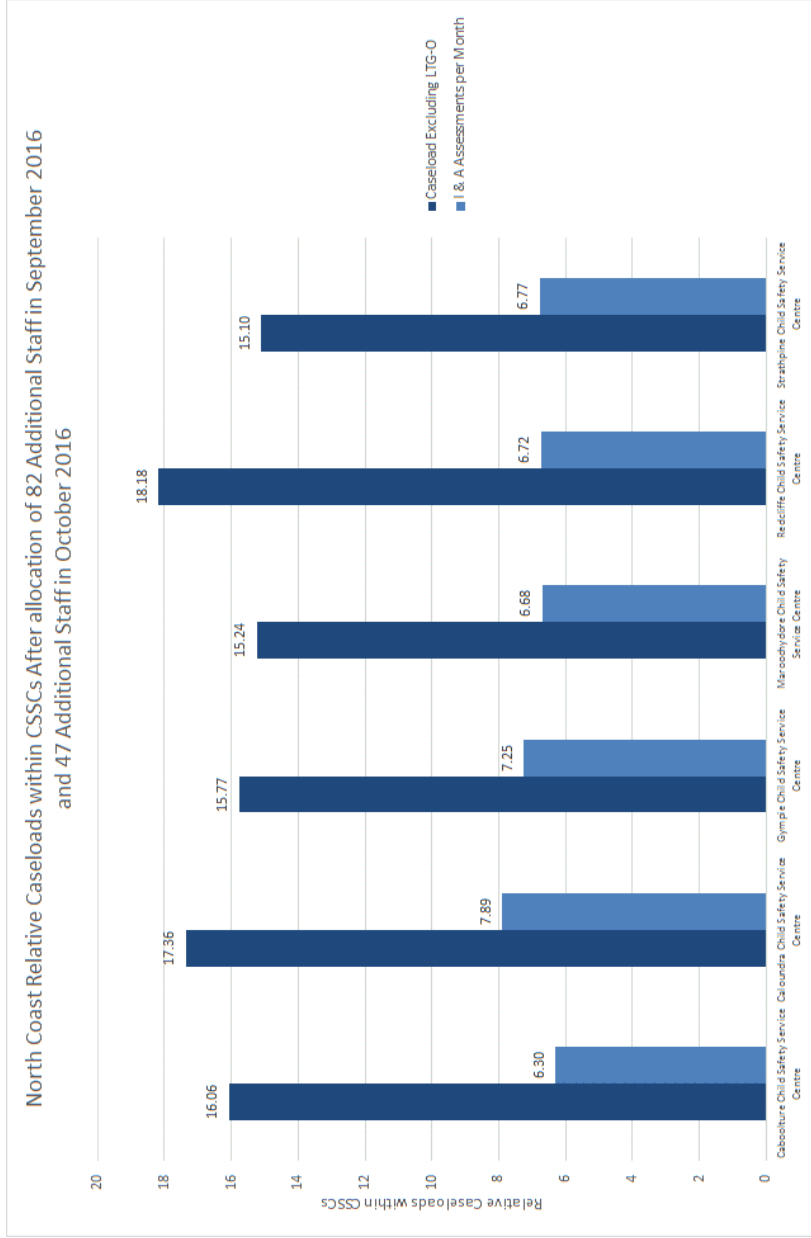
North Coast region was allocated an additional 14 FTE CSO staff in the allocations in late 2016.

This Review’s Final Report shows that, prior to the allocation of additional staff, all centres within North Coast region had caseloads in excess of 17 per CSO, based on the modelling methodology used in this analysis.

An analysis of the modelled caseload data, which incorporates additional staff shows that a number of CSSCs, as a result of the allocation of additional staff have fallen to around the 15 cases per CSO in ongoing interventions. However, Redcliffe, which only received 1 FTE CSO staff member remains high in terms of its caseload in ongoing interventions relative to other centres within the region as well as other centres statewide.

Caloundra, similarly received 2 FTE additional CSO staff members, one of which was allocated to the ongoing intervention caseload, and the other allocated to Investigations and Assessments. However, from the data provided, the caseload for Investigations and Assessments within the centre remains high in Caloundra, even in view of the additional staff member allocated to that office. It is also the case that caseloads in Investigations and Assessments within the region are relatively high across the board. Acknowledging that workforce data is being modelled on activity from June quarter 2016, activity trends upward or downward will affect these caseload figures. However, September quarter data for the region indicates that demand for the region continues to trend upward. Consequently, caseloads within this region need to be closely monitored.

Figure NC-11: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

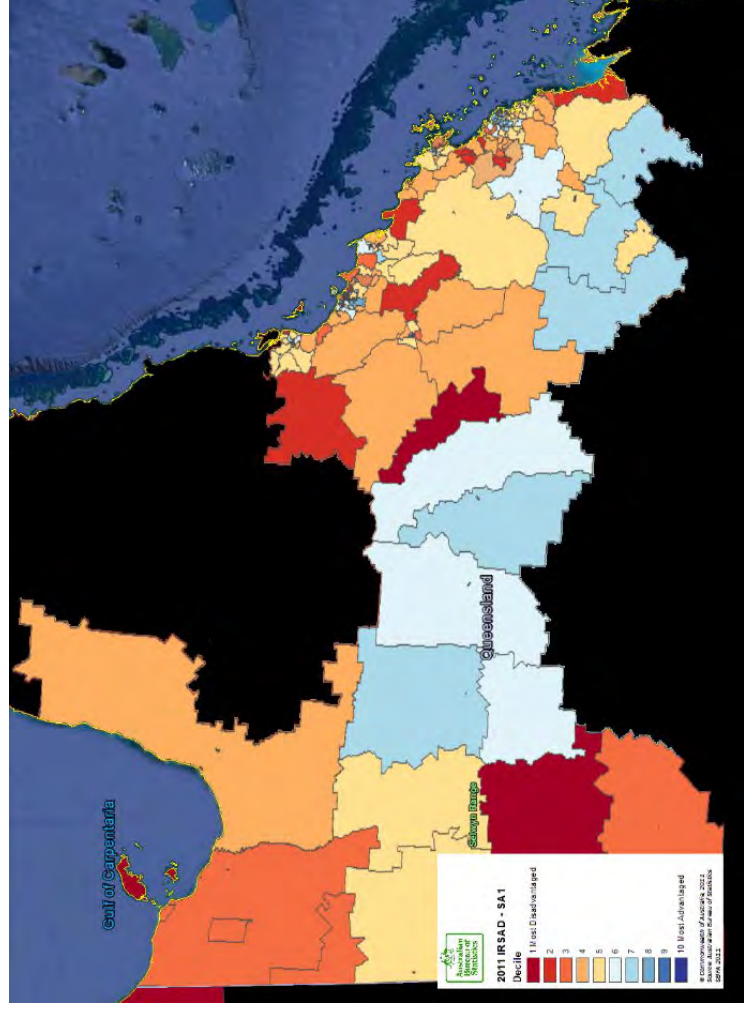
CSOs announced in the 47 additional FTE staff (8FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre’s ongoing intervention workloads.

North Queensland Region

Regional Profile

In 2014, North Queensland region had a total estimated population of around **453,968** of which around **25 per cent** were estimated to be children and young people aged 0-17.⁵ The population of the region is growing at an average rate of **1.0074 per cent** per annum with the highest rate of growth experienced in Townsville (1.0191 per cent) followed by Bowen (1.0132 per cent). Modelling suggests the population of North Queensland region could be as high as **512,491 by 2023**. North Queensland region has six CSSCs at Aitkenvale, Bowen, Mackay, Mount Isa-Gulf, Thuringowa and Townsville. The socio-economic profile of North Queensland region highlights that there are very few areas of extreme advantage, and the majority of the region is subject to moderate to high levels of disadvantage. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-IRSAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSSCs throughout the region, and population weighted relative indicators are provided in Table NQ-1 overleaf. Scores range from **943 for Mt Isa-Gulf CSSC** catchment populations to **1003 for Mackay** catchments. Figure NQ-1 maps the areas within North Queensland region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) which highlights where pockets of disadvantage exist. Figures NQ-2 to NQ-4 overleaf also provide more detail on the IRSAD for catchment populations of CSSCs within the region.

Figure NQ-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – North Queensland Region



Source: KPMG, 2017

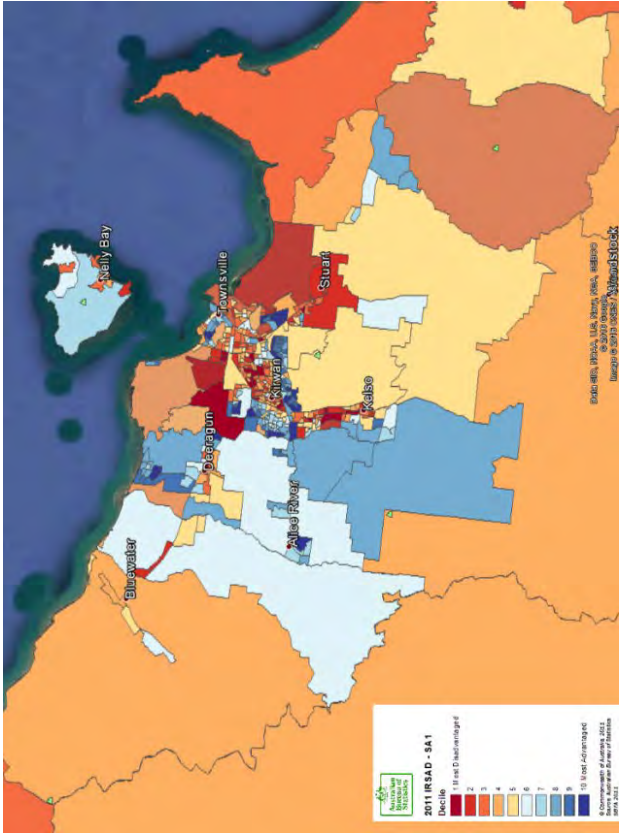
⁵ Department of Communities Child Safety and Disability Services.

Table NQ-1 Indicator of Relative Advantage and Disadvantage (IRAD) by CSSC Catchment Area

Child Safety Service Centre	Population Weighted SEIFA-IRAD Score for Catchment
Aitkenvale	981
Mackay	1003
Mount Isa - Gulf	943
Thuringowa	1000
Townsville	960

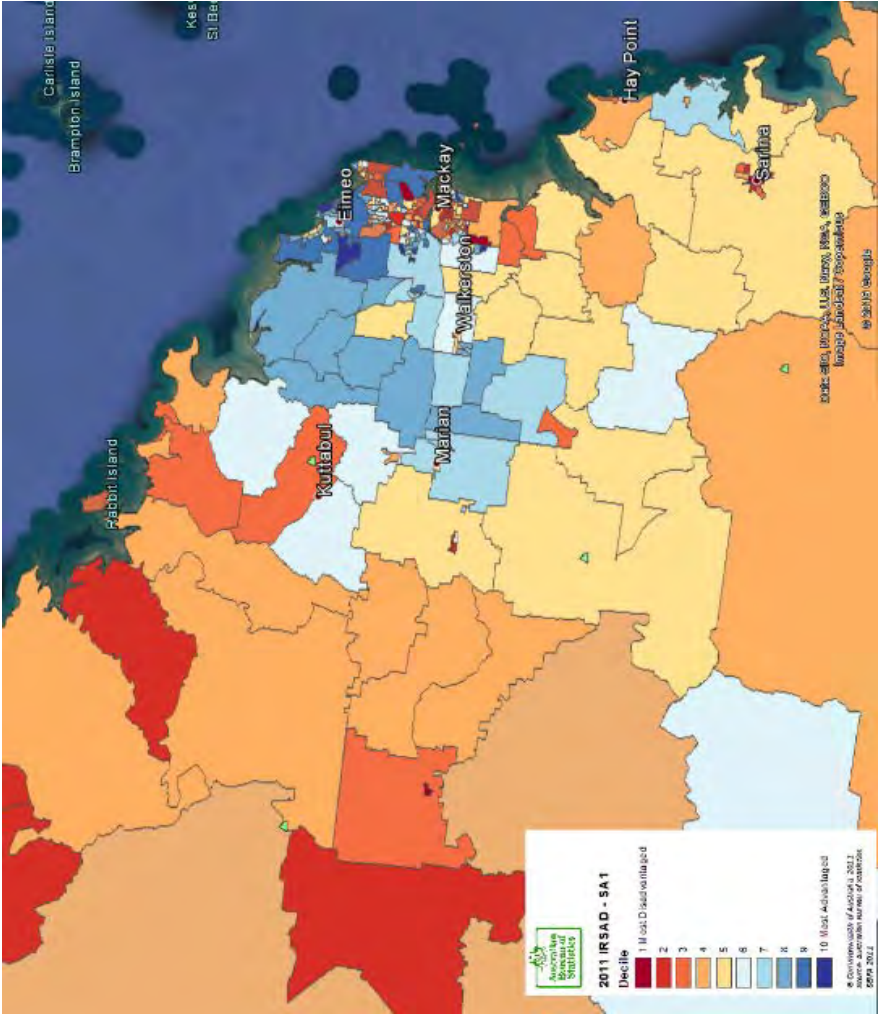
Source: KPMG 2017

Figure NQ-2 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Townsville Area



Source: KPMG. 2017

Figure NQ-3 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Mackay Area



Source: KPMG, 2017

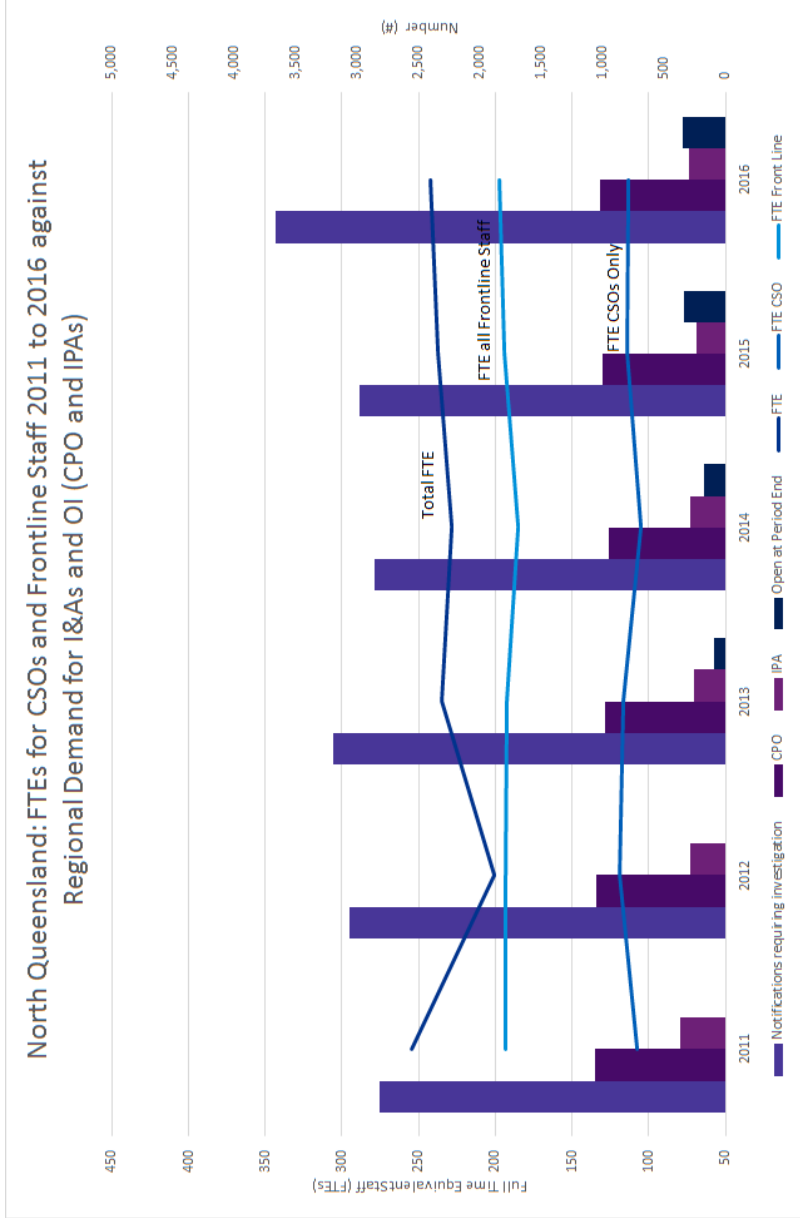
North Queensland Region: Demand

Figure NQ-4 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPA.

Similar to North Coast region, in North Queensland region notifications requiring investigation are particularly high against the number of FTE staff, particularly CSOs. Overall, the level of front line support staff within the region compared to CSOs is higher than in some other regions, but it appears from the total FTE staff trend that administrative support is lower.

Of particular note is the steadily rising number of investigations remaining open at the end of the reporting period, which suggests, year on year, that Investigation and Assessment capacity is being saturated within the region.

Figure NQ-4: Demand – CPOs, IPAs and Investigations and Assessments – North Queensland Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

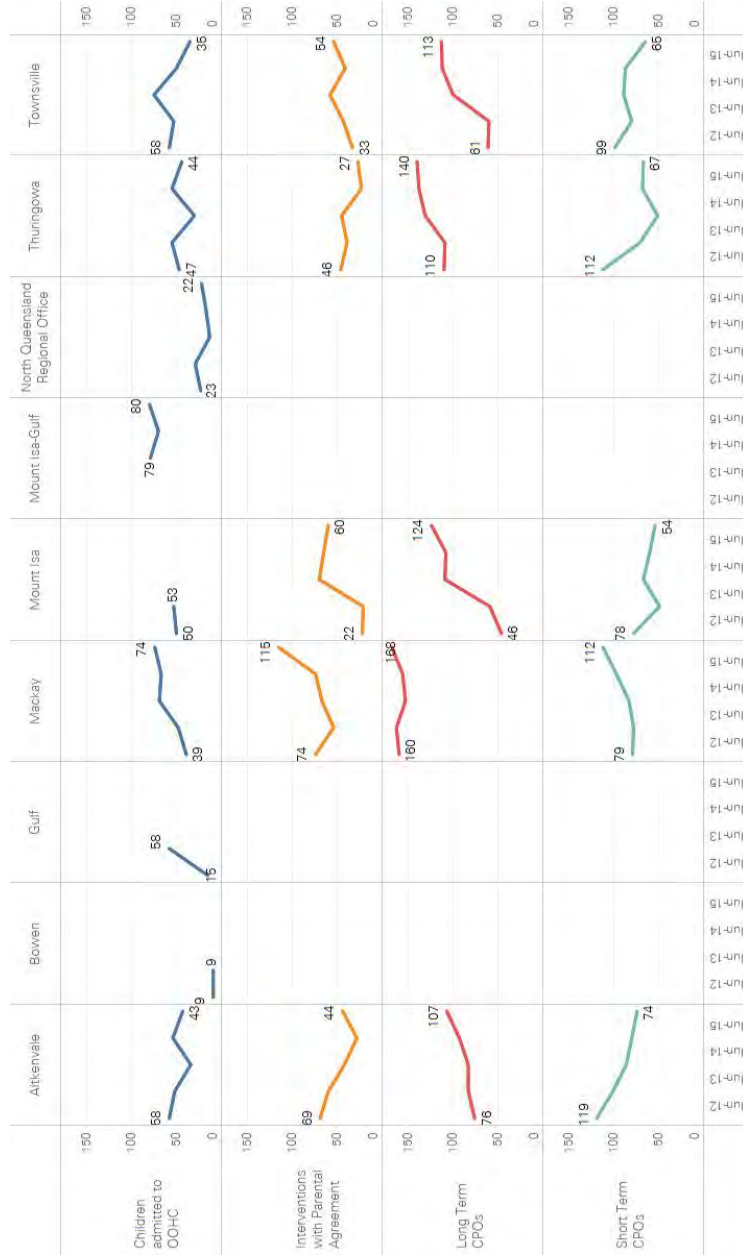
Figure NQ-5 shows the CSSCs experiencing high increases in Long-Term CPOs and Short-Term CPOs. Mackay in particular has experienced consistently high numbers of Long-Term CPOs and relatively high Short-Term CPOs. Children admitted to out-of-home care in Mackay have also steadily increased. Furthermore, as at June 2016, IPAs were highest in Mackay when compared to any other centre in the North Queensland region.

It is also clear that Long-Term CPOs in Mt Isa have increased significantly to 124 in June 2016 from 46 in June 2012. Less dramatic, but nevertheless consistently high Long-Term CPOs have been observed in Thuringowa and Townsville. However, Short-Term CPOs have decreased in both Thuringowa and Townsville.

IPAs have been increasing significantly in Mackay and to a lesser degree in Townsville, Thuringowa and Aitkenvale.

All indicators are increasing in Mackay which suggests this may be a stress point within the system.

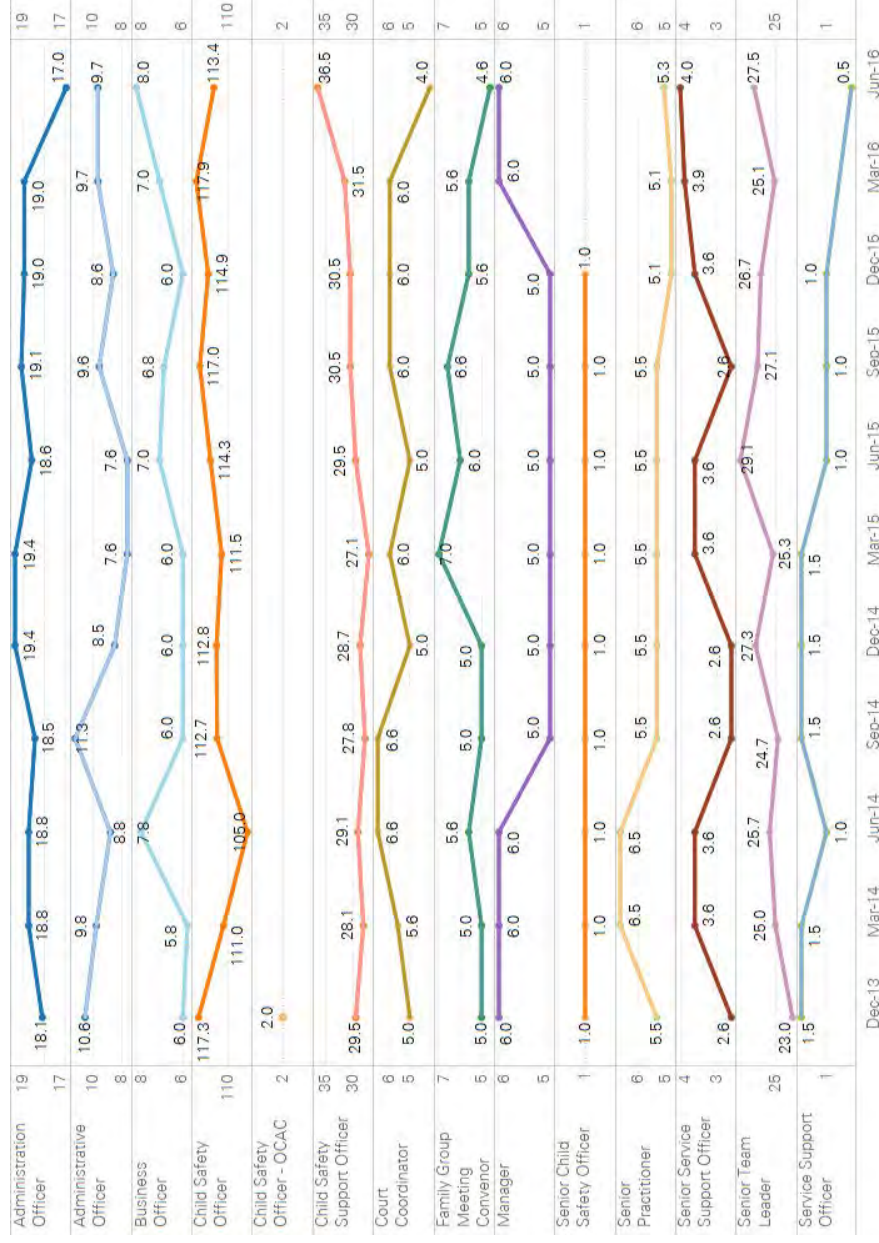
Figure NQ-5: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHc Admissions – North Queensland Region 2012 to 2016FY



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Overall, CSO numbers have decreased over the analysis period in North Queensland region from 119.3 FTE in December 2013 (inclusive of CSOs and CSO-Once Chance at Childhood) to 113.4 FTE in June 2016. Administrative support has also decreased slightly, whereas the number of CSSOs and Senior Team Leaders have increased within the region relatively more significantly.

Figure NO-6 Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

North Queensland Region: Workforce

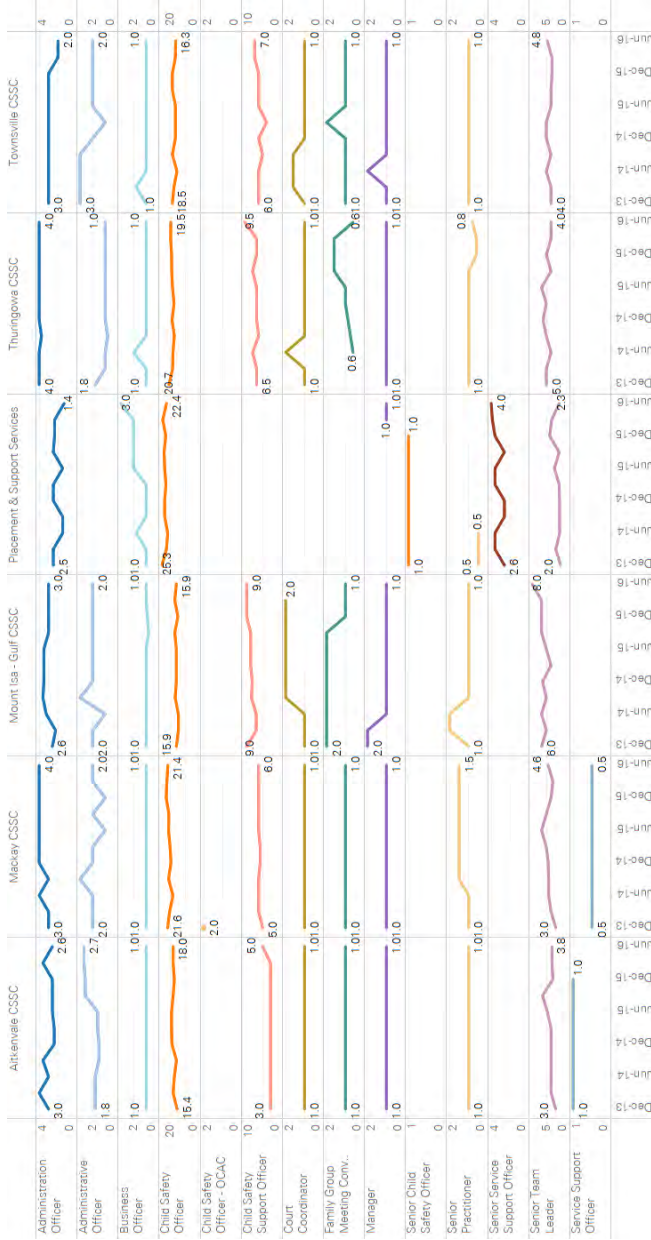
Analysis of the staffing profile across CSSCs indicates that CSO numbers have fallen in Townsville by 2.2 FTE and in Placement and Support Services by 2.9 FTE over the analysis period.

Increases in CSSOs has been in Mt Isa, Thuringowa, Aitkinvale, and Townsville.

Senior Team Leader numbers have increased in Mackay, Mount Isa and marginally in Townsville.

In the staffing allocations in 2016, North Queensland region received a total of 4.6 additional FTE staff members, with Aitkinvale (1 FTE), Mackay (2 FTE) and Townsville (1 FTE) receiving additional CSO resources. Mt Isa-Gulf received 0.6 FTE Domestic and Family Violence Child Protection Practitioner.

Figure NO-7: Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)

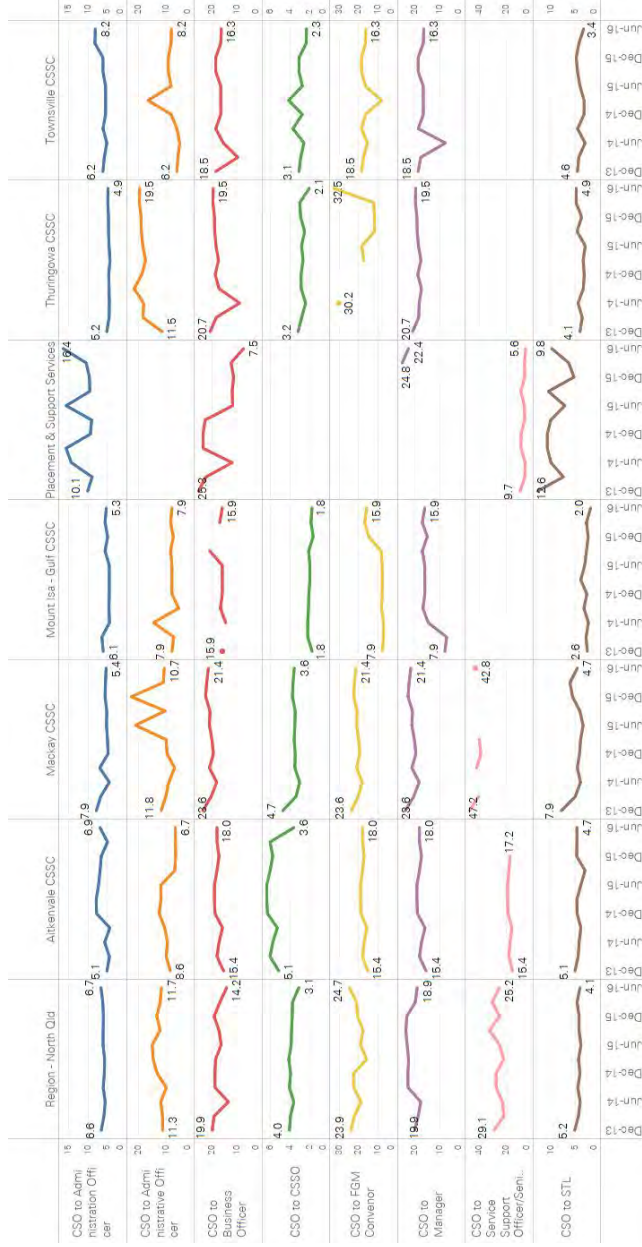


Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Overall, staffing ratios within the region are relatively positive, with only some areas in which front line support may be considered to be under stress. Mackay has the highest CSO to Manager ratio, with Thuringowa also higher than the regional average. However, the respective ratios of CSO to Senior Team Leader are low which means staff across the region have a reasonable level of senior staff support.

Placement and Support Services, for which the data only recently evidences a Manager, also has a high CSO to Senior Team Leader ratio. Placement services across the state appear to vary in structure, usually with a Manager position, and a number of Senior Team Leaders, or Senior Service Support Officers supporting CSOs working in the unit. In the case of North Queensland region, it appears that CSOs gain support from Service Support Officers and Senior Service Support Officers to a greater extent than from Senior Team Leaders. However, in some other regions, Senior Team Leaders are not roles within Placement and Support Services.

Figure NO-8 Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

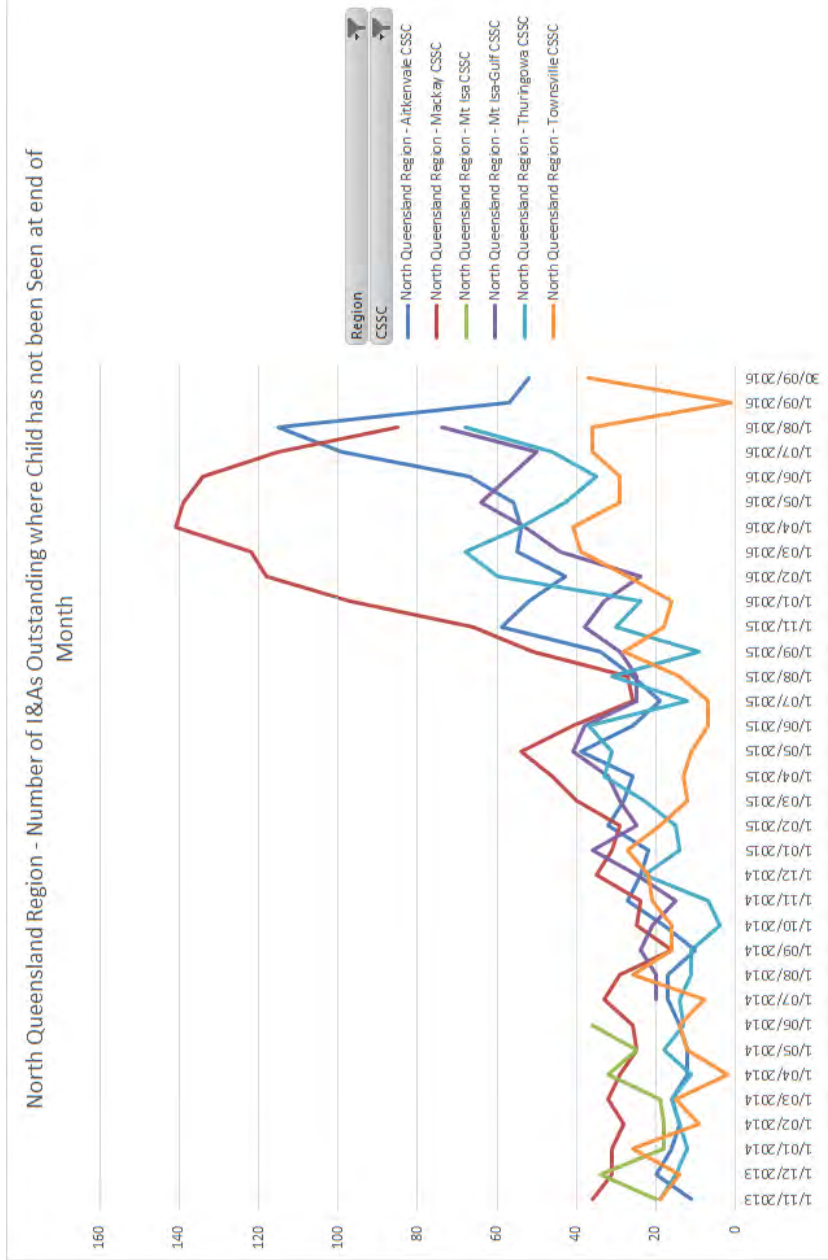
North Queensland region demonstrates a general trend upward in investigations not commenced at the end of the reporting period, although the trends have been declining in Mackay and Aitkenvale since mid-2016.

While care should be taken in interpreting this data, it is an indicator of potential workload pressures within CSSCs. Further, this data represents data prior to the allocation of additional resources by the Government in September and October 2016.

Importantly, Figure NQ-9 is indicative only, as there are a range of reasons an investigation may not be commenced within a period (for example the family may not be able to be located), or the notification may only have been received at the end of the period, or indeed, other preliminary background work may already be underway prior to the actual commencement of the investigation. However an increasing trend can be indicative of increasing workload pressures.

Based on the general increasing trends evidenced by this data, active monitoring of caseload volumes within the relevant centres is warranted.

Figure NQ-9: Investigations not commenced at end of Reporting Period, Trend to August 2016



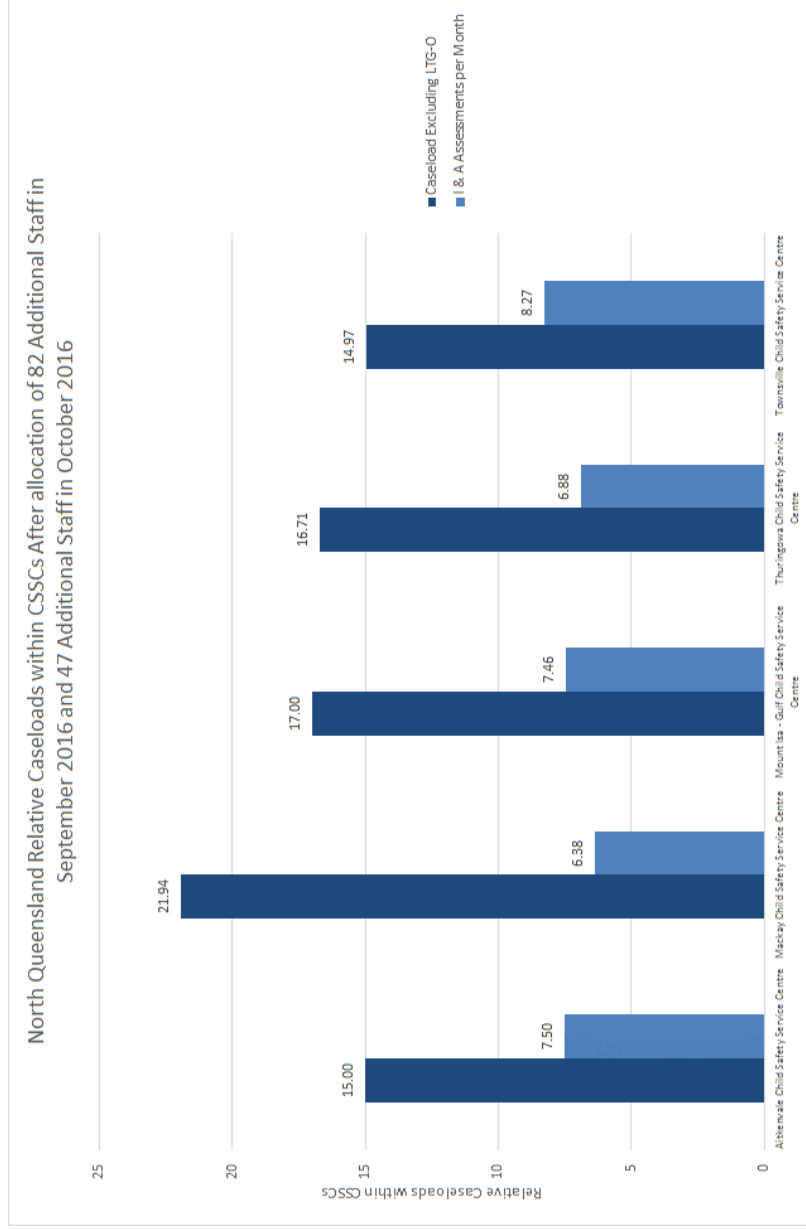
Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

It should be noted this analysis is limited to the extent that data was provided by the Department across different time periods for different regions. Consistent data was not provided for Central region or South West region and consequently this analysis was not undertaken for those regions. The analysis seeks to identify trends only as an indicator of potential workload stresses within the system.

This Review’s Final Report indicated that Mackay CSSC had the highest caseload of all CSSCs based on the methodology being applied. Mackay received an allocation of 1 FTE staff member in ongoing interventions and 1 FTE staff member in Investigations and Assessments in the September and October additional staffing allocations. While this has improved the caseload numbers within the centre, caseloads remain high in comparison to other CSSCs within the region and across the State more generally.

Townsville and Aitkenvale also received 1 FTE CSO which was allocated to ongoing intervention work within those centres. These allocations have improved the caseloads within those centres, with the caseload within Townsville falling below 15 cases per CSO. However, notably, the Investigation and Assessment caseloads within that centre remain the highest within the region.

Figure NO-10: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

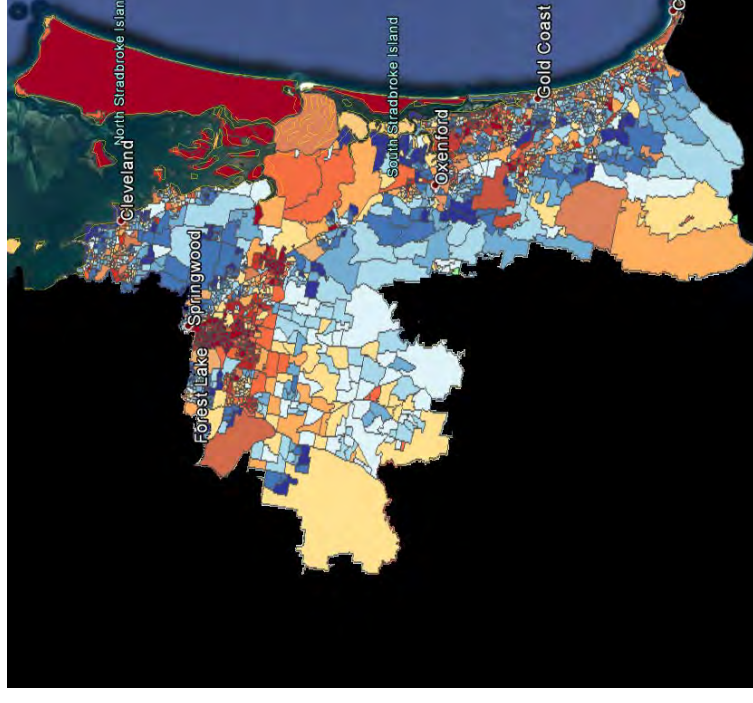
CSOs announced in the 47 additional FTE staff (8 FTE staff have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre’s ongoing intervention workloads.

South East Region

Regional Profile

In 2014, South East region had a total estimated population of around **1.060 million** of which around **24 per cent** were estimated to be children and young people aged 0-17.⁶ The population of the region is growing at an average rate of **1.0174 per cent** per annum with the highest rate of growth experienced in Labrador, Mermaid Beach and Nerang catchments (1.0188 per cent). Modelling suggests the population of South East region could be as high as **1.294 million by 2023**. South East region has nine CSSCs at Bayside, Beaudesert, Beenleigh, Browns Plains, Labrador, Logan Central, Loganlea, Mermaid Beach and Nerang. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-ISRAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSSCs throughout the region, and population weighted relative indicators are provided in Table SE-1 overleaf. Scores range from **850 for Logan Central CSSC** catchment populations to **1032 for Bayside CSSC** catchment. Figure SE-1 maps the areas within South East region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) which highlights where pockets of disadvantage exist. Figures SE-2 to SE-4 overleaf also provide more detail on the IRSAD for catchment populations of CSSCs within the region.

Figure SE-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – South East Region



Source: KPMG, 2017

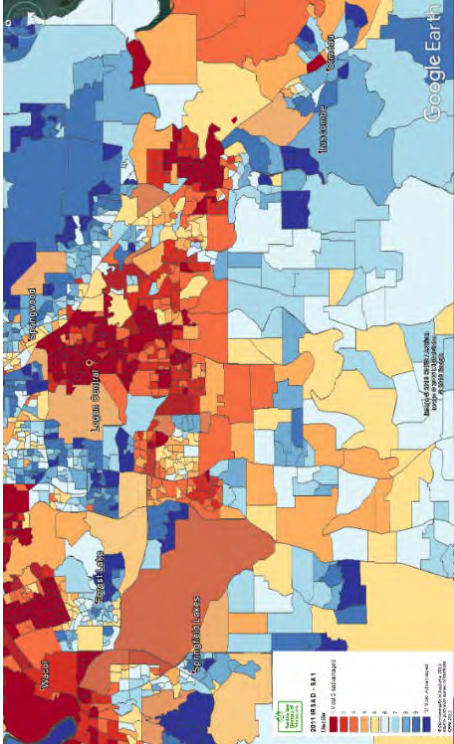
⁶ Department of Communities Child Safety and Disability Services.

Table SE-1 Indicator of Relative Advantage and Disadvantage by CSSC Catchment Area

Child Safety Service Centre	Population Weighted SEIFA-ISRAD Score for Catchment
Bayside	1032
Beaunesert	1012
Beenleigh	981
Browns Plains	977
Labrador	1005
Logan Central	850
Loganlea	1013
Mermaid Beach	1019
Nerang	1021

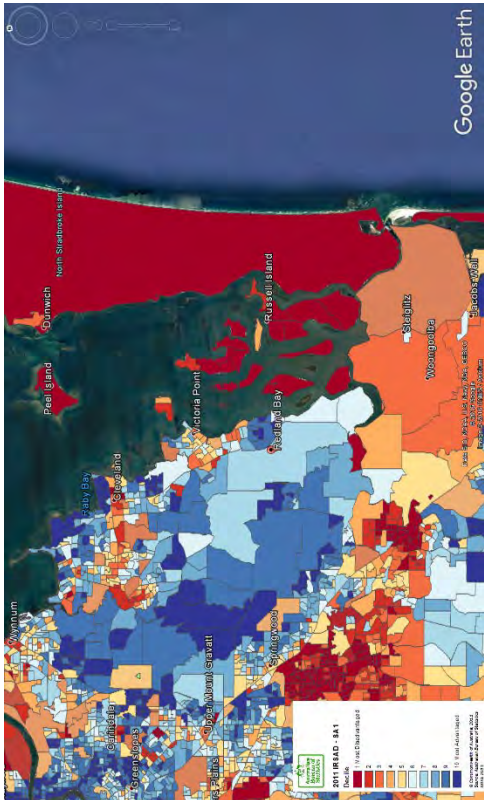
Source: KPMG 2017

Figure SE-2 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Logan and Beenleigh Areas



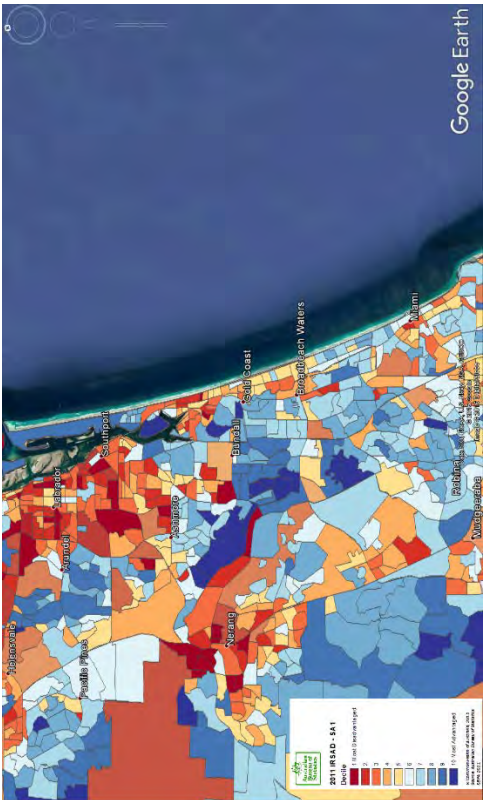
Source: KPMG, 2017

Figure SE-3 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Redland Area



Source: KPMG, 2017

Figure SE-4 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Nerang, Mermaid Beach and Labrador Areas



Source: KPMG, 2017

South East Region: Demand

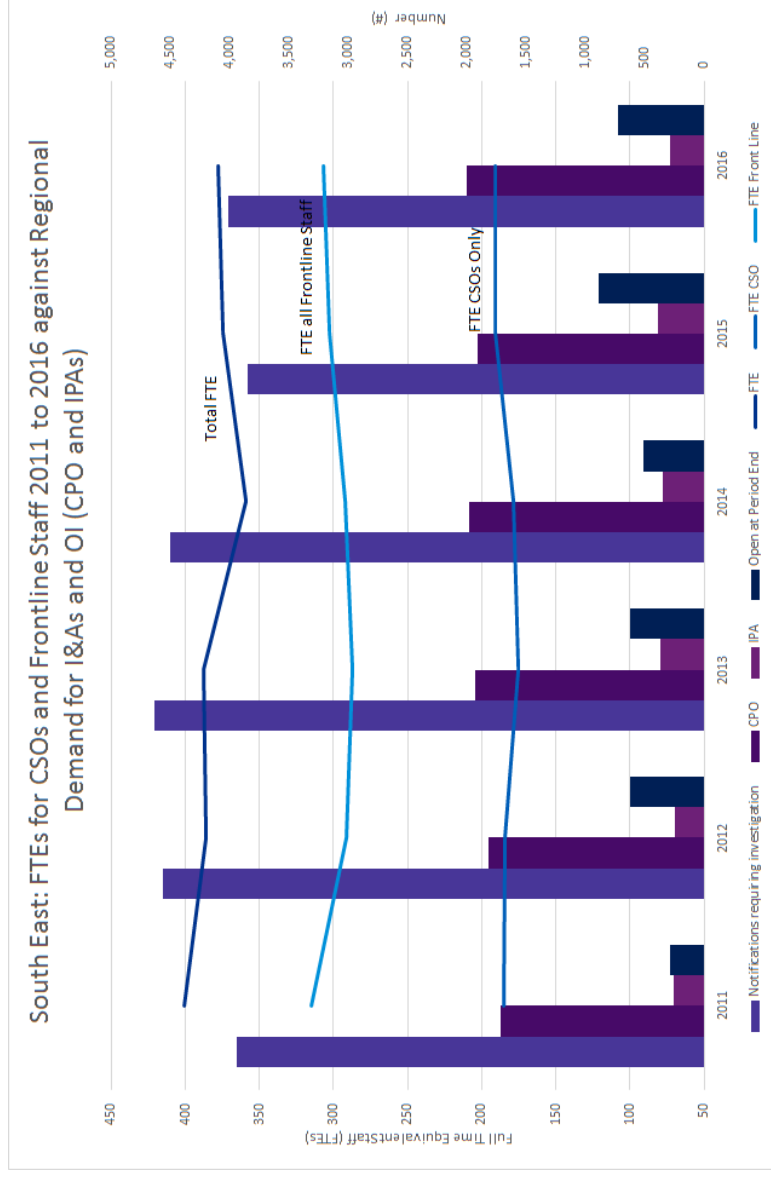
Figure SE-5 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPA.

South East region is characterised by high levels of demand across all indicators. While notifications requiring investigation have been declining, these remain higher than in all other regions. Consistent with the high level of demand, overall levels of FTE staff are also higher than in other regions. Although levels of demand are high, the growth in FTE staff appear to be keeping pace with changing levels of demand.

The number of children subject to CPOs are also consistently higher when compared with other regions.

Even in view of the higher levels of staffing within the region, investigations remaining open at the end of the reporting period remain high in comparison to other regions. While most likely a function of the high levels of demand, the sharp increase in 2015 suggests that capacity to undertake investigations was saturated in that year.

Figure SE-5: Demand – CPOs, IPAs and Investigations and Assessments – South East Region demand against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

Figure SE-6 demonstrates that in some CSSCs (including Regional Office for admissions to out-of-home care), there is increasing demand which may indicate pockets of stress within the system. Admissions to out-of-home care have been increasing in Beenleigh, Labrador, Loganlea, Nerang and in the Regional Office.

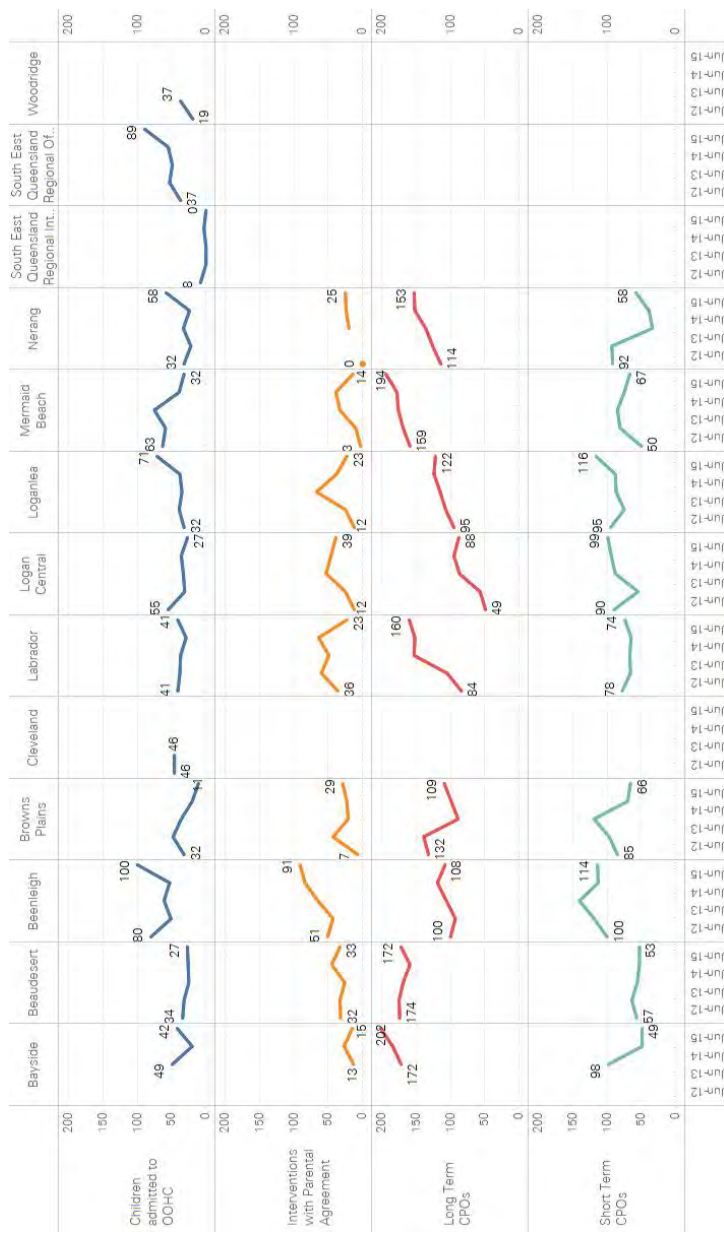
In addition, increasing and high numbers of Long-Term CPOs can be observed in Bayside, Labrador, Mermaid Beach and Nerang. In addition, Long-Term CPOs also increased in Beaudesert and Browns Plains in the period between June 2015 and June 2016.

While most CSSCs demonstrated decreasing numbers of IPAs, Beenleigh reported against the trend with increasing numbers over the period of analysis.

Loganlea, Logan Central and Nerang also demonstrated increasing numbers of Short-Term CPOs while other centres reported steady or declining numbers.

Demonstrating increasing trends in both Short-Term CPOs and admissions to out-of-home care, Loganlea may be a stress point. Beaudesert may also be a stress point due to high numbers of IPAs, admissions to out-of-home care as well as high numbers of Short-Term CPOs relative to other centres.

Figure SE-6: Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHc Admissions – South East Region 2012 to 2016FY



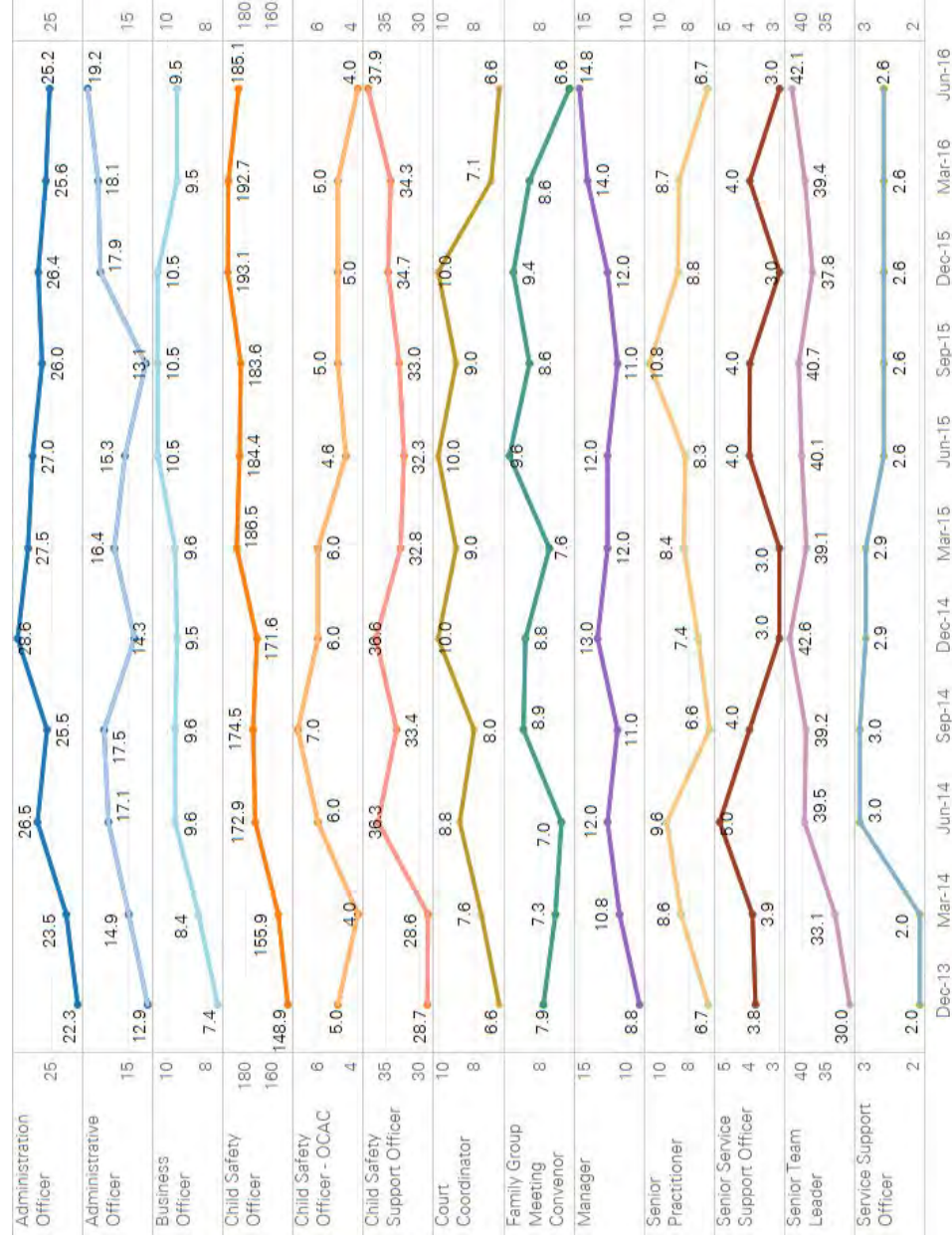
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Overall, staffing numbers within the region have increased over the period of analysis. This is consistently the case across the major front line, and front line support staffing categories including CSOs, CSSOs, Managers and Senior Team Leaders, as well as administrative support.

The 2016 additional staffing allocations resulted in an addition 17 FTE staff members within the region with 10 of these being CSO resources.

Nerang and Browns Plains received the most additional staff with each receiving 1 FTE CSO, 1 FTE Senior Team Leader and 1 FTE Administrative Officer.

Figure SE-6: Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

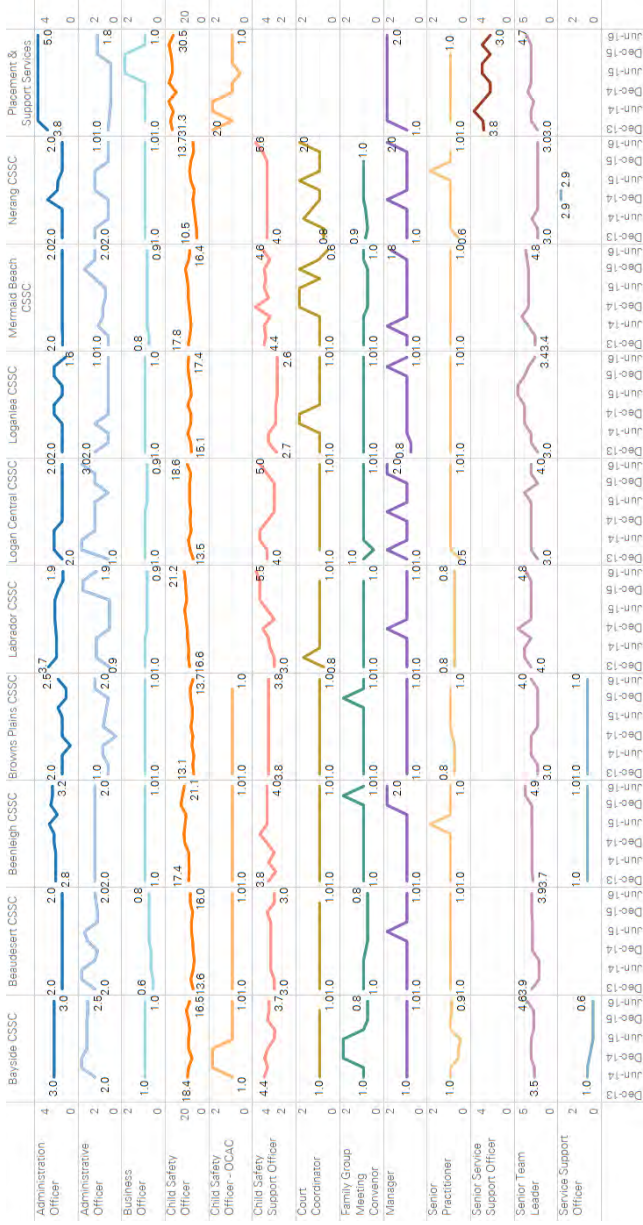
South East Region: Workforce

Analysis of the staffing profile across CSSCs in Figure SE-7 shows that Labrador, Logan Central, Beaudesert and Beenleigh have received additional CSOs over the period of analysis. However, the numbers in Browns Plains, Mermaid Beach and Nerang have fallen in the period between December 2015 and June 2016.

The allocation of additional staff announced in late 2016 will address this issue to some extent, with each of Browns Plains, Mermaid Beach and Nerang receiving an additional 1 FTE CSO resource allocated to ongoing interventions.

Also of note is the trend in Senior Team Leader numbers within Loganlea which demonstrates a dramatic drop in the Period from June 2015 to June 2016.

Figure SE-7: CSSC Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)

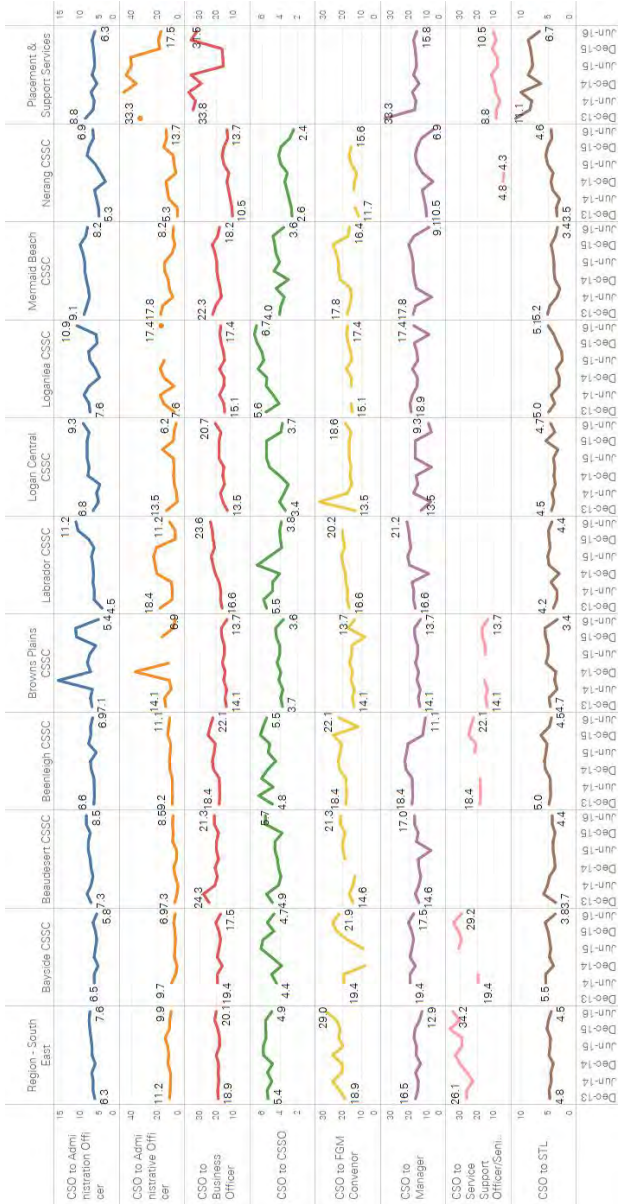


Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

The ratio of CSO to major categories of front line and front line support staff is shown in Figure SE-8. This chart confirms that the ratio of CSOs to Senior Team Leaders in Loganlea is higher than the average for the region. In addition Loganlea has an increasing ratio of CSOs to CSSOs, as well as to administration support staff. These increasing ratios may be an indication that staff within Loganlea are under increasing pressure due to a reduction in the amount of support that each CSO may be able to receive. The support situation within Loganlea will worsen following the allocation of an additional 1 FTE CSO in late 2016. While other CSSCs also show increasing ratios across some of the indicators, Loganlea demonstrates increasing ratios across several of the more critical roles (CSOs, Managers, Senior Team Leaders and administration).

The support ratio between CSOs and Service Support Officers is also higher within Placement and Support Services Unit, than in other similar units having a similar mix of roles. While North Coast region has a higher ratio of CSOs to STLs within its Placement and Support Unit, its ratio of CSOs to Service Support Officers is almost half that of Placement and Support Services in South East region.

Figure SE-8 Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



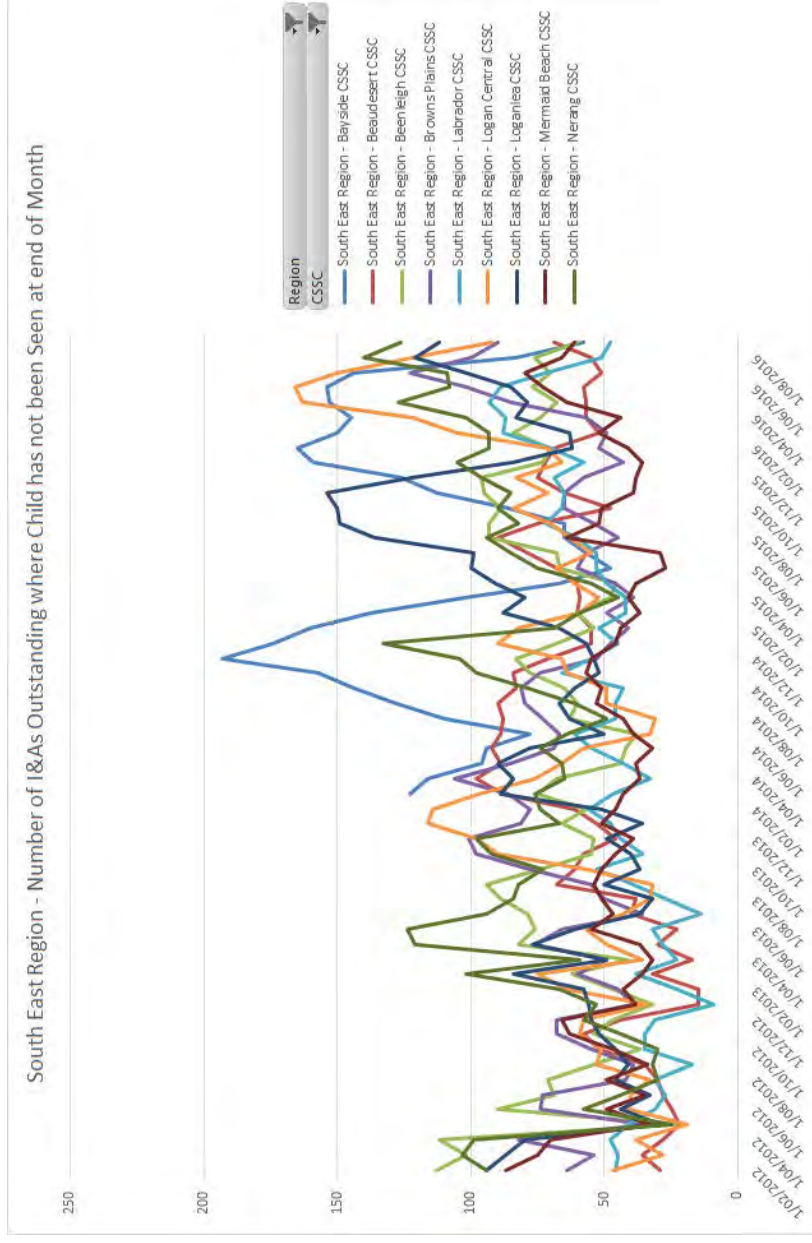
Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

South East region demonstrates a general upward trend in investigations not commenced at the end of the period. At the end of the timeframe over which the analysis for this report was undertaken, these were highest in Nerang and Loganlea. Significant variance in the trends over the period were also experienced in Nerang and Bayside.

While care should be taken in interpreting this data, it is an indicator of potential workload pressures within CSSCs. Further, this data represents the situation prior to the allocation of additional resources by the Government in September and October 2016.

Importantly, this chart is indicative only, as there are a range of reasons an investigation may not be commenced within a period (for example the family may not be able to be located), or the notification may only have been received at the end of the period, or indeed, other preliminary background work may already be underway prior to the actual commencement of the investigation. However, an increasing trend can be indicative of increasing workload pressures.

Figure SE-9: Investigations not commenced at end of Reporting Period, Trend to August 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

It should be noted this analysis is limited to the extent that data was provided by the Department across different time periods for different regions. Consistent data was not provided for Central region or South West region and consequently this analysis was not undertaken for those regions. The analysis seeks to identify trends only as an indicator of potential workload stresses within the system.

This Review's Final Report demonstrated that Loganlea, Nerang and Bayside had the highest caseloads in the region in ongoing intervention according to the methodology used.

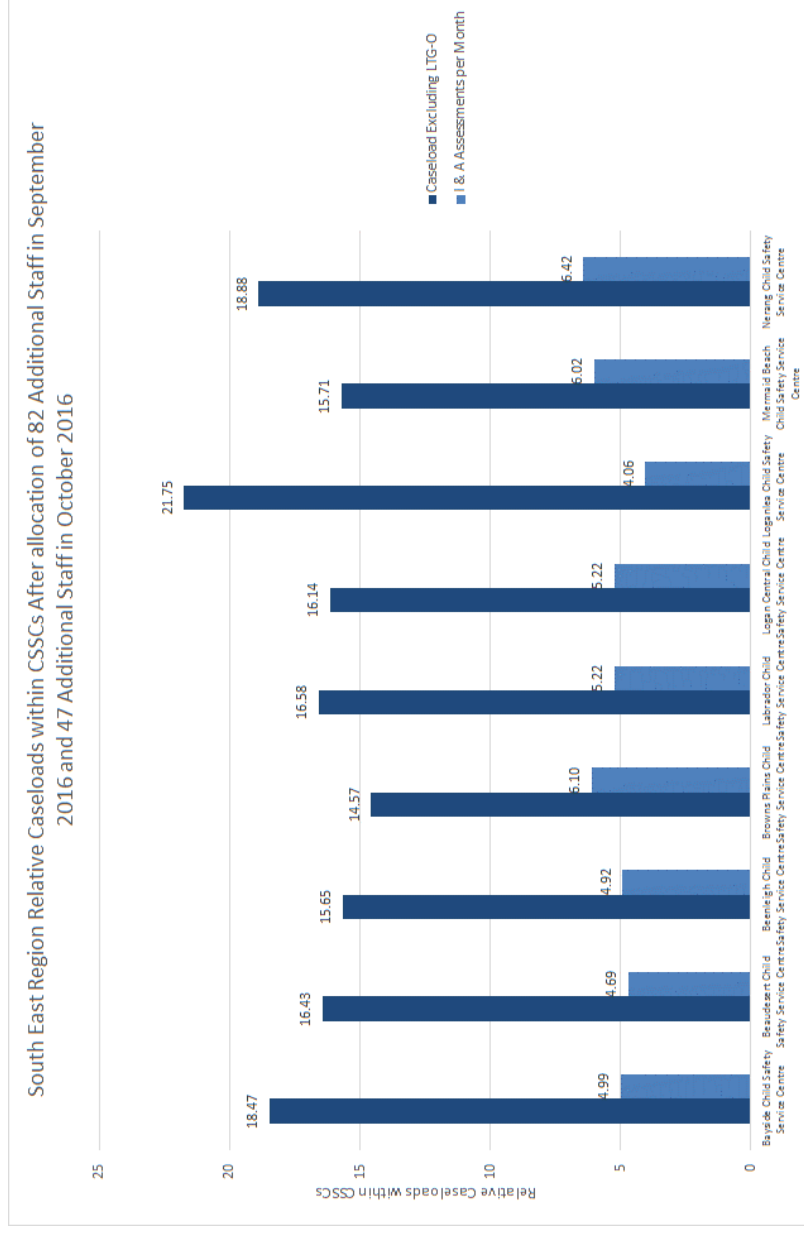
Additional staff in the late 2016 announcements were allocated to ongoing intervention workloads in Bayside (1 FTE), Beaudesert (1 FTE), Beenleigh (2 FTE), Browns Plains (1 FTE), Labrador (1 FTE) Logan Central (1 FTE), Mermaid Beach (1 FTE) and Nerang (1 FTE).

In addition, Loganlea and Logan Central each received 1 FTE staff member allocated to Investigations and Assessments.

The caseload in Loganlea remains high for ongoing interventions, although the caseload in Investigations and Assessments is the lowest in the region in that office. Caseloads in Bayside, Loganlea and Nerang all remain high in comparison to the other CSSCs within the region.

In general, caseloads in Investigations and Assessments are lower than caseloads for this activity in other regions.

Figure SE-10: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

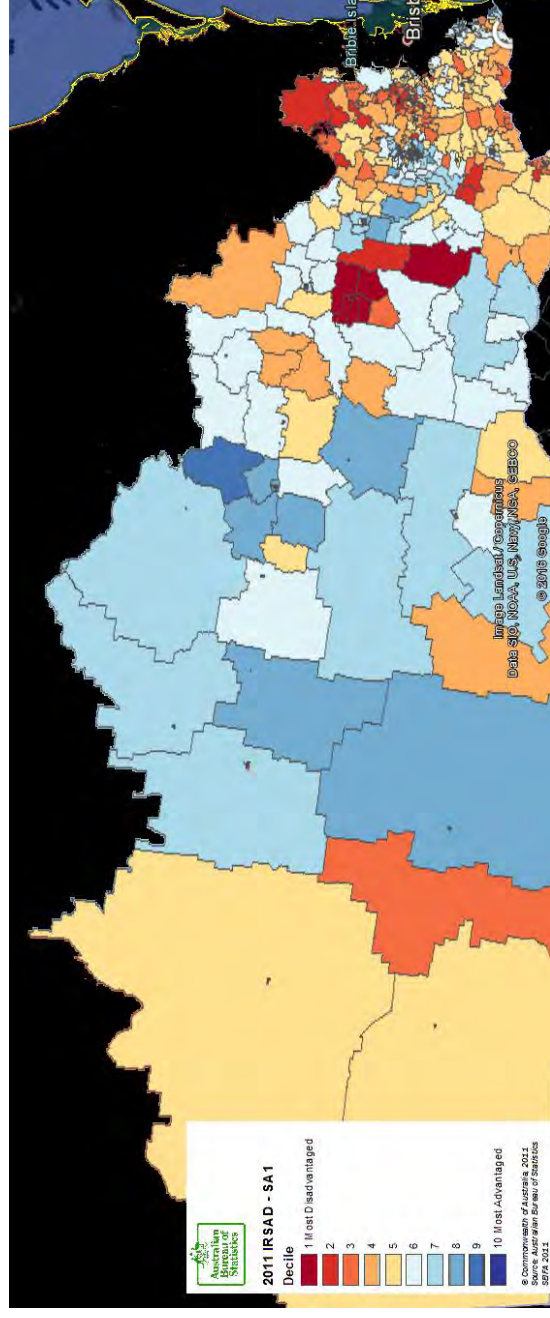
CSOs announced in the 47 additional FTE staff (8FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre's ongoing intervention workloads.

South West Region

Regional Profile

In 2014, South West region had a total estimated population of around **537,515** of which around **26 per cent** were estimated to be children and young people 0-17⁷. The population of the region is growing at an average rate of **1.0131 per cent** per annum with the highest rate of growth experienced in Springfield (1.0292 per cent) and Ipswich North (1.0189 per cent). Modelling suggests the population of South West region could be as high as **603,690 by 2023**. South West region has six Child Safety Service Centres (CSSCs) at Ipswich North, Ipswich South, Roma, Springfield, Toowoomba North and Toowoomba South. Using the Socio-Economic Index for Areas (Index of Relative Advantage and Disadvantage) (SEIFA-ISRAD), an indicator of relative advantage and disadvantage has been calculated for catchment populations of CSSCs throughout the region, and population weighted relative indicators are provided in Table SW-1 overleaf. Scores range from **944 for Roma CSSC** catchment populations to **996 for Toowoomba North** catchment. Figure SW-1 maps the areas within South West region according to the Australian Bureau of Statistics Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) which highlights where pockets of disadvantage exist. Figures SW-2 to SW-4 overleaf also overview in more detail the IRSAD for catchment populations of CSSCs within the region.

Figure SW-1 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – South West Region



Source: KPMG 2017

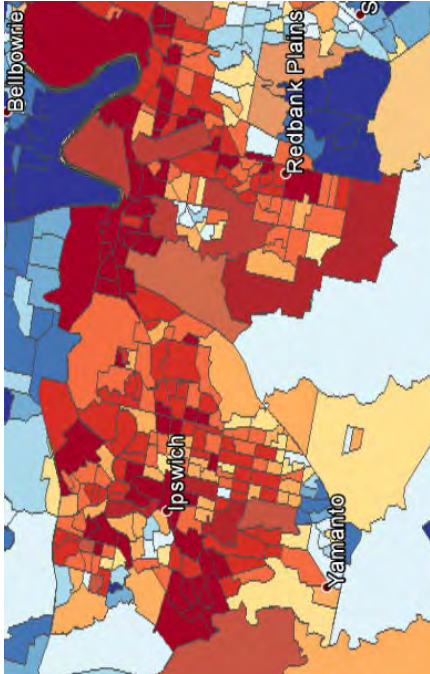
⁷ Department of Communities Child Safety and Disability Services.

Table SW-1 Indicator of Relative Advantage and Disadvantage (IRAD) by CSSC Catchment Area

Child Safety Service Centre	Population Weighted SEIFA-ISRAD Score for Catchment
Ipswich North	945
Ipswich South	965
Roma	944
Springfield	969
Toowoomba North	996
Toowoomba South	939

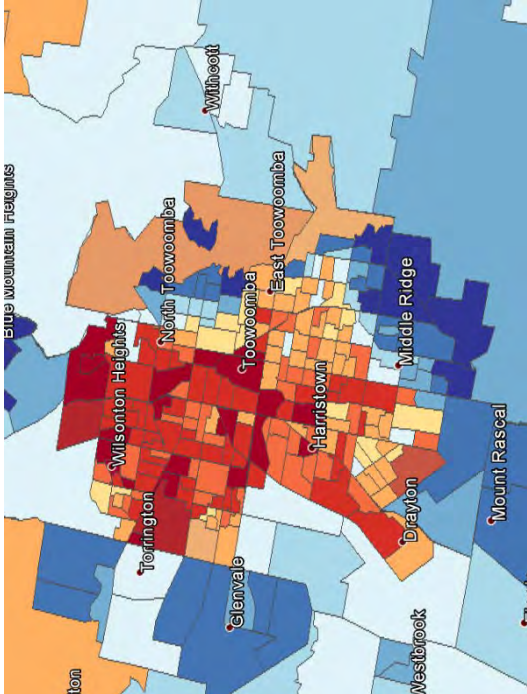
Source: KPMG 2017

Figure SW-2 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Ipswich Area



Source: KPMG, 2017

Figure SW-3 Overview of Index of Relative Socio-Economic Advantage and Disadvantage – Toowoomba Area



Source: KPMG, 2017

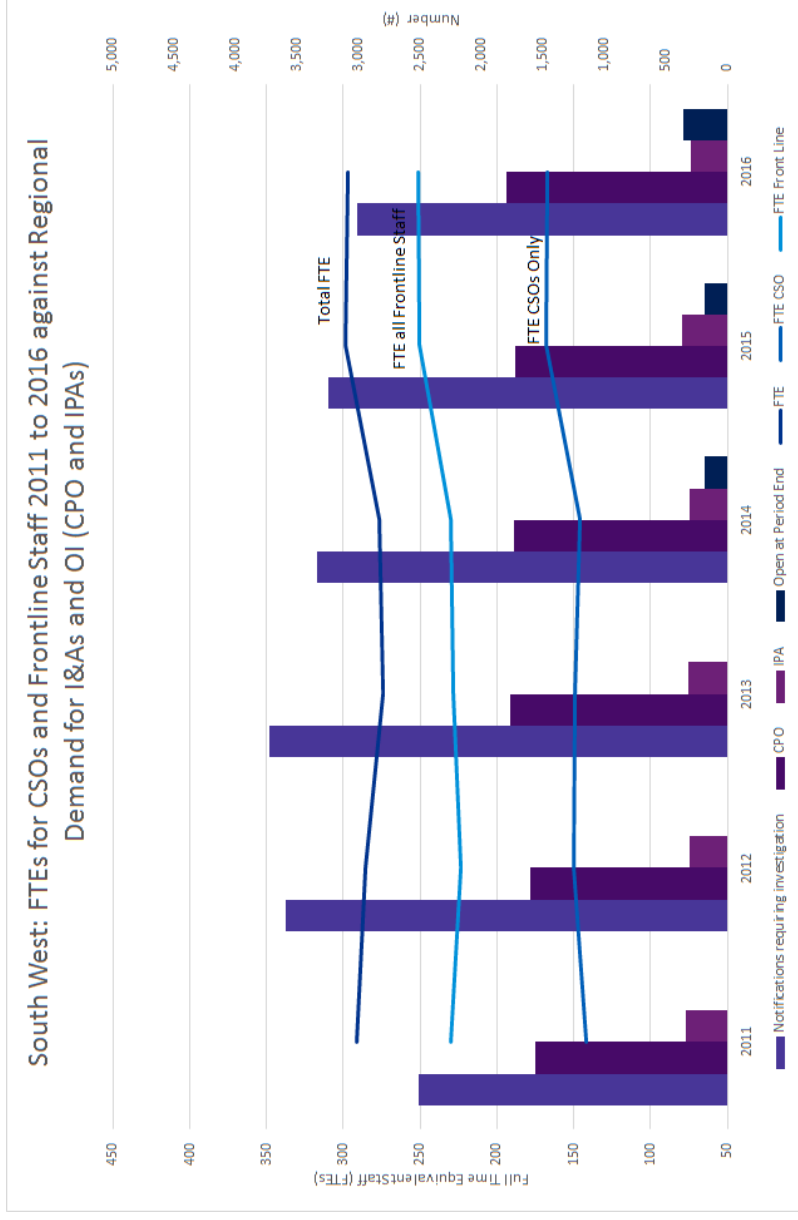
South West Region: Demand

Figure SW-4 benchmarks FTE staff members by CSO and front line staff categories, as well as total staff, against activity levels. Activity indicators used in this analysis are notifications requiring investigation, total children subject to CPOs, and total children subject to IPA.

Notifications requiring investigation within the region are high against most other regions but have declined over the period from 2012-13 to 2015-16. However, over the last three years of the analysis, children subject to CPOs have increased marginally. IPAs had also been increasing up until the 2015-16 financial year when the number of children subject to IPAs dropped.

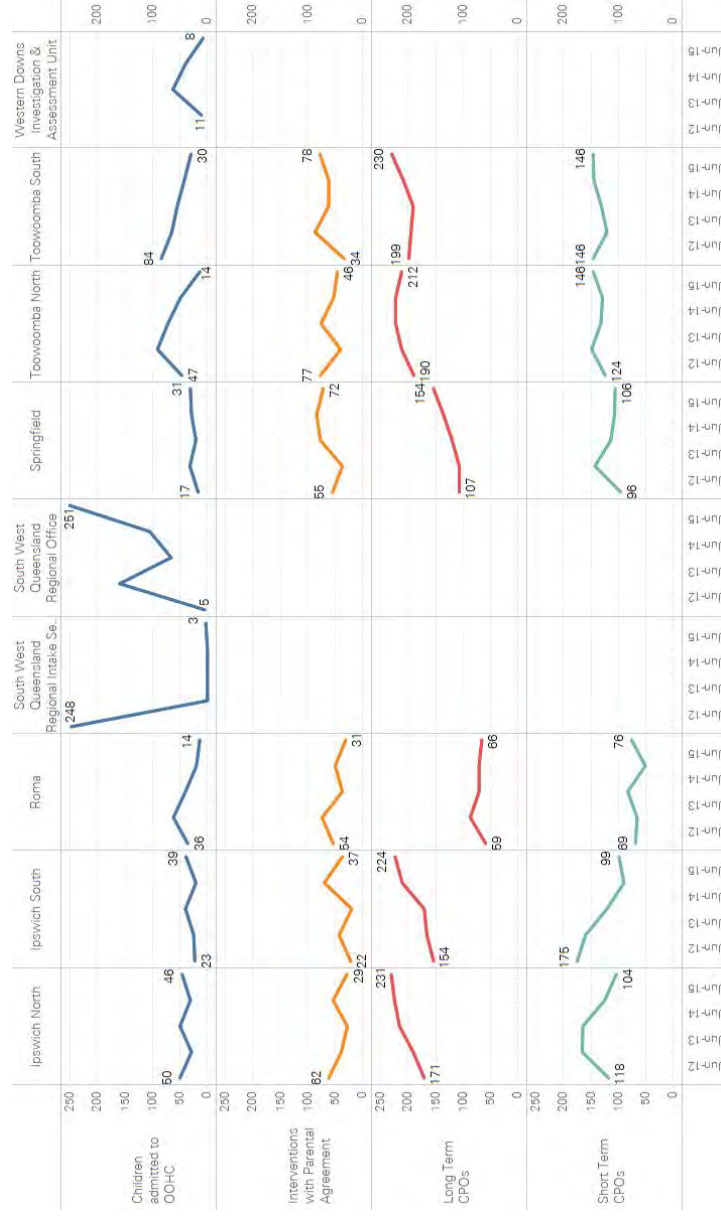
FTE staff increased in the 2014-15 year against a declining level of demand for investigations, and steady demand for CPOs. Noticeably, the number of notifications not finalised at the end of the reporting period increased each year from 2014, which may be indicative of a lack of capacity within the region.

Figure SW-4: Demand – CPOs, IPAs and Investigations and Assessments – South West Region against Total Staff, Front Line Staff (inclusive of CSOs) and CSOs only



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Figure SW-5 Five Year Demand Trend across Regional CSSCs – Long and Short-Term CPOs, IPAs and OOHc Admissions – South West Region 2012 to 2016FY



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

All centres within South West region, with the exception of Roma, experienced an increase in the number of children subject to CPOs. In addition, Toowoomba North and Toowoomba South have also experienced increasing trends, as well as high levels, of children subject to Short-Term CPOs.

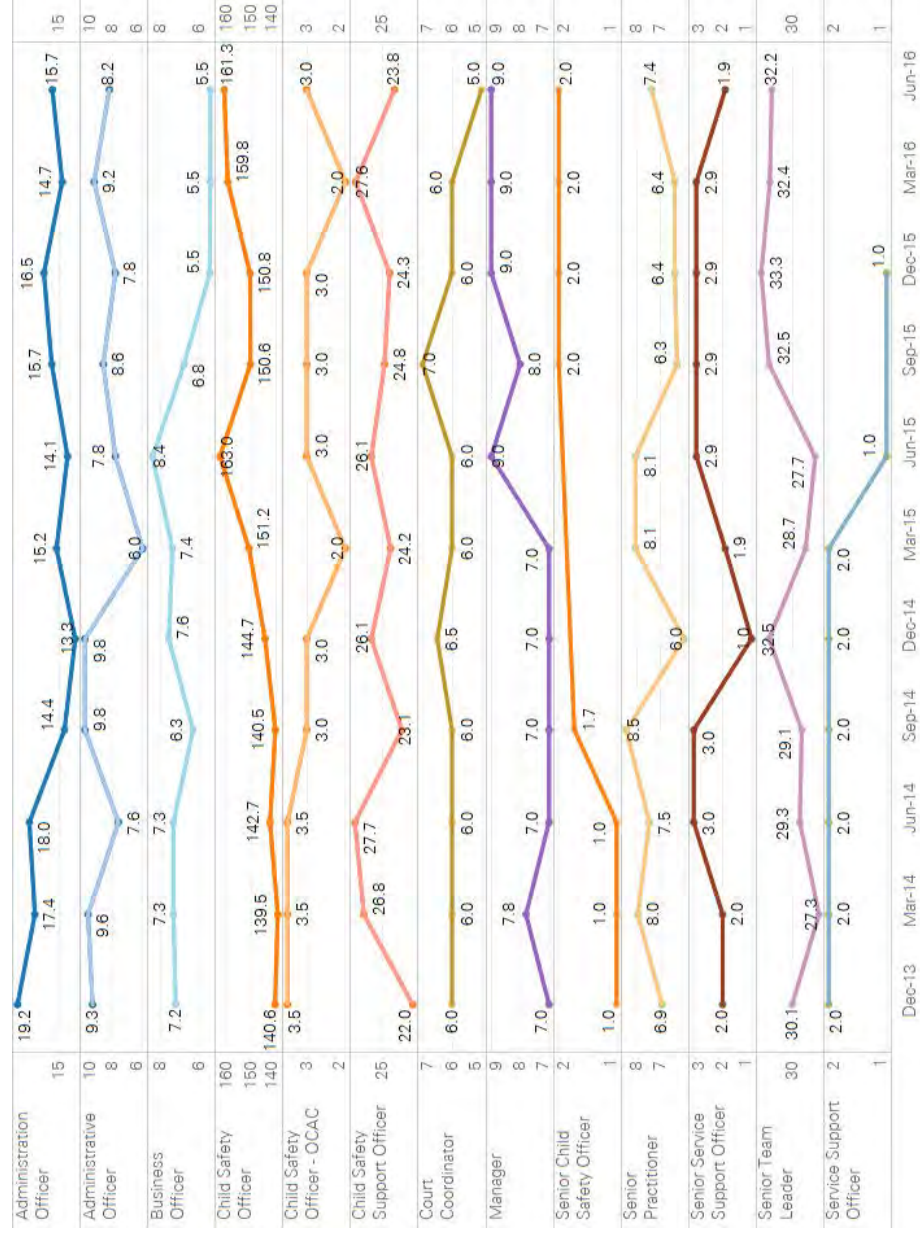
Admissions to out-of-home care have also been increasing within the region, although admissions attributable to individual CSSCs have largely been declining, with the exception of Ipswich North and Ipswich South, which have had small increases in numbers between June 2015 and June 2016.

CSO staffing numbers have increased within the region between December 2013 and June 2016, although support staff numbers have otherwise remained relatively constant, overall, over the same period.

South West region has nevertheless received a large injection of staff from the late 2016 staffing increases, with over 33 FTE staff being allocated across centres within the region.

A total of 16 FTE CSOs are included within this allocation. Of these, 6 FTE were allocated to Toowoomba South and 3 were allocated to Springfield.

Figure SW-6: Regional Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



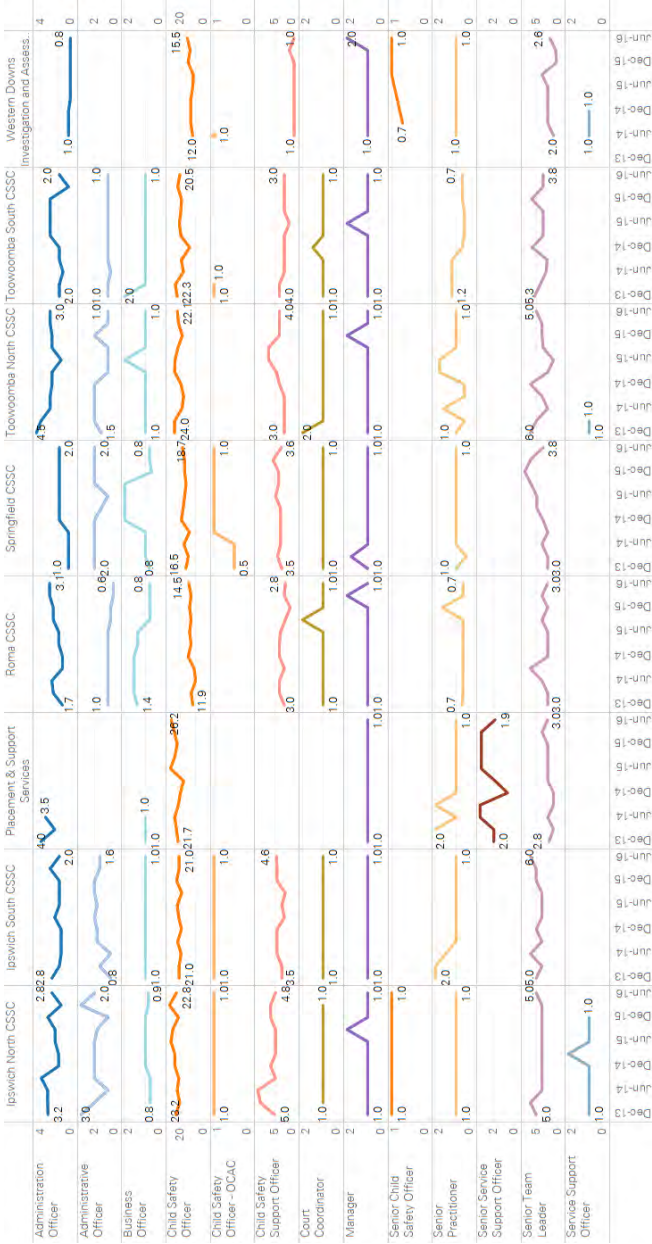
Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

South West Region: Workforce

Overall, staffing allocations within the region have remained relatively stable over the analysis period with the only significant changes in allocation of CSO resources being within Placement and Support Services and Western Downs Investigation and Assessment Units.

There has been a noticeable decline in the number of Senior Team Leaders in the Springfield CSSC between December 2015 and June 2016 and over the analysis period in the Toowoomba South CSSC (from 6.3 in December 2013 to 3.8 in June 2016).

Figure SW-7: CSSC Staffing Profile, FTE Staff by Category – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

Staffing ratios across the region are variable, with the significant indicators showing that Toowoomba South has a slightly worsening ratio of CSOs to STL and CSO to CSSOs over the analysis period. With the allocation of the additional 6 CSOs and only 1 FTE STL and 1 FTE CSSO, the staffing ratios within the CSSC will slightly increase again for Senior Team Leaders but will improve for the ratios of CSOs to CSSOs and Administrative staff.

Springfield had already demonstrated an increase in ratio of CSOs to Senior Team Leaders, and this will increase again with the allocation of the additional 3 FTE CSO positions. However, the Springfield ratio of CSOs to CSSOs will improve after the allocations.

Ratios within the Investigation and Assessment unit are variable and considerably higher than in other units within the region for CSOs to CSSOs, and CSOs to administration staff.

Placement and Support services also has high ratios of CSOs to support staff and senior team leaders. However, it remains difficult to draw comparisons across regions due to the variable structures of staffing within these units.

Figure SW-8: Staffing Ratios: Number of CSOs per Significant Support Role (FTE) by CSSC – Dec 2013 to June 2016 (Last Pay Period – 26 June 2016)



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

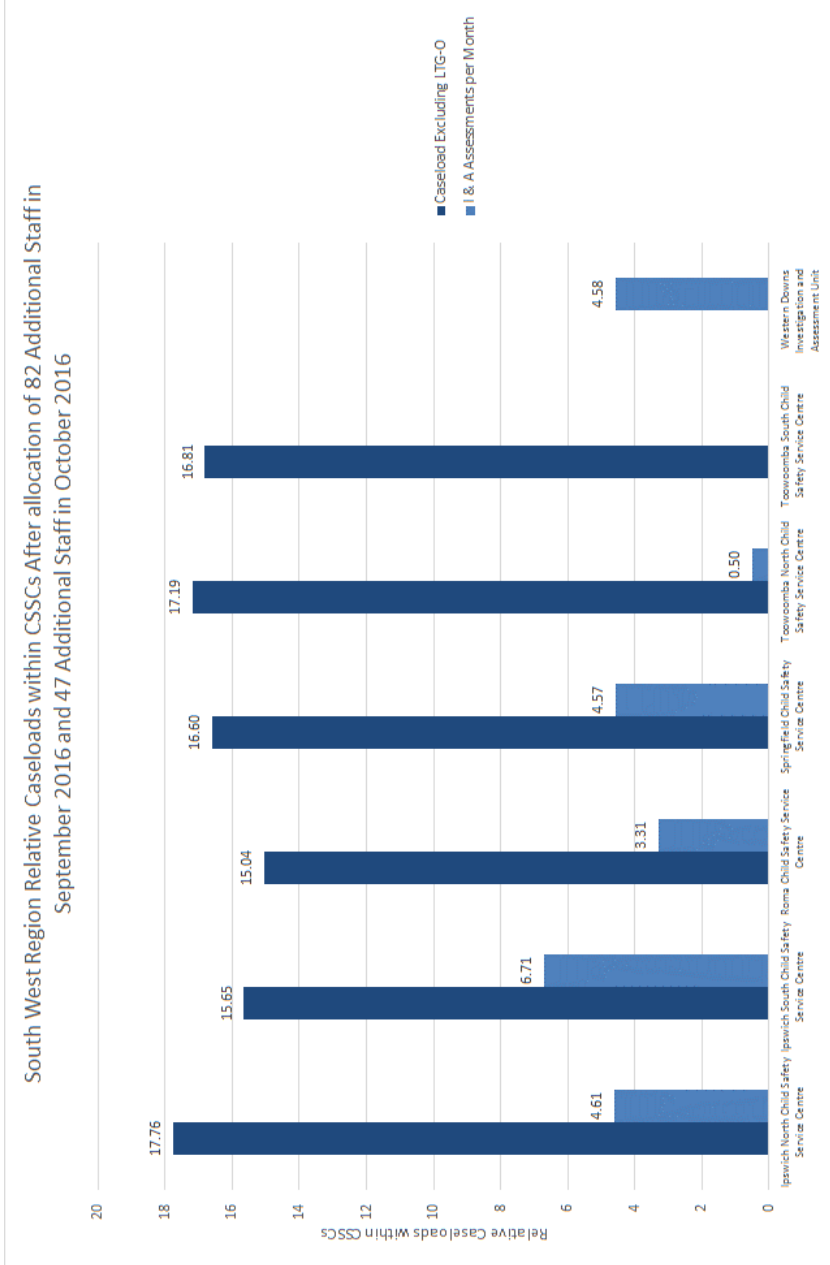
This Review’s Final Report demonstrated that caseloads within South West region were particularly high in Toowoomba South, Springfield and Ipswich North.

Springfield and Toowoomba South CSSCs received significant allocations of 3 and 6 FTE CSOs respectively, and Ipswich North CSSC received additional staff of 1 FTE CSO in the staff allocations made in late 2016.

The effect of the additional staff across the region (16 FTE CSOs in total) has been that all centres have fallen below a caseload of 18 for ongoing interventions.

In general, caseloads for Investigations and Assessments per month within the region are lower than in some other regions, with the highest caseload in this area attributable to Ipswich South.

Figure SW-9: Relative Caseloads within CSSCs after allocation of 82 additional FTE staff across State in September 2016 and 47 additional FTE staff across the State in October 2016



Source: KPMG from data provided by Department of Communities, Child Safety and Disability Services

CSOs announced in the 47 additional FTE staff (8 FTE staff) have been allocated to the relevant CSSC Investigation and Assessment caseloads, as per Departmental advice provided in February 2017, and CSO FTE staff announced as part of the 82 additional FTE staff have been allocated to the relevant centre’s ongoing intervention workloads.

Cross Regional Analysis

Cross Regional Demand Comparison

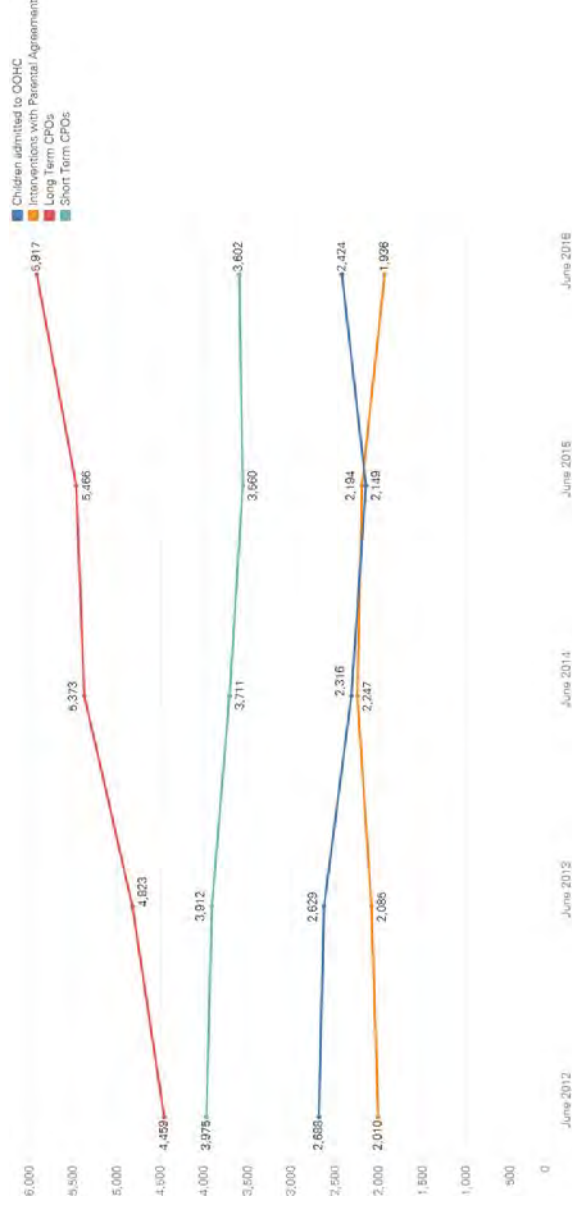
As shown in Figure RO-1, across all regions, the number of children on Long-Term CPOs has increased from 2011-12 to the 2015-16 financial year by 1,458 over the period or 32.7 per cent.

In contrast, the number of children on Short-Term CPOs (ST-CPOs) and children on IPAs have decreased over the same period. ST-CPOs have decreased by 373 (9.4 per cent) and IPAs by 264 (9.8 per cent).

The number of children admitted to out-of-home care has also increased marginally in the 2015-16 financial year over the 2014-15 year, from 2,194 to 2,424 or 10.5 per cent. This increase follows a reduction in numbers over the prior three years.

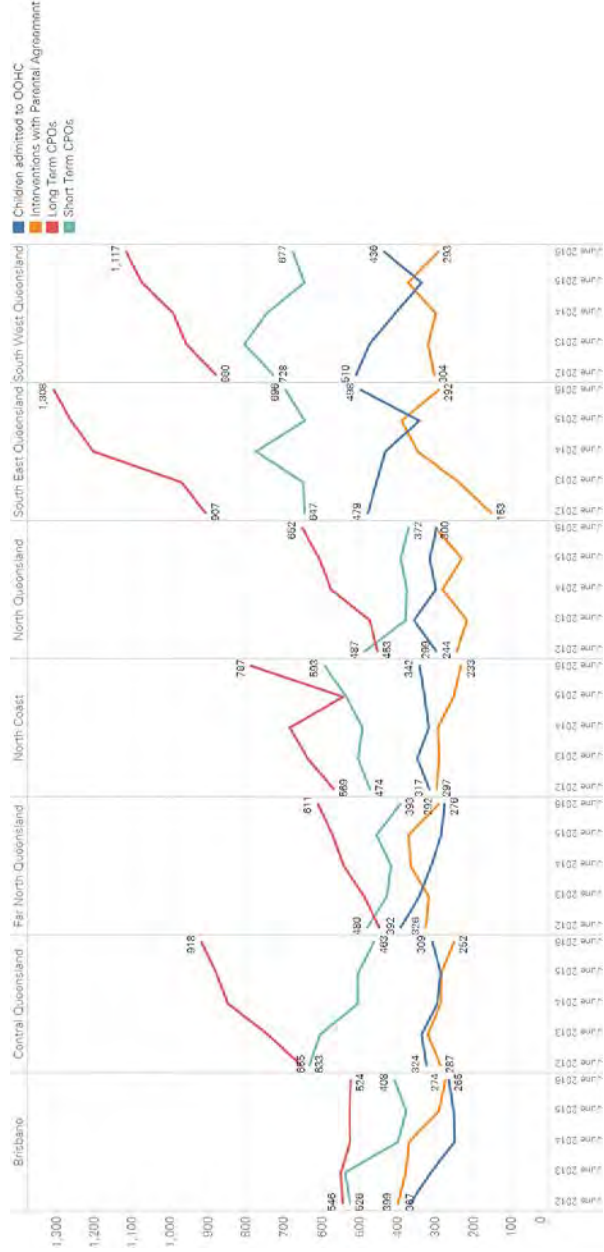
Figure RO-2 overleaf provides a comparative breakdown of these demand trends across regions to put context around the relative increases and decreases on a state-wide basis.

Figure RO-1: Total State-wide Demand 2012 to 2016 FY: Short-Term CPOs, Long-Term CPOs, Interventions with Parental Agreements, and Children admitted to out-of-home care



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

Figure RO-2: Overall Regional Comparative Demand 2012 to 2016 FY: Short-Term CPOs, Long-Term CPOs, Interventions with Parental Agreements, and Children admitted to out-of-home care



Source: KPMG 2017 from data provided by Department of Communities, Child Safety and Disability Services

A comparison of demand trends on a region by region basis, as shown in RO-2, demonstrates that, by far the highest number of children on Long-Term CPOs is within the South East region. South East region also demonstrates the highest rate of increase over the five year period to 30 June 2016. However, all regions, with the exception of Brisbane region, have demonstrated increases in the number of children on Long-Term CPOs.

North Coast region has experienced a general upward trend over the five year period of analysis for Short-Term CPOs and has had a marginal increase in numbers of children admitted into out-of-home care. South East region, Brisbane region and South West region have also had increases in numbers of children subject to Short-Term CPOs between 2014-15 and 2015-16.

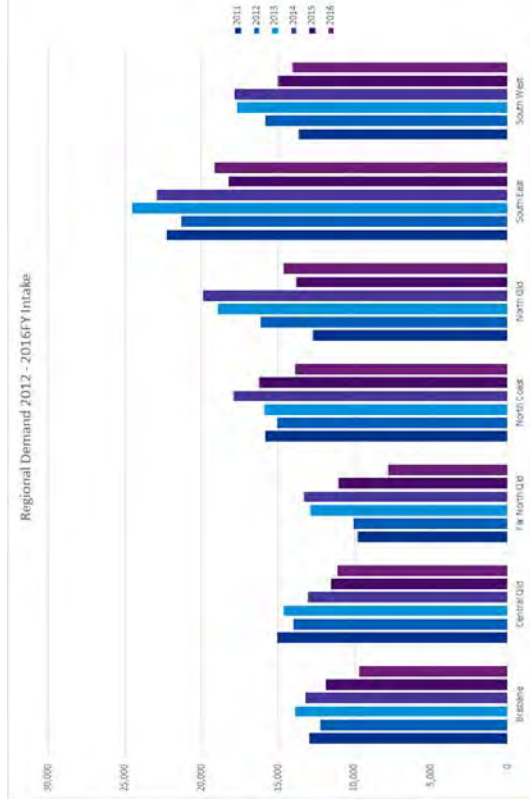
There has been a general downward trend in the use of IPAs in Brisbane, Central Queensland, Far North Queensland and North Coast regions, whereas North Queensland region has been the only region with an increased number of IPAs in 2015-16 over the 2014-15 year.

Most regions have experienced an increase in admissions to out-of-home care between 2014-15 and 2015-16, with the exception of Far North Queensland and North Queensland regions. More detailed analysis of intra-regional trends is provided in the Regional Profiles later in this supplement.

The 2014-15 and 2015-16 financial years were characterised by a drop in the number of intake events for the State, primarily due to a legislative change in Queensland Police Service mandatory reporting requirements. This trend is evidenced in Figure RO-3 which demonstrates an overall reduction in intake events in 2014-15 for all regions. However, in spite of this trend, in 2015-16, intake events increased for North Queensland region and South East region over the 2014-15 year.

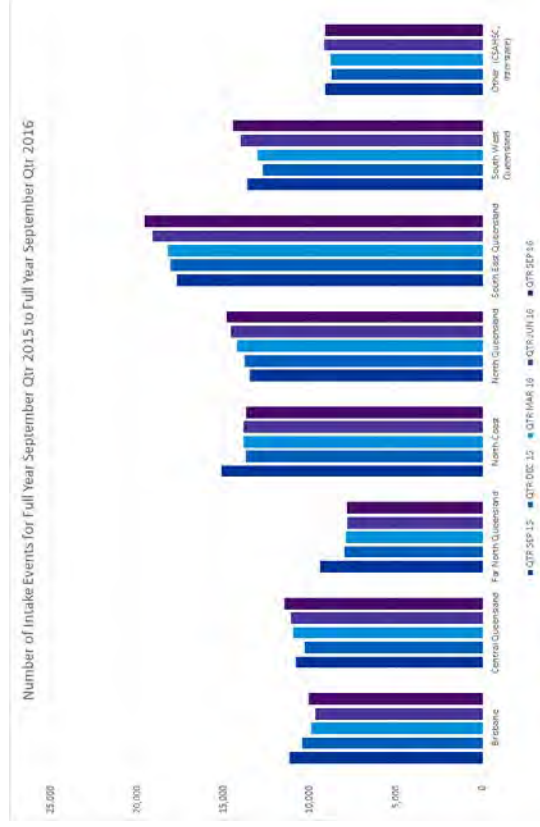
The latest quarterly data (September 2016) released by the Department suggests the trend on intake is now an upward trend. All regions, with the exception of North Coast, experienced an increase in intake events in the September quarter with a total of 1,852 additional intake events in the September 2016 quarter over the June 2016 quarter (demonstrated in Figure RO-4).

Figure RO-3 Regional Demand 2012-2016FY Intake



Source: Department of Communities, Child Safety and Disability Services, 2016.

Figure RO-4 Regional Demand September 2015 Qtr to September 2016 Qtr Intake



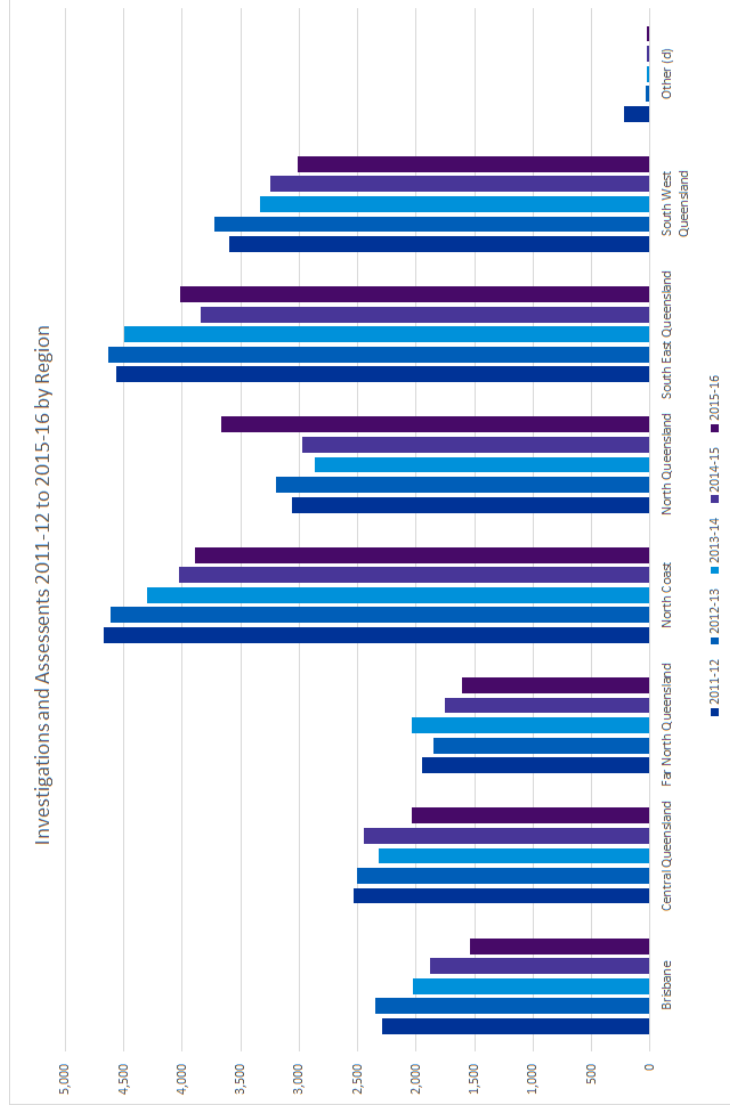
Source: Department of Communities, Child Safety and Disability Services, 2016.

Further to the intake data, the September 2016 quarter also shows that all regions, with the exception of South West Queensland, have also experienced an increase in notifications requiring investigation over the previous quarter.

Investigations and Assessments have generally been decreasing over the past five years from 2011-12 to 2015-16 and this trend has translated across most regions. However, North Queensland region has seen an increasing trend in Investigations and Assessments, particularly in the 2015-16 financial year in which activity in this area increased by 23 per cent over the previous year. South East region also had a more modest increase in Investigations and Assessments in the 2015-16 financial year of around 4.5 per cent. September quarter data shows, however, that North Queensland again has had a significant increase in Investigation and Assessment events of 10 per cent over the previous quarter.

The overall decreasing trend in Investigations and Assessments has translated into a reduction in the number of investigations that are substantiated for harm or for significant risk of harm. In the 2015-16 financial year, the number of substantiated Investigations and Assessments was **6,113**, down from 6,445 in the previous financial year. Although the September 2016 quarter data has shown an increase in the overall number of notifications requiring investigations, those that are substantiated has declined overall by around 2 per cent to **5,993** for the year to September 2016. However, in Central Queensland (4.5 per cent) and North Coast regions (0.5 per cent) the number of substantiated events has increased marginally.

Figure RO-5 Regional Demand 2011-12 to 2015-16 Investigations and Assessments



Source: Department of Communities, Child Safety and Disability Services, 2016.

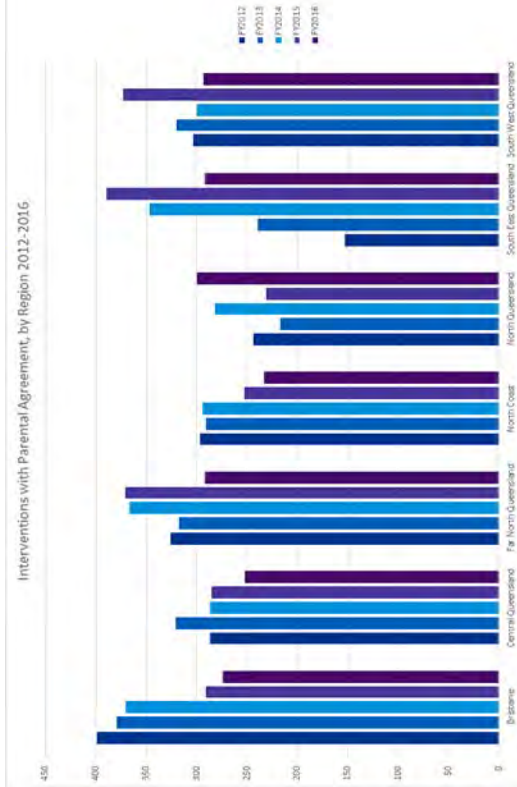
Of the 6,113 investigations in the 2015-16 financial year that were substantiated, in **4,143** instances it was determined that the subject child/ren were in need of protection. September 2016 quarter data indicates that there has been a reduction in the number of investigations where a child is in need of protection to **3,921** for the year to September 2016. This represents 65.4 percent of cases over the year.

While there has been a decline in the number of investigations with an outcome of 'substantiated - child in need of protection', there has been an increase in the number of children subject to ongoing intervention. The trend with respect to IPAs has been inconsistent although generally the use of IPAs has declined in 2015-16 across all regions with the exception of North Queensland.

However, September 2016 quarter data demonstrates that a number of regions (Figure RO-7) have experienced an increase in IPAs in the June 2016 quarter. There may be a number of contributing factors to this, including the emphasis on secondary support to assist in supporting the family unit through times of crisis, as well as the introduction of court reforms which place a greater emphasis on collaborative approaches to the resolution of issues.

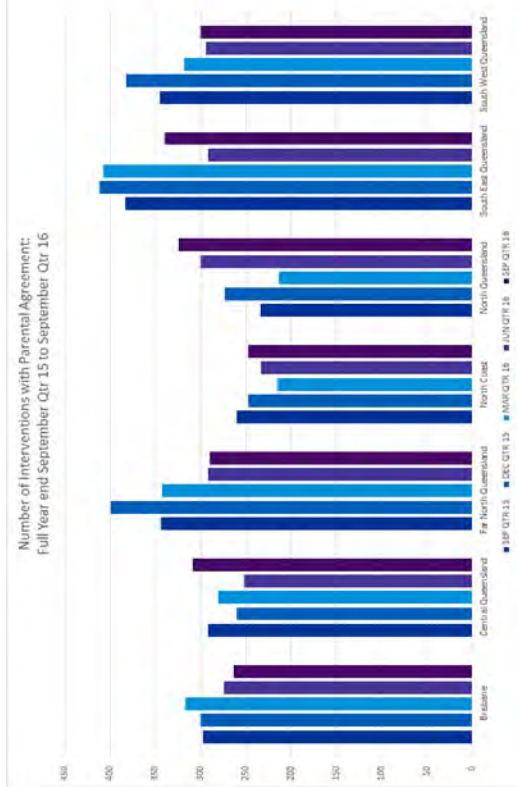
Consistent with the more recent trends with respect to IPAs, trends in relation to children subject to CPOs are flat across most regions, with some marginally increasing (South East, South West, Central and until the September 2016 quarter, North Coast), and some marginally decreasing (Brisbane, Far North Queensland, North Queensland and North Coast in the September 2016 quarter).

Figure RO-6 Regional Demand 2012-2016FY Interventions with Parental Agreement



Source: Department of Communities, Child Safety and Disability Services, 2016.

Figure RO-7 Regional Demand Sep Qtr 2015 to Sep Qtr 2016 Interventions with Parental Agreement



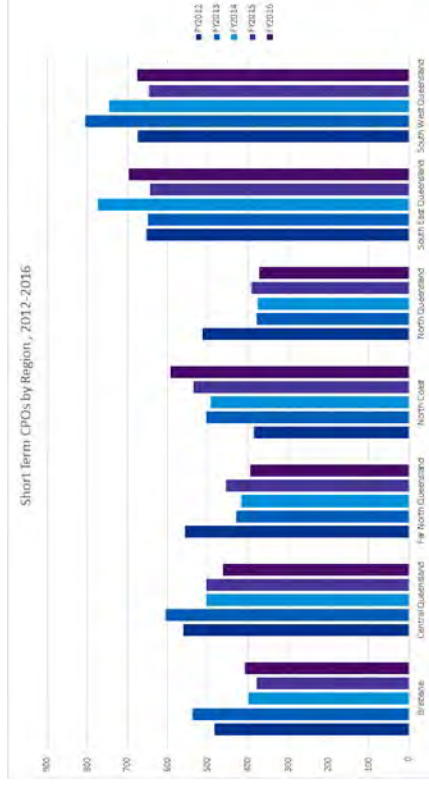
Source: Department of Communities, Child Safety and Disability Services, 2016.

Overall, as shown in Figure RO-8, the trend from 2011-12 to 2015-16 in relation to Short-Term CPOs has been declining, with a small rise in 2015-16 over the previous year. September 2016 quarter data indicates a return to the declining trend overall.

In contrast the number of children on Long-Term orders has been increasing across all regions, with the exception of Brisbane region. This trend appears to be continuing with a further increase in children subject to Long-Term CPOs in the September 2016 quarter. This is an indication that there continues to be more children entering long-term child protection arrangements than exiting.

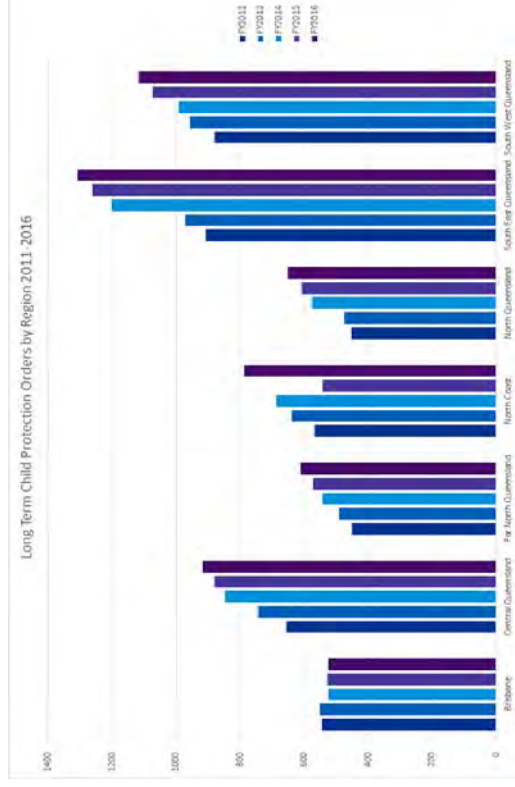
This is supported by the September 2016 quarter figures for children living away from home which demonstrates an increase of almost 2 per cent over the June 2016 quarter figures. All regions experienced an increase in the number of children living away from home ranging from 0.2 per cent in Far North Queensland to a 3.1 per cent increase in South East Queensland. Overall, numbers have increased to 9,268 children living away from home in the September 2016 quarter, over 9,091 in the June 2016 quarter.

Figure RO-8 Regional Demand 2012-2016FY Short-Term Child Protection Orders



Source: Department of Communities, Child Safety and Disability Services, 2016.

Figure RO-9 Regional Demand 2012-2016FY Long-Term Child Protection Orders



Source: Department of Communities, Child Safety and Disability Services, 2016.

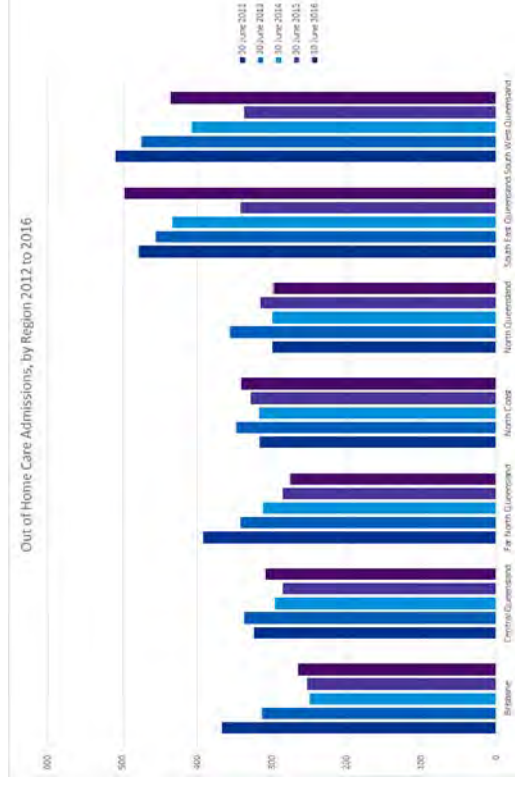
A subset of the children who are living away from home are those that are in placements within the out-of-home care system. As at the end of the 2015-16 financial year, there were 8,654 children living in out-of-home care in Queensland. This number has increased to **8,834** (increase of 2 per cent) in the September 2016 quarter.

Figure RO-10 shows region by region admissions to out-of-home care over the period ending 30 June 2012 to 30 June 2016. South East region and South West region show a significant increase in numbers in the 2016 financial year.

However, there has been a marginal shift from children living in foster care arrangements, to children in kinship arrangements, with an increase in kinship arrangements for both Aboriginal and Torres Strait Islander children and non-Indigenous children of 4 per cent in the September 2016 quarter.

While the relative numbers are smaller than for children living in home-care arrangements, there has also been an increase in Aboriginal and Torres Strait Islander children living in residential care of 3.5 per cent over the June 2016 quarter, and non-Indigenous children living in residential care of 6.7 per cent over the same period (Figure RO-11).

Figure RO-10 Regional Demand 2012-2016FY Out-of-Home Care Admissions



Source: Department of Communities, Child Safety and Disability Services, 2016.

Figure RO-11 Regional Demand Out-of-Home Care Placement Arrangements for Aboriginal and Torres Strait Islander Children and Non-Aboriginal and Torres Strait Islander Children September Quarter 2015 to September Quarter 2016



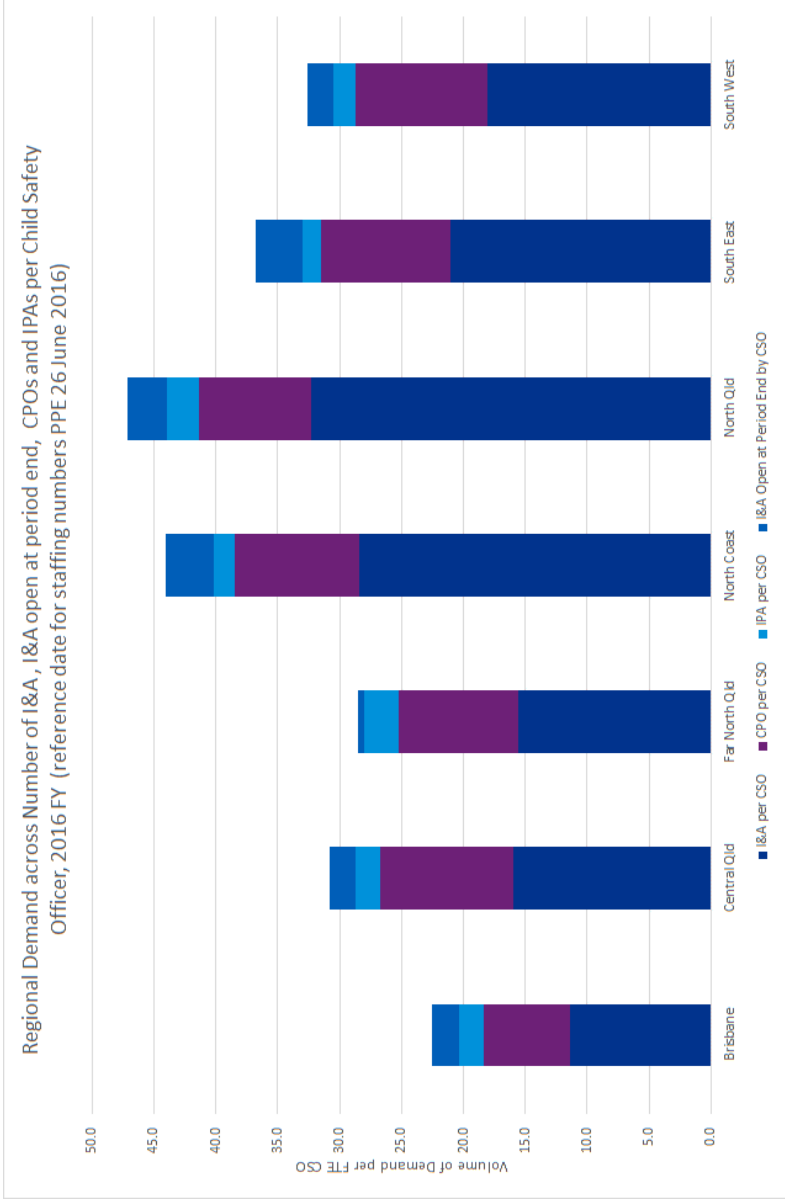
Source: Department of Communities, Child Safety and Disability Services, 2016.

Cross Regional Demand and Staffing

In summary, demand for child protection services continues to increase across the State and the Government has responded by investing in additional front line staff to meet the growing need. Allocation of additional resources was intended to address a reduction in caseloads in ongoing interventions (82 staff announced by Government in September 2016) as well as the allocation of some additional front line staff to assist with Investigations and Assessments in October 2016 (8 FTE staff from 47FTE announced)

Figure RO-12 benchmarks relative CSO staffing resources across regions against Investigation and Assessment, CPOs and IPA activity within each region. It is important to note that, Figure RO-12 provides benchmarks prior to allocation of the additional staff in late 2016 mentioned above. The chart demonstrates that Brisbane region and Far North Queensland region were relatively well resourced for the level of demand being experienced, Central Queensland and South West regions were relatively moderately resourced in comparison to the other regions, but that **North Coast, North Queensland** and **South East regions** were relatively less well-resourced in terms of CSOs to respond to demand, than the other regions. It should also be noted that the chart demonstrates the closing level of investigations outstanding at the end of the financial year. It is noticeable that North Coast, North Queensland and South East regions all have a similarly high level of outstanding investigations compared to the other regions.

Figure RO-12 Regional Demand 2016FY against CSO Numbers (reference period for base full-time equivalent staffing numbers PPE 26 June 2016)

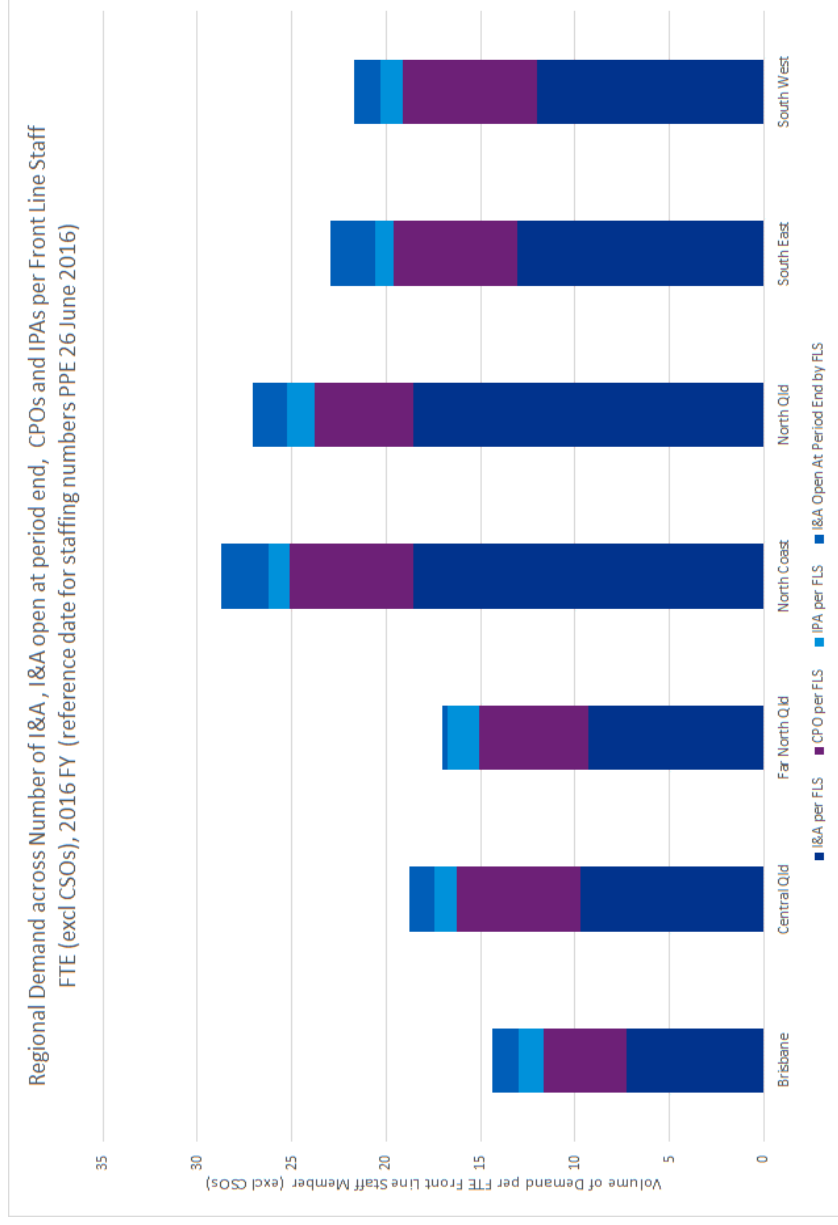


Source: Department of Communities, Child Safety and Disability Services, 2016.

It is also the case that in addition to CSOs, there are a range of additional front line staff inclusive of para-professional roles that are also important resources supporting critical child protection work. These staff include Senior Team Leaders, Managers, CSSOs, Family Group Meeting Convenors, Court Coordinators, and Senior Practitioners. Figure RO-13 benchmarks relative additional front line staffing resources (excluding CSOs) across regions against investigation and Assessment, CPOs and IPA activity within each region. Again, it is noticeable that there is a disparity in the allocation of resources across regions, with **North Coast, North Queensland, South East and South West regions** relatively less well-resourced than Brisbane, Central and Far North Queensland regions for the demand they are experiencing.

Note also, while intake activity is not included in the analysis within Figures RO-12 and RO-13, that intake activity within these four regions is also relatively higher than intake activity within Brisbane region, Central region and Far North Queensland region.

Figure RO-13 Regional Demand 2016FY against Other Front line Support Staff Numbers (excl CSOs) at PPE 26 June 2016



Source: Department of Communities, Child Safety and Disability Services, 2016.

Cross Regional Workforce Benchmarking

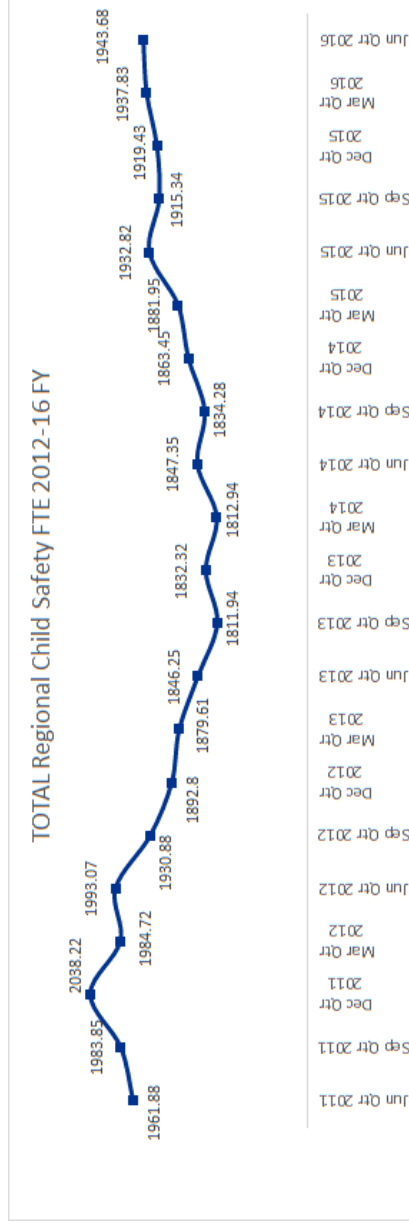
Figure RO-14 and RO-15 provide a long-term trend of staffing numbers within Child Safety regions. Figure RO-14 provides an indication of movement in staff numbers overall, and Figure RO-15 provides an indicator of movement in staffing numbers for CSOs.

These figures have been provided by the Department and represent staffing numbers at Pay Period Ending 26 June 2016. These figures have been used throughout the report as the baseline staffing numbers within regions.

In addition to these figures, the Department has provided information on staffing breakdowns for additional staff announced by the Government in September 2016 and October 2016. In September 2016, an additional 82 FTE staff members were funded to provide front line service support across regions. These additional staff have been allocated as per the breakdowns provided and are included in the regional level analyses both within the main report and this supplementary report.

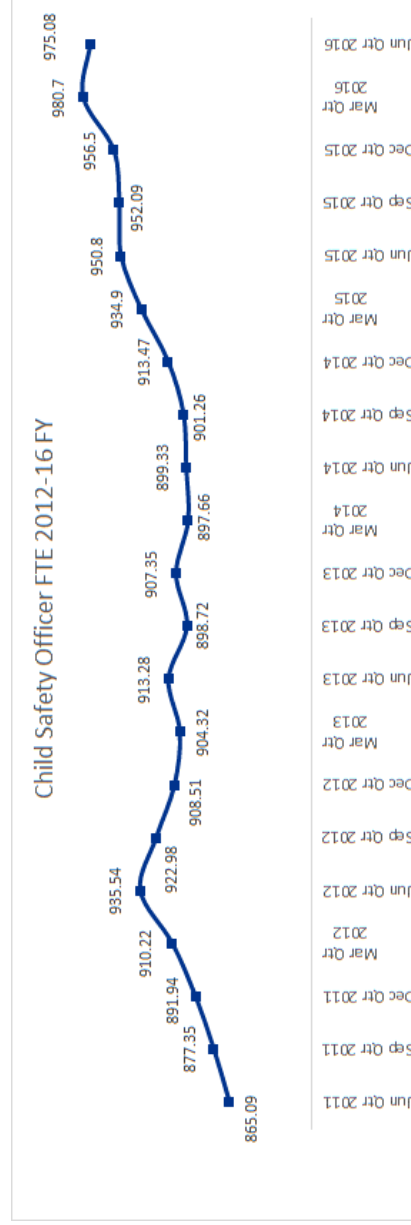
In February 2017, the Department also provided a further breakdown related to the additional 47 FTE staff announced in October 2016. Of these staff, 8 FTE were targeted at assisting with Investigations and Assessments, 2 FTE were for provision of additional administrative support within regions and a further 17 FTE staff members were Family Group Meeting Convenors providing additional front line support to regional staff.

Figure RO-14 Total Regional Child Safety FTE 2012-2016 (to PPE 26 June 2016)



Source: Department of Communities, Child Safety and Disability Services, 2016.

Figure RO-15 Total Regional CSOs FTE 2012-2016 (to PPE 26 June 2016)



Source: Department of Communities, Child Safety and Disability Services, 2016.

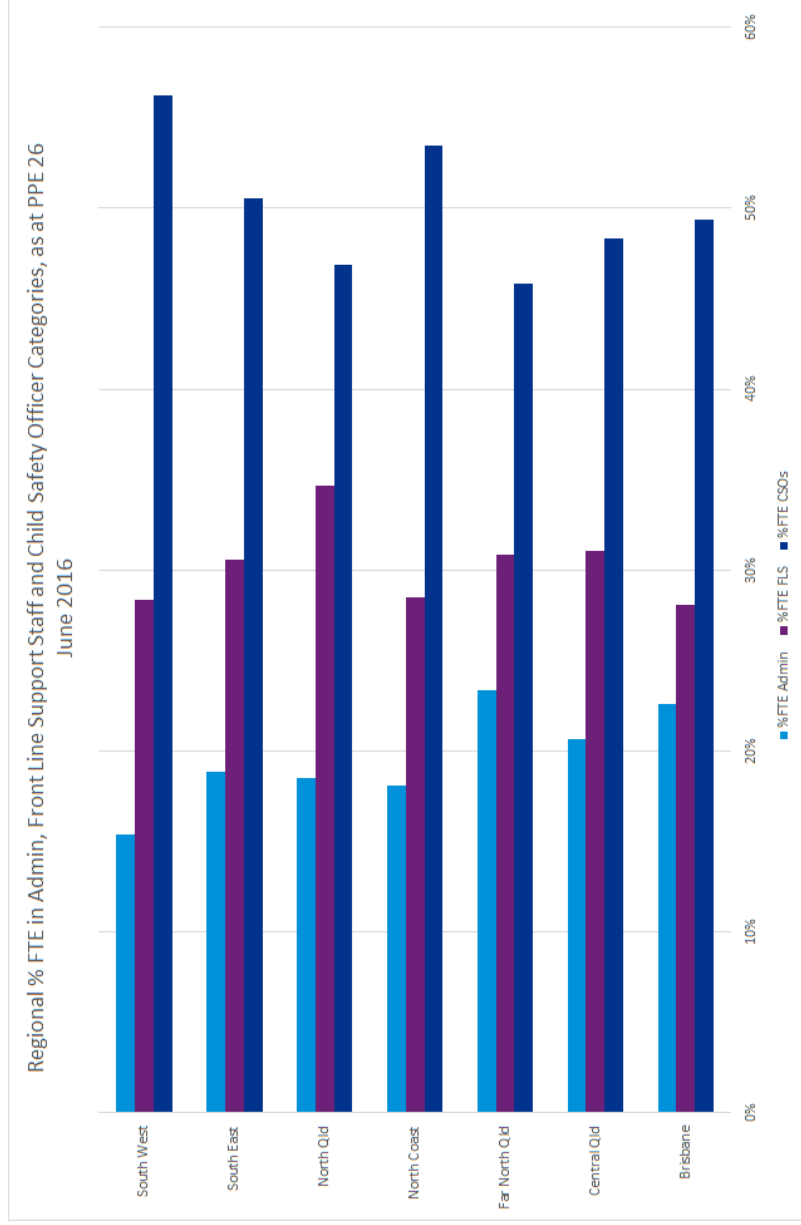
In addition, 3 of the 47 newly announced positions specifically targeted Domestic and Family Violence in the context of Child Protection. One FTE para-professional staff member was also provided to Far North Queensland region for front line support. These additional 31 positions have been included in the regional level analyses.

Consequently, the total number of staff included in front line child protection analyses is 2,056 FTE staff members, being 1,944 base FTE at 26 June 2016, plus 82 FTE front line staff announced in September 2016, in addition to 31 of the 47 positions announced in October 2016.

Figure RO-16 benchmarks the proportion of staff within each region within the categories of CSOs, front line support staff (as previously defined), and administration support staff.

The chart demonstrates that **North Coast (53 per cent), South East (51 per cent)** and **South West (56 per cent)** regions had a proportionally greater number of CSOs compared to overall support staff than the other regions. While **Brisbane region (28 per cent)** has the lowest proportion of front line non-CSO staff, and **South West region (15 per cent)** has the lowest proportion of administrative support, **North Coast region** has both a low proportion of front line non-CSO staff (**28 per cent**) and a low proportion of administrative staff (**18 per cent**).

Figure RO-16 Cross Regional Breakdown of Staff by Category (Administrative, Front Line Support Staff and CSOs, at PPE 26 June 2016)



Source: Department of Communities, Child Safety and Disability Services, 2016.

Resource Allocation Modelling

Comparative budgets for regions demonstrate that while most have received budget increases over the five year period to 2015-16, percentage change in budgets across regions has been variable.

Figure RO-18 shows the annual percentage change in budget allocations to regions from 2011-12 to the 2016-17 budget.

Overall, the Brisbane region has had the smallest change in budget over the analysis period, with an overall change of 3.2 per cent over the five year period to 2016-17 (budget).

North Coast region has experienced the most significant change in budget allocation over the five year period of analysis, with a total increase in budget allocation over the 2011-12 allocation of 43.7 per cent, an average of 8.7 per cent per annum.

South East and South West regions have also experienced significant budget increases of, on average, between 7.2 and 6.6 per cent per annum respectively.

Central Queensland, Far North Queensland and North Queensland regions have received smaller increases over the period of 15.7 to 24 per cent overall which amounts to, on average, between a 3 to 4.8 per cent increase per annum.

Figure RO-18: Total Budget by Region 2012 to 2017 FY (\$)

Budget Allocations						
	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total - Brisbane Region	40,688,974	42,884,008	42,726,476	40,735,240	42,184,398	41,990,370
Total - Central Qld Region	35,103,986	39,520,194	40,425,110	40,881,288	43,618,233	43,531,723
Total - Far North Qld Region	28,669,741	32,506,236	33,786,319	34,428,948	35,794,111	35,302,712
Total - North Coast Region	30,729,943	35,651,486	37,560,506	40,520,060	42,854,001	44,164,713
Total - North Qld Region	33,004,918	35,934,302	34,553,062	35,793,117	37,862,922	38,201,893
Total - South East Region	51,981,435	64,297,621	66,685,257	62,976,436	69,316,254	70,360,077
Total - South West Region	39,749,490	46,016,346	48,819,740	50,041,871	52,969,637	52,873,643
	259,928,487	296,810,193	304,556,470	305,376,960	324,599,556	326,425,131

Percent Change		2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Overall Change
Total - Brisbane Region			5.4%	-0.4%	-4.7%	3.6%	-0.5%	3.2%
Total - Central Qld Region			12.6%	2.3%	1.1%	6.7%	-0.2%	24.0%
Total - Far North Qld Region			13.4%	3.9%	1.9%	4.0%	-1.4%	23.1%
Total - North Coast Region			16.0%	5.4%	7.9%	5.8%	3.1%	43.7%
Total - North Qld Region			8.9%	-3.8%	3.6%	5.8%	0.9%	15.7%
Total - South East Region			23.7%	3.7%	-5.6%	10.1%	1.5%	35.4%
Total - South West Region			15.8%	6.1%	2.5%	5.9%	-0.2%	33.0%

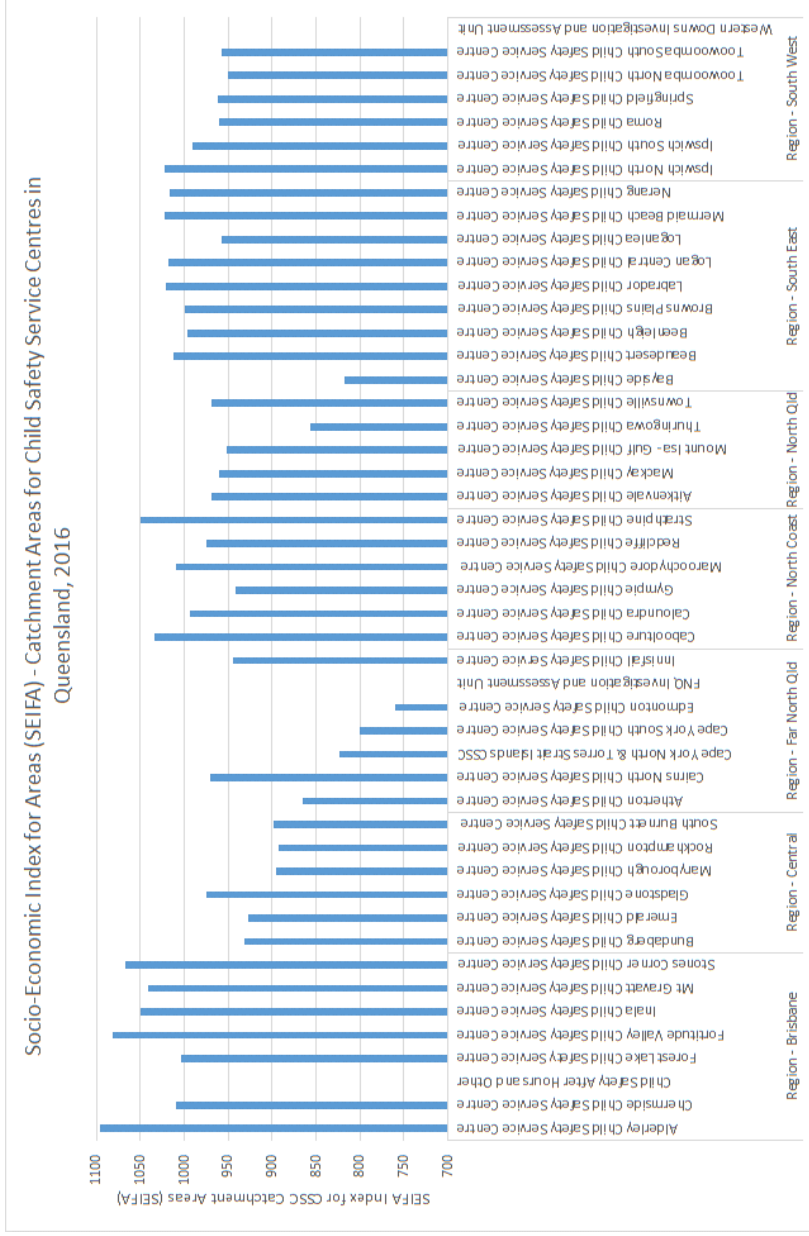
Source: Department of Communities, Child Safety and Disability Services, 2016.

As part of the work undertaken for this review, a detailed analysis of regional population and socio-economic status was undertaken for the purpose of establishing factors that might contribute to a needs-based allocation of resources across regions. It should be noted that this analysis is indicative only, and any shift to a Resource Allocation Formula would need to be accompanied by policy strategies to ensure equitable access to services state-wide.

The first part of the modelling exercise was to benchmark CSSC catchments according to an appropriate indicator of socio-economic status. The range of indices under the Australian Bureau of Statistics’ (ABS) Socio Economic Index For Areas (SEIFA) was used in this analysis.

Chart RO-19 benchmarks an indicator of relative advantage and disadvantage across catchment populations for CSSCs. The resultant scores are indicative, and are based on catchment area data for CSSCs received from the Department. The SEIFA score in Figure RO-19 does not necessarily represent the SEIFA index for the suburb/town in which the CSSC is located. However, SEIFA data was modelled alongside concordance data from the ABS and catchment data from the Department to identify a population-weighted average indicator of relative advantage and disadvantage for CSSCs. The indicator was statistically significant as an indicator of demand for ongoing interventions and out-of-home care services. However, based on statistical modelling, the indicator of relative advantage and disadvantage was not significant in predicting demand for Investigations and Assessments. For further details refer to Appendix C.

Figure RO-19 – Socio-Economic Index for Areas (SEIFA- IRSAD) – Catchment Areas for CSSCs in Queensland 2016



Source: KPMG from catchment area data for CSSCs provided by Department of Communities, Child Safety and Disability Services, 2016; ABS (2012) Cat No 1270.0.55.006.C021 Statistical Area Level 2 2011 to Statistical Local Area 2011; Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA) Australia, 2011 (Cat. No. 2033.0.55.001)

A range of data relating to regions was consolidated, including levels of demand (intake, Investigation and Assessment, ongoing intervention), population (total and 0-17), expenditure, the modelled indicator of relative advantage and disadvantage, ratios of demand to population, rural and remote flags, and staff caseload ratios. The data was analysed to determine significant relationships between demand experienced in each region and other regional characteristics. It should be noted that additional factors not included in this analysis, but which are considered relevant in the context of child protection, would ideally be included to maximise the relevance of a resource allocation methodology. These additional factors would include indicators of community wellbeing such as:

- prevalence of domestic and family violence;
- number of single parent households;
- indicators of crime;
- indicators of substance abuse; and
- indicators of mental health issues.

However, utilising demand, population and the indicator of socio-economic status, significant relationships between ongoing interventions and the indicator of socio-economic status were identified, and an indicative grouping of CSSCs was able to be identified. Statistical modelling showed the grouping was a significant predictor of demand across ongoing interventions, volumes of children in out-of-home care and for Investigations and Assessments. Figures RO-20 to RO-23 show the indicative grouping of CSSCs based on the factors examined. Appendix C contains more detailed information on the modelling results.

Figure RO-20 – Group 1 Child Safety Service Centres

Group #	Region	Service Centre
Group 1	Region - Brisbane	Alderley Child Safety Service Centre
	Region - Brisbane	Fortitude Valley Child Safety Service Centre
	Region - Brisbane	Stones Corner Child Safety Service Centre
	Region - Brisbane	Mt Gravatt Child Safety Service Centre
	Region - South West	Ipswich North Child Safety Service Centre
	Region - South East	Mermaid Beach Child Safety Service Centre
	Region - South East	Labrador Child Safety Service Centre
	Region - Brisbane	Chermside Child Safety Service Centre
	Region - North Coast	Maroochydore Child Safety Service Centre
	Region - South East	Bayside Child Safety Service Centre
	Region - South West	Roma Child Safety Service Centre
	Region - Central	Emerald Child Safety Service Centre

Source: KPMG, 2017

Figure RO-21 – Group 2 Child Safety Service Centres

Group #	Region	Service Centre
Group 2	Region - Brisbane	Forest Lake Child Safety Service Centre
	Region - Brisbane	Inala Child Safety Service Centre
	Region - North Coast	Strathpine Child Safety Service Centre
	Region - North Coast	Caboolture Child Safety Service Centre
	Region - South East	Beaudesert Child Safety Service Centre
	Region - South East	Browns Plains Child Safety Service Centre
	Region - Far North Qld	Cairns North Child Safety Service Centre
	Region - North Qld	Aitkenvale Child Safety Service Centre
	Region - South West	Springfield Child Safety Service Centre
	Region - North Qld	Mackay Child Safety Service Centre
	Region - Central	Bundaberg Child Safety Service Centre
	Region - South West	Toowoomba North Child Safety Service Centre

Source: KPMG, 2017

The purpose of establishing a grouping is to examine the impact of any resource allocation methodology on CSSCs with similar characteristics. Each of the four groups are similar in relation to their relative levels of demand, and the socio-economic status of their catchment populations.

In very broad terms, Group 1 represents those CSSCs with relatively lower levels of demand, or with relatively low levels of social disadvantage relative to other CSSCs. Consequently, it is possible that a CSSC with a catchment population with a relatively low socio-economic status will fall within Group 1, if its demand is moderate for its population size.

Alternatively, CSSCs in Group 4 are those CSSCs with the highest levels of social disadvantage or which have disproportionately high levels of demand for their population size. Rockhampton would be an example of the latter. Edmonton would be an example of the former. In these CSSCs, it would be expected that average expenditure would exceed that of other centres on a standard population-based resource allocation methodology. Consequently a formula which adequately resources the more intensive CSSCs, as well as those that are less intensive, is the fundamental aim of any resource allocation methodology.

Figure RO-22 – Group 3 Child Safety Service Centres

Group #	Region	Service Centre
Group 3	Region - South West	Toowoomba South Child Safety Service Centre
	Region - North Coast	Caloundra Child Safety Service Centre
	Region - South East	Nerang Child Safety Service Centre
	Region - South East	Logan Central Child Safety Service Centre
	Region - Central	Gladstone Child Safety Service Centre
	Region - North Coast	Redcliffe Child Safety Service Centre
	Region - South East	Loganlea Child Safety Service Centre
	Region - North Coast	Gympie Child Safety Service Centre
	Region - Far North Qld	Innisfail Child Safety Service Centre
	Region - Central	Maryborough Child Safety Service Centre
	Region - North Qld	Thuringowa Child Safety Service Centre
	Region - Far North Qld	Cape York North & Torres Strait Islands CSSC

Source: KPMG, 2017

Figure RO-23 – Group 4 Child Safety Service Centres

Group #	Region	Service Centre
Group 4	Region - North Qld	Townsville Child Safety Service Centre
	Region - South West	Ipswich South Child Safety Service Centre
	Region - South East	Beenleigh Child Safety Service Centre
	Region - North Qld	Mount Isa - Gulf Child Safety Service Centre
	Region - Central	South Burnett Child Safety Service Centre
	Region - Central	Rockhampton Child Safety Service Centre
	Region - Far North Qld	Atherton Child Safety Service Centre
	Region - Far North Qld	Cape York South Child Safety Service Centre
	Region - Far North Qld	Edmonton Child Safety Service Centre

Source: KPMG, 2017

Results of Resource Modelling Exercise

The modelling exercise was undertaken utilising several different scenarios:

- Option 1: Population only;
- Option 2: Indicator of relative advantage and disadvantage (IRAD or SEIFA-IRSD) only;
- Option 3: 50:50 Split between IRAD and SEIFA-IRSD and Population; and
- Option 4: 30:30:40 Split between IRAD, Population and Activity Indicator.

Two scenarios were modelled for each option, one using a basic indicator of socio-economic status (Options scenario A) and the other using a more complex population adjusted SEIFA-IRSD indicator of relative advantage and disadvantage (Options scenario B). The first assumption applied in the modelling exercise was that the key objective would be to achieve a reallocation of existing resources across regions and CSSCs according to an optimal set of indicators.

The analysis also assumed that Placement Services and Regional Intake Service budgets were quarantined from a reallocation of resources. This was because there was insufficient information available to the review to establish a basis upon which to model resources. While intake data was provided by the Department to the Review, the data was in a variety of formats which did not allow the same level of analysis to be undertaken across all regions. Consequently, as Placement Services, Regional Office allocations and Regional Intake Services represented \$41 million out of the total \$326.4 million allocated in the 2016/17 budget to regional Child Safety Services, this was excluded from the resource allocation methodology. The state-wide after-hours centre was also excluded, as the service provided is not comparable to the service provided by other CSSCs. Consequently, the associated costs could not be adequately compared.

In terms of a reallocation of resources, the first two options within both the A and B scenarios were found to skew results significantly, with neither option arriving at an allocation that fitted with demand patterns within regions. The third option was a substantially superior option, but still did not deliver a resource allocation model that was consistent with demand patterns, and the pressure points that have been analysed throughout the Review. Options 3 A and 3B (50:50

IRAD/SEIFA-IRSD:Population) benefitted from having both indicators included, the socio-economic factor benefitting those CSSCs servicing highly vulnerable populations, and the population indicator benefitting those with larger catchment populations.

Options 4A and B incorporated a measure of weighted activity, based on volume of activity across ongoing interventions and Investigations and Assessments. These were weighted for complexity based on assumptions from within the department's Workforce Management Guide (May 2016). The activity indicator was further weighted according to rural/remote location of centres in order to compensate for the additional time on cases associated with increased travel times, and availability of support services in the secondary sector. Assumptions around complexity would ideally be incorporated within a classification of caseloads in order to properly accommodate the relative difference in caseloads across centres. Such methodologies have been successfully applied in the analysis of caseloads within the health sector, for example. However, for the purpose of this exercise, complexity was modelled based on broad assumptions about the mix of complex versus less complex cases, and broad assumptions about the contribution to complexity associated with rural and remote locations.

Options 4A and 4B delivered a resource allocation which better represented the outcomes of the demand and resourcing analysis than all other options. The outcome of these two options was similar, however, use of a population-weighted indicator of socio-economic status (Option 4B) is preferable and moderates results for regions across catchment areas with different socio-economic areas according to their relative population size.

Brisbane region, which demonstrates declining levels of activity but relatively lower levels of caseloads, would potentially incur a net loss of funding as it has a relatively higher level of resourcing than other regions.

Three CSSCs within Central region were identified to be relatively under-resourced in comparison with all other CSSCs. These are Bundaberg, Emerald and Maryborough. Rockhampton has a disproportionate level of activity for its population, and consequently, appears to be better resourced than other centres

within the region, and South Burnett has a particularly low socio-economic status. Both these centres fall within the Group 4 category of centres. Inclusion within the model of an activity-based component moderated the result for Rockhampton CSSC quite significantly (e.g. under Option 4, the relative level of higher resourcing in this centre was \$965,000 over other centres, rather than a \$5.6 million to \$7.5 million level of over resourcing based purely on population and/or socio-economic factors). Therefore, the inclusion of the activity indicator appears to more appropriately deal with the issue of disproportionate demand handled by this centre.

Far North Queensland region has three centres which fall within the Group 4 centres (Atherton, Cape York and Edmonton). Each of these centres appears to be relatively over-resourced under the Option 4B model. Consequently, an ideal resource allocation methodology would seek to identify the specific factors within the region that contribute to the higher relative costs of particular centres. These would likely be linked to remoteness, Aboriginal and Torres Strait Islander status, as well as other risk factors. These centres would be quarantined under the model. Cairns North has had a relative shortfall of funds identified under Option 4B in comparison to the other models, whereas Edmonton (not a Group 4 centre) has been identified as being relatively over-resourced. However, with the reallocation of staffing resources in the late September 2016 announcements, it was reported by Cairns North during the review site visits that a proportion of their activity would likely be moved to the Edmonton centre. This is likely to impact the outcome of the resource allocation methodology such that the relative over and under-resourcing at these centres will resolve to some degree.

North Coast region, which has been shown to have a tendency towards relative under-resourcing compared with other regions, predictably would incur a net gain under the model. This is entirely consistent with the findings of the review which demonstrated this region's high levels of demand, but relatively lower workforce resourcing position. All CSSCs would experience a net increase in resourcing within this region, with the greatest funding adjustment to Strathpine and Maroochydore. Caboolture and Redcliffe would receive a minor adjustment, and Caloundra and Gympie a moderate adjustment relative to their existing allocation.

North Queensland region has two centres that fall within the Group 4 centres, being Townsville and Mt-Isa-Gulf. These centres experience relatively high levels of demand and service some of the most disadvantaged communities in the State. Both these appear to be relatively over-resourced according to the model. However, Mackay and Thuringowa would both receive increased budget allocations based on their populations, ISRAD scores and activity levels, with

Mackay in particular demonstrating that on the basis of the indicators used, it is substantially less well-resourced than other CSSCs. This is consistent with the outcomes of the review which demonstrate both Mackay and Thuringowa have high numbers of children on Long-Term CPOs, as well as increasing numbers of children on IPAs. Mackay was also shown to have the highest ongoing intervention caseloads across all CSSCs.

South East Queensland would have a net gain under a reallocation of resourcing scenario, with Bayside, Labrador and Mermaid Beach receiving rather substantial relative shifts in resourcing in their favour under the model. This outcome is not totally consistent with the outcomes of the analysis, and is likely related to the high proportion of the population within the catchment population of these centres of 0-17 year olds. Both total population and population of children 0-17 were shown to be statistically significant in predicting demand. However, population 0-17 was shown to be the slightly better predictor. However, each of these regions also has a relatively high number of children on Long-Term CPOs.

Beenleigh within South East region is a Group 4 centre, and under Option 4 would incur a relatively lower resource allocation. As mentioned previously, the model would ideally include the additional risk factors that better predict resource utilisation within Group 4 centres.

The only Group 4 centre in South West is Ipswich South, which under a standardised resource allocation methodology, would receive a reduction in resource allocation. However, Ipswich North which is a Group 1 Centre based on its activity and catchment population characteristics, would receive a substantial positive reallocation of resources based on its relative resourcing and levels of demand compared to other CSSCs. Toowoomba South in this region would have the most significant volume of resources reallocated away under Option 4B, and this region does not fall within the Group 4 centres. Further analysis of this dynamic would be recommended in the development of a model for the purpose of resource allocation.

In total, the resource methodology demonstrated that some CSSCs are relatively under-resourced compared to others by around \$21.0 million (Option 4B) and that this would be the quantum of funds that would shift between CSSCs. In reality, however, \$9.3 million of these funds is attributable to resource allocations away from Group 4 centres which would not be supported by the outcomes of the review, and for this reason, under each of the options, these centres have been identified as quarantine centres.

The resource allocation methodology provided largely supports the outcomes of the review in terms of those centres which are relatively more or less resourced. The quantum of change modelled is highly dependent on the assumptions and to the extent that the assumptions are modified, the resultant quantum resource allocation/resource shift would also change.

Ideally, the analysis provided is the first step in an iterative process to arrive at an optimal resource allocation formula. Each step in the iteration would target weaknesses in the allocation methodology. For example, an in-depth analysis of the SEIFA-ISRAD indicator used could return a more accurate result should one of the other indexes within the SEIFA framework be selected. Further, population allocation within regions may be better described utilising a more granular level of detail within the index. Additional population/demographic characteristics would also ideally be incorporated, including cultural status, rates of crime, rates of single parent households, as well as additional indicators of risk factors such as substance abuse, mental health and domestic and family violence.

Importantly, these additional factors may identify more specific needs within demographic areas that can then be specifically planned for and targeted with additional resources as these become available.

The results of the resource allocation modelling is presented by region and by CSSC in Appendix A and B.

Appendix A - Modelled Reallocation of Resources on Basis of Indicators of Relative Advantage and Disadvantage

Option 1 (A and B) Indicator of Relative Advantage and Disadvantage – Population Measures Only

2016-17 BUDGET										
	RAF Allocation			Change		Budget supplement		Quarantine		
Region - Brisbane	\$	41,990,370	\$	34,942,037	-\$	7,048,333	\$	1,504,249	\$	-
Alderley Child Safety Service Centre	\$	4,430,629	\$	4,063,337	-\$	367,292	\$	-	\$	-
Brisbane Placement Services	\$	2,027,451	\$	2,027,451	\$	-	\$	-	\$	-
Brisbane Regional Intake Service	\$	1,280,564	\$	1,280,564	\$	-	\$	-	\$	-
Brisbane Regional Office	\$	652,456	\$	652,456	\$	-	\$	-	\$	-
Chermside Child Safety Service Centre	\$	5,100,650	\$	2,904,789	-\$	2,195,861	\$	-	\$	-
Child Safety After Hours and Other	\$	4,665,747	\$	4,665,747	\$	-	\$	-	\$	-
Forest Lake Child Safety Service Centre	\$	4,897,271	\$	1,826,275	-\$	3,070,996	\$	-	\$	-
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$	5,878,688	\$	1,504,249	\$	1,504,249	\$	-
Inala Child Safety Service Centre	\$	3,700,755	\$	1,963,761	-\$	1,736,994	\$	-	\$	-
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$	4,286,591	-\$	670,551	\$	-	\$	-
Stones Corner Child Safety Service Centre	\$	5,903,266	\$	5,392,379	-\$	510,887	\$	-	\$	-
Region - Central	\$	43,531,723	\$	35,280,455	-\$	8,251,268	\$	6,622,348	\$	12,498,489
Bundaberg Child Safety Service Centre	\$	5,749,036	\$	7,087,990	\$	1,338,954	\$	1,338,954	\$	-
Central Placement Services	\$	1,619,574	\$	1,619,574	\$	-	\$	-	\$	-
Central Regional Intake Service	\$	1,297,007	\$	1,297,007	\$	-	\$	-	\$	-
Emerald Child Safety Service Centre	\$	2,386,487	\$	7,669,882	\$	5,283,395	\$	5,283,395	\$	-
Gladstone Child Safety Service Centre	\$	5,359,980	\$	4,966,868	-\$	393,112	\$	-	\$	-
Maryborough Child Safety Service Centre	\$	8,184,425	\$	6,202,410	-\$	1,982,015	\$	-	\$	-
Rockhampton Child Safety Service Centre	\$	12,407,817	\$	4,903,534	-\$	7,504,283	\$	-	\$	7,504,283
South Burnett Child Safety Service Centre	\$	6,527,397	\$	1,533,191	-\$	4,994,206	\$	-	\$	4,994,206

Source: KPMG, 2017

Row Labels	2016-17 BUDGET				RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$	35,302,712	\$	24,588,158	-\$10,714,554	\$	2,912,485	\$ 6,235,830
Atherton Child Safety Service Centre	\$	5,059,364	\$	2,688,645	-\$ 2,370,719	\$	-	\$ 2,370,719
Cairns North Child Safety Service Centre	\$	7,424,915	\$	10,337,400	\$ 2,912,485	\$	2,912,485	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	2,357,941	-\$ 2,216,481	\$	-	\$ -
Cape York South Child Safety Service Centre	\$	4,259,657	\$	394,546	-\$ 3,865,111	\$	-	\$ 3,865,111
Edmonton Child Safety Service Centre	\$	4,931,988	\$	872,671	-\$ 4,059,317	\$	-	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$	-	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$	-	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$	-	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$	-	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	1,668,601	-\$ 1,115,411	\$	-	\$ -
Region - North Coast	\$	44,164,713	\$	59,921,509	\$15,756,796	\$	15,756,796	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	12,630,344	\$ 3,460,481	\$	3,460,481	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,166,987	\$ 1,393,892	\$	1,393,892	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,094,749	\$ 1,091,213	\$	1,091,213	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	9,645,885	\$ 4,214,668	\$	4,214,668	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$	-	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$	-	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$	-	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	8,385,790	\$ 908,207	\$	908,207	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	12,664,417	\$ 4,688,335	\$	4,688,335	\$ -
Region - North Qld	\$	38,201,893	\$	37,228,687	-\$ 973,206	\$	7,617,178	\$ 8,590,384
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,913,552	\$ 627,681	\$	627,681	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	14,755,061	\$ 6,826,942	\$	6,826,942	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	2,530,391	-\$ 4,628,300	\$	-	\$ 4,628,300
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$	-	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	6,804,930	\$ 162,556	\$	162,556	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	2,342,020	-\$ 3,962,085	\$	-	\$ 3,962,085

Source: KPMG, 2017

Source: KPMG, 2017

Row Labels	2016-17 BUDGET		RAF Allocation		Change		Budget supplement		Quarantine	
Region - South East	\$	70,360,077	\$	87,270,327	\$	16,910,250	\$	21,674,226	\$	764,582
Bayside Child Safety Service Centre	\$	7,772,137	\$	14,773,870	\$	7,001,733	\$	7,001,733	\$	-
Beaulesert Child Safety Service Centre	\$	6,963,183	\$	6,164,796	-\$	798,387	\$	-	\$	-
Beenleigh Child Safety Service Centre	\$	7,007,384	\$	6,242,802	-\$	764,582	\$	-	\$	764,582
Browns Plains Child Safety Service Centre	\$	5,802,980	\$	6,418,215	\$	615,235	\$	615,235	\$	-
Labrador Child Safety Service Centre	\$	6,866,149	\$	15,131,876	\$	8,265,727	\$	8,265,727	\$	-
Logan Central Child Safety Service Centre	\$	5,948,803	\$	3,278,052	-\$	2,670,751	\$	-	\$	-
Loganlea Child Safety Service Centre	\$	6,578,570	\$	7,581,258	\$	1,002,688	\$	1,002,688	\$	-
Mermaid Beach Child Safety Service Centre	\$	7,923,467	\$	12,712,310	\$	4,788,843	\$	4,788,843	\$	-
Nerang Child Safety Service Centre	\$	6,517,001	\$	5,986,746	-\$	530,255	\$	-	\$	-
South East Adoption Services	\$	2,927,810	\$	2,927,810	\$	-	\$	-	\$	-
South East Placement Services	\$	2,977,021	\$	2,977,021	\$	-	\$	-	\$	-
South East Queensland Regional Office	\$	773,997	\$	773,997	\$	-	\$	-	\$	-
South East Regional Intake Service	\$	2,301,575	\$	2,301,575	\$	-	\$	-	\$	-
Region - South West	\$	52,873,643	\$	47,193,957	-\$	5,679,686	\$	7,460,643	\$	7,239,847
Ipswich North Child Safety Service Centre	\$	8,791,904	\$	13,561,916	\$	4,770,012	\$	4,770,012	\$	-
Ipswich South Child Safety Service Centre	\$	8,419,805	\$	1,179,958	-\$	7,239,847	\$	-	\$	7,239,847
Roma Child Safety Service Centre	\$	4,758,753	\$	7,449,384	\$	2,690,631	\$	2,690,631	\$	-
South West Regional Intake Service	\$	1,640,435	\$	1,640,435	\$	-	\$	-	\$	-
South West Regional Office	\$	5,251,733	\$	5,251,733	\$	-	\$	-	\$	-
Springfield Child Safety Service Centre	\$	6,767,297	\$	6,495,141	-\$	272,156	\$	-	\$	-
Toowoomba North Child Safety Service Centre	\$	8,623,856	\$	5,807,695	-\$	2,816,161	\$	-	\$	-
Toowoomba South Child Safety Service Centre	\$	8,619,860	\$	5,807,695	-\$	2,812,165	\$	-	\$	-
Grand Total	\$	326,425,131	\$	326,425,131	-\$	0	\$	63,547,926	\$	35,329,133

Option 2 (A) Indicator of Relative Advantage and Disadvantage – Advantage and Disadvantage Measures Only

2016-17 BUDGET										RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$	49,109,043	\$	7,118,673	\$	7,336,171	\$	-			
Alderley Child Safety Service Centre	\$	4,430,629	\$	5,535,323	\$	1,104,694	\$	1,104,694	\$	-			
Brisbane Placement Services	\$	2,027,451	\$	2,027,451	\$	-	\$	-	\$	-			
Brisbane Regional Intake Service	\$	1,280,564	\$	1,280,564	\$	-	\$	-	\$	-			
Brisbane Regional Office	\$	652,456	\$	652,456	\$	-	\$	-	\$	-			
Chermside Child Safety Service Centre	\$	5,100,650	\$	6,006,648	\$	905,998	\$	905,998	\$	-			
Child Safety After Hours and Other	\$	4,665,747	\$	4,665,747	\$	-	\$	-	\$	-			
Forest Lake Child Safety Service Centre	\$	4,897,271	\$	6,042,544	\$	1,145,273	\$	1,145,273	\$	-			
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$	5,606,945	\$	1,232,506	\$	1,232,506	\$	-			
Inala Child Safety Service Centre	\$	3,700,755	\$	5,777,823	\$	2,077,068	\$	2,077,068	\$	-			
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$	5,827,775	\$	870,633	\$	870,633	\$	-			
Stones Corner Child Safety Service Centre	\$	5,903,266	\$	5,685,768	\$	217,498	\$	-	\$	-			
Region - Central	\$	43,531,723	\$	42,527,645	\$	-1,004,078	\$	6,008,463	\$	5,606,568			
Bundaberg Child Safety Service Centre	\$	5,749,036	\$	6,516,342	\$	767,306	\$	767,306	\$	-			
Central Placement Services	\$	1,619,574	\$	1,619,574	\$	-	\$	-	\$	-			
Central Regional Intake Service	\$	1,297,007	\$	1,297,007	\$	-	\$	-	\$	-			
Emerald Child Safety Service Centre	\$	2,386,487	\$	6,544,460	\$	4,157,973	\$	4,157,973	\$	-			
Gladstone Child Safety Service Centre	\$	5,359,980	\$	6,222,271	\$	862,291	\$	862,291	\$	-			
Maryborough Child Safety Service Centre	\$	8,184,425	\$	6,778,451	\$	-1,405,974	\$	-	\$	-			
Rockhampton Child Safety Service Centre	\$	12,407,817	\$	6,801,249	\$	-5,606,568	\$	-	\$	5,606,568			
South Burnett Child Safety Service Centre	\$	6,527,397	\$	6,748,291	\$	220,894	\$	220,894	\$	-			

Source: KPMG, 2017

Row Labels	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine				
Region - Far North Qld	\$	35,302,712	\$	48,873,706	\$	13,570,994	\$	14,741,565	\$	-
Atherton Child Safety Service Centre	\$	5,059,364	\$	7,005,443	\$	1,946,079	\$	1,946,079		
Cairns North Child Safety Service Centre	\$	7,424,915	\$	6,254,344	-\$	1,170,571	\$	-	\$	-
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	7,362,517	\$	2,788,095	\$	2,788,095		
Cape York South Child Safety Service Centre	\$	4,259,657	\$	7,573,925	\$	3,314,268	\$	3,314,268		
Edmonton Child Safety Service Centre	\$	4,931,988	\$	7,982,518	\$	3,050,530	\$	3,050,530	\$	-
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$	-	\$	-	\$	-
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$	-	\$	-	\$	-
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$	-	\$	-	\$	-
FNQ Regional Office	\$	436,105	\$	436,105	\$	-	\$	-	\$	-
Innisfail Child Safety Service Centre	\$	2,784,012	\$	6,426,604	\$	3,642,592	\$	3,642,592	\$	-
Region - North Coast	\$	44,164,713	\$	40,763,879	-\$	3,400,834	\$	3,355,372	\$	-
Caboolture Child Safety Service Centre	\$	9,169,863	\$	5,867,228	-\$	3,302,635	\$	-	\$	-
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,109,480	\$	1,336,385	\$	1,336,385	\$	-
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,447,092	\$	1,443,556	\$	1,443,556	\$	-
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	6,006,648	\$	575,431	\$	575,431	\$	-
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$	-	\$	-	\$	-
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$	-	\$	-	\$	-
North Coast Regional Office	\$	576,785	\$	576,785	\$	-	\$	-	\$	-
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	6,222,271	-\$	1,255,312	\$	-	\$	-
Strathpine Child Safety Service Centre	\$	7,976,082	\$	5,777,823	-\$	2,198,259	\$	-	\$	-
Region - North Qld	\$	38,201,893	\$	36,177,130	-\$	2,024,763	\$	444,909	\$	786,092
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,260,799	-\$	25,072	\$	-	\$	-
Mackay Child Safety Service Centre	\$	7,928,119	\$	6,312,918	-\$	1,615,201	\$	-	\$	-
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	6,372,599	-\$	786,092	\$	-	\$	786,092
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$	-	\$	-	\$	-
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	7,087,283	\$	444,909	\$	444,909	\$	-
Townsville Child Safety Service Centre	\$	6,304,105	\$	6,260,799	-\$	43,306	\$	-	\$	-

Source: KPMG, 2017

Row Labels	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine
Region - South East	\$	70,360,077	\$ 64,691,598	-\$ 5,668,479	\$ 274,375	\$ 916,306
Bayside Child Safety Service Centre	\$	7,772,137	\$ 7,416,521	-\$ 355,616	\$ -	\$ -
Beaulesert Child Safety Service Centre	\$	6,963,183	\$ 5,994,777	-\$ 968,406	\$ -	\$ -
Beenleigh Child Safety Service Centre	\$	7,007,384	\$ 6,091,078	-\$ 916,306	\$ -	\$ 916,306
Browns Plains Child Safety Service Centre	\$	5,802,980	\$ 6,066,714	\$ 263,734	\$ 263,734	\$ -
Labrador Child Safety Service Centre	\$	6,866,149	\$ 5,941,933	-\$ 924,216	\$ -	\$ -
Logan Central Child Safety Service Centre	\$	5,948,803	\$ 5,959,444	\$ 10,641	\$ 10,641	\$ -
Loganlea Child Safety Service Centre	\$	6,578,570	\$ 6,339,304	-\$ 239,266	\$ -	\$ -
Mermaid Beach Child Safety Service Centre	\$	7,923,467	\$ 5,936,119	-\$ 1,987,348	\$ -	\$ -
Nerang Child Safety Service Centre	\$	6,517,001	\$ 5,965,304	-\$ 551,697	\$ -	\$ -
South East Adoption Services	\$	2,927,810	\$ 2,927,810	\$ -	\$ -	\$ -
South East Placement Services	\$	2,977,021	\$ 2,977,021	\$ -	\$ -	\$ -
South East Queensland Regional Office	\$	773,997	\$ 773,997	\$ -	\$ -	\$ -
South East Regional Intake Service	\$	2,301,575	\$ 2,301,575	\$ -	\$ -	\$ -
Region - South West	\$	52,873,643	\$ 44,282,131	-\$ 8,591,512	\$ 1,560,741	\$ 2,297,995
Ipswich North Child Safety Service Centre	\$	8,791,904	\$ 5,930,317	-\$ 2,861,587	\$ -	\$ -
Ipswich South Child Safety Service Centre	\$	8,419,805	\$ 6,121,810	-\$ 2,297,995	\$ -	\$ 2,297,995
Roma Child Safety Service Centre	\$	4,758,753	\$ 6,319,494	\$ 1,560,741	\$ 1,560,741	\$ -
South West Regional Intake Service	\$	1,640,435	\$ 1,640,435	\$ -	\$ -	\$ -
South West Regional Office	\$	5,251,733	\$ 5,251,733	\$ -	\$ -	\$ -
Springfield Child Safety Service Centre	\$	6,767,297	\$ 6,306,356	-\$ 460,941	\$ -	\$ -
Toowoomba North Child Safety Service Centre	\$	8,623,856	\$ 6,379,300	-\$ 2,244,556	\$ -	\$ -
Toowoomba South Child Safety Service Centre	\$	8,619,860	\$ 6,332,687	-\$ 2,287,173	\$ -	\$ -
Grand Total	\$	326,425,131	\$ 326,425,131	-\$ 0	\$ 33,721,596	\$ 9,606,961

Source: KPMG, 2017

Option 3 (A) Population and Indicator of Relative Advantage and Disadvantage – Advantage and Disadvantage Measures

	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$ 40,166,869	-\$1,823,501	\$ 1,725,764	\$ -
Alderley Child Safety Service Centre	\$	4,430,629	\$ 2,780,479	-\$ 1,650,150	\$ -	\$ -
Brisbane Placement Services	\$	2,027,451	\$ 2,027,451	\$ -	\$ -	\$ -
Brisbane Regional Intake Service	\$	1,280,564	\$ 1,280,564	\$ -	\$ -	\$ -
Brisbane Regional Office	\$	652,456	\$ 652,456	\$ -	\$ -	\$ -
Chermside Child Safety Service Centre	\$	5,100,650	\$ 4,476,628	-\$ 624,022	\$ -	\$ -
Child Safety After Hours and Other	\$	4,665,747	\$ 4,665,747	\$ -	\$ -	\$ -
Forest Lake Child Safety Service Centre	\$	4,897,271	\$ 3,947,555	-\$ 949,716	\$ -	\$ -
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$ 5,785,133	\$ 1,410,694	\$ 1,410,694	\$ -
Inala Child Safety Service Centre	\$	3,700,755	\$ 3,884,928	\$ 184,173	\$ 184,173	\$ -
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$ 5,088,039	\$ 130,897	\$ 130,897	\$ -
Stones Corner Child Safety Service Centre	\$	5,903,266	\$ 5,577,889	-\$ 325,377	\$ -	\$ -
Region - Central	\$	43,531,723	\$ 39,137,015	-\$4,394,708	\$ 6,150,387	\$ 8,895,748
Bundaberg Child Safety Service Centre	\$	5,749,036	\$ 6,853,187	\$ 1,104,151	\$ 1,104,151	\$ -
Central Placement Services	\$	1,619,574	\$ 1,619,574	\$ -	\$ -	\$ -
Central Regional Intake Service	\$	1,297,007	\$ 1,297,007	\$ -	\$ -	\$ -
Emerald Child Safety Service Centre	\$	2,386,487	\$ 7,162,381	\$ 4,775,894	\$ 4,775,894	\$ -
Gladstone Child Safety Service Centre	\$	5,359,980	\$ 5,630,322	\$ 270,342	\$ 270,342	\$ -
Maryborough Child Safety Service Centre	\$	8,184,425	\$ 6,535,078	-\$ 1,649,347	\$ -	\$ -
Rockhampton Child Safety Service Centre	\$	12,407,817	\$ 5,887,689	-\$ 6,520,128	\$ -	\$ 6,520,128
South Burnett Child Safety Service Centre	\$	6,527,397	\$ 4,151,778	-\$ 2,375,619	\$ -	\$ 2,375,619

Source: KPMG, 2017

Row Labels	2016-17 BUDGET				RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$	35,302,712	\$	36,862,804	\$1,560,092	\$	2,523,751	\$ 465,548
Atherton Child Safety Service Centre	\$	5,059,364	\$	4,866,398	\$- 192,966	\$	-	\$ 192,966
Cairns North Child Safety Service Centre	\$	7,424,915	\$	8,370,284	\$ 945,369	\$	945,369	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	4,877,202	\$ 302,780	\$	302,780	
Cape York South Child Safety Service Centre	\$	4,259,657	\$	3,987,076	\$- 272,581	\$	-	\$ 272,581
Edmonton Child Safety Service Centre	\$	4,931,988	\$	4,433,876	\$- 498,112	\$	-	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$	-	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$	-	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$	-	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$	-	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	4,059,614	\$ 1,275,602	\$	1,275,602	\$ -
Region - North Coast	\$	44,164,713	\$	50,742,835	\$6,578,122	\$	6,691,311	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	9,339,703	\$ 169,840	\$	169,840	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,182,626	\$ 1,409,531	\$	1,409,531	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,314,793	\$ 1,311,257	\$	1,311,257	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	7,895,700	\$ 2,464,483	\$	2,464,483	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$	-	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$	-	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$	-	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	7,364,394	\$- 113,189	\$	-	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	9,312,282	\$ 1,336,200	\$	1,336,200	\$ -
Region - North Qld	\$	38,201,893	\$	36,942,943	\$-1,258,950	\$	3,415,868	\$ 4,674,818
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,636,941	\$ 351,070	\$	351,070	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	10,640,201	\$ 2,712,082	\$	2,712,082	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	4,469,710	\$- 2,688,981	\$	-	\$ 2,688,981
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$	-	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	6,995,090	\$ 352,716	\$	352,716	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	4,318,268	\$- 1,985,837	\$	-	\$ 1,985,837

Source: KPMG, 2017

Row Labels	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine
Region - South East	\$	70,360,077	\$ 76,544,517	\$ 6,184,440	\$ 9,623,308	\$ 795,506
Bayside Child Safety Service Centre	\$	7,772,137	\$ 11,201,542	\$ 3,429,405	\$ 3,429,405	\$ -
Beaunesert Child Safety Service Centre	\$	6,963,183	\$ 6,124,162	\$ 839,021	\$ -	\$ -
Beenleigh Child Safety Service Centre	\$	7,007,384	\$ 6,211,878	\$ 795,506	\$ -	\$ 795,506
Browns Plains Child Safety Service Centre	\$	5,802,980	\$ 6,288,665	\$ 485,685	\$ 485,685	\$ -
Labrador Child Safety Service Centre	\$	6,866,149	\$ 10,645,829	\$ 3,779,680	\$ 3,779,680	\$ -
Logan Central Child Safety Service Centre	\$	5,948,803	\$ 4,642,344	\$ 1,306,459	\$ -	\$ -
Loganlea Child Safety Service Centre	\$	6,578,570	\$ 7,014,853	\$ 436,283	\$ 436,283	\$ -
Mermaid Beach Child Safety Service Centre	\$	7,923,467	\$ 9,415,722	\$ 1,492,255	\$ 1,492,255	\$ -
Nerang Child Safety Service Centre	\$	6,517,001	\$ 6,019,119	\$ 497,882	\$ -	\$ -
South East Adoption Services	\$	2,927,810	\$ 2,927,810	\$ -	\$ -	\$ -
South East Placement Services	\$	2,977,021	\$ 2,977,021	\$ -	\$ -	\$ -
South East Queensland Regional Office	\$	773,997	\$ 773,997	\$ -	\$ -	\$ -
South East Regional Intake Service	\$	2,301,575	\$ 2,301,575	\$ -	\$ -	\$ -
Region - South West	\$	52,873,643	\$ 46,028,148	\$ -6,845,495	\$ 3,231,144	\$ -
Ipswich North Child Safety Service Centre	\$	8,791,904	\$ 9,843,739	\$ 1,051,835	\$ 1,051,835	\$ -
Ipswich South Child Safety Service Centre	\$	8,419,805	\$ 3,659,378	\$ 4,760,427	\$ -	\$ -
Roma Child Safety Service Centre	\$	4,758,753	\$ 6,938,062	\$ 2,179,309	\$ 2,179,309	\$ -
South West Regional Intake Service	\$	1,640,435	\$ 1,640,435	\$ -	\$ -	\$ -
South West Regional Office	\$	5,251,733	\$ 5,251,733	\$ -	\$ -	\$ -
Springfield Child Safety Service Centre	\$	6,767,297	\$ 6,447,502	\$ 319,795	\$ -	\$ -
Toowoomba North Child Safety Service Centre	\$	8,623,856	\$ 6,135,303	\$ 2,488,553	\$ -	\$ -
Toowoomba South Child Safety Service Centre	\$	8,619,860	\$ 6,111,997	\$ 2,507,863	\$ -	\$ -
Grand Total	\$	326,425,131	\$ 326,425,131	\$ 0	\$ 33,361,533	\$ 14,831,620

Source: KPMG, 2017

Option 4 (A) Population, Weighted Activity, and Indicator of Relative Advantage and Disadvantage

	2016-17	BUDGET	RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$ 35,588,639	-\$6,401,731	\$	-
Alderley Child Safety Service Centre	\$	4,430,629	\$ 3,595,777	-\$ 834,852	\$	-
Brisbane Placement Services	\$	2,027,451	\$ 2,027,451	\$ -	\$	-
Brisbane Regional Intake Service	\$	1,280,564	\$ 1,280,564	\$ -	\$	-
Brisbane Regional Office	\$	652,456	\$ 652,456	\$ -	\$	-
Chermside Child Safety Service Centre	\$	5,100,650	\$ 3,744,011	-\$ 1,356,639	\$	-
Child Safety After Hours and Other	\$	4,665,747	\$ 4,665,747	\$ -	\$	-
Forest Lake Child Safety Service Centre	\$	4,897,271	\$ 3,414,941	-\$ 1,482,330	\$	-
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$ 4,323,099	-\$ 51,340	\$	-
Inala Child Safety Service Centre	\$	3,700,755	\$ 3,152,380	-\$ 548,375	\$	-
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$ 4,121,085	-\$ 836,057	\$	-
Stones Corner Child Safety Service Centre	\$	5,903,266	\$ 4,611,127	-\$ 1,292,139	\$	-
Region - Central	\$	43,531,723	\$ 44,428,253	\$ 896,530	3,733,691	\$ 2,153,456
Bundaberg Child Safety Service Centre	\$	5,749,036	\$ 6,598,904	\$ 849,868	\$	-
Central Placement Services	\$	1,619,574	\$ 1,619,574	\$ -	\$	-
Central Regional Intake Service	\$	1,297,007	\$ 1,297,007	\$ -	\$	-
Emerald Child Safety Service Centre	\$	2,386,487	\$ 4,678,175	\$ 2,291,688	\$	-
Gladstone Child Safety Service Centre	\$	5,359,980	\$ 4,676,275	-\$ 683,705	\$	-
Maryborough Child Safety Service Centre	\$	8,184,425	\$ 8,776,560	\$ 592,135	\$	-
Rockhampton Child Safety Service Centre	\$	12,407,817	\$ 11,566,339	-\$ 841,478	\$	841,478
South Burnett Child Safety Service Centre	\$	6,527,397	\$ 5,215,419	-\$ 1,311,978	\$	1,311,978

Source: KPMG, 2017

Row Labels	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine		
Region - Far North Qld	\$	35,302,712	\$	32,859,206	-\$2,443,506	\$	967,237	\$2,223,692
Atherton Child Safety Service Centre	\$	5,059,364	\$	4,550,401	-\$ 508,963	\$	-	\$ 508,963
Cairns North Child Safety Service Centre	\$	7,424,915	\$	8,392,152	\$ 967,237	\$	967,237	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	3,949,469	-\$ 624,953	\$	-	\$ 624,953
Cape York South Child Safety Service Centre	\$	4,259,657	\$	3,169,881	-\$1,089,776	\$	-	\$1,089,776
Edmonton Child Safety Service Centre	\$	4,931,988	\$	3,770,369	-\$1,161,619	\$	-	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$	-	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$	-	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$	-	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$	-	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	2,758,580	-\$ 25,432	\$	-	\$ -
Region - North Coast	\$	44,164,713	\$	48,544,732	\$4,380,019	\$	4,380,019	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	9,342,683	\$ 172,820	\$	172,820	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	5,488,144	\$ 715,049	\$	715,049	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	5,614,002	\$ 610,466	\$	610,466	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	6,747,938	\$1,316,721	\$	1,316,721	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$	-	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$	-	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$	-	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	7,610,219	\$ 132,636	\$	132,636	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	9,408,408	\$1,432,326	\$	1,432,326	\$ -
Region - North Qld	\$	38,201,893	\$	37,447,351	-\$ 754,542	\$	2,641,778	\$3,215,072
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,104,622	-\$ 181,249	\$	-	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	10,139,042	\$2,210,923	\$	2,210,923	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	5,240,146	-\$1,918,545	\$	-	\$1,918,545
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$	-	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	7,073,229	\$ 430,855	\$	430,855	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	5,007,578	-\$1,296,527	\$	-	\$1,296,527

Source: KPMG, 2017

Row Labels	2016-17 BUDGET	RAF Allocation	Change	Budget supplement	Quarantine
Region - South East	\$ 70,360,077	\$ 73,846,597	\$ 3,486,520	\$ 6,453,449	\$ 1,000,465
Bayside Child Safety Service Centre	\$ 7,772,137	\$ 10,286,690	\$ 2,514,553	\$ 2,514,553	\$ -
Beauresert Child Safety Service Centre	\$ 6,963,183	\$ 6,659,784	\$ 303,399	-	\$ -
Beenleigh Child Safety Service Centre	\$ 7,007,384	\$ 6,006,919	\$ 1,000,465	-	\$ 1,000,465
Browns Plains Child Safety Service Centre	\$ 5,802,980	\$ 5,635,347	\$ 167,633	-	\$ -
Labrador Child Safety Service Centre	\$ 6,866,149	\$ 9,509,411	\$ 2,643,262	2,643,262	\$ -
Logan Central Child Safety Service Centre	\$ 5,948,803	\$ 4,631,696	\$ 1,317,107	-	\$ -
Loganlea Child Safety Service Centre	\$ 6,578,570	\$ 6,594,219	\$ 15,649	15,649	\$ -
Mermaid Beach Child Safety Service Centre	\$ 7,923,467	\$ 9,203,452	\$ 1,279,985	1,279,985	\$ -
Nerang Child Safety Service Centre	\$ 6,517,001	\$ 6,338,677	\$ 178,324	-	\$ -
South East Adoption Services	\$ 2,927,810	\$ 2,927,810	\$ -	-	\$ -
South East Placement Services	\$ 2,977,021	\$ 2,977,021	\$ -	-	\$ -
South East Queensland Regional Office	\$ 773,997	\$ 773,997	\$ -	-	\$ -
South East Regional Intake Service	\$ 2,301,575	\$ 2,301,575	\$ -	-	\$ -
Region - South West	\$ 52,873,643	\$ 53,710,353	\$ 836,710	\$ 3,336,059	\$ 883,301
Ipswich North Child Safety Service Centre	\$ 8,791,904	\$ 11,433,779	\$ 2,641,875	2,641,875	\$ -
Ipswich South Child Safety Service Centre	\$ 8,419,805	\$ 7,536,504	\$ 883,301	-	\$ 883,301
Roma Child Safety Service Centre	\$ 4,758,753	\$ 5,040,913	\$ 282,160	282,160	\$ -
South West Regional Intake Service	\$ 1,640,435	\$ 1,640,435	\$ -	-	\$ -
South West Regional Office	\$ 5,251,733	\$ 5,251,733	\$ -	-	\$ -
Springfield Child Safety Service Centre	\$ 6,767,297	\$ 7,179,321	\$ 412,024	412,024	\$ -
Toowoomba North Child Safety Service Centre	\$ 8,623,856	\$ 8,392,780	\$ 231,076	-	\$ -
Toowoomba South Child Safety Service Centre	\$ 8,619,860	\$ 7,234,888	\$ 1,384,972	-	\$ -
Grand Total	\$ 326,425,131	\$ 326,425,131	-\$ 0	21,512,233	\$ 9,475,986

Source: KPMG, 2017

Appendix B - Modelled Reallocation of Resources on Basis of Population Weighted Socio-Economic Index of Advantage and Disadvantage - Index of Relative Advantage and Disadvantage

Option 1 (B) Population Measures Only

2016-17 BUDGET										RAF Allocation		Change		Budget supplement		Quarantine	
Region - Brisbane		\$	41,990,370	\$	34,942,037	-\$	7,048,333	\$	1,504,249	\$	-						
Alderley Child Safety Service Centre		\$	4,430,629	\$	4,063,337	-\$	367,292	\$	-	\$	-						
Brisbane Placement Services		\$	2,027,451	\$	2,027,451	\$	-	\$	-	\$	-						
Brisbane Regional Intake Service		\$	1,280,564	\$	1,280,564	\$	-	\$	-	\$	-						
Brisbane Regional Office		\$	652,456	\$	652,456	\$	-	\$	-	\$	-						
Chermside Child Safety Service Centre		\$	5,100,650	\$	2,904,789	-\$	2,195,861	\$	-	\$	-						
Child Safety After Hours and Other		\$	4,665,747	\$	4,665,747	\$	-	\$	-	\$	-						
Forest Lake Child Safety Service Centre		\$	4,897,271	\$	1,826,275	-\$	3,070,996	\$	-	\$	-						
Fortitude Valley Child Safety Service Centre		\$	4,374,439	\$	5,878,688	\$	1,504,249	\$	1,504,249	\$	-						
Inala Child Safety Service Centre		\$	3,700,755	\$	1,963,761	-\$	1,736,994	\$	-	\$	-						
Mt Gravatt Child Safety Service Centre		\$	4,957,142	\$	4,286,591	-\$	670,551	\$	-	\$	-						
Stones Corner Child Safety Service Centre		\$	5,903,266	\$	5,392,379	-\$	510,887	\$	-	\$	-						
Region - Central		\$	43,531,723	\$	35,280,455	-\$	8,251,268	\$	6,622,348	\$	12,498,489						
Bundaberg Child Safety Service Centre		\$	5,749,036	\$	7,087,990	\$	1,338,954	\$	1,338,954	\$	-						
Central Placement Services		\$	1,619,574	\$	1,619,574	\$	-	\$	-	\$	-						
Central Regional Intake Service		\$	1,297,007	\$	1,297,007	\$	-	\$	-	\$	-						
Emerald Child Safety Service Centre		\$	2,386,487	\$	7,669,882	\$	5,283,395	\$	5,283,395	\$	-						
Gladstone Child Safety Service Centre		\$	5,359,980	\$	4,966,868	-\$	393,112	\$	-	\$	-						
Maryborough Child Safety Service Centre		\$	8,184,425	\$	6,202,410	-\$	1,982,015	\$	-	\$	-						
Rockhampton Child Safety Service Centre		\$	12,407,817	\$	4,903,534	-\$	7,504,283	\$	-	\$	7,504,283						
South Burnett Child Safety Service Centre		\$	6,527,397	\$	1,533,191	-\$	4,994,206	\$	-	\$	4,994,206						

Row Labels	2016-17 BUDGET				RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$	35,302,712	\$	24,588,158	-\$10,714,554	\$	2,912,485	\$ 6,235,830
Atherton Child Safety Service Centre	\$	5,059,364	\$	2,688,645	-\$ 2,370,719	\$	-	\$ 2,370,719
Cairns North Child Safety Service Centre	\$	7,424,915	\$	10,337,400	\$ 2,912,485	\$	2,912,485	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	2,357,941	-\$ 2,216,481	\$	-	\$ -
Cape York South Child Safety Service Centre	\$	4,259,657	\$	394,546	-\$ 3,865,111	\$	-	\$ 3,865,111
Edmonton Child Safety Service Centre	\$	4,931,988	\$	872,671	-\$ 4,059,317	\$	-	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$	-	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$	-	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$	-	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$	-	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	1,668,601	-\$ 1,115,411	\$	-	\$ -
Region - North Coast	\$	44,164,713	\$	59,921,509	\$15,756,796	\$	15,756,796	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	12,630,344	\$ 3,460,481	\$	3,460,481	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,166,987	\$ 1,393,892	\$	1,393,892	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,094,749	\$ 1,091,213	\$	1,091,213	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	9,645,885	\$ 4,214,668	\$	4,214,668	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$	-	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$	-	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$	-	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	8,385,790	\$ 908,207	\$	908,207	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	12,664,417	\$ 4,688,335	\$	4,688,335	\$ -
Region - North Qld	\$	38,201,893	\$	37,228,687	-\$ 973,206	\$	7,617,178	\$ 8,590,384
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,913,552	\$ 627,681	\$	627,681	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	14,755,061	\$ 6,826,942	\$	6,826,942	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	2,530,391	-\$ 4,628,300	\$	-	\$ 4,628,300
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$	-	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	6,804,930	\$ 162,556	\$	162,556	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	2,342,020	-\$ 3,962,085	\$	-	\$ 3,962,085

Row Labels		2016-17 BUDGET		RAF Allocation		Change		Budget supplement		Quarantine	
Region - South East		\$	70,360,077	\$	87,270,327	\$	16,910,250	\$	21,674,226	\$	764,582
Bayside Child Safety Service Centre		\$	7,772,137	\$	14,773,870	\$	7,001,733	\$	7,001,733	\$	-
Beaunesert Child Safety Service Centre		\$	6,963,183	\$	6,164,796	-\$	798,387	\$	-	\$	-
Beenleigh Child Safety Service Centre		\$	7,007,384	\$	6,242,802	-\$	764,582	\$	-	\$	764,582
Browns Plains Child Safety Service Centre		\$	5,802,980	\$	6,418,215	\$	615,235	\$	615,235	\$	-
Labrador Child Safety Service Centre		\$	6,866,149	\$	15,131,876	\$	8,265,727	\$	8,265,727	\$	-
Logan Central Child Safety Service Centre		\$	5,948,803	\$	3,278,052	-\$	2,670,751	\$	-	\$	-
Loganlea Child Safety Service Centre		\$	6,578,570	\$	7,581,258	\$	1,002,688	\$	1,002,688	\$	-
Mermaid Beach Child Safety Service Centre		\$	7,923,467	\$	12,712,310	\$	4,788,843	\$	4,788,843	\$	-
Nerang Child Safety Service Centre		\$	6,517,001	\$	5,986,746	-\$	530,255	\$	-	\$	-
South East Adoption Services		\$	2,927,810	\$	2,927,810	\$	-	\$	-	\$	-
South East Placement Services		\$	2,977,021	\$	2,977,021	\$	-	\$	-	\$	-
South East Queensland Regional Office		\$	773,997	\$	773,997	\$	-	\$	-	\$	-
South East Regional Intake Service		\$	2,301,575	\$	2,301,575	\$	-	\$	-	\$	-
Region - South West		\$	52,873,643	\$	47,193,957	-\$	5,679,686	\$	7,460,643	\$	7,239,847
Ipswich North Child Safety Service Centre		\$	8,791,904	\$	13,561,916	\$	4,770,012	\$	4,770,012	\$	-
Ipswich South Child Safety Service Centre		\$	8,419,805	\$	1,179,958	-\$	7,239,847	\$	-	\$	7,239,847
Roma Child Safety Service Centre		\$	4,758,753	\$	7,449,384	\$	2,690,631	\$	2,690,631	\$	-
South West Regional Intake Service		\$	1,640,435	\$	1,640,435	\$	-	\$	-	\$	-
South West Regional Office		\$	5,251,733	\$	5,251,733	\$	-	\$	-	\$	-
Springfield Child Safety Service Centre		\$	6,767,297	\$	6,495,141	-\$	272,156	\$	-	\$	-
Toowoomba North Child Safety Service Centre		\$	8,623,856	\$	5,807,695	-\$	2,816,161	\$	-	\$	-
Toowoomba South Child Safety Service Centre		\$	8,619,860	\$	5,807,695	-\$	2,812,165	\$	-	\$	-
Grand Total		\$	326,425,131	\$	326,425,131	-\$	0	\$	63,547,926	\$	35,329,133

Source: KPMG, 2017

Option 2 (B) Socio-Economic Index for Areas – Population Weighted Index of Relative Advantage and Disadvantage Only

	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$ 49,296,543	\$ 7,306,173	\$ 7,486,777	\$ -
Alderley Child Safety Service Centre	\$	4,430,629	\$ 5,535,375	\$ 1,104,746	\$ 1,104,746	\$ -
Brisbane Placement Services	\$	2,027,451	\$ 2,027,451	\$ -	\$ -	\$ -
Brisbane Regional Intake Service	\$	1,280,564	\$ 1,280,564	\$ -	\$ -	\$ -
Brisbane Regional Office	\$	652,456	\$ 652,456	\$ -	\$ -	\$ -
Chermside Child Safety Service Centre	\$	5,100,650	\$ 5,928,834	\$ 828,184	\$ 828,184	\$ -
Child Safety After Hours and Other	\$	4,665,747	\$ 4,665,747	\$ -	\$ -	\$ -
Forest Lake Child Safety Service Centre	\$	4,897,271	\$ 6,010,772	\$ 1,113,501	\$ 1,113,501	\$ -
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$ 5,658,840	\$ 1,284,401	\$ 1,284,401	\$ -
Inala Child Safety Service Centre	\$	3,700,755	\$ 5,987,131	\$ 2,286,376	\$ 2,286,376	\$ -
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$ 5,826,710	\$ 869,568	\$ 869,568	\$ -
Stones Corner Child Safety Service Centre	\$	5,903,266	\$ 5,722,662	\$ 180,604	\$ -	\$ -
Region - Central	\$	43,531,723	\$ 41,769,093	-\$ 1,762,630	\$ 5,749,294	\$ 6,018,612
Bundaberg Child Safety Service Centre	\$	5,749,036	\$ 6,604,026	\$ 854,990	\$ 854,990	\$ -
Central Placement Services	\$	1,619,574	\$ 1,619,574	\$ -	\$ -	\$ -
Central Regional Intake Service	\$	1,297,007	\$ 1,297,007	\$ -	\$ -	\$ -
Emerald Child Safety Service Centre	\$	2,386,487	\$ 6,257,875	\$ 3,871,388	\$ 3,871,388	\$ -
Gladstone Child Safety Service Centre	\$	5,359,980	\$ 5,998,928	\$ 638,948	\$ 638,948	\$ -
Maryborough Child Safety Service Centre	\$	8,184,425	\$ 6,691,112	-\$ 1,493,313	\$ -	\$ -
Rockhampton Child Safety Service Centre	\$	12,407,817	\$ 6,389,205	-\$ 6,018,612	\$ -	\$ 6,018,612
South Burnett Child Safety Service Centre	\$	6,527,397	\$ 6,911,365	\$ 383,968	\$ 383,968	

Row Labels	2016-17 BUDGET			RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$	35,302,712	\$	49,439,264	\$ 14,136,552	\$ 15,329,212	\$ -
Atherton Child Safety Service Centre	\$	5,059,364	\$	6,491,378	\$ 1,432,014	\$ 1,432,014	
Cairns North Child Safety Service Centre	\$	7,424,915	\$	6,232,254	\$ -1,192,661	\$ -	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	7,146,611	\$ 2,572,189	\$ 2,572,189	
Cape York South Child Safety Service Centre	\$	4,259,657	\$	8,624,522	\$ 4,364,865	\$ 4,364,865	
Edmonton Child Safety Service Centre	\$	4,931,988	\$	8,107,739	\$ 3,175,751	\$ 3,175,751	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$ -	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$ -	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$ -	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$ -	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	6,568,406	\$ 3,784,394	\$ 3,784,394	\$ -
Region - North Coast	\$	44,164,713	\$	41,384,892	-\$ 2,779,821	\$ 3,302,678	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	6,450,400	\$ -2,719,463	\$ -	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,126,147	\$ 1,353,052	\$ 1,353,052	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,333,475	\$ 1,329,939	\$ 1,329,939	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	6,050,904	\$ 619,687	\$ 619,687	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$ -	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$ -	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$ -	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	6,283,607	\$ -1,193,976	\$ -	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	5,807,022	\$ -2,169,060	\$ -	\$ -
Region - North Qld	\$	38,201,893	\$	35,047,315	-\$ 3,154,578	\$ 37,444	\$ 704,491
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,209,209	\$ -76,662	\$ -	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	6,072,516	\$ -1,855,603	\$ -	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	6,454,200	\$ -704,491	\$ -	\$ 704,491
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$ -	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	6,087,108	\$ -555,266	\$ -	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	6,341,549	\$ 37,444	\$ 37,444	

Row Labels	2016-17 BUDGET			RAF Allocation	Change	Budget supplement	Quarantine
Region - South East	\$	70,360,077	\$	64,509,396	-\$ 5,850,681	\$ 1,641,496	\$ 800,188
Bayside Child Safety Service Centre	\$	7,772,137	\$	5,901,214	-\$ 1,870,923	\$ -	\$ -
Beaulesert Child Safety Service Centre	\$	6,963,183	\$	6,014,934	-\$ 948,249	\$ -	\$ -
Beenleigh Child Safety Service Centre	\$	7,007,384	\$	6,207,196	-\$ 800,188	\$ -	\$ 800,188
Browns Plains Child Safety Service Centre	\$	5,802,980	\$	6,232,646	\$ 429,666	\$ 429,666	\$ -
Labrador Child Safety Service Centre	\$	6,866,149	\$	6,057,788	-\$ 808,361	\$ -	\$ -
Logan Central Child Safety Service Centre	\$	5,948,803	\$	7,160,633	\$ 1,211,830	\$ 1,211,830	\$ -
Loganlea Child Safety Service Centre	\$	6,578,570	\$	6,013,727	-\$ 564,843	\$ -	\$ -
Mermaid Beach Child Safety Service Centre	\$	7,923,467	\$	5,977,646	-\$ 1,945,821	\$ -	\$ -
Nerang Child Safety Service Centre	\$	6,517,001	\$	5,963,209	-\$ 553,792	\$ -	\$ -
South East Adoption Services	\$	2,927,810	\$	2,927,810	\$ -	\$ -	\$ -
South East Placement Services	\$	2,977,021	\$	2,977,021	\$ -	\$ -	\$ -
South East Queensland Regional Office	\$	773,997	\$	773,997	\$ -	\$ -	\$ -
South East Regional Intake Service	\$	2,301,575	\$	2,301,575	\$ -	\$ -	\$ -
Region - South West	\$	52,873,643	\$	44,978,629	-\$ 7,895,014	\$ 1,688,702	\$ 2,109,819
Ipswich North Child Safety Service Centre	\$	8,791,904	\$	6,441,473	-\$ 2,350,431	\$ -	\$ -
Ipswich South Child Safety Service Centre	\$	8,419,805	\$	6,309,986	-\$ 2,109,819	\$ -	\$ 2,109,819
Roma Child Safety Service Centre	\$	4,758,753	\$	6,447,455	\$ 1,688,702	\$ 1,688,702	\$ -
South West Regional Intake Service	\$	1,640,435	\$	1,640,435	\$ -	\$ -	\$ -
South West Regional Office	\$	5,251,733	\$	5,251,733	\$ -	\$ -	\$ -
Springfield Child Safety Service Centre	\$	6,767,297	\$	6,284,810	-\$ 482,487	\$ -	\$ -
Toowoomba North Child Safety Service Centre	\$	8,623,856	\$	6,114,887	-\$ 2,508,969	\$ -	\$ -
Toowoomba South Child Safety Service Centre	\$	8,619,860	\$	6,487,851	-\$ 2,132,009	\$ -	\$ -
Grand Total	\$	326,425,131	\$	326,425,131	-\$ 0	\$ 35,235,603	\$ 9,633,111

Source: KPMG, 2017

Option 3 (B) Socio-Economic Index for Areas – Population Weighted Index of Relative Advantage and Disadvantage and Population Measures

	2016-17 BUDGET		RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$ 40,260,619	-\$1,729,751	\$ 1,855,833	\$ -
Alderley Child Safety Service Centre	\$	4,430,629	\$ 2,780,504	-\$ 1,650,125	\$ -	\$ -
Brisbane Placement Services	\$	2,027,451	\$ 2,027,451	\$ -	\$ -	\$ -
Brisbane Regional Intake Service	\$	1,280,564	\$ 1,280,564	\$ -	\$ -	\$ -
Brisbane Regional Office	\$	652,456	\$ 652,456	\$ -	\$ -	\$ -
Chermiside Child Safety Service Centre	\$	5,100,650	\$ 4,437,721	-\$ 662,929	\$ -	\$ -
Child Safety After Hours and Other	\$	4,665,747	\$ 4,665,747	\$ -	\$ -	\$ -
Forest Lake Child Safety Service Centre	\$	4,897,271	\$ 3,931,669	-\$ 965,602	\$ -	\$ -
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$ 5,811,081	\$ 1,436,642	\$ 1,436,642	\$ -
Inala Child Safety Service Centre	\$	3,700,755	\$ 3,989,582	\$ 288,827	\$ 288,827	\$ -
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$ 5,087,507	\$ 130,365	\$ 130,365	\$ -
Stones Corner Child Safety Service Centre	\$	5,903,266	\$ 5,596,337	-\$ 306,929	\$ -	\$ -
Region - Central	\$	43,531,723	\$ 38,757,739	-\$4,773,984	\$ 5,939,266	\$ 9,020,233
Bundaberg Child Safety Service Centre	\$	5,749,036	\$ 6,897,030	\$ 1,147,994	\$ 1,147,994	\$ -
Central Placement Services	\$	1,619,574	\$ 1,619,574	\$ -	\$ -	\$ -
Central Regional Intake Service	\$	1,297,007	\$ 1,297,007	\$ -	\$ -	\$ -
Emerald Child Safety Service Centre	\$	2,386,487	\$ 7,019,088	\$ 4,632,601	\$ 4,632,601	\$ -
Gladstone Child Safety Service Centre	\$	5,359,980	\$ 5,518,651	\$ 158,671	\$ 158,671	\$ -
Maryborough Child Safety Service Centre	\$	8,184,425	\$ 6,491,408	-\$ 1,693,017	\$ -	\$ -
Rockhampton Child Safety Service Centre	\$	12,407,817	\$ 5,681,667	-\$ 6,726,150	\$ -	\$ 6,726,150
South Burnett Child Safety Service Centre	\$	6,527,397	\$ 4,233,314	-\$ 2,294,083	\$ -	\$ 2,294,083

Row Labels	2016-17 BUDGET				RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$	35,302,712	\$	37,145,582	\$1,842,870	\$	2,728,370	\$ 197,282
Atherton Child Safety Service Centre	\$	5,059,364	\$	4,609,365	\$ -	\$ 449,999	\$ -	\$ 449,999
Cairns North Child Safety Service Centre	\$	7,424,915	\$	8,359,239	\$ 934,324	\$	934,324	\$ -
Cape York North & Torres Strait Islands CSSC	\$	4,574,422	\$	4,769,249	\$ 194,827	\$	194,827	
Cape York South Child Safety Service Centre	\$	4,259,657	\$	4,512,374	\$ 252,717	\$	252,717	\$ -
Edmonton Child Safety Service Centre	\$	4,931,988	\$	4,496,487	\$ -	\$ 435,501	\$ -	\$ -
FNQ Investigation and Assessment Unit	\$	2,586,674	\$	2,586,674	\$ -	\$ -	\$ -	\$ -
FNQ Placement Services	\$	2,085,268	\$	2,085,268	\$ -	\$ -	\$ -	\$ -
FNQ Regional Intake Service	\$	1,160,307	\$	1,160,307	\$ -	\$ -	\$ -	\$ -
FNQ Regional Office	\$	436,105	\$	436,105	\$ -	\$ -	\$ -	\$ -
Innisfail Child Safety Service Centre	\$	2,784,012	\$	4,130,515	\$ 1,346,503	\$	1,346,503	\$ -
Region - North Coast	\$	44,164,713	\$	51,053,341	\$6,888,628	\$	6,971,150	\$ -
Caboolture Child Safety Service Centre	\$	9,169,863	\$	9,631,289	\$ 461,426	\$	461,426	\$ -
Caloundra Child Safety Service Centre	\$	4,773,095	\$	6,190,959	\$ 1,417,864	\$	1,417,864	\$ -
Gympie Child Safety Service Centre	\$	5,003,536	\$	6,257,984	\$ 1,254,448	\$	1,254,448	\$ -
Maroochydore Child Safety Service Centre	\$	5,431,217	\$	7,917,829	\$ 2,486,612	\$	2,486,612	\$ -
North Coast Placement and Support	\$	2,379,071	\$	2,379,071	\$ -	\$ -	\$ -	\$ -
North Coast Regional Intake Service	\$	1,377,481	\$	1,377,481	\$ -	\$ -	\$ -	\$ -
North Coast Regional Office	\$	576,785	\$	576,785	\$ -	\$ -	\$ -	\$ -
Redcliffe Child Safety Service Centre	\$	7,477,583	\$	7,395,062	\$ -	\$ 82,521	\$ -	\$ -
Strathpine Child Safety Service Centre	\$	7,976,082	\$	9,326,882	\$ 1,350,800	\$	1,350,800	\$ -
Region - North Qld	\$	38,201,893	\$	36,378,035	-\$1,823,858	\$	2,917,156	\$4,593,643
Aitkenvale Child Safety Service Centre	\$	6,285,871	\$	6,611,147	\$ 325,276	\$	325,276	\$ -
Mackay Child Safety Service Centre	\$	7,928,119	\$	10,519,999	\$ 2,591,880	\$	2,591,880	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$	7,158,691	\$	4,510,510	\$ -	\$ 2,648,181	\$ -	\$ 2,648,181
North Queensland Placement Services Unit	\$	3,882,733	\$	3,882,733	\$ -	\$ -	\$ -	\$ -
Thuringowa Child Safety Service Centre	\$	6,642,374	\$	6,495,003	\$ -	\$ 147,371	\$ -	\$ -
Townsville Child Safety Service Centre	\$	6,304,105	\$	4,358,643	\$ -	\$ 1,945,462	\$ -	\$ 1,945,462

Row Labels	2016-17 BUDGET				RAF Allocation	Change	Budget supplement		Quarantine
Region - South East	\$	70,360,077	\$	76,453,416	\$6,093,339	\$	8,864,522	\$	737,448
Bayside Child Safety Service Centre	\$	7,772,137	\$	10,443,889	\$ 2,671,752	\$	2,671,752	\$	-
Beaunesert Child Safety Service Centre	\$	6,963,183	\$	6,134,241	-\$ 828,942	\$	-	\$	-
Beenleigh Child Safety Service Centre	\$	7,007,384	\$	6,269,936	-\$ 737,448	\$	-	\$	737,448
Browns Plains Child Safety Service Centre	\$	5,802,980	\$	6,371,631	\$ 568,651	\$	568,651	\$	-
Labrador Child Safety Service Centre	\$	6,866,149	\$	10,703,756	\$ 3,837,607	\$	3,837,607	\$	-
Logan Central Child Safety Service Centre	\$	5,948,803	\$	5,242,939	-\$ 705,864	\$	-	\$	-
Loganlea Child Safety Service Centre	\$	6,578,570	\$	6,852,065	\$ 273,495	\$	273,495	\$	-
Mermaid Beach Child Safety Service Centre	\$	7,923,467	\$	9,436,485	\$ 1,513,018	\$	1,513,018	\$	-
Nerang Child Safety Service Centre	\$	6,517,001	\$	6,018,072	-\$ 498,929	\$	-	\$	-
South East Adoption Services	\$	2,927,810	\$	2,927,810	\$ -	\$	-	\$	-
South East Placement Services	\$	2,977,021	\$	2,977,021	\$ -	\$	-	\$	-
South East Queensland Regional Office	\$	773,997	\$	773,997	\$ -	\$	-	\$	-
South East Regional Intake Service	\$	2,301,575	\$	2,301,575	\$ -	\$	-	\$	-
Region - South West	\$	52,873,643	\$	46,376,398	-\$6,497,245	\$	3,550,703	\$	-
Ipswich North Child Safety Service Centre	\$	8,791,904	\$	10,099,317	\$ 1,307,413	\$	1,307,413	\$	-
Ipswich South Child Safety Service Centre	\$	8,419,805	\$	3,753,465	-\$ 4,666,340	\$	-	\$	-
Roma Child Safety Service Centre	\$	4,758,753	\$	7,002,042	\$ 2,243,289	\$	2,243,289	\$	-
South West Regional Intake Service	\$	1,640,435	\$	1,640,435	\$ -	\$	-	\$	-
South West Regional Office	\$	5,251,733	\$	5,251,733	\$ -	\$	-	\$	-
Springfield Child Safety Service Centre	\$	6,767,297	\$	6,436,729	-\$ 330,568	\$	-	\$	-
Toowoomba North Child Safety Service Centre	\$	8,623,856	\$	6,003,097	-\$ 2,620,759	\$	-	\$	-
Toowoomba South Child Safety Service Centre	\$	8,619,860	\$	6,189,579	-\$ 2,430,281	\$	-	\$	-
Grand Total	\$	326,425,131	\$	326,425,131	-\$	0	32,827,001	\$	14,548,606

Source: KPMG, 2017

Option 4 (B) Socio-Economic Index for Areas – Population Weighted Index of Relative Advantage and Disadvantage, Population and Weighted Activity Measures

	2016-17	BUDGET	RAF Allocation	Change	Budget supplement	Quarantine
Region - Brisbane	\$	41,990,370	\$ 35,644,889	-\$6,345,481	\$ -	\$ -
Alderley Child Safety Service Centre	\$	4,430,629	\$ 3,595,793	-\$ 834,836	\$ -	\$ -
Brisbane Placement Services	\$	2,027,451	\$ 2,027,451	\$ -	\$ -	\$ -
Brisbane Regional Intake Service	\$	1,280,564	\$ 1,280,564	\$ -	\$ -	\$ -
Brisbane Regional Office	\$	652,456	\$ 652,456	\$ -	\$ -	\$ -
Chermside Child Safety Service Centre	\$	5,100,650	\$ 3,720,667	-\$ 1,379,983	\$ -	\$ -
Child Safety After Hours and Other	\$	4,665,747	\$ 4,665,747	\$ -	\$ -	\$ -
Forest Lake Child Safety Service Centre	\$	4,897,271	\$ 3,405,409	-\$ 1,491,862	\$ -	\$ -
Fortitude Valley Child Safety Service Centre	\$	4,374,439	\$ 4,338,668	-\$ 35,771	\$ -	\$ -
Inala Child Safety Service Centre	\$	3,700,755	\$ 3,215,172	-\$ 485,583	\$ -	\$ -
Mt Gravatt Child Safety Service Centre	\$	4,957,142	\$ 4,120,766	-\$ 836,376	\$ -	\$ -
Stones Corner Child Safety Service Centre	\$	5,903,266	\$ 4,622,196	-\$ 1,281,070	\$ -	\$ -
Region - Central	\$	43,531,723	\$ 44,200,687	\$ 668,964	3,647,819	\$ 2,228,147
Bundaberg Child Safety Service Centre	\$	5,749,036	\$ 6,625,210	\$ 876,174	876,174	\$ -
Central Placement Services	\$	1,619,574	\$ 1,619,574	\$ -	\$ -	\$ -
Central Regional Intake Service	\$	1,297,007	\$ 1,297,007	\$ -	\$ -	\$ -
Emerald Child Safety Service Centre	\$	2,386,487	\$ 4,592,200	\$ 2,205,713	2,205,713	\$ -
Gladstone Child Safety Service Centre	\$	5,359,980	\$ 4,609,272	-\$ 750,708	\$ -	\$ -
Maryborough Child Safety Service Centre	\$	8,184,425	\$ 8,750,358	\$ 565,933	565,933	\$ -
Rockhampton Child Safety Service Centre	\$	12,407,817	\$ 11,442,726	-\$ 965,091	\$ -	\$ 965,091
South Burnett Child Safety Service Centre	\$	6,527,397	\$ 5,264,341	-\$ 1,263,056	\$ -	\$ 1,263,056

Row Labels	2016-17 BUDGET			RAF Allocation	Change	Budget supplement	Quarantine
Region - Far North Qld	\$ 35,302,712	\$ 33,028,873	-\$ 2,273,839	\$	\$	977,718	\$ 2,127,505
Atherton Child Safety Service Centre	\$ 5,059,364	\$ 4,396,181	-\$ 663,183	\$	\$	-	\$ 663,183
Cairns North Child Safety Service Centre	\$ 7,424,915	\$ 8,385,525	\$ 960,610	\$	\$	960,610	\$ -
Cape York North & Torres Strait Islands CSSC	\$ 4,574,422	\$ 3,884,697	-\$ 689,725	\$	\$	-	\$ 689,725
Cape York South Child Safety Service Centre	\$ 4,259,657	\$ 3,485,060	-\$ 774,597	\$	\$	-	\$ 774,597
Edmonton Child Safety Service Centre	\$ 4,931,988	\$ 3,807,935	-\$ 1,124,053	\$	\$	-	\$ -
FNQ Investigation and Assessment Unit	\$ 2,586,674	\$ 2,586,674	\$ -	\$	\$	-	\$ -
FNQ Placement Services	\$ 2,085,268	\$ 2,085,268	\$ -	\$	\$	-	\$ -
FNQ Regional Intake Service	\$ 1,160,307	\$ 1,160,307	\$ -	\$	\$	-	\$ -
FNQ Regional Office	\$ 436,105	\$ 436,105	\$ -	\$	\$	-	\$ -
Innisfail Child Safety Service Centre	\$ 2,784,012	\$ 2,801,121	\$ 17,109	\$	\$	17,109	\$ -
Region - North Coast	\$ 44,164,713	\$ 48,731,036	\$ 4,566,323	\$	\$	4,566,323	\$ -
Caboolture Child Safety Service Centre	\$ 9,169,863	\$ 9,517,635	\$ 347,772	\$	\$	347,772	\$ -
Caloundra Child Safety Service Centre	\$ 4,773,095	\$ 5,493,144	\$ 720,049	\$	\$	720,049	\$ -
Gympie Child Safety Service Centre	\$ 5,003,536	\$ 5,579,917	\$ 576,381	\$	\$	576,381	\$ -
Maroochydore Child Safety Service Centre	\$ 5,431,217	\$ 6,761,215	\$ 1,329,998	\$	\$	1,329,998	\$ -
North Coast Placement and Support	\$ 2,379,071	\$ 2,379,071	\$ -	\$	\$	-	\$ -
North Coast Regional Intake Service	\$ 1,377,481	\$ 1,377,481	\$ -	\$	\$	-	\$ -
North Coast Regional Office	\$ 576,785	\$ 576,785	\$ -	\$	\$	-	\$ -
Redcliffe Child Safety Service Centre	\$ 7,477,583	\$ 7,628,620	\$ 151,037	\$	\$	151,037	\$ -
Strathpine Child Safety Service Centre	\$ 7,976,082	\$ 9,417,168	\$ 1,441,086	\$	\$	1,441,086	\$ -
Region - North Qld	\$ 38,201,893	\$ 37,108,406	-\$ 1,093,487	\$	\$	2,269,605	\$ 3,166,367
Aitkenvale Child Safety Service Centre	\$ 6,285,871	\$ 6,089,146	-\$ 196,725	\$	\$	-	\$ -
Mackay Child Safety Service Centre	\$ 7,928,119	\$ 10,066,922	\$ 2,138,803	\$	\$	2,138,803	\$ -
Mount Isa - Gulf Child Safety Service Centre	\$ 7,158,691	\$ 5,264,626	-\$ 1,894,065	\$	\$	-	\$ 1,894,065
North Queensland Placement Services Unit	\$ 3,882,733	\$ 3,882,733	\$ -	\$	\$	-	\$ -
Thuringowa Child Safety Service Centre	\$ 6,642,374	\$ 6,773,177	\$ 130,803	\$	\$	130,803	\$ -
Townsville Child Safety Service Centre	\$ 6,304,105	\$ 5,031,803	-\$ 1,272,302	\$	\$	-	\$ 1,272,302

Row Labels	2016-17 BUDGET		RAF Allocation	Change	Budget supplement		Quarantine
Region - South East	\$ 70,360,077	\$ 73,791,937	\$ 3,431,860	\$	6,030,423	\$ 965,630	
Bayside Child Safety Service Centre	\$ 7,772,137	\$ 9,832,097	\$ 2,059,960	\$	2,059,960	\$	-
Beaulesert Child Safety Service Centre	\$ 6,963,183	\$ 6,665,831	-\$ 297,352	\$	-	\$	-
Beenleigh Child Safety Service Centre	\$ 7,007,384	\$ 6,041,754	-\$ 965,630	\$	-	\$ 965,630	
Browns Plains Child Safety Service Centre	\$ 5,802,980	\$ 5,685,126	-\$ 117,854	\$	-	\$	-
Labrador Child Safety Service Centre	\$ 6,866,149	\$ 9,544,168	\$ 2,678,019	\$	2,678,019	\$	-
Logan Central Child Safety Service Centre	\$ 5,948,803	\$ 4,992,052	-\$ 956,751	\$	-	\$	-
Loganlea Child Safety Service Centre	\$ 6,578,570	\$ 6,496,546	-\$ 82,024	\$	-	\$	-
Mermaid Beach Child Safety Service Centre	\$ 7,923,467	\$ 9,215,910	\$ 1,292,443	\$	1,292,443	\$	-
Nerang Child Safety Service Centre	\$ 6,517,001	\$ 6,338,049	-\$ 178,952	\$	-	\$	-
South East Adoption Services	\$ 2,927,810	\$ 2,927,810	\$ -	\$	-	\$	-
South East Placement Services	\$ 2,977,021	\$ 2,977,021	\$ -	\$	-	\$	-
South East Queensland Regional Office	\$ 773,997	\$ 773,997	\$ -	\$	-	\$	-
South East Regional Intake Service	\$ 2,301,575	\$ 2,301,575	\$ -	\$	-	\$	-
Region - South West	\$ 52,873,643	\$ 53,919,302	\$ 1,045,659	\$	3,521,331	\$ 826,848	
Ipswich North Child Safety Service Centre	\$ 8,791,904	\$ 11,587,126	\$ 2,795,222	\$	2,795,222	\$	-
Ipswich South Child Safety Service Centre	\$ 8,419,805	\$ 7,592,957	-\$ 826,848	\$	-	\$ 826,848	
Roma Child Safety Service Centre	\$ 4,758,753	\$ 5,079,301	\$ 320,548	\$	320,548	\$	-
South West Regional Intake Service	\$ 1,640,435	\$ 1,640,435	\$ -	\$	-	\$	-
South West Regional Office	\$ 5,251,733	\$ 5,251,733	\$ -	\$	-	\$	-
Springfield Child Safety Service Centre	\$ 6,767,297	\$ 7,172,857	\$ 405,560	\$	405,560	\$	-
Toowoomba North Child Safety Service Centre	\$ 8,623,856	\$ 8,313,456	-\$ 310,400	\$	-	\$	-
Toowoomba South Child Safety Service Centre	\$ 8,619,860	\$ 7,281,437	-\$ 1,338,423	\$	-	\$	-
Grand Total	\$ 326,425,131	\$ 326,425,131	-\$ 0	\$	21,013,219	\$ 9,314,497	

Source: KPMG, 2017

Appendix C - Statistical Significance of Relevant Indicators

Grouping of CSSCs: Coefficients (Standard Errors) at level of significance $p < 0.0001$ (n=45)

Indicator	Significant at $p < 0.0001$	R-square
Grouping as indicator of Ongoing Intervention activity	10.92551 (2.18)	0.3685
Grouping as indicator of Investigations and Assessments	5.311883 (1.16)	0.3263
Grouping as indicator of admissions to Out-of-home Care	0.601 (0.09)	0.4926
Grouping as indicator of socio-economic status of catchment population	-35.0758 (8.88)	0.2662

Source: KPMG, 2017

Socio-economic status of CSSC catchment populations as indicator of demand: Coefficients (Standard Errors) at level of significance $p < 0.0001$ (n=45)

Indicator	Significant at $p < 0.0001$	R-square
SEIFA indicator of Ongoing Intervention activity	-2.42 (0.44)	0.4133
SEIFA indicator of Out-of-Home Care admissions	-43.66 9 (10.10)	0.3026
SEIFA indicator of Investigations and Assessments activity	Not significant ($p = 0.3$)	0.1476

Source: KPMG, 2017



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