June 2023

Lessons from the life-story timelines of 30 Queensland children who have died

A small sample review of commonalities in child and family trajectories considered at the Child Death Review Board

Queensland Family & Child Commission

Queensland Government

The Queensland Family and Child Commission acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths, and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to Elders past, present and emerging.

We acknowledge the important role played by Aboriginal and Torres Strait Islander communities and recognise their right to self-determination, and the need for community-led approaches to support healing and strengthen resilience.

About the Queensland Family and Child Commission (QFCC) and this report.

The QFCC is a statutory body of the Queensland Government. Its purpose is to influence change that improves the safety and wellbeing of Queensland children and their families. Under the *Family and Child Commission Act 2014*, the QFCC has been charged by government to review and improve the systems that protect and safeguard Queensland children.

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Contact for enquiries
Queensland Family and Child Commission
Level 8, 63 George Street
PO Box 15217, Brisbane City East QLD 4002
Email: info@qfcc.qld.gov.au
Website: www.qfcc.qld.gov.au

A message from the Principal Commissioner

In my role as the Chair of Queensland's Child Death Review Board (the Board), I regularly and routinely receive the heartbreaking details regarding the deaths of children known to the child protection system. Within these stories are the details of each child's, and their families', interactions with multiple government systems in the lead up to the child's death. These details provide significant opportunity for learning and system improvement, and the Board considers all cases to produce an annual report containing recommendations.

As part of the Board's process, detailed timelines of system interactions are produced for all major reviews. These timelines are insightful and show a clear story about the way in which each system's design impacts on service delivery and life outcomes.

After three years of operation, I requested staff to compile all the timelines that had been produced, and to review them collectively for common themes and lessons. The amazing staff that work in this field were asked to take a fresh look to identify if there were any additional learnings that may benefit from systemic improvements.

This report is an outcome of that process – it shows that there are clear patterns in the lives of children known to child safety who have died. It confirms what those in the sector, and with experience of the system, know:

1. Education is a protective factor. This applies to schools and to early childhood education programs:
   - for school aged children, failing to re-engage children in education exposes them to prolonged and increased risk. Put more simply – absence from schooling is a clear identifier that there are risks in a child's life.
   - For children under the age of 5, enrolment and attendance in early childhood education can lead to referrals and services that identify and respond to child safety concerns. For children who are not enrolled, there was significantly less connection to these services – leading to increased risk.

2. The geographic location of children impacts their access to services, with regional and remote areas of Queensland having a reduced ability to meet the safety needs of young people.

Whilst we can't hear the voices of the children who are represented in these timelines, we can certainly honour their memory and learn from their experiences.

It is hoped that this report contributes a new piece of evidence of children's and families' experiences of system engagement, enabling Queensland to continue to improve our services.

Luke Twyford
Principal Commissioner
Queensland Family and Child Commission

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Purpose of this report

This review provides an overview of commonalities across the service responses to children and families based on a sample of cases reviewed by the Child Death Review Board (CDRB).

Between 1 July 2020 and 31 December 2022, the CDRB reviewed 140 cases in which a child known to the child protection system died. Thirty of these cases were examined in detail by the CDRB as the circumstances provided an opportunity for significant learnings for system improvements and child and family life-story timelines[1] were produced for use in these reviews.[2]

The 30 Level 3[3] cases considered by the Board were selected as the sample to identify commonalities across the cases in system touchpoints. Level 3 cases were selected for the case sample because detailed information is available regarding the child and family's touchpoints with systems, and they were identified as being the most relevant for system learnings. To identify the commonalities across the child and family pathways maps, two terms of references were created for this review. They were to:

1. Collate and review the life-story timelines and trajectories of children who have died and been considered at the CDRB, with respect to their contact with systems; and
2. Analyse and identify commonalities in those trajectories (themes) to identify opportunities to close gaps in systems.

Methodology

Queensland's child death review process is two-tiered. Government agencies[4] involved with a child in the 12 months prior to their death undertake a review of their service delivery to the child and family. Each agency produces a report outlining its findings and recommendations which is provided to the CDRB for its consideration. Upon receipt of internal agency review reports and supporting agency information, a review categorisation framework is applied to determine the depth of analysis for each CDRB review. Level 3 reviews are accompanied by a systems analysis of responses to the child and family to support the CDRB discussion. The systems analysis includes:

- a review of system touchpoints with the child and family,
- establishing a timeline of those touchpoints (mapping the child and family's pathway through the system), and
- identifying impediments to timely and effective responses to the child.

Level 3 reviews analyse the information provided by agencies about the service delivery to the child and family, focusing on mapping the responses that occurred in the 12 months prior to the child's death. Looking closely at these system touchpoints provides opportunities for system learning in relation to service responses to children, young people, and their families. Below is an example of a child and family pathways map. This map shows the system's touchpoints with an infant and their family in the lead up to the death of the infant. It provides an opportunity to view the whole-of-system response, rather than focusing on the service delivery of each agency in isolation. The maps are developed from information reported by agencies at the time of completing the review.

[1] A visual map showing the system touchpoints with the child and family in the lead up to their death.
[2] It should be noted that children known to the child protection system who die are a small proportion of all children in Queensland; this sample population is a subset of that number.
[3] CDRB reviews are categorised from levels 1–3 based on the extent to which systemic learnings and opportunities can be identified from a case, with level 3 reviews presenting the most significant opportunities for improvements and a detailed report and child and family pathways map is prepared.
[4] Agencies responsible for carrying out reviews include Child Safety, Youth Justice, Queensland Health, Queensland Police Service, Education, and the Director of Child Protection Litigation.

These maps provide a profound way to present and observe the circumstances surrounding a child or young person and their family, prior to the child or young person's death.

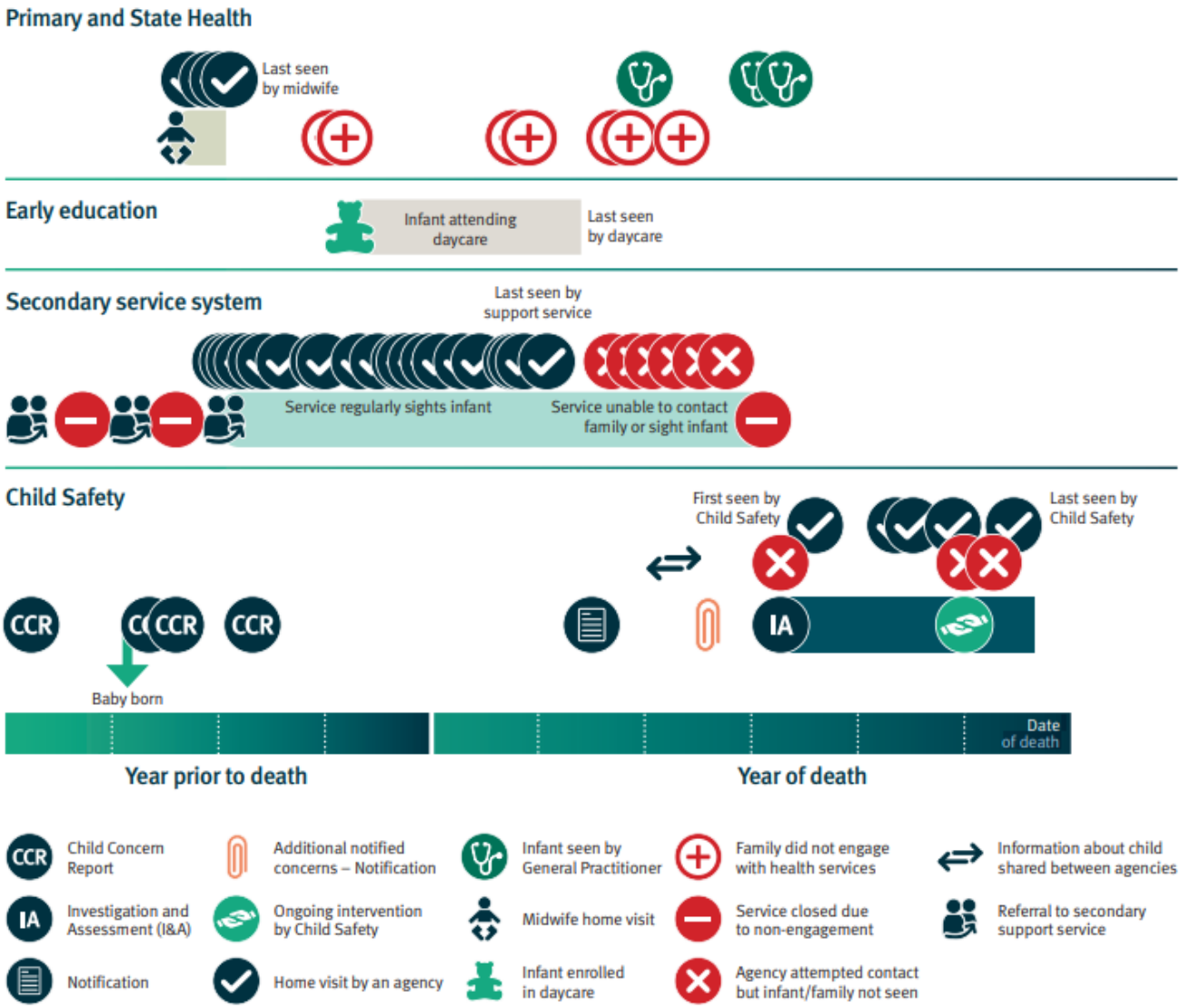


Figure 1: Example child and family timeline of service touchpoints.

Case review tool

A case review tool was developed to count demographics and system touchpoint data based on available information. Data counted included parental factors such as parent age, presence of mental health concerns, any known disability, and substance use; child factors included exposure to domestic and family violence, health issues, enrolment with early childhood education and care services, and school engagement. The tool also considered the primary, secondary, and tertiary engagement by the sector with the children and families to map service involvement and contact in the period immediately preceding the child's death. The data identified patterns in service engagement across the cases and three resulting themes were selected for discussion. These themes are not intended to reflect a cause-and-effect relationship, rather are reflections observed through the data available.

Cultural identity for children in this sample:

- Non-indigenous = 16 (53.33%)
- Aboriginal = 12 (40.00%)
- Torres Strait Islander = 1 (3.33%)
- Both Aboriginal and Torres Strait Islander = 1 (3.33%)

1. All compulsory school-aged children had disengaged or were disengaging from education and all school-aged children who died by suicide had completely disengaged from education.
2. Children who were not enrolled in Early Childhood Education and Care (ECEC) had more instance of death by intentional causes than those attending an ECEC service.
3. Children who resided in regional areas had greater instances of death by potentially avoidable deaths including fatal assault and neglect and suicide and had visibly less access to services.

Themes in focus

Theme one – Disengagement from education and suicide

Key observations include:

- All children of compulsory school age in the sample were disengaging or disengaged from school.
- Attempts made to prevent disengagement and promote re-engagement with school did occur, but efforts were not consistent or sustained. Services had infrequent contact with the child and their family in the months leading up to disengagement; contact efforts increased following disengagement.
- Eight of the 13 school-aged children died by suicide; all were disengaged from education.

This theme was selected because:

- 8 (of 13) school-aged children in this sample died by suicide, and
- 7 school-aged children died within 12 months of disengaging from school.

In this sample, eight children died by suicide following disengagement from school. Five of those eight children identified as First Nations Australians.

The relative over-representation of First Nations children amongst suicide deaths in this sample highlights the need for culturally safe and appropriate suicide prevention support.

Findings from the sample

Of the sample population reviewed, 13 children were of compulsory school-age, and disengagement from mainstream schooling was common across the whole cohort. Children in this sample disengaged from education in the early years of high school. This is consistent with previous research on declining attendance into secondary school, particularly beyond grade 7[5] and reinforces the significance of this transition period for children and families and the need for supported transitions from primary to secondary school.

Most children disengaged before their 15th birthday:

- 3 children aged 11 – 13 years.
- 6 children aged 13 – 15 years.
- 4 children aged +15 years.

Of the 13 children of compulsory school age:

- 10 had completely disengaged from school.
- 2 had significantly declining attendance.
- 1 was attending school for support access only (and was not engaged in curriculum or learning)

The following figure displays the child and family factors identified in this review as they relate to disengagement from education, and the rates of disengagement for school-aged children in this sample population. Five children were subject to Child Safety involvement around the time they disengaged from school and although some families had been referred to secondary services, engagement was limited or non-existent.

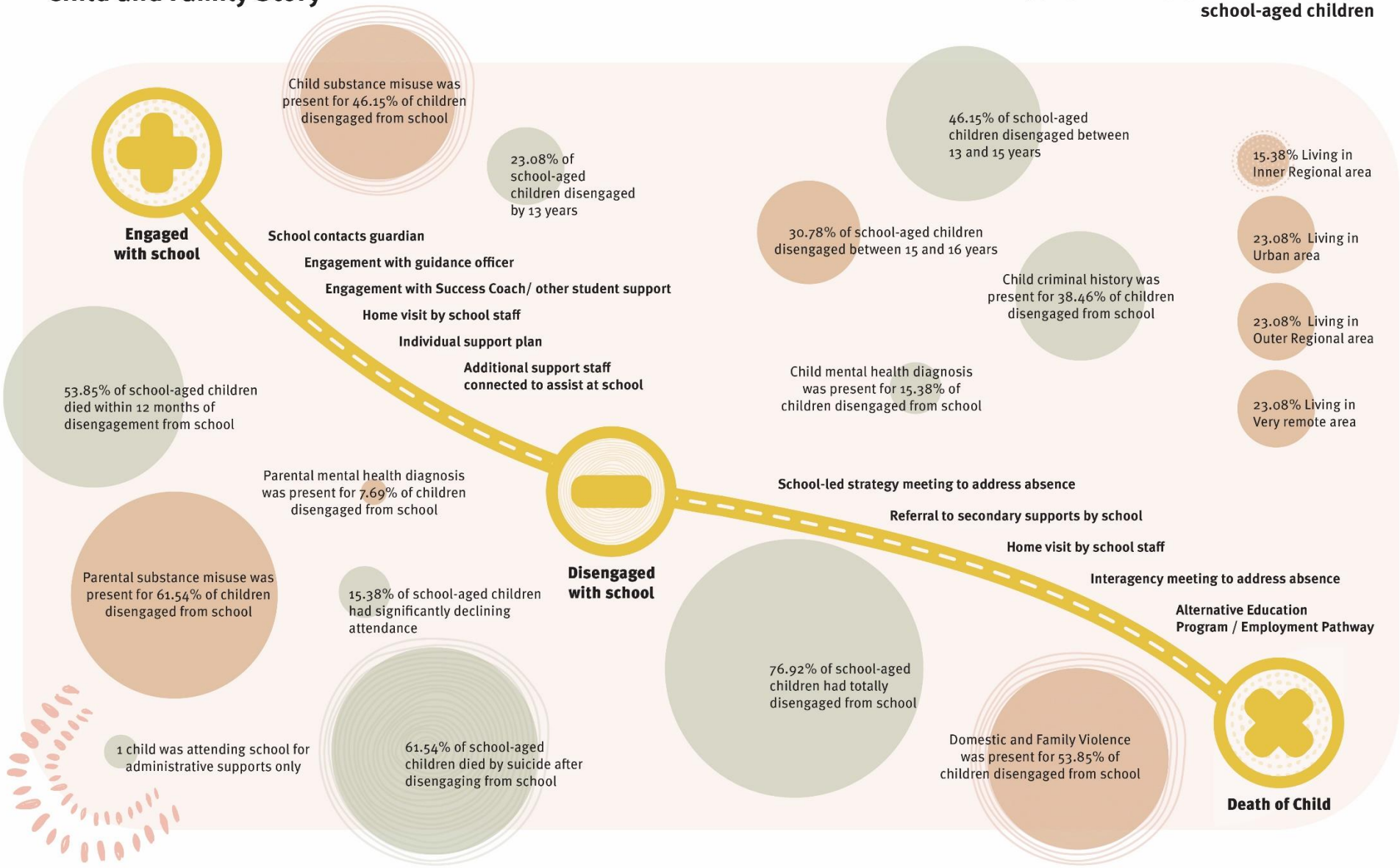
Common child and family factors identified in this sample included:

- parental substance misuse[6],
- domestic and family violence[7], and
- child substance misuse.

[5] Australian Curriculum, Assessment and Reporting Authority 2018, *ACARA National Student Attendance Data Collection*, Australian Curriculum, Assessment and Reporting Authority, Sydney.
[6] This review did not seek to substantiate the degree of use of substance, or the extent of the harmful nature of substance use, rather counted the instance of these factors being reported in the information provided to the Board at the time of the Child Death Review, in the context of child health and wellbeing.
[7] This review did not seek to substantiate the perpetration of domestic and family violence, rather counted the instances where domestic and family violence was referenced in the available information as a child and family factor impacting health and wellbeing.

Child and Family Story

Mapping service engagement for disengaged school-aged children



Attempts to re-engage children and young people with school

Several strategies were used by schools to assist with engagement and attendance, such as:

- conducting home visits to discuss barriers to school attendance, and
- employing the use of Guidance Officers, school nurse staff, and other additional administrative or support staff.

For the children considered in this review, these strategies were employed when the child was not attending school regularly and their absence had become a concern for school staff. For the children who had disengaged and left school, there were efforts by the school to re-connect them, but these efforts were not frequent or sustained. Attempts were made by education[8] to connect children with re-entry pathways or alternatives to mainstream school, however none of the children in this sample were engaged in these strategies in the months prior to their death.

Child's Story

A young person from an Inner regional area died by natural causes at the age of 15 years, 8 months.

An Investigation and Assessment (IA) had been opened by Child Safety due to concerns including physical and emotional harm, neglect, unhygienic living conditions, parental chronic health needs, and the child's offending behaviour. Child Safety was advised the child was not attending school and had disengaged by the age of 14 years.

Alternative education programs were explored at the start of the calendar year. The child was unable to commence with the proposed program until semester two however, when they would have been 15 years old. At this point, the child had already been disengaged from education for about 5 months.

A Family Group Meeting led by Child Safety mid-year identified the child was still not attending school. No specific actions were identified at this meeting to support re-engagement with education.

The child was enrolled with the alternative education program for semester two intake but was unenrolled within one month due to absence. It was known to Child Safety that the child was not living at home consistently and was spending time at various houses in the community and had been in contact with Police for offending behaviours.

Three months later, a meeting was held with the Re-Engagement Hub (a program administered by the department of Education) to discuss options for the child to return to school. The child did not attend the meeting and efforts to explore re-engagement options did not continue after this time. The child died two months later.

Across the sample, most cases saw schools make considered efforts to connect with the child after their disengagement and encourage return to school. However, efforts were infrequent and not sustained, with some children and families having months expire between contacts regarding school attendance and education. Of the 13 school-aged children in this review, just one child returned to school; they attended for less than two months before disengaging again.

Impacts of location on disengagement from school

Children residing in Inner Regional and Urban settings disengaged at similar rates to children residing in Outer Regional and Remote areas. Across all regions, all children had a greater number of services engaged post-disengagement compared to pre-disengagement, reflecting there were numerous attempts to re-engage children

[8] Education refers to the services delivered by the Department such as the Re-Engagement Hubs, rather than the individual schools.

with school. Whilst the three children from Urban locations did present with a greater number of services both pre- and post- disengagement compared to regional and remote children, these children did not return to their schooling.

Disengagement from school and increased risk of suicidality

Disengagement from school can lead to a breakdown of social connections and create barriers to accessing additional supports to manage health and wellbeing. Of the eight school-aged children in this sample who died by suicide, five children died within 12 months of disengagement from school.

All school-aged children who died by suicide had disengaged from education and learning; children were either totally absent from school or were attending for administrative supports only.

In this sample, it was identified that although schools had postvention[9] supports developed to support students following suicide attempts or other suicides in the community, these postvention procedures were not always appropriate for the local community context, particularly for First Nations communities.

Despite a general decrease in child mortality over the period from 2004 – 2020, the rate of youth suicide increased in Queensland by average of 2.60% each year.[10] There remains a disproportionately high rate of suicide amongst Aboriginal and Torres Strait Islander youths, with Indigenous children suiciding at 2.9 times the rate of non-Indigenous children.[11]

The high rates of suicide within the school-aged, disengaged cohort reflects the need for robust mental health and wellbeing supports to be integrated when risk of school disengagement is first identified. In the cases reviewed there were several risk indicators flagged with both Education and Child Safety regarding the child's mental health wellbeing and suicidality.

[9] A postvention response refers to the specific support provided to an individual or group following the suicide of someone known to them; a postvention response provides support to process the death by suicide and provides opportunity for referral to professional services to reduce the risk of suicide contagion. (*Child Death Review Board Annual Report 2020-2021, pg. 43)*.

[10] Queensland Government (Queensland Family and Child Commission) 2020, *Counting lives, changing patterns: Findings from the Child Death Register 2004 – 2019*, Counting lives, changing patterns | Queensland Family and Child Commission (qfcc.qld.gov.au)

[11] Queensland Government (Queensland Family and Child Commission) 2020, *Counting lives, changing patterns: Findings from the Child Death Register 2004 – 2019*, Counting lives, changing patterns | Queensland Family and Child Commission (qfcc.qld.gov.au)

Learnings and reflections for the system

1. **Disengaging from education, or risk of, may provide an opportune time for integrated mental health assessments and supports.** The relatively short period of time between disengagement from education and the child's death poses concern for the effectiveness of intervention and service engagement. A child who is no longer attending school is less visible to primary services to monitor their wellbeing and is less accessible to be engaged by secondary services to support. Whilst early intervention to address absence from education is always preferred, the disengaging period (that is, as a child's engagement with school is declining) may provide an opportunity for Education to integrate mental health and wellbeing assessments for children and to facilitate access to treatment and other supports to address mental health and promote wellbeing.
2. **Attempts to prevent disengagement and support re-engagement in education should be sustained and coordinated with other service networks.** Continuing to engage children in school when they are at risk of disconnecting requires ongoing contact and support that is flexible, accessible, and sustained. The Education Department provides for alternatives to mainstream schooling as part of its engagement program, including alternative settings to classrooms, flexi-spaces, and digital engagement strategies. However, despite efforts by Education, no child in the sample returned to consistent engagement with their schooling. The unsuccessful re-engagement outcomes in this sample may suggest that current supports and approaches to prevent disengagement and re-engage children in education may benefit from review – to highlight those that are effective as well as where there could be improvement. Strategies may benefit from a more holistic and sustained approach.
3. **Keeping children engaged in schooling should be a shared responsibility across agencies regularly responding to disengaged children.** School presents more than just an education opportunity but also a place where children may access specialised services to support their wellbeing, find structure and stability, and engage with age-appropriate peers to maintain social capital and feel connected to their community. There remains a need for shared responsibility and coordination between agencies that respond to children disengaging from education including Education, Child Safety, Youth Justice, and Police. Keeping children engaged in school provides a down-stream approach and can prevent escalation to tertiary services and increasing human and financial costs.

Future considerations

Young people who are struggling with their mental health have told us **that the one thing that makes a difference is the relationship that they have with the adults around them.**[12] Just one person who shows commitment to a young person by calling, checking in, praising them, and providing a sounding board has a huge impact on a young person; this young person then has the chance to feel valued, loved, and have a sense of belonging.

Educators often have the unique opportunity to form safe, trusting relationships with children and young people at school to support their wellbeing, and can be this safe person when no one else is there.

The QFCC supports the efforts the Department of Education is making to provide a point of contact for young people who have disengaged from traditional school and flexi schooling, however, the experiences of young people in this sample suggest that purposeful and proactive efforts to maintain this engagement and support young people to maintain their connection with positive support systems is critical to addressing youth suicide.

[12] Safe Spaces: Growing up in Queensland 2022, page 3. QFCC GUIQ 2022 Safe Spaces Report

Theme Two – Early childhood and service engagement

Key observations include:

- Very few children of this sample were engaged with Early Childhood Education and Care (ECEC) services; (3 in total; 2 of 9 non-Indigenous children and 1 of 8 First Nations children).
- While ECEC is not always the precursor for secondary service engagement, it was observed that children and families linked with an ECEC service experienced higher rates of service engagement including more direct touchpoints from secondary services[13] than children who were not enrolled with ECEC services.
- Children engaged with ECEC services had greater consistency of support services over time and had fewer periods of service interruption or disengagement.
- Children enrolled with an ECEC service were more visible to services, and families were linked with assistance through the primary and secondary support networks more often than the families of children who were not engaged in ECEC.[14]

Of the 30 cases considered in this review, 17 children were aged between 0 – 5 years, that is, the subject child died prior to their fifth birthday. The leading cause of death[15] for children under the age of 5 in this sample was fatal assault and neglect. This theme was selected because children who are not yet of compulsory school-age are at greater risk of harm and death[16] and are often solely reliant on their family to meet their needs.

Cause of death for early childhood cohort:

- Fatal assault and neglect = 7 (41.18%)
- Natural causes = 4 (23.53%)
- Undetermined/ unknown = 3 (17.65%)
- Accidental drowning = 2 (11.77%)
- Sudden Unexpected Death in Infancy (SUDI) = 1 (5.88%)

Very young children under the age of 5 years accounted for 56.67% of this sample population. Eight of the 17 very young children in this sample were First Nations children.

In this sample, children enrolled in ECEC services had more frequent and sustained engagement from support systems to meet their needs than children who were not enrolled with an ECEC.

[13] Cases in this sample where the child was enrolled in an ECEC service had engagement from a variety of secondary services including Intensive Family Support, Family and Child Connect, disability and independent living support (to support parents at home with young children) and housing support (to assist in accessing stable housing).
[14] The Australian Children's Education and Care Quality Authority (ACECQA) promotes that ECEC services must focus on 7 areas of quality service provision including (but not limited to): Children's health and safety, relationships with children, and collaborative partnerships with families and communities. The ACECQA standards include maintaining respectful relationships with families to support parenting roles and building relationships for engagement with the community.
[15] The cause of death reflected in this report is based upon the records of the Board at the time of the review; it is noted that the cause of death may subsequently be updated following further investigation (such as Coroner's Report).
[16] In the five years from 2017 – 2022, children aged up to four years accounted for 72% of all cases recorded in the Queensland Child Death Register. The Queensland Family and Child Commission maintains a register of all child deaths in Queensland based on notifications from the Registrar of Births, Deaths and Marriages and details of all child deaths reported to the Office of the State Coroner

Findings from the sample

The Queensland Government recognises the role of ECEC services as part of a child's early development and the importance of strong interactions between families, carers, and childhood educators. For all children, there is a need for visibility in early childhood to support access to – and ability to engage with - specialised services to support safety and wellbeing. Of the 30 cases reviewed, 17 children were younger than compulsory school age; three children in this cohort were confirmed as having been enrolled in an ECEC service.[17]

This summary analysis identified commonalities amongst early childhood cases including parental substance misuse (primarily methamphetamines), high prevalence of domestic and family violence and moderate instances of parental mental health diagnoses including mood disorders and psychiatric disorders.

The following Child and Family Story mapping of service touchpoints displays the common child and family factors contributing to child vulnerability for this cohort, as well as the key observations from this summary. Notably, children who were enrolled and engaged with an ECEC service were more likely to have consistent, ongoing involvement with tertiary networks (including Child Safety) providing oversight and increasing access for families to engage with secondary support networks (such as Intensive Family Support services).

Enrolment in Early Childhood Education and Care Services and system visibility

Early Childhood and Care (ECEC) services provide a level of oversight of a child's wellbeing and provide access opportunities for secondary support services where children and families require additional support to meet the needs of the child. Children in this sample enrolled in an ECEC service experienced greater engagement with services in the 12-month review period prior to their death. The CDRB reviews found more instances of low engagement (for example, unsuccessful phone calls or home visits) for children who were not enrolled in an ECEC service.

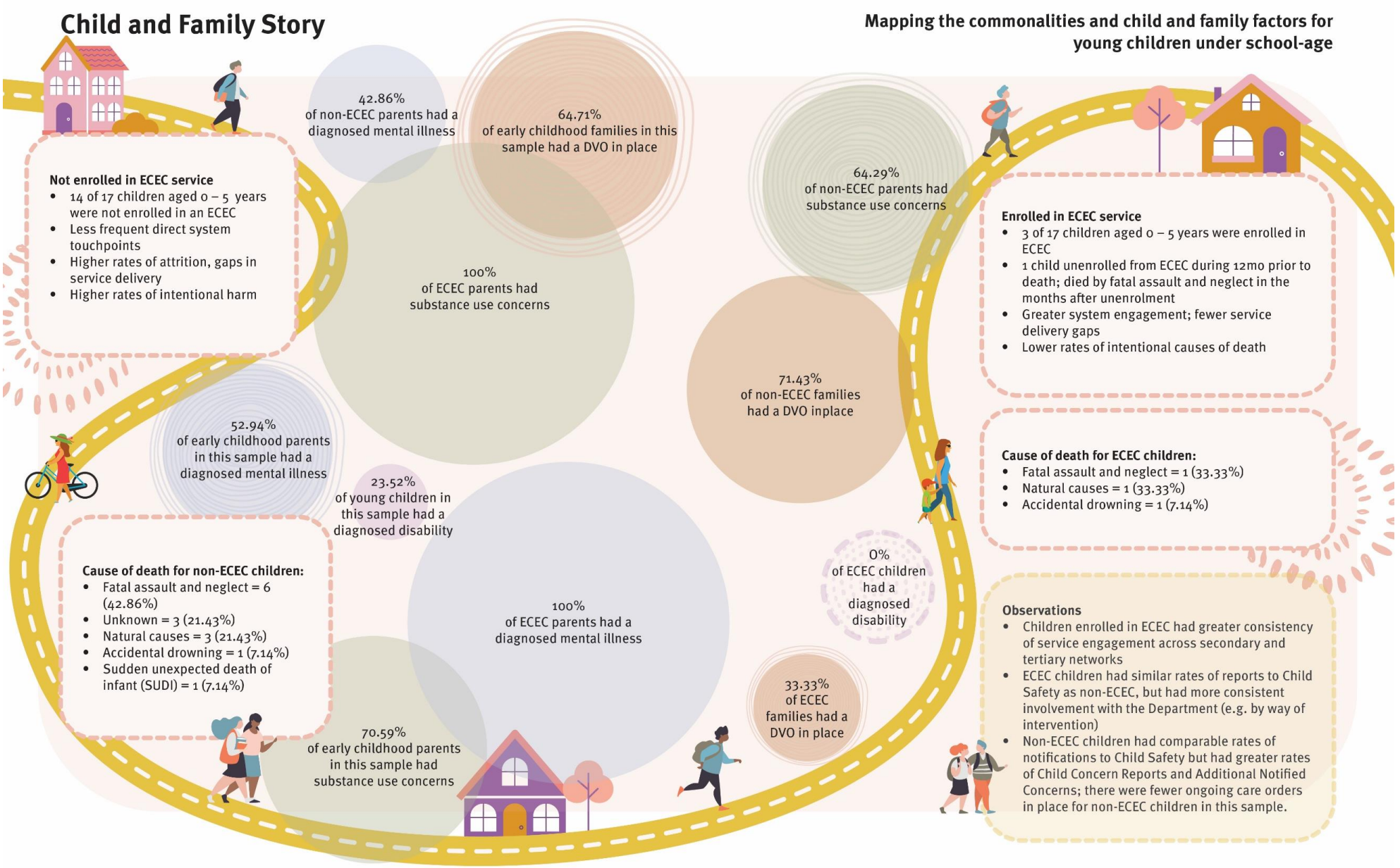
Children enrolled in an ECEC had more consistent contact with primary networks, more frequent secondary support contacts, and had fewer gaps in engagement compared to children not enrolled in an ECEC.

For children enrolled in ECEC, there were fewer instances of death due to intentional harm, compared with children who were not enrolled in an ECEC service. Two of the three children recorded as having been enrolled with ECEC died from external causes (natural causes and accidental drowning, respectively). One child from the ECEC cohort died by non-accidental external causes (fatal assault and neglect). This child had been unenrolled from ECEC by the parent four months before their death. Engagement with secondary and tertiary networks further broke down in the months following. At the time of the child's death, the family was only engaged with Child Safety, and was not working with any secondary support networks.

[17] Of note, two additional children from the sample were reported to be engaged with a care service; their enrolment in an ECEC service was indicated by self-report of the family (there was no agency record confirming enrolment). Given their enrolment and engagement with ECEC was not confirmed, these children are considered in the non-enrolled cohort for the purposes of this review.

Child and Family Story

Mapping the commonalities and child and family factors for young children under school-age



Early Childhood Education and Care enrolment and engagement with services

The following images reflect a timeline of service engagement with the subject child and family. In the below figure, the subject child was enrolled with ECEC and was attending throughout the review period. The family had consistent engagement with secondary support services working in coordination with the ECEC and had fewer reports of concern to Child Safety. The child in this case died from natural causes, as the result of acute illness.

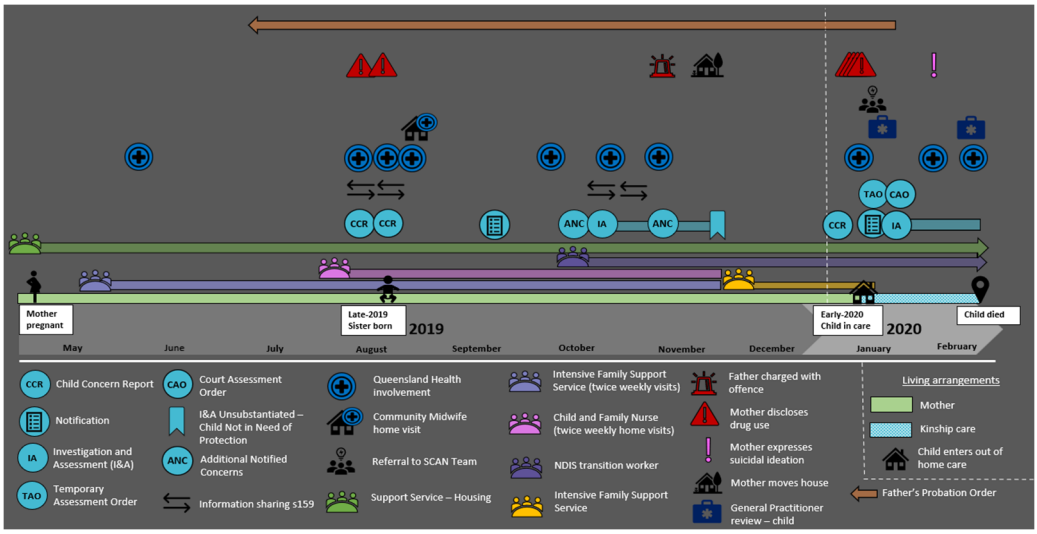


Figure 3: Timeline of System Touchpoints for Subject Child enrolled with an ECEC in the 12 months prior to their death.

The below graphic depicts the system touchpoints for a child who was not enrolled in an ECEC during the review period. This child was 4 years old and died by fatal assault and neglect. Based on the available information at the time of the Child Death Review report, the child had not been enrolled with any early childhood services. Other primary and secondary services were involved with the family however as depicted in the below graphic, this involvement was not consistent or sustained over time.

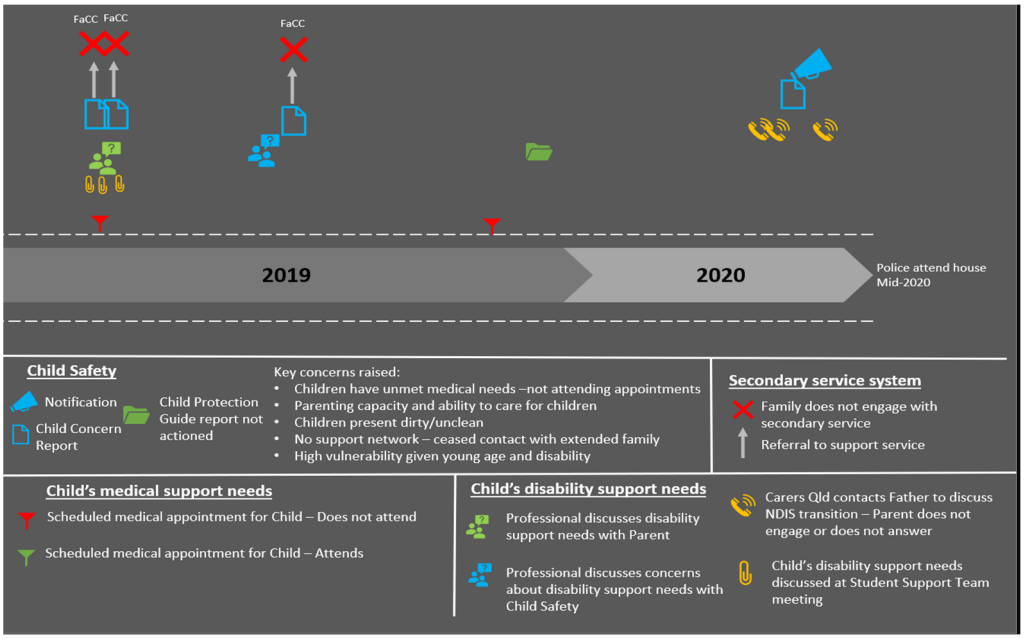


Figure 4: Timeline of System Touchpoints for Subject Child not enrolled with an ECEC service in the 12 months prior to their death.

A greater variety of services across primary, tertiary, and secondary services was observed in the sample of children recorded as having been enrolled in an ECEC; this information is based on the reports developed by the CDRB reviewing service engagement with children and their families. These children and their families had frequent contact touchpoints with services.[18]

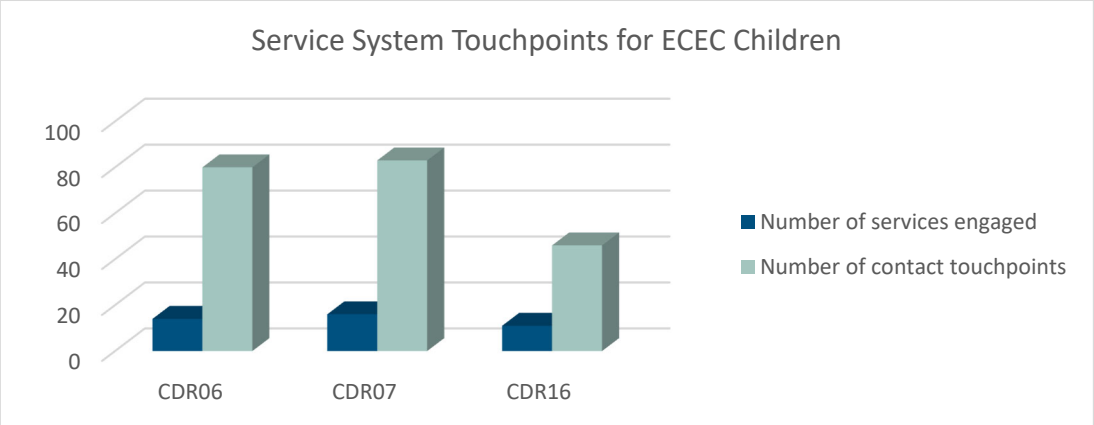


Figure 5. Total number of services and distinct direct contact touchpoints for children reportedly enrolled with an ECEC service.

The children who were not recorded as enrolled in ECEC had relatively fewer touchpoints during the 12-month review period. The below figure displays the rates of system contact touchpoints in the 12-month review period immediately prior to the child's death and depicts the number of individual services engaged with the families during this time. Overall, the children who were not enrolled in ECEC had less service touchpoints in the months preceding their death and had more instances of gaps or breakdowns in service engagement.

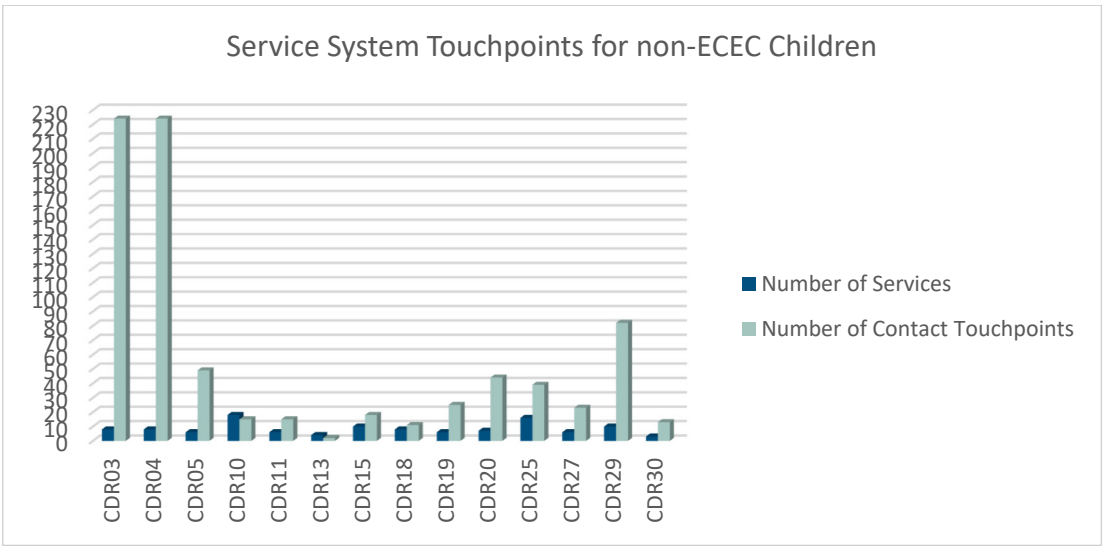


Figure 6. Total number of services and distinct direct contact touchpoints for children reportedly not enrolled with an ECEC service.

[18] A contact touch point is a direct engagement by a service with the child or family (i.e., maternal nurse home visit; phone call with counsellor; etc).

Based on the available information, children involved with ECEC had on average 5.83 contact touchpoints per month, compared to an average of 2.00 contacts for non-ECEC children.[19] Whilst these figures do not present a large discrepancy, when noted these figures reflect actual direct contact from a service provider to the family, the greater volume of service engagement is notable.

Learnings and reflections for the system

1. **ECEC services should be better integrated within the network of services across the child protection system and promoted for children and families to increase oversight and child safety and wellbeing.** While engagement with ECEC is not necessarily the precursor for other service involvement, the small number of children within this sample enrolled with ECEC services had more regular system touchpoints than children who were not enrolled with an ECEC service. Children regularly attending ECEC had ongoing involvement with primary networks such as health, as well as tertiary networks such as Child Safety, and access to specialised services to support the child's safety and wellbeing. Fourteen of the 17 children within this sample were not involved in ECEC; for these children, rates of fatal assault and neglect were higher, and system engagement during the review period more limited. Improved recognition, and involvement, of ECEC as a critical service within the system of responses to children and families known to the child protection system may help to improve overall visibility of and responses to this vulnerable young cohort.

2. **Support and access for First Nations families to ECEC services should continue to be strengthened.** First Nations children in this sample were less likely to be enrolled in an ECEC service in their early childhood years. Of the 8 children in this sample who were identified as being Aboriginal and/or Torres Strait Islander, one child was enrolled in an ECEC service however this enrolment was cancelled during the review period, and they did not attend in the months immediately preceding their death. Participation rates of First Nations children in ECEC settings has been recognised as a national issue and reform is underway to reduce costs and expand First Nations-led organisations providing ECEC services. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) outlined several opportunities for improvement through its submission to the Productivity Commission's inquiry into Early Childhood Education and Care (ECEC).[20]There may be opportunity to review existing First Nations led organisations providing ECEC services to increase community uptake as reform is underway.

[19] This figure does not reflect the two cases where childcare was not confirmed by any agencies, and enrolment in an ECEC was self-reported by the family. As enrolment or engagement with an ECEC was unable to be confirmed for these two cases, the number of contact touchpoints was not averaged in either cohort; it is noted that these two cases saw significantly greater volume of service engagement than other non-ECEC children.

[20] SNAICC May 2023, *Submission to the Productivity Commission inquiry into Australia's early childhood education and care system,* Submission 133 - SNAICC - Early Childhood Education and Care - Public inquiry (pc.gov.au).

Future Considerations

Enrolment with an ECEC service presents as a protective factor for young children who are not yet at school. Early childhood education and care services provide nurturing and stimulating environments to support the health and developmental needs of young children, as well as serving as an observer of child development and wellbeing and providing an intersection point to support improvements to family functioning and promote positive parenting behaviours. In this sample, children enrolled in an ECEC had more consistent contact with primary networks, more frequent contact with specialised secondary supports, and had fewer gaps in engagement compared to children not enrolled in an ECEC. Children enrolled in an ECEC in this sample were less likely to die by intentional causes and had more consistent engagement with the service sector in the months immediately preceding their death.

The QFCC recognises and acknowledges the role of ECEC services in a comprehensive child-wellbeing framework, and the opportunity that ECEC provides from a protective perspective as part of a child protection system. There is an opportunity for further collaboration between ECEC and child protection policy makers, regulators, and service providers to contribute to the body of evidence of the impact ECEC can have on the safety and wellbeing of children whose needs and rights are not being met.

Theme Three – Location and service accessibility

Key observations include:

- Service access and engagement decreased with distance from major cities.
- Children residing within 50 kilometres of a major city were linked with more services and had more direct contact touchpoints than children residing further from metropolitan areas.
- Children residing in Remote and Very remote regions had fewer engagements with secondary services than children residing in more metropolitan areas.
- Service delivery in Remote and Very remote regions was impacted by the limitations of an outreach delivery model.
- First Nations Australian children were heavily represented in regional and remote settings, where greater difficulties in service delivery engagement was observed.

The *CDRB Annual Report 2021-22*[21] highlighted the difficulties experienced by families residing in regional Queensland where service delivery is affected by distance, resourcing, and staff attrition. The report noted that regional Queensland experienced "unacceptable gaps in service delivery, caused by gaps in local employment and difficulties in recruiting to vacancies", with a call for a broad approach to workforce reform in the human services sector to attract dedicated individuals to the industry to promote and champion community-informed, place-based workforce strategies.

This theme was selected because:

- 53.33% of the sample cases related to children and families living in regional and remote areas,
- the rates of deaths from external and unexplained causes, taken together, increased with increasing remoteness from population centres and services,[22] and
- the CDRB Annual Report 2021-22 identified location and accessibility for specialised services, particularly in regional Queensland as an issue that emerged from the cases it reviewed.

Remoteness for children in this sample:

- Urban = 14 (46.67%)
- Inner regional = 2 (6.67%)
- Outer regional = 9 (30.00%)
- Remote = 2 (6.67%)
- Very remote = 3 (10.00%)

Families residing in more densely populated areas such as inner regional or urban settings had a greater number of services and more frequent touchpoint contacts than families residing in more remote regions. Families in the more remote areas of Queensland had fewer service types available in their local community, and their contact with those available services was impacted by accessibility of service delivery in more remote areas. For children and families residing in remote settings, the limitations in service delivery options in their area impacts access to timely and appropriate support to respond to their needs. This is particularly significant for children and young people who are residing outside of major city areas and where their limited access to services impacts their access and engagement in meaningful interventions.

[21] Child Death Review Board, Queensland Family and Child Commission *Annual Report 2021 – 2022*. Child Death Review Board Annual Report 2021–22 (parliament.qld.gov.au)
[22] Queensland Family and Child Commission 2022, *Annual Report: Deaths of children and young people Queensland 2021–22*, Queensland Family and Child Commission Annual Report: Deaths of children and young people Queensland 2021-22 (qfcc.qld.gov.au)

For Aboriginal and Torres Strait Islander children residing in regional and remote areas, their service engagement was impacted by the limitations in service delivery including the difficulties of outreach models. In this review, Indigenous children accounted for 64.29% of the sample population in Outer regional, Remote and Very remote locations; the impacts then of a lack of service system footprint in regional areas is relevant in a cultural context as it relates to access to culturally safe services for Aboriginal and Torres Strait Islander children and families.

Findings from the sample

Location continues to present as a factor in service delivery for children and families across Queensland. This review included children residing across all remoteness areas within the state. Children residing within Urban areas had higher average numbers of services and contact engagement in the 12 months prior to their death than children residing in any other region. This is reflective of the greater number of services available in metropolitan areas compared to regional or remote areas, and the increased access to families residing within urban settings (for example, the ability to conduct more regular home visits, attend service centres, or accompany families to other appointments).

Of the 30 cases reviewed in this sample, 20 children died by external causes which were potentially avoidable; that is, accidents, suicide, or fatal assault or neglect. In this sample, potentially avoidable deaths accounted for a greater proportion of deaths, the more remote the child resided. That is, for children residing in more remote areas their cause of death was more likely to be a potentially avoidable cause (such as fatal assault or suicide), than children residing in more densely populated areas such as Urban settings who more often died from natural causes.

The leading cause of death for children residing in Remote and Very remote areas in this sample was suicide (4 of 5 children). The rate of suicide in regional and remote settings was notably higher than in urban regions. As a potentially avoidable cause of death, suicide remains a major focus for child and youth wellbeing and remains a focus for system improvements across the state. This finding is notable when considering the access to tailored services and specialised supports available in Urban settings compared to the limited variety of agencies attending to rural and remote communities. These findings are consistent with several enquiries including CDRB reviews and the Productivity Commission, reporting similar concerns regarding access to services in remote communities in Queensland.

The following figure depicts the commonalities of child and family factors across the various locations in this sample. This review identified that substance misuse and domestic and family violence were prominent contributing factors for all children and families; whilst these factors were observed across all regions, the service response and engagement to address these needs differed by a location.

Child and Family Story

Urban

- Leading cause of death in Urban cohort was fatal assault and neglect (*all aged 0-5 years)
- Greater access to a variety of services to address identified needs
- Greater referral rate to secondary services

46.67% of the sample population resided in Urban areas

6 children from Urban areas died by fatal assault and neglect*

28.57% of Urban children identified as First Nations

2 children from Urban areas died by suicide

11 children aged 0-5 years
3 children aged 5+ years

Inner Regional

- Inner regional children died from natural causes (acute illness) and suicide, respectively
- Both children were disengaged from school
- Comparably low service engagement during review period

All Inner regional children of compulsory school age

6.67% of the sample population in Inner regional areas

1 child from Inner regional areas died by suicide

1 of 2 Inner regional children identified as First Nations

Outer Regional

- Fewer secondary services engaged than in Urban cohort
- Service engagement predominantly primary and tertiary (e.g Health, School, Child Safety, Police)
- Fewer touchpoints in review period
- *Potentially avoidable deaths included motor vehicle accident, drowning, and fatal assault and neglect.

6 children aged 0-5 years
3 school-aged children

44.44% identify as First Nations

33.33% died by potentially avoidable causes*

1 child died by suicide

Mapping service delivery and touchpoints by location for children residing in Urban, Regional and Remote areas of Queensland

Very Remote

- Significantly lower instances of secondary network engagement
- Predominantly tertiary system involvement (Police, Child Safety)
- Limited variety of service providers
- Significantly fewer services engaged during review period
- Low touchpoints in review period

All Very remote children aged younger than 15 years

10% of sample population in Very remote

All Very remote children disengaged from education

All Very remote children identified as First Nations

100% of Very remote children died by suicide

Remote

- Cause of death for Remote children were potentially avoidable (suicide and motor vehicle accident)
- Primary networks (Health) were the lead agencies involved in both remote children's service systems
- Low rates of secondary support engagement

All remote children disengaged from school

All remote children of school age

1 remote child died by suicide

All remote children identified as First Nations

2 children from Remote areas

Common Child and Family Factors:

Parental substance misuse:

- **70% of sample population involved substance use by the parent**
- **most prominent in Urban and Very remote settings, but was consistently present across all locations**

Child substance misuse:

- **did not appear in the early childhood cohort**
- **Of school-aged children, 46% had substance misuse recorded (including VSM)**
- **more apparent in Remote and Very remote areas.**

Domestic and family violence:

- **60% of all families in this sample had DFV recorded**
- **most frequently in Very remote locations but impacted all locations comparably.**

Children, young people, and their families residing in Urban areas had greater access to a variety of services. The more remote the family's location, the less access and opportunity they had to engage with a service that could meet their needs. Through the greater variety and availability of services in Urban settings, service continuity can be better achieved through greater flexibility and availability of alternative options, if family circumstances change. For children in this review residing in Remote and Very remote regions, limited options for services posed a barrier to engagement as there were fewer providers attending communities and access was based upon the provider's ability to engage by an outreach model. This limited opportunity for variety and options of providers further impacts outcomes for families where there has been a breakdown in working relationships with providers and families are unable to then engage with secondary supports due to limited options for alternative services.

Noting the reliance on outreach models for service delivery in remote regions of Queensland, this information is relevant when considering the need for comprehensive wrap-around service networks to support vulnerable children and their families across the state, beyond major city regions. The difficulties in service delivery in remote areas is already known to Government and non-Government agencies; the cases reviewed in this summary are consistent with the existing data regarding the limitations in service access and engagement for remote communities.

Children residing in remote areas had less engagement with secondary supports than children in more densely populated areas. This included access to health networks. Likewise, children in regional and remote areas had less access to a mental health and suicide prevention service, as service availability was limited. The information reviewed in this sample indicated service engagement of children in these areas was less frequent and less consistent, compared to children in more densely populated regions.

The figure below depicts the rates of service engagement by number of services engaged with a family as a function of distance from the nearest major city.

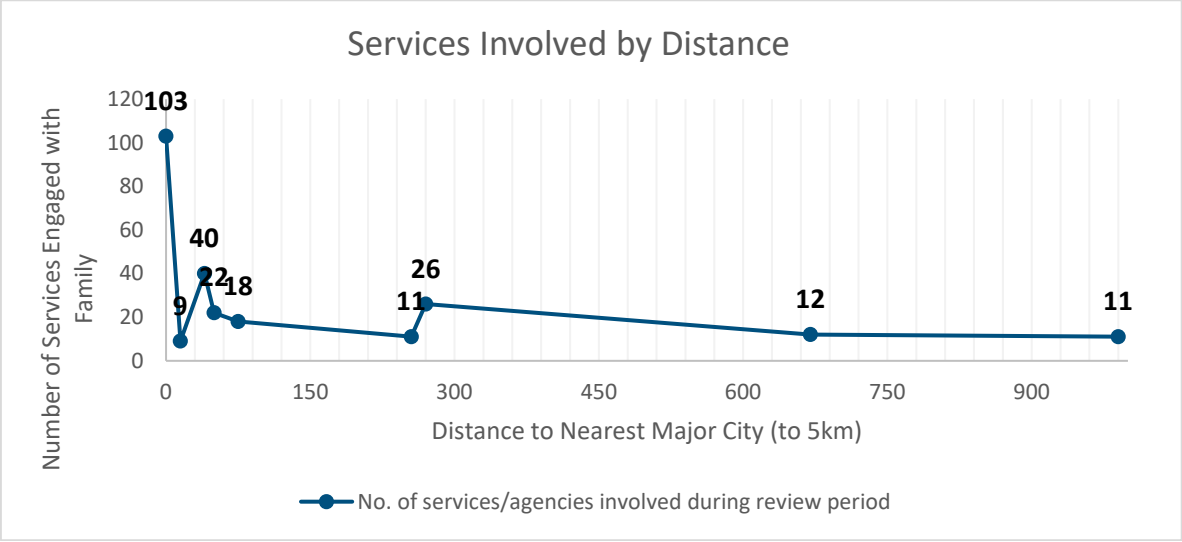


Figure 7. Total number of services involved with subject child during the 12-month review period prior to death, as a function of distance from nearest major city.

The sample population in this review reflected that First Nations children and young people were highly represented in more remote regions; non-Indigenous children were not recorded at all in remote or very remote regions. Ineffective service delivery models were observed as factors in the reduced access and inconsistent engagement of services with families in remote areas. As such, impacts of service delivery such as outreach

models and workforce turnover were observed as a significant factor in the inability of the system to meet the needs of the Indigenous children in this sample.

Outreach servicing and impacts on engagement

One report by the CDRB considered in this review highlighted that whilst outreach models for providers attempt to bridge the gap for service delivery in remote areas, models such as tele-health services were less effective in initial engagement and setting up meaningful relationships with children and families needing support.

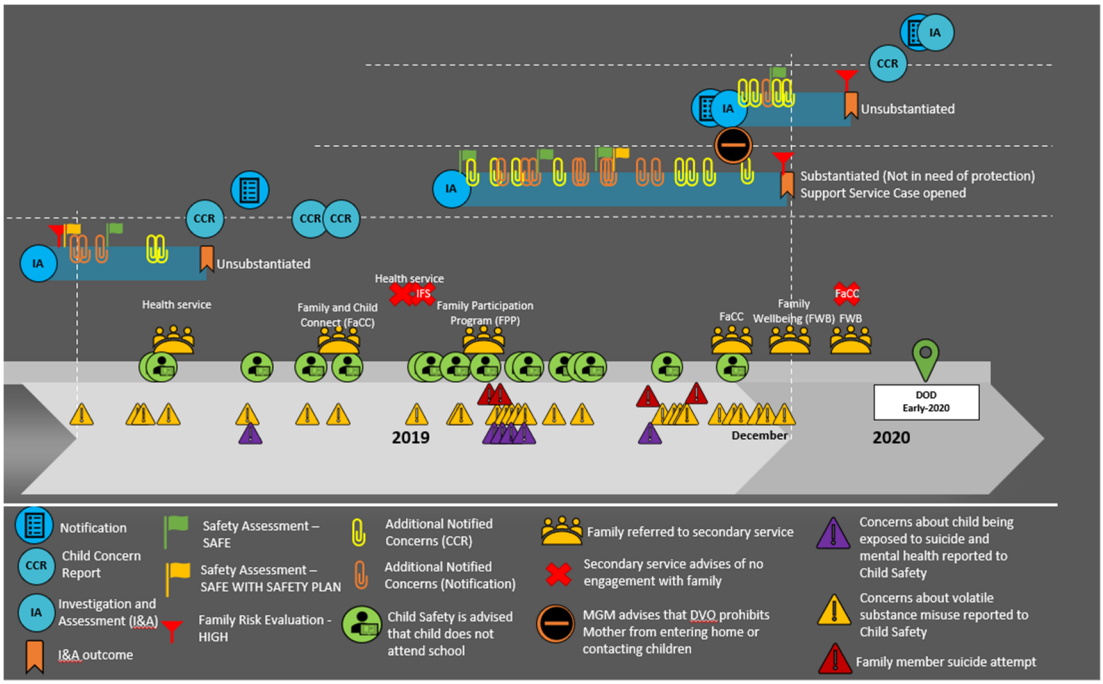


Figure 8: Timeline of System Touchpoints for First Nations child residing in Remote area.

The above figure provides a timeline of system touchpoints for a child residing in a Remote region. This figure displays the repeat referrals and closures from lack of meaningful engagement, during which time Child Safety continues to receive reports of concern suggesting that the identified risk factors for the child's health and wellbeing remain during this same period where support services have attempted engagement without success.

Information considered at the CDRB regarding children who died in remote regions further highlighted the importance of in-person service delivery in remote communities where providers understand local context and culture and build trust and positive relationships with families and community. This review identified instances of families being reluctant to engage with outreach service providers due to the family's limited trust in the service network, compounded by the difficulties in attending on designated service dates. This contributed to relatively higher rates of attrition from services, and greater frequency of service delivery gaps where a family is without support service involvement.

Challenges with relationships and rapport for service delivery in remote settings

The CDRB Annual Report 2021-2022[23] recommendations noted the need for greater investment in suicide prevention across the sector "specifically to reduce the over-representation of suicide in Aboriginal and Torres Strait Islander children".[24] This recommendation also noted the importance of improving access to mental health and suicide support in schools. Aboriginal and Torres Strait Islander children were over-represented in the sample for this summary analysis regarding both disengagement from education, and death by suicide. All the children residing in Remote and Very remote regions in this sample identified as Aboriginal or Torres Strait Islander; these five children had all disengaged from education and had fewer services and less frequent engagement with supports in their local communities.

Child's Story

A 12-year-old Aboriginal child from a very remote setting died by suicide. Multiple risk indicators were present during the 12-month period prior to their death. The community in which the child had been living was serviced mostly through outreach models from the nearest city, some 500km away.

The child was disengaged from school and not attending any alternative education programs to remain connected with learning, or with student peers. The child had been exposed to substance use and had been engaged in volatile substance misuse (VSM) for about a year. There was a child protection history for this family with Child Safety. Child and family factors identified included substance use in the home, domestic and family violence, mental health needs and exposure to suicidality, chronic health needs within the family, and medical neglect.

In the 12-month review period prior to the child's death, Child Safety received five Child Concern Reports (CCRs) and three notifications resulting in Investigation and Assessments (I&A) being conducted. During the I&A's, Child Safety received further reports totalling 23 Additional Notified Concerns (ANC). Given the volume of reports, a referral was made to a service provider to engage Intensive Family Support during the I&A period. The family did not engage with the Intensive Family Support provider due to previous experiences with that service. The family did not have a positive relationship with that provider, identifying that they felt questions asked by the provider were inappropriate. The family had discussed that they felt more comfortable working with an Aboriginal Community Controlled health service that was operating in the local community (rather than by outreach). Throughout the review period, the family did not engage with outreach services but instead with culturally appropriate services such as the Community Controlled health service and Family Participation Program. Engagement with these two services – whilst greater than with other outreach services – was generalist however and the child was not provided with specific suicide prevention or postvention supports despite the identified suicide risks including suicide attempts made by family members in the days and weeks immediately preceding the child's death.

This Child's Story demonstrates the barriers to meaningful service engagement where trust in a service relationship is missing, impacted, or eroded, and the consequences of this barrier as it relates to opportunities to engage with specific, targeted intervention to address presenting needs and prevent harm. In this story, the impacts of service delivery difficulties meant that the child had limited access to appropriate support to address their mental health and suicidal ideation, particularly following other suicide attempts in their family and community. The impact of a poor prior experience with a service provider appears to have led to an erosion of trust with that service, and seemingly ultimately resulting in non-engagement with services.

[23] Child Death Review Board, Queensland Family and Child Commission *Annual Report 2021 – 2022*. Child Death Review Board Annual Report 2021–22 (parliament.qld.gov.au)
[24] Child Death Review Board, Queensland Family and Child Commission *Annual Report 2021 – 2022, pg. 44*. Child Death Review Board Annual Report 2021–22 (parliament.qld.gov.au)

This review identified difficulties in engaging in consistent service relationships with families in regional and remote settings, particularly for mental health and substance use support services. Despite community support measures, such as provision of cultural awareness training for all government employees working in First Nations communities, and programs to improve leadership within communities to support better partnerships between community and service providers[25], this review found that families in remote communities tended to be reluctant to engage with city-based service providers that offered an outreach model for remote service delivery.

The experiences of families in this review indicates that there remains need for further efforts in relationship building in these areas to promote meaningful engagement with services. The Queensland Government response to the Productivity Commission Inquiry[26] highlighted the importance of partnering with communities to improve the design, delivery, and evaluation of services to promote improved engagement and community participation with support services. This trust in service providers and relationships with community is crucial in regional and remote areas where there are fewer provider options for families. Importantly, non-engagement with the available provider may result in the family being left without access to specialist support services to enhance the wellbeing needs of the child, young person, and their family.

Learnings and reflections for the system

1. **Service delivery models need to ensure culturally safe and appropriate services are available to all Queensland children, including in rural and remote settings.** This sample highlighted the difficulties faced by children and their families in accessing and/or maintaining engagement with specialist support services to address their needs. This engagement is further compromised when there is no First Nations-led or place-based, local provider. The fact that the engagement rates were greater where there was coordination with a Community Controlled Organisation (CCO) such as a local Aboriginal and Torres Strait Islander health service, or culturally specific participation program demonstrates this.

2. **Outreach services need to better connect and partner with place-based providers and trusted community members to support engagement with children and families.** Service delivery in regional and remote areas is often reliant on outreach models which carries challenges for regular and consistent personnel and service access, making it difficult to build rapport and successfully engage families. Many of the outreach services involved in this sample were based hundreds of kilometres away from the remote community, posing challenges such as familiarity with local community practices, knowledge of trusted persons in the community, and understanding of differences in cultural practices across First Nations communities. Observations from this review reflected that families in the most remote areas of the state experienced improved service engagement when child and family services partnered with culturally specific or place-based supports. Child and family support services could connect better with trusted community members or place-based providers as an extension of their outreach service delivery model.

[25] Australian National Audit Office (ANAO), *National Partnership Agreement on Remote Service Delivery, 2012*. National Partnership Agreement on Remote Service Delivery | Australian National Audit Office (ANAO)
[26] Queensland Government Response to the Queensland Productivity Commission Inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities, DATSIMA - Corporate report template (dsdsatsip.qld.gov.au)

Future Considerations

Queensland's geography is a factor that must be considered in the commissioning of services – especially for vulnerable children and families in crisis. The sample examined for this report indicated that children who live in regional and remote areas face disadvantages due to the limited accessibility of specialist services that can help mitigate risks and prevent avoidable deaths, including from fatal assault and neglect, and suicide. Whilst outreach services can meet some needs, often when a family is at a point of crisis, they require a timely response that could be saving a life. Often, they are not in a position where they can wait for a service. With most children and young people residing in regional and remote areas in this sample identifying as Aboriginal or Torres Strait Islander, the need for Community Controlled Organisations (CCOs) must remain a focus.

The QFCC considers that outreach service delivery models to regional areas need to address their shortcomings – including by developing lasting relationships with communities to support trust and engagement with specialised services. Service delivery models must focus on fostering a community-based approach to service provision and the granting of funding must include evidence in outcomes that reflect the voice of end-users and partnership with communities.