

Evaluation of the Child Protection
Joint Response Team Trial
(DCSYW024)

Final Evaluation Report

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Executive Summary

This report presents the key findings of the Evaluation of the Child Protection Joint Response Teams (CPJRT) Trial. The purpose of CPJRT is to improve coordinated responses to matters in which action is required from both the Queensland Police Service (QPS) and the Department of Child Safety, Youth and Women (DCSYW). Specifically, this refers to matters in which a criminal offence may have occurred and a child may be in need of protection. The CPJRT Trial aimed to:

1. Create a consistent process between agencies for referring and responding to matters that may require a joint investigation.
2. Improve communication and collaboration between agencies.
3. Improve response times to matters that require joint investigation.
4. Reduce the potential for child traumatising when involved in joint investigations.
5. Improve agency effectiveness of joint investigations.

The CPJRT trial commenced at three trial sites across Queensland on 3 October 2017; Gold Coast, Toowoomba, and Townsville. To assist quality evaluation of the CPJRT Trial, the DCSYW and QPS commissioned the development of the CPJRT Evaluation Framework. This framework guided the current CPJRT Evaluation. This CPJRT Evaluation covers the period from 2 January 2018 to 30 June 2018, however, the trial has been extended to 31 December 2018.

This report is the sixth of seven key evaluation deliverables. In this report, we triangulate the findings from all prior evaluation deliverables. We identify CPJRT milestones achieved, draw together our analyses of the full suite of evaluation data to construct a comprehensive response to each of the key evaluation questions and discuss state-wide adoption of the CPJRT model alongside suggestions for areas for continuing improvement.

In line with the key evaluation questions, our primary conclusions are:

1. What are the features of the CPJRT model as each trial site?

Adherence to the original CPJRT Trial Policy Guidelines was evident across trial sites with regards to the use of briefings between agencies as well as joint planning and investigation. Sexual abuse and physical harm (DCSYW) and physical assault and sexual assault (QPS)

accounted for the majority of matters recorded for joint response during the evaluation period. Townsville and the Gold Coast had a higher volume of recorded matters for joint response than Toowoomba.

There were some variations in the key features of the CPJRT model across trial sites indicating that, as anticipated in the CPJRT Evaluation Framework, the contextual variations across the regions had some impact on CPJRT processes. Formal briefing process at the beginning of the trial appeared beneficial to improving relationships and communication, yet over time it was beneficial to have flexibility to allow CPJRT processes to be catered to the distinct needs of each region. The CPJRT model may benefit from flexibility to account for different geographic and local contexts, including the physical size of the region, staff size at both agencies, physical proximity of the agencies to each other, and pre-existing relationships between the agencies.

2. Does the CPJRT model lead to a consistent process between agencies for responding to matters?

The CPJRT appears to have created a more consistent process for joint investigations. Perceptions about the usefulness of policies and procedures improved significantly over the course of the trial and there were positive trends in relation to role clarity. The escalation process was used very infrequently, which suggests generally sufficient consistency in understandings of policies and procedures between QPS and DCSYW to resolve issues at the local level. Perceptions about the clarity of the process for initiating a joint investigation also improved significantly over the course of the trial, and in most matters where a joint investigation was required, a joint investigation was conducted.

There remains some uncertainty around the boundaries of joint investigations. It was not always clear to staff when a joint investigation should be initiated; when a joint investigation had officially commenced; or when the joint investigation had officially concluded.

The different hours of operation of partner agencies are a necessarily complicating factor. With QPS working outside business hours, it is not possible for DCSYW to participate in all investigations initiated by QPS. There may be some scope for DCSYW to modify work hours within the existing award and for QPS to delay the commencement of investigations to give DCSYW time to participate, but this can be only a partial solution. Inevitably, some matters will

be investigated separately by QPS and DCSYW, hence it is important to maintain strong processes and cooperation around cases that cannot proceed jointly.

3. Does the CPJRT model lead to an improvement in communication and collaboration between agencies?

Some formal processes for information sharing, as well as informal information sharing, have enhanced joint investigations. There appears to have been an overall benefit from daily briefing processes and sharing contact details of individual Child Protection Investigation Unit (CPIU) officers and Child Safety Officers (CSOs). As prescribed in the CPJRT Trial Policy Guidelines joint ICARE interviews tend to be led by QPS. It is important, however, that both agencies have a good understanding of the type of information required by the other agency and their decision-making processes at the outset of an investigation.

Tensions were noted in relation to the sharing of notifier details. While formal processes are identified in the CPJRT Trial Policy Guidelines, these formal processes were rarely used, with some considering them unhelpful or onerous. While some participants noted informal processes to overcome the problems associated with the formal processes, a state-wide roll-out of the CPJRT model may benefit from a more simplified process.

The greatest improvements to communication and collaboration between QPS and DCSYW appeared to come from informal information sharing processes and improved relationships between staff. Positive relationships between staff of the partner agencies is crucial.

4. Does the CPJRT model improve response times to matters that require a joint investigation?

The CPJRT has improved responsiveness in a number of ways. The urgent and immediate processes introduced in the CPJRT have at times allowed DCSYW to work around the bottleneck of the RIS. This process requires flexibility and responsiveness from RIS staff and good communication between RIS and I&A teams. Where there is greater integration between RIS and I&A, these urgent and immediate processes may be easier to implement.

The mismatch between response timeframes used by QPS and DCSYW has been addressed by the CPJRT. In most matters, QPS have a more urgent response priority due, for example, to requirements around preservation of evidence. There is evidence that DCSYW at the trial sites have increased their responsiveness to these matters. This has involved moving staff within

and across service centres and working outside usual business hours where required. It will be important for DCSYW to recognise and support these efforts to avoid undue burden on local DCSYW.

5. Does the CPJRT model reduce the potential for child traumatisation when involved in a joint investigation?

There were very low rates of repeated interviews across trial sites, as well as a perception of improved clarity and reduced frustration for families. Evaluation data indicate that the CPJRT model can be effective in achieving better outcomes for children and families. By extension, staff of both QPS and DCSYW noted that reduced interviews and better informed families had subsequent positive outcomes for the agencies.

6. Does the CPJRT model improve agency effectiveness of joint investigations?

The analyses indicate generally high satisfaction with the CPJRTs as instituted in the trial. Overall, the majority of QPS and DCSYW respondents supported the CPJRT and a state-wide role out of the CPJRT model, notwithstanding the identified need for flexibility, and the impact of staff numbers and other contextual factors across regions. Staff did not identify any critical issues that make the trialled process unsuitable. Nor were there any issues identified in the Issues Log or the Minutes that could not be resolved in a broader rollout.

The CPJRT model relies heavily on good communication and relationships between staff in different agencies and local solutions to overcome differences in response priorities and work hours. Therefore, if a state-wide roll out occurs, it will be essential for the CPJRT model to have clear shared purpose, priorities, and definitions, but allow flexibility in the implementation, including modes of communication and approaches to finding sufficient staff.

Extending beyond our key findings, we make 8 recommendations for enhancing the CPJRT model, and its potential implementation state-wide:

Recommendation 1

In rolling out the CPJRT model to other locations, key considerations drawn from the findings of the evaluation (In addition to recommendations 2 to 8) include:

- The CPJRT Guidelines should allow some flexibility to account for different geographic and local contexts.
- Upon establishment in new locations, it may be advisable to initially limit the catchment area included in CPJRT until effective processes, adapted to the needs of the region, have been established.
- Daily briefings and regular meetings should occur in all locations during establishment, until partner agencies agree they are no longer required.
- Ongoing evaluation and debriefing within locations should be included by design, to ensure opportunities for team leaders and CPIU officers/CSOs to reflect on and discuss challenges as they arise (including at both the planning and investigation stages), and to allow team leaders, CSOs and CPIU officers across partner agencies to engage in collaborative problem solving.
- There may be benefits to including only the most experienced officers across locations in the early stages of establishment.

Recommendation 2

CPJRT policies and guidelines should be amended to clarify the definition of a joint investigation, including what constitutes the start and end of a joint investigation.

Recommendation 3

The agencies provide training and resources to QPS and DCSYW staff (including team leaders, investigators, and CSOs) to improve their understanding of the practice frameworks, policies and procedures, decision-making processes, and information requirements of their partner agency. This includes clarification of the contribution that a joint response makes to the overall processes of each agency.

Recommendation 4

The agencies expedite the current processes in relation to the release of notifier details to QPS staff where appropriate. This could include formalising the process of requesting notifiers to share their contact details with investigators.

Recommendation 5

In implementing any state-wide roll-out of the model, the agencies consider opportunities to support relationship building between staff of the partner agencies. This includes, but is not limited to, the provision of direct contact details of individual investigators and CSOs. Consideration could also be

given to the potential benefits of co-location and/or other processes that mimic the informal communication enabled by co-location.

Recommendation 6

DCSYW ensure that local staff are appropriately supported to deliver the flexibility required for joint investigations.

Recommendation 7

Consideration be given to formalising communication with families regarding the roles and procedures of QPS and DCSYW both during and after a joint response. This could incorporate verbal communication training for investigators and CSOs, and/or production of written information for distribution to families.

Recommendation 8

The CPJRT model appears suitable for state-wide roll-out. There may be a requirement for Department heads to discuss core concerns of each agency to determine whether policy/practice revisions are required. Any such implementation should provide additional support to QPS and DCSYW staff for training, relationship building and redevelopment of roles.

Focus areas for training could include:

- CPJRT Guidelines
- CPJRT definitions (including start and end points for joint investigations)
- Practice frameworks and processes of partner agencies (including the contribution a joint response makes to the overall investigative process of each agency, and each agency's decision making processes)
- The points at which each agency is expected to take lead in a joint response (for example, QPS lead ICARE interviews and DCSYW lead home visits when QPS have no remaining investigative requirements)
- Communication with families.