



Evolve Behaviour Support (EBS)

Background

The Crime and Misconduct Commission Report “*Protecting children: An inquiry into abuse of children in foster care*” (2004) recommended that “more therapeutic treatment programs be made available for the children with severe psychological and behavioural problems” with an emphasis that “successful programs should be identified, implemented and evaluated”.

The subsequent *Blueprint (2004)* for implementing the above recommendation sets out that this is best achieved through a multi-agency, cross-government response led by the Department of Child Safety (DChS).

What Departments are involved and what services will they provide?

DChS is responsible for developing case plans and coordinating access to services for each child and young person in care.

Queensland Health (QH) will provide therapeutic treatment services relevant to mental health and conduct a three-year research project on Multi-systemic Therapy.

Disability Services Queensland (DSQ) will provide positive behaviour support for children and young people in care with a disability (as defined by the *Disability Services Act, 1992*).

Department of Education and the Arts (DEA) will inform the delivery of therapeutic and behaviour support services in relation to the child’s educational needs and will develop a management plan to support the child or young person in their education placement.

Depending on the circumstances of the child or young person referred, it is possible that a

range of other government departments and non-government organisations will be involved (e.g., recognised indigenous bodies, Department of Communities and non-government residential care providers, disability support services and youth services).

Principles of collaborative service provision

Interagency collaboration is designed to achieve a co-ordinated response enabling timely interventions to be carried out effectively and efficiently with the goal of achieving the best outcomes for the child or young person. This is achieved by:

- Sharing responsibility and “owning solutions” through the development of networks and relationships.
- An integrated approach whereby multiple agencies cooperate to ensure co-ordinated information sharing as well as effective use of available agency resources.
- Child focussed and family centred practice ensuring the child or young person is an active participant in all stages of service delivery and that they are considered in their social and cultural context.

Referrals

Referrals to the Child Safety Interagency Therapeutic and Behaviour Support Services (CSITBSS) Panel are the responsibility of Child Safety Officers (CSO’s) in conjunction with their Team Leaders and Senior Practitioners. They will be required to:

- Utilise DChS’s Structured Decision Making tools and professional experience to identify the need for a referral.
- If necessary, liaise with other members of the panel to prepare the referral form.
- Gather relevant supporting documentation including consent signed by the legal guardian and make attempts to gain the child or young person’s cooperation and agreement to participate.

It is also expected that the CSO will attend Panel meetings to provide further information about the background and

current issues and needs of the child or young person's

Overall purpose and functions Interagency Panel

The key purpose of the interagency panel is to provide a regular forum for relevant agencies to coordinate an effective service response for the children and young people who have been referred.

The Panel will be responsible for:

- The screening and intake of referrals
- Endorsing therapeutic and behaviour support service plans
- Overseeing the implementation of therapeutic and behaviour support services as well as the monitoring and reviewing of those services
- Determining case closures.

In special cases the Panel may decide that the needs of the child or young person will be better met by services or resources other than the core members of CSITBSS. It is then the responsibility of the panel to outline their recommendations relating to alternative services and resources available to support to child or young person.

Pilots and Evaluation

To ensure effectiveness of this model of service delivery, three sites have been identified to run as pilots:

- Townsville including Charters Towers and Bowen
- Sunshine Coast including Gympie and South Burnett
- Gold Coast

Progressive evaluation of the pilot, using an 'action learning' model, will be used to inform any necessary refinements to the model of service delivery and included in the staged implementation of future CSITBSS. The pilots will commence in early 2006 and will run for 6 months.

Information sharing protocols/ privacy and confidentiality

Under the *Child Protection Act 1999(Amended 2004), Part 4 Section 159M*, all four core agencies are regarded as 'prescribed entities' and are therefore able to share and exchange information with one another and identified service providers. Information can also be exchanged with invited agencies who are service providers including non-government organisations or private practitioners.

Under this agreement, prescribed entities only collect and share information that is relevant to CSITBSS service provision.

Information raised and discussed at Panel meetings will be treated with utmost care and sensitivity with the highest regard for respecting the confidentiality and privacy of all parties.

Contact details for each plot site, per department

Locations of the Teams:

Disability Services Queensland

Gold Coast Ph: 5531 8055
Fax: 5574 0154

Sunshine Coast Ph: 5456 7000
Fax: 443 5931

Townsville: Ph: 4799 5300
Fax: 4775 4762

Queensland Health

Gold Coast Ph: 5586 1444
(Burleigh) Fax: 5537 0614

Sunshine Coast Ph: 5479 3777
Fax: 5479 3902

Townsville Ph: 4799 9044
Fax: 4799 9901

Department of Education and the Arts

Townsville Ph: 4726 3111